



ADVANCING EQUITY & INNOVATION

in HER2-Positive Breast Cancer Care in the United Kingdom

EXECUTIVE SUMMARY

The United Kingdom has developed a sophisticated healthcare infrastructure for HER2-positive breast cancer, underpinned by universal health coverage through the NHS and well-established diagnostic and treatment protocols. Trastuzumab and other HER2-targeted therapies are routinely available, and national guidelines ensure consistency in care. However, challenges remain. Regional disparities in testing turnaround times, gaps in real-world implementation, and survival inequalities by socioeconomic status reveal the need for further policy action.

As a country with one of the world's strongest public health systems, the UK must ensure that HER2-positive breast cancer care is not only advanced, but also equitable, data-driven, and patient-centered.

INTRODUCTION

The UK is a European leader in breast cancer control, with national screening programs, centralized treatment guidelines, and active investment in precision medicine. HER2-positive breast cancer, representing 15–20% of all breast cancer cases, is highly treatable with timely and targeted interventions. NHS coverage ensures wide access to key therapies, including trastuzumab, pertuzumab, and newer agents like trastuzumab deruxtecan. Nevertheless, equity gaps remain—patients in rural or economically disadvantaged areas often face delayed diagnoses, lower survival rates, and inconsistent access to molecular re-testing. While the UK has moved beyond critical barriers, it must now address second-generation challenges: guideline adherence, HER2-low integration, and survivorship support.

CURRENT FRAMEWORK/SITUATION

The UK breast cancer care ecosystem is robust. National screening reaches over 2.5 million women annually, and over 90% of eligible patients receive HER2 testing. The NHS Genomic Medicine Service and NICE guidance ensure standardized diagnostic and therapeutic pathways. Palliative care and patient support networks are well-integrated. Despite this, gaps persist. Median survival for HER2-positive metastatic breast cancer is improving but remains unequal across regions. Patients from the most deprived areas experience 6% lower 5-year survival than their more affluent counterparts. The National Audit of Metastatic Breast Cancer (NAoMe) and Scotland's Cancer Action Plan aim to close these gaps, but data availability and implementation require acceleration.

According to the global Maturity Framework for Cancer Care, the United Kingdom ranks in the **"Advanced"** tier, reflecting a well-established system with broad treatment access, robust biomarker integration, and strong national guidelines—though some regional and socioeconomic disparities persist and require targeted intervention.



HER2 BREAST CANCER IN THE UK

Key Issues Table and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	Yes, the UK has a mature network of NHS cancer centers offering HER2 diagnostics and care...	...but patients in rural areas still wait longer for HER2 test results and may lack access to multidisciplinary teams.	Expand genomic medicine hubs and set national benchmarks for HER2 testing turnaround times.
Access to Treatment	Yes, NHS covers all HER2-targeted therapies, from trastuzumab to Enhertu...	...but access is uneven across the four nations, and not all trusts implement NICE guidance equally.	Create a unified HER2+ access framework across England, Scotland, Wales, and Northern Ireland.
Research & Innovation	Yes, UK institutions lead global studies like HER2-CNS SURVEILLANCE and PRIMROSE...	...but HER2-low and brain metastases remain underfunded and underrepresented.	Prioritize NIHR calls for HER2-low research and metastatic innovation.
Awareness & Education	Yes, national campaigns like "Shine a Light" increase breast cancer visibility...	...but HER2-specific education is still missing from public and survivorship narratives.	Embed HER2 messaging into NHS campaigns and survivorship support materials.
Survival Rates	Yes, over 85% of UK breast cancer patients survive five years or more...	...but women in the most deprived areas face 6% lower survival than those in wealthier regions.	Include survival equity targets in NHS audits and allocate funding to level up underserved areas.
Early Detection & Palliative Care	Yes, over 70% of breast cancers are caught early, and palliative services are robust...	...but uptake of screening and access to data on secondary disease remain inconsistent.	Finalize the NAO audit and fund a national HER2+ metastatic data registry.
Biomarker	Yes, HER2 testing is nearly universal and part of NHS diagnostic protocols...	...but re-testing at disease progression isn't consistently performed despite known biomarker shifts.	Mandate HER2 re-assessment at relapse and publish trust-level adherence metrics.
Clinical Guidelines	Yes, NICE, ESMO, and UK-specific HER2 testing guidelines are in place and regularly updated...	...but implementation of HER2-low definitions is still patchy in real-world practice.	Tie funding to HER2 protocol compliance and HER2-low readiness in all cancer centers.
Reimbursement	Yes, NHS fully funds HER2 treatments and biomarker testing...	...but some patients still face delays from regional managed access scheme variations.	Standardize access pathways and track equity through NHS PROMs and dashboards.
Screening	Yes, the NHS screens millions of women every year through the Breast Screening Programme...	...but participation is lower in younger women and some regions fall behind the 70% target.	Use AI tools and community outreach to raise participation and evaluate lowering the screening age.



CONCLUSION

The United Kingdom is positioned to set a new global standard in HER2-positive breast cancer care—but only if it now moves from uniform availability to universal equity. Despite free coverage, cutting-edge diagnostics, and well-funded research, implementation lags in rural and socioeconomically deprived areas. The advent of HER2-low classifications and new ADCs (antibody-drug conjugates) makes this moment critical: systems must be updated, testing protocols reinforced, and outcomes transparently monitored. A national HER2-positive cancer strategy—integrated into existing NHS and Cancer Alliance frameworks—can ensure no woman is left behind, regardless of her postcode or disease stage.

KEY POLICY MESSAGES

- 1** HER2-positive breast cancer is highly treatable—but survival still depends on where and how care is delivered.
- 2** The UK has a strong system but lacks uniform implementation across all regions.
- 3** New biomarker categories (HER2-low) and advanced therapies require updated pathways.
- 4** Equity gaps in metastatic disease outcomes demand urgent action.

CALL TO ACTION

- Mandate HER2 re-testing at disease progression to enable access to newer therapies.
- Fund HER2-low research and expand clinical trials for underrepresented subgroups.
- Launch a unified HER2+ equity dashboard, integrating audit, survival, and access metrics by region.
- Integrate HER2 subtype education into all national breast cancer campaigns.
- Ensure all devolved nations adopt and enforce equal access to NICE/SMC-approved HER2-targeted therapies.