

CLOSING THE GAP

Advancing HER2-Positive Breast Cancer Care in Colombia

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer represents one of the most aggressive subtypes—but also one of the most treatable forms—of breast cancer. In Colombia, universal health coverage and national guidelines are in place, yet the reality on the ground tells a more complex story. Access to HER2-targeted therapies like trastuzumab is technically guaranteed, but in practice, many patients—particularly those outside urban centers—face unacceptable delays in testing, diagnosis, and treatment. Screening remains limited, and critical disparities persist between insurance schemes and regions.

How can a woman benefit from a life-saving drug if she never gets the diagnosis in time?

This policy brief highlights the urgent need to bridge the implementation gap and offers targeted, evidence-based solutions to ensure that scientific advances translate into survival gains for all Colombian women—not just the few who live in the right place, with the right insurance, at the right time.

INTRODUCTION

HER2-positive breast cancer affects up to 20–25% of women diagnosed with breast cancer in Colombia and has historically been associated with poorer outcomes. The introduction of HER2-targeted therapies has transformed the prognosis of this subtype—if care is timely and accessible.

Colombia has laid the groundwork for improvement: HER2 testing is standard in many institutions, trastuzumab is covered under public insurance, and awareness campaigns are on the rise. Yet large gaps remain between policy and practice.

CURRENT FRAMEWORK

Colombia's cancer care infrastructure is moderately developed. The country's universal health system covers HER2 therapy, and national guidelines align with global standards. Despite this, real-world access remains uneven. Infrastructure is concentrated in urban centers; palliative care and biomarker testing are underused in rural regions. Although survival for early-stage disease is improving, socioeconomic and geographic disparities remain significant barriers. Colombia is currently rated as an **'Emerging – Level 2' country on the Maturity Cancer Care Index**, reflecting foundational policies with incomplete implementation.



HER2-POSITIVE BREAST CANCER

Key Issues and Solutions

Pillar	Key Fact	Barrier	Policy Recommendations
Infrastructure	Advanced oncology centers concentrated in urban areas.	Yes, high-level care exists, but rural areas have minimal access.	Establish regional oncology hubs and referral networks.
Treatment Access	Trastuzumab and biosimilars are publicly covered.	Yes, drugs are covered, but access varies by region and insurance type.	Streamline authorizations and ensure equitable drug distribution.
Biomarker Testing	HER2 testing is reimbursed and routine in urban hospitals.	Yes, HER2 testing is available, but delayed in rural settings.	Fund pathology networks and accelerate test result turnaround.
Screening	Only 34% of women aged 50–69 receive regular mammograms.	Yes, screening guidelines exist, but participation remains low.	Expand mobile screening units and community-based outreach.
Guidelines	National HER2 guidelines are aligned with global norms.	Yes, guidelines exist, but implementation varies across insurers.	Mandate adherence to protocols through insurance oversight.
Palliative Care	Palliative services have expanded in recent years.	Yes, services exist, but rural patients still lack access.	Integrate palliative care into primary health strategies.
Research & Innovation	Colombia participates in HER2-related clinical trials.	Yes, research is growing, but public funding is limited.	Increase oncology R&D investment through national funds.

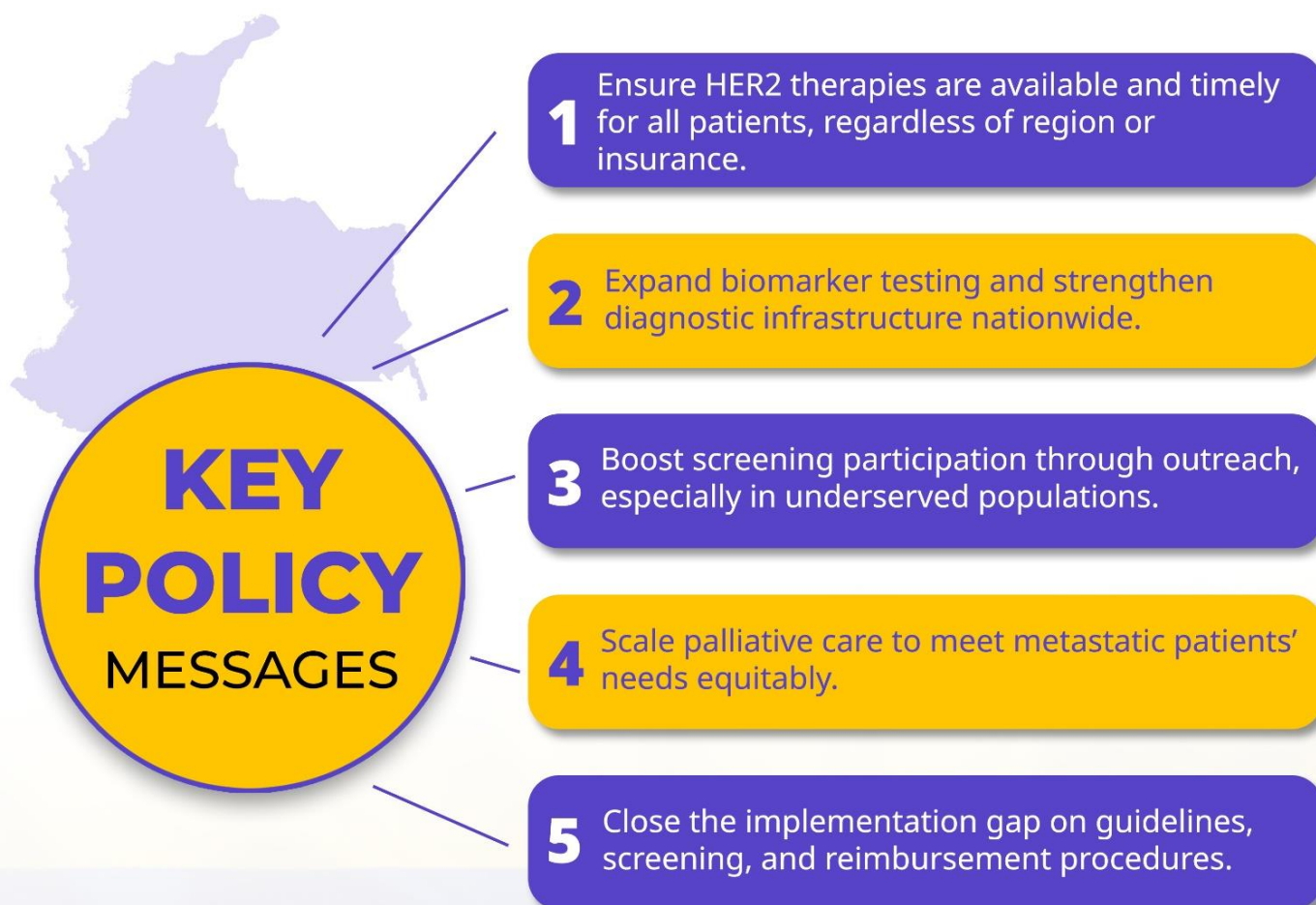
CONCLUSION

Colombia has laid strong foundations for HER2-positive breast cancer care, but a system is only as effective as its reach.

What good are national guidelines if they're not followed?

What value do covered therapies have if patients cannot access them on time?

The country stands at a crossroads: act now to close persistent equity gaps, or allow them to widen further. With focused reforms—anchored in timely diagnosis, regional access, and real-world implementation—Colombia can move from policy to progress, ensuring that every woman has a fighting chance.



CALL TO ACTION

To close the gap between innovation and patient outcomes, Colombian health authorities must act now. Reimbursement policies must match real-world needs, infrastructure must be regionalized, and HER2 treatment must be embedded in a system of timely diagnosis, follow-up, and survivorship care.