



BRIDGING THE IMPLEMENTATION GAP in HER2-Positive Breast Cancer Care in Egypt

EXECUTIVE SUMMARY

Egypt has made major strides in expanding cancer infrastructure, launching a national screening initiative, and integrating HER2 testing into public oncology services. Trastuzumab is included in public formularies, and biosimilars have improved affordability. Yet access to dual HER2 blockade and advanced therapies remains limited, and regional disparities persist in diagnostic access and early detection.

According to the global Maturity Framework for Cancer Care, Egypt is in the **“Transitional”** stage—poised for equity but still facing implementation challenges. With over 26,000 new breast cancer cases annually and a growing HER2-positive burden, Egypt must now focus on expanding coverage, ensuring consistent quality, and accelerating access to innovation.

INTRODUCTION

Breast cancer is the most common cancer among Egyptian women, representing over 32% of all female cancers. HER2-positive disease, known for its aggressiveness and responsiveness to targeted treatment, has seen improved outcomes globally. Egypt’s inclusion of trastuzumab in the national essential medicines list, its rollout of HER2 testing across public hospitals, and its massive screening campaign signal real progress.

However, inconsistencies in drug availability, cost barriers, and limited HER2-stratified outcome data threaten the full realization of precision cancer care. Building on recent reforms, Egypt must now turn infrastructure into equitable implementation.

CURRENT FRAMEWORK/SITUATION

Egypt’s oncology network includes 11 public oncology centers, expanded mammography capacity, and HER2 testing capabilities in major labs. HER2 IHC is routinely performed in public hospitals, and reflex FISH is available for equivocal cases. Trastuzumab is reimbursed in early and metastatic settings, but pertuzumab and T-DM1 access is restricted by cost.

The national screening campaign has reached over 30 million women with clinical breast exams, but follow-up systems and rural diagnostic capacity remain underdeveloped. Palliative care is limited to four centers nationwide, and many late-stage patients lack adequate support. National guidelines are aligned with global norms—but implementation remains uneven.



HER2 BREAST CANCER IN EGYPT

Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, HER2 testing is integrated into tertiary hospitals and supported by national labs...	...but rural centers lack equipment and trained staff to implement standardized HER2 diagnostics.	Scale mobile diagnostic units and pathology networks, and train regional oncology staff.
Access to Treatment	Yes, trastuzumab is included in national formularies and provided in public hospitals...	...but pertuzumab, T-DM1, and trastuzumab deruxtecan are rarely accessible outside of trials.	Introduce price negotiation and co-financing models for advanced HER2 therapies.
Research & Innovation	Yes, Egypt has joined global trials and launched the UNFOLD HER2-low study...	...but national HER2 registries and R&D funding remain limited.	Establish a national HER2-positive cancer registry and allocate budget for operational research.
Awareness & Education	Yes, breast cancer awareness campaigns have reached millions via the Women's Health	...but HER2 subtypes are not publicly emphasized, and literacy gaps hinder engagement.	Add HER2-specific content to national campaigns and develop community-based education in rural areas.
Survival Rates	Yes, early-stage HER2+ patients who receive trastuzumab have high survival...	...but many patients present at Stage III or IV and lack timely access to therapy.	Invest in early diagnosis pathways and ensure treatment initiation within four weeks of diagnosis.
Early Detection & Palliative Care	Yes, over 30 million women have been screened since 2019...	...but palliative care is sparse and available in only four national centers.	Expand palliative care via telemedicine and integrate into district hospitals.
Biomarker	Yes, HER2 testing is performed in >80% of urban breast cancer cases...	...but test quality and turnaround time vary across regions.	Strengthen national quality control and expand external QA participation.
Clinical Guidelines	Yes, Egypt aligns its protocols with ESMO and NCCN...	...but cost-adapted protocols lead to inconsistent implementation across	Standardize national HER2 pathways and monitor adherence through clinical audits.
Reimbursement	Yes, trastuzumab is publicly reimbursed in many centers...	...but out-of-pocket costs for advanced therapies and diagnostics remain high.	Accelerate UHIS rollout and expand funding for high-cost HER2 therapies.
Screening	Yes, a national program based on clinical breast exams has screened millions...	...but limited diagnostic follow-up and low mammography coverage reduce impact.	Formalize a mammography-based screening plan and digitize referral and follow-up.



CONCLUSION

Egypt has laid a strong policy foundation for HER2-positive breast cancer care—but implementation gaps remain. Screening is wide but shallow, testing is routine but inconsistent, and treatment is reimbursed—but not equally accessible. To move from transitional to advanced cancer system maturity, Egypt must close the loop: ensuring HER2 testing leads to timely, comprehensive treatment for every eligible patient. The pathway is clear—what remains is the political and financial will to ensure delivery for all.



KEY POLICY MESSAGES

1

HER2 testing is widespread—but quality and availability outside urban centers are inconsistent.

2

Trastuzumab is reimbursed—but access to pertuzumab and T-DM1 is inequitable and budget-limited.

3

Screening efforts are massive—but diagnostic and referral systems must evolve alongside them.

4

Egypt's guidelines are strong—but real-world implementation lags behind their intent.

CALL TO ACTION

- **Expand HER2 testing and quality assurance across all governorates**, not just tertiary centers.
- **Negotiate biosimilar pricing and public-private cost-sharing** to ensure access to full HER2 regimens.
- **Launch Egypt's first HER2-positive national registry** to monitor outcomes and access equity.
- **Include HER2-specific content in education campaigns** and empower primary care with referral training.
- **Scale palliative care integration into the Universal Health Insurance System (UHS)** and support mobile/hospice models for late-stage patients.