



# ADVANCING HER2-POSITIVE BREAST CANCER CARE IN POLAND

## Bridging Gaps in a Developing but Evolving System

### EXECUTIVE SUMMARY

**Poland** has made significant progress in expanding access to cancer diagnostics and treatment, with HER2 testing now available in major centers and key HER2-targeted therapies included in the national reimbursement program. However, delays in drug access, regional disparities in care delivery, and underdeveloped survivorship services limit the full realization of precision oncology. Screening coverage remains suboptimal, and HER2-low classification is not yet embedded into national clinical practice. As a country at **Maturity Level 3 – Intermediate**, Poland has strong foundational elements in place but requires strategic reforms to reduce inequities, accelerate innovation, and implement personalized HER2-positive breast cancer care more uniformly.

### CURRENT SITUATION

Poland's national healthcare system provides coverage for cancer diagnostics and treatment through the **Narodowy Fundusz Zdrowia (NFZ)**. HER2 testing (IHC and FISH) is available and reimbursed, primarily in comprehensive cancer centers and large hospitals. Trastuzumab and pertuzumab are included in the public drug program, and T-DM1 has been recently introduced under specific clinical criteria. However, there are delays in the reimbursement of newer therapies and disparities in access between urban and rural regions.

Breast cancer screening is offered through a national mammography program for women aged 50–69, but participation remains below 40%, especially in rural areas. HER2-low classification is not yet adopted in practice, and survivorship care pathways remain underdeveloped. Clinical guidelines are updated through Polish oncology societies, yet their implementation is inconsistent. Poland, at **Maturity Level 3 – Intermediate**, shows significant promise but must strengthen coordination, access, and precision to advance further.

### INTRODUCTION

Breast cancer is the most frequently diagnosed cancer among women in Poland, with over **25,000 new cases annually** and around **15–20% identified as HER2-positive**. HER2 testing has become standard practice in oncology centers, and first-line therapies like trastuzumab and pertuzumab are publicly reimbursed.

However, access to second- and third-line therapies (e.g., T-DM1, T-DXd) remains uneven, and HER2 re-testing at relapse is not mandated in national protocols. **The National Oncology Strategy 2020 – 2030** has laid the groundwork for improvement, but implementation has been inconsistent across voivodeships (regions). To strengthen its trajectory toward high-quality, personalized cancer care, Poland must address infrastructure imbalances, accelerate adoption of emerging standards like HER2-low classification, and improve data collection for outcomes monitoring.



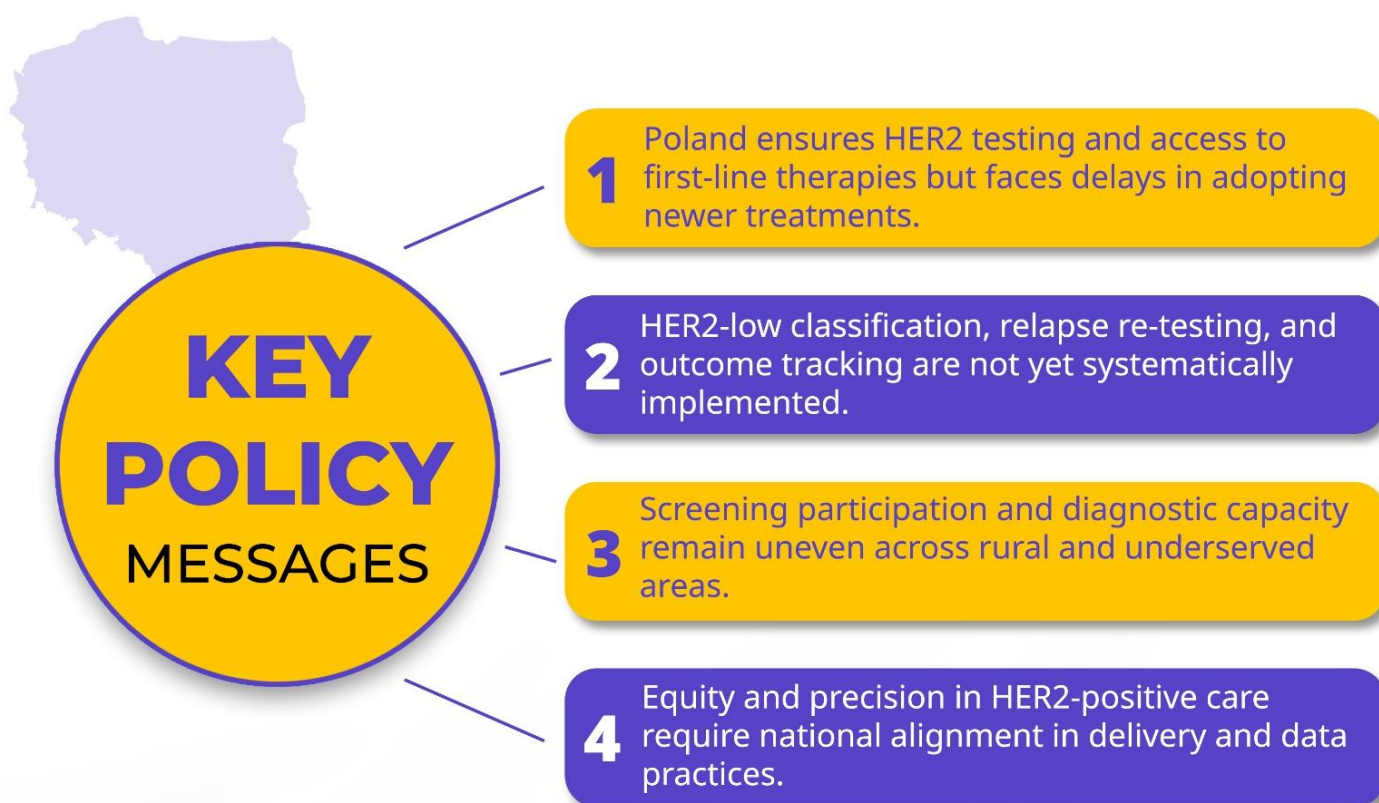
# HER2 BREAST CANCER IN POLAND

## Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	HER2 testing is available in major oncology centers...	...but many secondary hospitals lack pathology capacity and rapid turnaround times.	Expand HER2 testing networks and develop telepathology and lab-sharing programs across voivodeships.
Access to Treatment	Trastuzumab and pertuzumab are publicly reimbursed...	...but access to T-DM1 and T-DXd is restricted, often delayed by reimbursement timelines.	Accelerate national drug program updates and expand access to later-line HER2 therapies via managed entry agreements.
Research & Innovation	Poland participates in selected EU oncology studies...	...but HER2-focused research and HER2-low clinical data are scarce.	Launch national HER2 registries and incentivize clinical research participation across academic and regional centers.
Awareness & Education	Breast cancer awareness campaigns are conducted nationally...	...but HER2-specific education is limited among both providers and patients.	Integrate HER2 subtype education into national awareness initiatives and CME programs for clinicians.
Survival Rates	5-year breast cancer survival has improved but remains lower than the EU average...	...and HER2-specific survival is not disaggregated in public data.	Include HER2 status in national cancer registries and monitor disparities by treatment line and region.
Early Detection & Palliative Care	Mammography is free for women 50–69 under the national program...	...but uptake is low, particularly in rural and lower-income areas.	Strengthen primary care-based screening referrals and deploy mobile screening units in underserved counties.
Biomarker	HER2 testing via IHC is standard in comprehensive centers...	...but confirmatory FISH is not always performed and HER2-low lacks standardization.	Develop and fund national HER2-low testing protocols with external QA support.
Clinical Guidelines	Polish Society of Oncology aligns with ESMO and NCCN guidelines...	...but HER2 re-testing at relapse and HER2-low integration are not enforced.	Update national guidelines to mandate HER2 re-testing and establish HER2-low care pathways.
Reimbursement	HER2 therapies are publicly funded through NFZ...	...but reimbursement approvals for new drugs take 12–24 months, creating access delays.	Create early access frameworks and adaptive pricing mechanisms for innovative HER2 treatments.
Screening	A national screening program exists with digital invitations...	...but coverage remains below 40%, with disparities across voivodeships.	Expand regional outreach programs, particularly in rural communities, and incentivize GP referrals for mammography.

## CONCLUSION

Poland is steadily progressing toward more personalized and equitable breast cancer care, but significant barriers remain in delivering timely and comprehensive HER2-positive care across regions. With foundational components in place, such as public HER2 testing and reimbursed first-line therapies, Poland's next phase of improvement depends on expanding access to innovation, strengthening HER2 data infrastructure, and reducing inequities in screening and survivorship care. As an **Intermediate-level system**, Poland has the tools to advance—but requires stronger policy coordination and investment in implementation.



## CALL TO ACTION

- **Accelerate reimbursement decisions** for HER2 therapies with demonstrated survival benefit through early scientific advice and conditional funding pathways.
- **Update national guidelines** to mandate HER2 re-testing at recurrence and introduce HER2-low diagnostic and treatment protocols.
- **Improve HER2 data collection** through registry enhancements and HER2-stratified survival reporting.
- **Expand rural and regional access** to screening and diagnostics through mobile units and lab capacity-building.
- **Launch national HER2 research initiatives** to support real-world evidence generation and personalized care delivery.