



CLOSING THE EQUITY GAP

HER2-Positive Breast Cancer Care in Brazil

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer affects around 17% of breast cancer patients in Brazil—yet where a woman lives, and what she earns, still determines whether she will survive. Timely diagnosis and HER2-targeted therapies can dramatically improve outcomes. While treatments like trastuzumab and pertuzumab are available through Brazil's public health system (SUS), access remains inconsistent and unequal. Too many women still face delayed diagnosis, limited biomarker testing, and systemic barriers to care.

This policy brief presents an urgent opportunity: Brazil has the tools to close this gap. With strategic investment, policy reform, and strong leadership, every woman—regardless of geography or income—can receive timely, high-quality HER2-positive breast cancer care.

INTRODUCTION

Brazil stands at a crossroads in its fight against breast cancer. The public health system (SUS) has made significant strides—introducing essential therapies and expanding cancer care infrastructure. Yet deep disparities persist between private and public systems, urban and rural areas, and high- and low-income patients. A woman diagnosed with HER2-positive breast cancer in São Paulo has access to options that are still out of reach for her counterpart in the Amazon region.

According to the global Cancer Care Maturity Index, Brazil is at **Level 3—an intermediate** stage marked by important progress, but also by critical access gaps. That means some patients receive world-class care, while others are left behind. It's time to bridge this divide. Ensuring equitable, guideline-based HER2-positive breast cancer care must become a national health priority.

CURRENT SITUATION

Despite promising policies, the reality for many Brazilian women diagnosed with HER2-positive breast cancer varies dramatically. Rural, remote, and disadvantaged communities face major delays, limited testing, and inconsistent treatment. These disparities result in avoidable deaths and significantly poorer outcomes. In the public sector, 5-year survival is around 69%, compared to 81% in private care. This gap is driven by later-stage diagnoses, unequal access to HER2-targeted therapies, and delayed treatment initiation.



HER2-POSITIVE BREAST CANCER

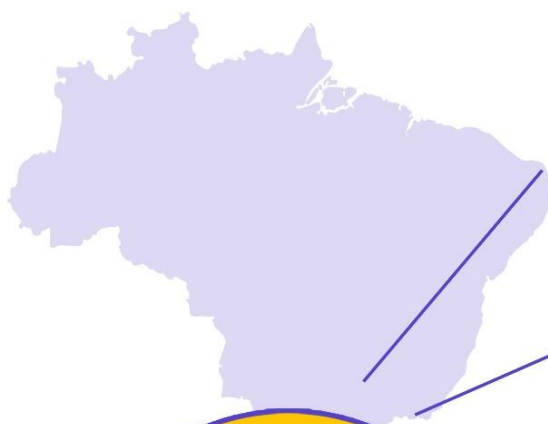
Facts, Barriers, and Recommended Actions

Pillar	Fact	Barrier	Recommended Actions
Infrastructure	Brazil faces a severe shortage of radiotherapy equipment, causing preventable deaths.	Yes, Brazil urgently needs more radiotherapy units, but this presents a clear opportunity for impactful collaboration with the private sector.	Launch nationwide public-private partnerships to rapidly expand radiotherapy availability, particularly in underserved regions.
Treatment Access	Only 60% of eligible public patients receive trastuzumab therapy compared to 83% in private hospitals (2011–2020).	Yes, Brazil provides HER2 treatments, but unreliable supply chains, delayed reimbursement, & regional imbalances severely limit patient access.	Streamline procurement & distribution networks and ensure adequate reimbursement to guarantee nationwide, reliable availability of essential HER2 medications.
Early Detection	Only 24% of eligible women aged 50–69 receive breast cancer screenings.	Yes, Brazil has screening programs, but current approaches miss crucial opportunities to reach women most at risk.	Establish organized, proactive screening programs and targeted outreach initiatives to effectively engage underserved populations.
Biomarker Testing	Approximately 23% of breast cancer patients in public hospitals lack complete biomarker tests (ER/PR/HER2).	Yes, biomarker tests exist, but rural & remote areas lag far behind in providing these critical diagnostics. Access to advanced genomic testing like BRCA1/2 remains highly limited.	Rapidly expand biomarker testing facilities nationwide, fully fund and mandate their availability in all SUS hospitals, & progressively include genomic assays in coverage.
Clinical Guidelines	Clinical guidelines in Brazil align with global standards but suffer from infrequent updates & inconsistent implementation.	Yes, guidelines exist, but they quickly become outdated and are often poorly implemented, reducing their impact.	Commit to regular updates, rigorous enforcement, & continuous training to ensure guidelines deliver maximum patient benefits across all regions.
Palliative Care	Less than 15% of terminal breast cancer patients receive structured palliative care.	Yes, palliative care services are growing, but many patients still lack access, particularly outside large cities.	Urgently integrate palliative care services into standard cancer treatment protocols nationwide, focusing heavily on rural and remote communities.



CONCLUSION & Call to Action

Brazil is at a pivotal point with the tools and frameworks already in place to significantly enhance outcomes for women battling HER2-positive breast cancer. If we have the solutions, why aren't we using them to their fullest potential? Decisive and immediate policy actions are essential to overcome inequalities and ensure consistent, high-quality care is available to every patient in Brazil.



KEY POLICY MESSAGES

- 1** Rapidly expand oncology infrastructure through strategic partnerships.
- 2** Ensure uninterrupted national access to HER2-targeted therapies and improve reimbursement mechanisms.
- 3** Transition urgently to proactive and organized breast cancer screening.
- 4** Fully fund nationwide biomarker and genomic testing coverage.
- 5** Regularly refresh and strictly enforce clinical guidelines.
- 6** Broadly integrate palliative care, prioritizing underserved communities.

**Polymakers must act now with clear, bold strategies. Equitable, world-class cancer care should be the reality —not the exception—for every Brazilian woman.
Are we ready to rise to this challenge?**