



POLICY BRIEF

Improving HER2-Positive **Breast Cancer**Care in Chile

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer affecting 15–20% of Chilean patients, demands urgent policy action. Despite progress in treatment access and clinical guidelines, systemic gaps in infrastructure, regional disparities, and delayed diagnoses undermine outcomes. Chile's mixed public-private healthcare system struggles with equitable service delivery, leaving rural populations and lower-income groups disproportionately vulnerable.

This brief proposes targeted reforms to close gaps in diagnostics, treatment access, and research, aiming to align Chile's HER2+ care with global standards and save lives.

INTRODUCTION

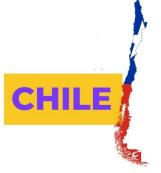
HER2+ breast cancer is an aggressive subtype with poorer prognoses if untreated. In Chile, breast cancer causes ~1,600 annual deaths, with HER2+ patients facing higher mortality due to delayed diagnoses and fragmented care.

While programs like Ley Ricarte Soto provide free trastuzumab, critical barriers persist. Chile's healthcare maturity, classified as **Intermediate - Developing** in cancer care, reflects moderate infrastructure but stark inequities between urban and rural regions.

CURRENT FRAMEWORK

Chile's HER2+ care framework includes:

- Healthcare Infrastructure: Specialized centers (e.g., Clínica Las Condes) exist but are concentrated in urban areas. Southern regions outperform Santiago despite resource disparities24.
- **Treatment Access:** Trastuzumab is universally covered, but newer therapies (e.g., T-DM1, pertuzumab) remain inaccessible in the public sector2.
- **Early Detection:** No national screening program; 50% of potential patients fall outside age-based eligibility2.
- **Research:** Limited funding for HER2-specific studies, though machine learning innovations in HER2 testing show promise.





KEY ISSUES TABLE

Facts, Barriers, and Policy Recommendation

Pillar	Fact	Barrier	Policy Recommendation
Infrastructure	Chile has 3 major public oncology centers and 8 specialized breast surgeons at Clínica Las Condes.	Yes, specialized centers exist, but 70% are in urban areas, exacerbating rural disparities.	Expand oncology infrastructure in Regions V–X via public-private partnerships.
Treatment Access	The GES and Ley Ricarte Soto provide free trastuzumab to all eligible HER2+ patients.	Yes, trastuzumab is available, but biosimilars and newer therapies lack reimbursement.	Update GES/LRS to include T-DM1, pertuzumab, and subcutaneous trastuzumab3.
Early Detection	Only 38% of women aged 50–69 participate in mammography screening programs.	Yes, screening exists, but 50% of at-risk women are ineligible due to restrictive age criteria.	Launch a national screening program for women aged 40+ and fund mobile mammography units.
Research & Innovation	Chilean researchers have developed machine learning models to improve HER2 testing accuracy.	Yes, innovation occurs, but funding is siloed and lacks national coordination.	Create a HER2+ research fund under ANID and prioritize clinical trials in public hospitals.
Palliative Care	Screen-detected cases have 2x higher survival rates vs. symptomatic.	Yes, survival rates improve with early detection, but palliative services are urban-centric.	Integrate palliative care into primary health networks and train rural providers.





CONCLUSION & Call to Action

Chile stands at a crossroads: it can either perpetuate inequities or emerge as a regional leader in HER2+ care. With 5,300 women undiagnosed annually and 98% relying on public healthcare, systemic delays cost lives. Strategic investments in rural infrastructure, expanded screening, and modernized treatment protocols will save thousands while reducing long-term healthcare burdens.



- **Equity:** Geographic disparities in diagnostics and treatment violate Chile's constitutional right to healthcare.
- **2 Innovation:** Outdated reimbursement policies hinder access to globally approved therapies.
- **Prevention:** A national screening program could reduce late-stage diagnoses by 40%.
- Accountability: Chile lacks a national cancer registry to track HER2+ outcomes—a critical oversight.

CALL TO ACTION

- 1. Pass the National Cancer Law: Fund regional cancer centers and mandate a HER2+ registry.
- **2.** Expand Screening: Lower eligibility to age 40+ and allocate \$15M USD for mobile mammography.
- 3. Update GES/LRS: Cover HER2-low testing and newer therapies by Q1 2026.
- 4. Train Oncologists: Double residency slots for oncology and pathology in public universities.
- **5.** Public-Private Partnerships: Leverage Chile's mining royalty fund to upgrade 10 public hospitals.

"Can Chile afford to leave half its population without access to timely diagnostics while newer therapies sit on shelves?"

Maturity Context: Chile's Intermediate-Developing cancer care status underscores the need for targeted HER2+ reforms to bridge urban-rural gaps and adopt precision oncology.