



CLOSING THE GAP

Advancing Equitable Access & Innovation in HER2-Positive Breast Cancer Care in India

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer is one of the most aggressive yet treatable forms of breast cancer, accounting for a significant proportion of cases in India. While substantial progress has been made with expanding infrastructure and targeted therapies, critical disparities persist. Over 70% of cases are still diagnosed at advanced stages, and access to treatment remains inequitable, especially in rural and underserved regions. India's National Cancer Grid and Ayushman Bharat scheme provide foundational frameworks, but gaps in diagnostics, treatment affordability, and palliative care urgently need addressing.

CURRENT FRAMEWORK: STRENGTHS & SYSTEMIC SHORTCOMINGS

India's infrastructure has improved significantly, with over 250 specialized centers providing advanced breast cancer care. Biomarker testing for HER2, ER, and PR exceeds 80% in urban hospitals. Government initiatives like Ayushman Bharat offer financial protection but often exclude advanced therapies, resulting in high out-of-pocket costs. Only 10-12% of eligible women undergo regular screening, and palliative care access remains severely limited, reaching less than 2% of those in need.

INTRODUCTION

Breast cancer is the most common cancer among Indian women, accounting for 27.4% of all female cancers, with a rising incidence of 39.2 per 100,000. Among these cases, HER2-positive breast cancer stands out as both one of the most aggressive and one of the most treatable subtypes—if detected early and managed equitably. However, over 70% of women in India are still diagnosed at advanced stages, and access to targeted therapies remains highly unequal.

India is currently classified as “Intermediate – Developing” within the global Cancer Care Maturity Framework. This means the country has established infrastructure and promising policy frameworks — such as the National Cancer Grid and Ayushman Bharat — but delivery of care remains fragmented, especially beyond urban centers. The “intermediate” label reflects a system at a crossroads: progress is visible, but impact is uneven. Specialized care exists, yet too often it is out of reach. Targeted treatments are approved, yet too frequently unaffordable. Screening guidelines are in place, yet millions remain unscreened.

What will it take to tip India from promise to progress?

India has the potential to become a leader in equitable, innovation-driven breast cancer care. The question is no longer what is possible, but how quickly and decisively can we close the gaps? With over 100,000 women diagnosed with HER2-positive breast cancer in the past five years alone, this is not just a policy issue — it's a matter of survival for thousands. The time for action is now.



HER2-POSITIVE BREAST CANCER

Key Pillars, Barriers, and Policy Recommendations

Pillar	Key Fact	Key Challenge	Strategic Priority
Infrastructure	250+ specialized cancer centers, but 95% urban-centric.	Rural patients face long travel times and delays.	Expand regional cancer hubs and mobile units.
Treatment Access	HER2-targeted therapies widely available but financially prohibitive for many.	Rural-urban treatment disparity; affordability gap.	Fully include targeted therapies under Ayushman Bharat.
Early Detection & Screening	Opportunistic screening with low participation (~29%).	Late-stage diagnosis remains prevalent.	Establish organized, invitation-based screening.
Palliative & Survivorship Care	Palliative services reach <2% of patients; severe shortage in rural areas.	Limited pain management and psychosocial support.	Integrate comprehensive palliative care nationwide.
Utilization of Biomarkers	HER2 biomarker testing widespread (~80%) in urban centers; limited elsewhere.	Inconsistent testing rates and quality standards.	Standardize and extend biomarker testing nationally.
Clinical Guidelines	National guidelines aligned internationally but unevenly implemented.	Resource constraints cause local deviations.	Develop and train clinicians on resource-stratified guidelines.
Reimbursement	Partial coverage through national schemes; high out-of-pocket spending persists.	Advanced treatments not fully reimbursed.	Expand reimbursement to fully cover advanced therapies.
Research & Innovation	Modest investment with growing participation in global trials and domestic innovation.	Limited research funding and real-world data gaps.	Boost funding and public-private partnerships.
Awareness Campaigns	Significant increase in awareness, but over 50% of cases still diagnosed at late stages.	Limited rural reach and persistent stigma.	Scale culturally tailored education and grassroots outreach.



CONCLUSION

Urgent Need for Comprehensive Policy Action

India has laid the groundwork for transformative cancer care. From national insurance schemes to expanding cancer centers and breakthrough biosimilars, the pillars are in place. But access remains dictated by geography and income. Urban patients often receive world-class care, while rural patients face delays, denials, or debt. Clinical guidelines align with global standards — yet many patients never receive guideline-concordant treatment due to affordability and availability gaps.

We are at an inflection point: will India's cancer strategy remain aspirational, or will it become actionable—everywhere, for everyone?

Transforming HER2-positive breast cancer care is not a luxury—it is an imperative. Lives are being lost not for lack of innovation, but for lack of implementation.



1 Scale rural healthcare infrastructure and improve access to diagnostics.

2 Expand Ayushman Bharat coverage for HER2-targeted therapies.

3 Launch structured, nationwide breast cancer screening programs.

4 Integrate comprehensive, accessible palliative care into national cancer strategies.

CALL TO ACTION

Policymakers must act now to ensure that HER2-positive breast cancer care is not just available—but accessible, affordable, and equitable:

- **Close the rural-urban divide** by investing in mobile diagnostic units, regional treatment hubs, and specialist training.
- **Fully cover HER2-targeted therapies** under Ayushman Bharat and state schemes—because a diagnosis should not bankrupt a family.
- **Launch a national breast cancer screening program** that goes beyond opportunistic exams to proactive, invitation-based outreach.
- **Make palliative care a right, not a privilege**, by integrating it into all levels of cancer care—from diagnosis to survivorship or end-of-life.

India has the tools. India has the knowledge. What it needs now is the will to act—with urgency, ambition, and compassion.