



# ADVANCING HER2-POSITIVE BREAST CANCER CARE IN SYRIA

## Rebuilding Access & Laying the Foundations for Precision Oncology

### EXECUTIVE SUMMARY

Breast cancer remains the leading cancer among women in Syria, but ongoing conflict, economic hardship, and health system fragmentation have severely limited access to diagnostics, treatment, and data systems. HER2 testing is rarely available, and HER2-targeted therapies are largely inaccessible through the public sector. Care delivery is concentrated in urban centers, with rural and displaced populations facing extreme barriers.

As a **Maturity Level 1 – Critical** country, Syria is in urgent need of international support to rebuild essential oncology services, re-establish HER2 testing capabilities, and ensure access to life-saving HER2-targeted treatment as part of future stabilization and recovery plans.

### CURRENT SITUATION

Syria's public healthcare system remains under severe strain. Cancer care is available primarily through major public hospitals in **Damascus, Aleppo, and Latakia**, but services are intermittent and often unaffordable in private settings. **HER2 testing (IHC/FISH)** is not routinely available, and access to HER2-targeted drugs such as **trastuzumab** is extremely limited. Rural and conflict-affected areas have little to no access to diagnostic or treatment services for cancer.

There are no national data systems tracking HER2-specific outcomes, and screening efforts are ad hoc or implemented through NGOs. Palliative care, psychosocial support, and patient navigation services are not integrated. Syria, operating at **Maturity Level 1 – Critical**, must prioritize system stabilization and capacity building to lay the groundwork for equitable HER2-positive care in the future.

### INTRODUCTION

Syria has experienced a significant collapse in its healthcare infrastructure over the past decade. While some services continue through public hospitals, NGOs, and limited private facilities, cancer care—including breast cancer diagnostics and treatment—has become increasingly inaccessible. Breast cancer accounts for a substantial share of the cancer burden among women, yet **HER2 status is rarely tested**, and patients are often diagnosed late with limited therapeutic options.

There is currently no national breast cancer screening program, limited pathology services, and no structured survivorship care. Access to **trastuzumab** and other HER2 therapies is nearly nonexistent in public facilities due to cost and supply constraints. Addressing HER2-positive breast cancer care in Syria will require a long-term, phased strategy starting with health system recovery, infrastructure rebuilding, and humanitarian health partnerships.





# HER2 BREAST CANCER IN SYRIA

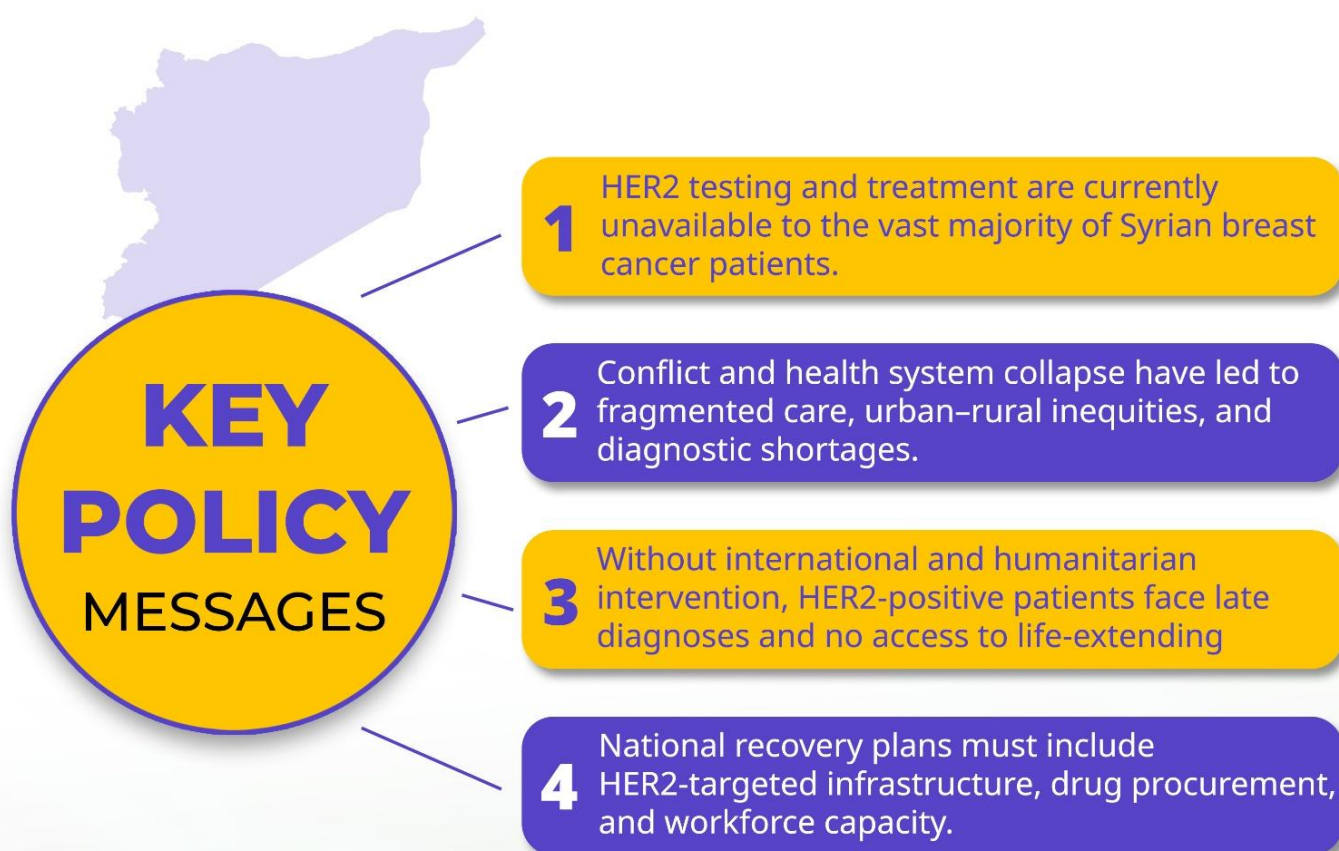
## Key Issues and Policy Recommendations

| Pillar                            | Fact   | Barrier   | Policy Recommendations  |
|-----------------------------------|--|---|---|
| Infrastructure                    | Some oncology services remain in urban public hospitals...           | ...but diagnostic labs are severely under-resourced, and HER2 testing is not available.       | Rebuild pathology infrastructure and prioritize HER2 testing in national health recovery efforts.           |
| Access to Treatment               | Trastuzumab is listed on WHO's essential medicines list...           | ...but is generally unavailable in Syria's public system due to cost and import restrictions. | Secure humanitarian access to HER2 therapies through UN agencies and pooled procurement mechanisms.         |
| Research & Innovation             | Cancer research institutions once existed in university hospitals... | ...but research has halted, and there is no HER2-specific data or registries.                 | Support international collaborations to restart cancer registries and initiate basic HER2 data collection.  |
| Awareness & Education             | NGOs run breast cancer awareness campaigns in select areas...        | ...but knowledge of HER2 and subtype care is nonexistent among most providers and patients.   | Develop basic provider education materials and public awareness campaigns focused on HER2 testing and care. |
| Survival Rates                    | Accurate survival data are not available...                          | ...and most breast cancers are detected at advanced stages.                                   | Establish regional survival monitoring with NGO support to guide future recovery planning.                  |
| Early Detection & Palliative Care | Some NGOs provide clinical breast exams...                           | ...but there is no formal screening system or reliable access to palliative care.             | Expand mobile screening and palliative care outreach via NGO-government partnerships in priority regions.   |
| Biomarker                         | Limited pathology services exist in Damascus and Aleppo...           | ...but IHC and FISH are generally unavailable or unaffordable.                                | Prioritize HER2 testing equipment and reagent availability in WHO-supported reconstruction packages.        |
| Clinical Guidelines               | Prior national guidelines referenced international standards...      | ...but HER2-specific protocols are outdated or not followed due to capacity gaps.             | Update Syria's cancer care guidelines to include HER2 testing and HER2-targeted treatment pathways.         |
| Reimbursement                     | The public system does not cover HER2 drugs...                       | ...and families bear high out-of-pocket costs in private clinics.                             | Seek donor-based medicine access programs and prioritize HER2 therapies in health recovery budgets.         |
| Screening                         | Breast cancer screening is sporadically offered through NGOs...      | ...but there is no national program or coverage plan.   | Launch community-based clinical breast exam initiatives and awareness drives in IDP and host communities.   |



## CONCLUSION

Syria's ability to provide HER2-positive breast cancer care remains critically limited due to conflict-related system breakdowns and constrained financing. There is an urgent need for international and regional collaboration to restore pathology services, secure access to essential HER2-targeted drugs, and reintegrate HER2 testing into routine cancer care. As a **Critical-level system**, Syria's future efforts must focus on foundational rebuilding while ensuring that HER2 care is not left behind in reconstruction strategies.



## CALL TO ACTION

- **Prioritize HER2 testing and trastuzumab access** in all post-conflict health recovery efforts, with support from WHO and international NGOs.
- **Rebuild pathology labs and train staff** to deliver HER2 diagnostics at central hospitals in major cities.
- **Restart national cancer registries** and include HER2 status tracking in collaboration with academic and humanitarian partners.
- **Develop HER2-inclusive national clinical guidelines** and integrate them into post-conflict oncology training.
- **Expand NGO-led screening programs** in internally displaced and rural communities through mobile outreach and local health workers.