

UNITED STATES



ADVANCING EQUITY & Innovation in HER2-Positive Breast Cancer Care in the United States

EXECUTIVE SUMMARY

The United States has made historic progress in the treatment of HER2-positive breast cancer. Once a subtype associated with poor prognosis, HER2-positive disease is now one of the most treatable forms of breast cancer, with survival rates exceeding 90% for early-stage patients. This progress, however, masks deeply rooted disparities. Access to advanced diagnostics, targeted therapies, and survivorship support remains uneven across racial, socioeconomic, and geographic lines. While the U.S. leads globally in innovation, its fragmented healthcare system continues to hinder equitable implementation. To truly lead, the United States must ensure that every woman, regardless of her ZIP code, insurance status, or ethnicity, has access to timely, evidence-based, and life-saving HER2-positive breast cancer care.

INTRODUCTION

The U.S. is a global frontrunner in cancer research and innovation, with unparalleled investments in precision oncology, robust clinical guidelines, and widespread availability of HER2-targeted therapies. Yet, these advancements do not reach all patients equally. Disparities in access, affordability, and outcomes persist, particularly among racial minorities, rural populations, and those without comprehensive insurance. HER2-positive breast cancer—affecting up to 1 in 5 patients—has become emblematic of both the triumphs and the inequities within the U.S. healthcare system. As a country ranked in the **"Leading" tier of the Maturity Cancer Care Index**, the U.S. has both the capacity and the obligation to bridge these gaps and set a global benchmark for equitable, data-driven cancer care.

CURRENT FRAMEWORK AND CHALLENGES

The U.S. healthcare system offers a world-class standard of care for HER2-positive breast cancer on paper: widespread HER2 testing, numerous FDA-approved targeted therapies, and continuous investment in research and clinical trials. National guidelines are rapidly updated, ensuring that new evidence translates into practice. However, in real-world implementation, financial toxicity, regional disparities, insurance barriers, and underutilization of palliative care services undermine the full potential of this ecosystem. The cancer care pathway—from detection to survivorship—is highly dependent on a patient's income, location, and insurance status. The U.S. cannot afford a two-tiered system where only some benefit from the latest innovations.



HER2 BREAST CANCER IN THE US

Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, 73 NCI-designated cancer centers exist nationwide...	But rural areas often lack access to high-complexity testing and multidisciplinary care.	Establish regional oncology hubs and fund tele-oncology programs to expand rural access.
Access to Treatment	Yes, HER2-targeted therapies are FDA-approved and guideline-recommended...	...but high out-of-pocket costs delay or prevent treatment, especially for the underinsured.	Cap out-of-pocket costs and mandate parity for oral vs. IV anti-cancer drugs.
Research & Innovation	Yes, \$514M+ in breast cancer research annually; HER2 innovations abound...	...but metastatic HER2+ disease still receives disproportionately low funding relative to impact.	Prioritize federal research calls and grants targeting HER2-low and metastatic subtypes.
Awareness & Education	Yes, high general breast cancer awareness (>90% have had a mammogram)...	...but HER2-specific education is missing from most public campaigns.	Integrate HER2-subtype messaging into national awareness campaigns and survivorship care.
Survival Rates	Yes, >90% 5-year survival for early-stage HER2+ breast cancer...	...but black women have 38% higher breast cancer mortality than white women.	Fund disparities research and enforce equity metrics in oncology reimbursement and accreditation.
Early Detection & Palliative Care	Yes, most breast cancers get detected at localized stage in the U.S...	...but early detection rates and palliative care access are lower in low-income and rural communities.	Expand mobile screening units and integrate early palliative referrals into cancer care pathways.
Biomarkers	Yes, HER2 testing is standard in >95% of breast cancers...	...but uninsured patients often face delays or lack coverage for biomarker and genomic testing.	Require public and private payers to fully cover HER2 and NGS testing without prior authorization.
Guidelines	Yes, NCCN and ASCO guidelines are updated regularly and widely followed...	...but real-world implementation is uneven, especially in smaller or under-resourced practices.	Tie reimbursement incentives to adherence with evidence-based HER2+ treatment protocols.
Reimbursement Support	Yes, most HER2 therapies are reimbursed by Medicare and private insurance...	...but administrative hurdles like prior authorizations delay access to life-saving therapies.	Standardize and simplify prior authorization for NCCN-recommended treatments.
Screening	Yes, USPSTF recommends biennial mammograms starting at age 40...	...but participation and follow-up are lower in uninsured and minority populations.	Fund navigation programs to ensure timely follow-up from abnormal screens to diagnosis and treatment.



CONCLUSION

The United States has the tools to defeat HER2-positive breast cancer as a public health threat, but tools alone are not enough. Innovation without equity is progress for some and exclusion for others. It is unacceptable that while some patients access cutting-edge treatments within weeks of diagnosis, others wait months due to bureaucracy, location, or cost. As the global leader in oncology innovation, the U.S. must also lead in delivering on the promise of equitable cancer care.

This requires bold policy choices: investing in rural health infrastructure, capping out-of-pocket costs, enforcing equity standards, and sustaining research into metastatic and HER2-low disease. HER2-positive breast cancer care can be a litmus test for whether the U.S. is ready to put patients before systems. The time to act is now.



POLICY KEY MESSAGES

- 1** HER2-positive breast cancer is now highly survivable—but not for everyone.
- 2** The U.S. excels in innovation, but lags in equitable implementation.
- 3** Targeted reforms can close gaps in access, affordability, and survival.
- 4** Eliminating racial, geographic, and financial disparities must be a national priority.

CALL TO ACTION

1. Guarantee full insurance coverage of HER2-targeted therapies and biomarker testing, without cost-sharing.
2. Invest in tele-oncology, mobile screening, and regional hubs to improve rural access.
3. Fund research specifically targeting metastatic and HER2-low breast cancer.
4. Mandate equity metrics in cancer center accreditation and public reporting.
5. Launch a national HER2+ public awareness initiative tied to screening and survivorship care.