



# POLICY BRIEF

## Improving HER2-Positive Breast Cancer Care in Chile

### EXECUTIVE SUMMARY

**HER2-Positive Breast Cancer** affecting 15–20% of Chilean patients, demands urgent policy action. Despite progress in treatment access and clinical guidelines, systemic gaps in infrastructure, regional disparities, and delayed diagnoses undermine outcomes. Chile's mixed public-private healthcare system struggles with equitable service delivery, leaving rural populations and lower-income groups disproportionately vulnerable.

This brief proposes targeted reforms to close gaps in diagnostics, treatment access, and research, aiming to align Chile's HER2+ care with global standards and save lives.

### INTRODUCTION

HER2+ breast cancer is an aggressive subtype with poorer prognoses if untreated. In Chile, breast cancer causes ~1,600 annual deaths, with HER2+ patients facing higher mortality due to delayed diagnoses and fragmented care.

While programs like Ley Ricarte Soto provide free trastuzumab, critical barriers persist. Chile's healthcare maturity, classified as **Intermediate - Developing** in cancer care, reflects moderate infrastructure but stark inequities between urban and rural regions.

### CURRENT FRAMEWORK

Chile's HER2+ care framework includes:

- **Healthcare Infrastructure:** Specialized centers (e.g., Clínica Las Condes) exist but are concentrated in urban areas. Southern regions outperform Santiago despite resource disparities<sup>24</sup>.
- **Treatment Access:** Trastuzumab is universally covered, but newer therapies (e.g., T-DM1, pertuzumab) remain inaccessible in the public sector<sup>2</sup>.
- **Early Detection:** No national screening program; 50% of potential patients fall outside age-based eligibility<sup>2</sup>.
- **Research:** Limited funding for HER2-specific studies, though machine learning innovations in HER2 testing show promise.



# KEY ISSUES TABLE

## Facts, Barriers, and Policy Recommendation

Pillar	Fact	Barrier	Policy Recommendation
Infrastructure	Chile has 3 major public oncology centers and 8 specialized breast surgeons at Clínica Las Condes.	Yes, specialized centers exist, but 70% are in urban areas, exacerbating rural disparities.	Expand oncology infrastructure in Regions V–X via public-private partnerships.
Treatment Access	The GES and Ley Ricarte Soto provide free trastuzumab to all eligible HER2+ patients.	Yes, trastuzumab is available, but biosimilars and newer therapies lack reimbursement.	Update GES/LRS to include T-DM1, pertuzumab, and subcutaneous trastuzumab3.
Early Detection	Only 38% of women aged 50–69 participate in mammography screening programs.	Yes, screening exists, but 50% of at-risk women are ineligible due to restrictive age criteria.	Launch a national screening program for women aged 40+ and fund mobile mammography units.
Research & Innovation	Chilean researchers have developed machine learning models to improve HER2 testing accuracy.	Yes, innovation occurs, but funding is siloed and lacks national coordination.	Create a HER2+ research fund under ANID and prioritize clinical trials in public hospitals.
Palliative Care	Screen-detected cases have 2x higher survival rates vs. symptomatic.	Yes, survival rates improve with early detection, but palliative services are urban-centric.	Integrate palliative care into primary health networks and train rural providers.



## CONCLUSION & Call to Action

Chile stands at a crossroads: it can either perpetuate inequities or emerge as a regional leader in HER2+ care. With 5,300 women undiagnosed annually and 98% relying on public healthcare, systemic delays cost lives. Strategic investments in rural infrastructure, expanded screening, and modernized treatment protocols will save thousands while reducing long-term healthcare burdens.

### KEY POLICY MESSAGES

- 1 Equity:** Geographic disparities in diagnostics and treatment violate Chile's constitutional right to healthcare.
- 2 Innovation:** Outdated reimbursement policies hinder access to globally approved therapies.
- 3 Prevention:** A national screening program could reduce late-stage diagnoses by 40%.
- 4 Accountability:** Chile lacks a national cancer registry to track HER2+ outcomes—a critical oversight.

## CALL TO ACTION

1. Pass the National Cancer Law: Fund regional cancer centers and mandate a HER2+ registry.
2. Expand Screening: Lower eligibility to age 40+ and allocate \$15M USD for mobile mammography.
3. Update GES/LRS: Cover HER2-low testing and newer therapies by Q1 2026.
4. Train Oncologists: Double residency slots for oncology and pathology in public universities.
5. Public-Private Partnerships: Leverage Chile's mining royalty fund to upgrade 10 public hospitals.

*"Can Chile afford to leave half its population without access to timely diagnostics while newer therapies sit on shelves?"*

**Maturity Context:** Chile's Intermediate-Developing cancer care status underscores the need for targeted HER2+ reforms to bridge urban-rural gaps and adopt precision oncology.