



STRENGTHENING HER2-POSITIVE BREAST CANCER CARE IN GREECE

From Fragmentation to Implementation

EXECUTIVE SUMMARY

Greece offers universal healthcare coverage and access to HER2-targeted therapies, but HER2-positive breast cancer care remains uneven across the country. Diagnostic infrastructure is concentrated in urban centers, screening participation is low, and biomarker testing is inconsistently available—especially in public hospitals. According to the global Maturity Framework for Cancer Care, Greece is currently classified in the "Transitional" category, reflecting moderate system development and persistent barriers to equitable care.

The challenge for Greece is not scientific readiness—but implementation. National policies exist; now they must be fully delivered.

INTRODUCTION

HER2-positive breast cancer affects approximately 13–20% of the 8,000 new breast cancer cases reported annually in Greece. With universal health coverage and formal inclusion of HER2 therapies in reimbursement protocols, the country is well-positioned to provide equitable care. Yet regional and systemic disparities undermine progress. While urban centers offer comprehensive services, rural areas face diagnostic delays and restricted access to molecular testing.

Screening uptake remains under 50%, and there is limited public awareness of HER2 subtypes. Greece's pathway forward must focus on coordinated delivery, investment in diagnostic capacity, and population-wide outreach.

CURRENT FRAMEWORK/SITUATION

Greece operates a centralized public healthcare system that theoretically guarantees access to cancer care. In practice, however, public sector facilities often lack the infrastructure for timely HER2 testing and multidisciplinary care. Most HER2-positive patients are treated in major hospitals in Athens, Thessaloniki, and Patras, while rural and island regions rely on referrals and may experience delays. HER2-targeted therapies, including trastuzumab and pertuzumab, are reimbursed, but out-of-pocket costs can still arise due to copayments, private diagnostic use, or travel expenses.

Early detection and palliative care services remain underdeveloped. The policy foundation is in place—but gaps in delivery remain significant.





HER2 BREAST CANCER IN GREECE

Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, major hospitals offer HER2 diagnostics and multidisciplinary care	but smaller hospitals lack molecular testing and referral networks are inefficient.	Establish regional HER2 testing hubs and implement national referral protocols.
Access to Treatment	Yes, HER2 therapies are included in reimbursement schemes	but geographic and financial barriers delay treatment for patients outside urban areas.	Ensure access equity by reimbursing travel costs and decentralizing care delivery.
Research & Innovation	Yes, Greece participates in EU-funded trials and regional oncology networks	but HER2-specific research and registry data remain limited.	Launch a national HER2+ clinical registry and support HER2-focused research calls.
Awareness & Education	Yes, breast cancer awareness is supported by NGOs and media campaigns	but HER2 subtype awareness is low and educational outreach is inconsistent.	Integrate HER2-specific messaging into national cancer awareness campaigns.
Survival Rates	Yes, 5-year survival exceeds 80% in high-resource centers	but HER2-stratified data is scarce and survival is lower in public hospitals.	Publish HER2-disaggregated survival data in national cancer statistics.
Early Detection & Palliative Care	Yes, screening is publicly available and palliative care is legally mandated	but only ~43% of eligible women undergo screening, and hospice access is highly limited.	Expand mobile screening units and integrate palliative care into national oncology pathways.
Biomarker	Yes, HER2 testing is standard in tertiary centers	but availability in public hospitals is limited, and retesting at progression is rare.	Mandate HER2 testing at relapse and fund public lab expansion for biomarker services.
Clinical Guidelines	Yes, Greece aligns with ESMO and NCCN guidelines	but implementation varies between urban and rural institutions.	Enforce guideline adherence through funding criteria and clinical audit mechanisms.
Reimbursement	Yes, HER2 therapies are reimbursed by the National Organization for Healthcare Services	but patients still face indirect costs and some diagnostics are not fully covered.	Expand reimbursement to cover full diagnostic and travel expenses for HER2+ patients.
Screening	Yes, mammography is offered to women aged 50–69	but participation is low and outreach to underserved populations is weak.	Introduce digital screening reminders and community-based navigation programs.





CONCLUSION

Greece has the core elements of an effective HER2-positive breast cancer system—but uneven execution and persistent disparities stand in the way of progress. From screening and biomarker access to rural care and survivorship, policy must now shift from formulation to delivery. By strengthening diagnostics, expanding regional care capacity, and enforcing clinical equity, Greece can rise to meet the promise of precision oncology. Equity is not only about access—but about reach, timeliness, and consistency.



- HER2-positive therapies are available in Greece—but not always accessible.
- 2 Screening and biomarker testing remain underutilized—particularly outside urban areas.
- HER2-specific education, data collection, and clinical adherence must be enforced system-wide.
- Innovation without implementation risks deepening health inequalities.

CALL TO ACTION

- Create regional HER2 diagnostic and treatment hubs to reduce urban-rural disparities.
- Mandate HER2 re-testing at relapse and fund national lab expansion.
- Launch HER2-specific awareness campaigns integrated into broader cancer outreach.
- Collect HER2-stratified survival data and include it in national oncology performance reports.
- **Ensure full financial coverage** for HER2 diagnostics, travel, and long-term follow-up care.