



# ADVANCING PRECISION & EQUITY in HER2-Positive Breast Cancer Care in Sweden

## EXECUTIVE SUMMARY

**Sweden** is a European leader in breast cancer control, achieving over 90% five-year survival and near-universal access to HER2 diagnostics and treatment through its universal healthcare system. Yet even in this high-performing context, challenges remain. Disparities in molecular testing across regions, gaps in immigrant screening participation, and variability in guideline implementation for HER2-low disease point to a need for targeted policy action.

Sweden has the means—and the mandate—to not only sustain but expand its leadership by ensuring that every woman, in every region, and from every background, benefits equally from advances in HER2-positive breast cancer care.

## INTRODUCTION

Sweden combines scientific leadership with a robust public health infrastructure. Patients benefit from centralized cancer care, a value-based pricing system, and high public investment in research. HER2-positive breast cancer—historically aggressive but now highly treatable—has become a showcase for Sweden’s early adoption of innovative therapies such as trastuzumab deruxtecan (Enhertu) and use of genomic tools.

However, HER2-low disease, disparities in screening uptake, and real-world implementation gaps are rising to the forefront. Policymakers must act to ensure no patient is left behind in the country’s next era of precision oncology.

## CURRENT FRAMEWORK/SITUATION

Sweden’s breast cancer ecosystem is centralized, well-funded, and technologically advanced. Over 90% of patients receive care in high-volume centers with multidisciplinary teams. HER2, ER, and PR testing are standard, and reimbursement delays for new therapies are among the shortest in Europe. Yet regional discrepancies in access to NGS and liquid biopsy persist. Immigrant women have up to 20% lower screening participation than the general population, and recent data show that HER2 guideline implementation—especially for HER2-low and ER-low subgroups—is not always consistent. With HER2-directed innovation accelerating, Sweden must close these implementation gaps to maintain its leadership position.

Based on the Maturity Framework for Cancer Care, Sweden is classified as a **“Leading”** country, characterized by near-universal access to advanced diagnostics, timely integration of novel therapies, and exemplary survival outcomes—making it a global benchmark for equitable and data-driven breast cancer care.





# HER2 BREAST CANCER IN SWEDEN

## Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, Sweden has 10+ comprehensive cancer centers and widespread digital pathology...	...but regional hospitals still rely on standard tests, and access to NGS and liquid biopsy varies.	Expand advanced molecular diagnostics to all counties and integrate NGS into national protocols.
Access to Treatment	Yes, virtually all patients receive timely access to HER2-targeted therapies via universal coverage...	...but smaller centers may lag in offering the latest treatments like trastuzumab deruxtecan.	Mandate equitable implementation of EMA-approved HER2 therapies across all care regions.
Research & Innovation	Yes, Sweden funds over €50 million annually in breast cancer research and leads HER2 clinical trials...	...but HER2-low and brain metastasis subgroups are still underrepresented in national trials.	Launch dedicated HER2-low and CNS metastasis trial calls through the Swedish Cancer Society.
Awareness & Education	Yes, national campaigns and high screening rates contribute to early detection...	...but immigrant women's screening uptake is ~20% lower due to language and cultural barriers.	Fund culturally tailored awareness initiatives and hire multilingual navigators in screening programs.
Survival Rates	Yes, Sweden's 5-year survival exceeds 90% and 10-year survival for HER2+ is over 80%...	...but survival gains are unevenly documented in regional datasets and patient-reported outcomes.	Include HER2+ disaggregated survival and PROMs in the national cancer quality registry.
Early Detection & Palliative Care	Yes, screening covers all women aged 40-74 and palliative care is widely available...	...but screening participation remains lower in some subgroups and palliative uptake data is sparse.	Publish palliative care access maps and disaggregate screening data by ethnicity and SES.
Biomarker	Yes, HER2, ER, PR, and BRCA testing is standard with >95% coverage...	...but HER2 re-testing at progression and adoption of HER2-low criteria are inconsistent.	Update national HER2 testing guidelines to include HER2-low protocols and mandate re-testing at relapse.
Clinical Guidelines	Yes, Sweden adheres to ESMO/NCCN and maintains its own breast cancer protocols...	...but real-world implementation for ER-low and HER2-low subtypes still varies across centers.	Link funding to adherence metrics on HER2+ and HER2-low treatment protocols at the center level.
Reimbursement	Yes, Sweden's value-based pricing ensures early and broad access to new HER2 drugs...	...but delays in integrating novel agents into regional formularies still occur.	Establish a national HER2+ treatment access monitor and align all regions on formulary inclusion timelines.
Screening	Yes, Sweden offers free biennial mammograms with 80% participation...	...but uptake among immigrant women is only ~60%.	Co-design targeted outreach campaigns with local community leaders and health mediators.



## CONCLUSION

Sweden's HER2-positive breast cancer system is a model of what's possible with strong public health governance and scientific leadership. Yet equity is not automatic—especially in the era of HER2-low classification and expanding precision oncology. Universal coverage must be matched by universal implementation. From rural hospitals to immigrant communities, from registry integration to real-world adherence, Sweden must ensure that HER2-positive breast cancer care continues to evolve—not just in labs and guidelines, but in every patient's experience. Sweden has the structure. Now it needs the coordination.



### KEY POLICY MESSAGES

**1**

Sweden leads in HER2-positive care—but leadership demands continuous alignment between access, equity, and implementation.

**2**

Regional disparities in molecular diagnostics and HER2-low uptake are the next frontier.

**3**

Immigrant women face lower screening rates—without action, early detection gaps will widen.

**4**

HER2 re-testing and real-world data must be integrated into cancer system performance measures.

## CALL TO ACTION

- **Expand molecular testing** (NGS, liquid biopsy) to all regions and include HER2-low in guidelines.
- **Launch culturally responsive awareness campaigns** for immigrant and underserved communities.
- **Fund HER2-low trials and PROMs integration** through national cancer registries.
- **Mandate re-testing at progression** to enable timely access to second-line HER2 therapies.
- **Monitor implementation equity** across all 21 healthcare regions and publish annual HER2+ access reports.