



ADVANCING HER2-POSITIVE BREAST CANCER CARE IN THE NETHERLANDS

Sustaining Leadership Through Equity, Innovation & Precision

EXECUTIVE SUMMARY

Netherlands stands as a global leader in HER2-positive breast cancer care, with universal access to diagnostics and therapies, standardized clinical protocols, and robust national data systems. HER2 testing is routine, HER2-targeted treatments are fully reimbursed, and survival outcomes are among the best in the world. A high-performing screening program, commitment to research, and integration of care pathways contribute to this success. Yet even within this Maturity Level 5 – Leading system, refinements are needed—particularly in ensuring early adoption of HER2-low classifications, integrating survivorship care models, and reducing wait times for newer therapies. The Netherlands has the infrastructure, expertise, and policy maturity to remain at the forefront of global breast cancer care—if it proactively closes emerging gaps.

CURRENT SITUATION

The Dutch health system offers **compulsory health insurance with universal coverage**, ensuring access to high-quality cancer diagnostics and care.

HER2 testing (IHC and confirmatory ISH/FISH when needed) is performed in accredited pathology labs with strict quality control. Breast cancer screening is well-organized at the national level, with women aged 50–75 invited for biennial mammograms—achieving participation rates above 75%.

HER2 therapies are fully reimbursed and widely available through oncology centers. National guidelines are developed and regularly updated by the **Dutch Society for Medical Oncology (NVMO)** and the **Dutch Institute for Healthcare Improvement (ZIN)**. The Netherlands Comprehensive Cancer Organisation (IKNL) and PALGA enable granular tracking of outcomes, though HER2-disaggregated data is not consistently reported. The system operates at Maturity **Level 5 – Leading**, reflecting its position at the top of international benchmarks. However, continued investment in HER2 stratification, real-world evidence, and equitable survivorship care is vital to sustaining progress.

INTRODUCTION

Breast cancer is the most commonly diagnosed cancer among women in the Netherlands, with over **17,000 new cases annually, and 15–20% of these are HER2-positive**. The Netherlands has built an internationally admired health system for oncology, characterized by evidence-based care, centralized registries, and data-driven quality assurance. HER2-targeted treatments—including trastuzumab, pertuzumab, T-DM1, and trastuzumab deruxtecan—are widely accessible and reimbursed via the universal health insurance model. HER2 testing is embedded in diagnostic workflows, and clinical guidelines are routinely updated. Despite this leadership, challenges persist. Access to emerging treatments can be delayed due to HTA evaluations, HER2-low classification is still being implemented, and survivorship services for HER2-positive patients vary by region. Maintaining excellence in a dynamic precision oncology landscape requires attention not only to access, but to uniformity, speed, and personalization of care.



HER2 BREAST CANCER IN NETHERLANDS

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	HER2 testing is standard in all cancer centers with quality oversight...	...but capacity to interpret HER2-low is still developing in some labs.	Provide training and national HER2-low pathology protocols under PALGA and Dutch Pathology Registry frameworks.
Access to Treatment	HER2-targeted therapies are fully reimbursed and widely used...	...but access to newer agents (e.g., T-DXd) can be delayed pending HTA and pricing decisions.	Introduce accelerated pathways or conditional reimbursement for therapies with OS benefit.
Research & Innovation	The Netherlands participates in global HER2 trials and leads EU-funded projects...	...but HER2-low and survivorship research remain limited in focus.	Launch dedicated HER2-low and post-treatment quality-of-life research initiatives via ZonMw and Dutch Cancer Society.
Awareness & Education	Public awareness of breast cancer is high, with strong screening uptake...	...but HER2 biology is not well known beyond specialist settings.	Expand public and primary care education on breast cancer subtypes, including HER2+ and HER2-low.
Survival Rates	5-year breast cancer survival is over 90%, among the highest globally...	...but outcome data are not routinely disaggregated by HER2 status.	Require HER2-stratified survival reporting in the Netherlands Cancer Registry and annual audits.
Early Detection & Palliative Care	The national screening program covers all eligible women and palliative care is well established...	...but some disparities remain in early-stage diagnosis among lower - income & immigrant groups.	Enhance outreach screening and care navigation in vulnerable populations through community health partnerships.
Biomarker	HER2 testing follows national quality standards with high reproducibility...	...but HER2-low protocols are not yet standardized across all labs.	Finalize HER2-low classification guidance through national pathology bodies and QA schemes.
Clinical Guidelines	Dutch oncology guidelines align with ESMO and are regularly updated...	...but HER2 re-testing at progression and HER2-low integration are not yet universal.	Update national guidelines to mandate HER2 re-testing at recurrence and include HER2-low pathways.
Reimbursement	HER2 therapies are fully covered by insurance and reimbursed centrally...	...but newly approved therapies face pricing negotiations and budget impact delays.	Streamline HTA for HER2 drugs with survival impact using early dialogue and managed entry agreements.
Screening	National biennial mammography achieves >75% participation...	...but uptake is lower in specific migrant and rural populations.	Tailor outreach strategies with multilingual campaigns and mobile units for underserved regions.



CONCLUSION

The Netherlands sets the benchmark for HER2-positive breast cancer care globally. Its strength lies in evidence-based practice, universal access, and high-quality diagnostics. However, leadership must be continuously renewed—through faster access to innovation, inclusion of HER2-low and relapse testing in protocols, and better integration of survivorship care. As a **Leading-level system**, the challenge is not starting from scratch but refining systems for equity, speed, and precision. By embedding HER2 disaggregation and innovation into national frameworks, the Netherlands can remain at the cutting edge of oncology for years to come.



KEY POLICY MESSAGES

1 The Netherlands offers world-class access to HER2-positive diagnostics and treatments, supported by a strong national system.

2 HER2-low testing, relapse re-testing, and disaggregated data reporting require further integration.

3 Timely access to new HER2 therapies can be delayed by pricing and reimbursement processes.

4 Continued leadership demands investment in precision data, innovation, and equitable survivorship pathways.

CALL TO ACTION

- **Standardize HER2-low classification** through national lab protocols and digital QA platforms.
- **Mandate HER2 re-testing at recurrence** and incorporate it into NVMO guidelines.
- **Accelerate access to new HER2 drugs** via adaptive HTA pathways and early access schemes.
- **Publish HER2-stratified outcomes** through IKNL and the Netherlands Cancer Registry to inform quality benchmarks.
- **Support HER2-specific survivorship models**, focusing on patient-reported outcomes and psychosocial services.