



# ADVANCING HER2-POSITIVE BREAST CANCER CARE IN NEW ZEALAND

Bridging Gaps in a High-Functioning System

#### **EXECUTIVE SUMMARY**

### INTRODUCTION

New Zealand offers publicly funded access to HER2 testing and HER2-targeted therapies, guided by national cancer pathways and equity-centered policies. The system ensures universal healthcare through Te Whatu Ora, with HER2 testing performed in accredited laboratories and first-line HER2 therapies available at no cost. However, disparities persist—particularly for Māori, Pacific peoples, and rural populations. Access newer therapies like T-DM1 trastuzumab deruxtecan remains limited, HER2-low classification is still evolving, and survivorship care lacks integration. As a country at Maturity Level 4 - Advanced, New Zealand is well-positioned to lead in equity-driven precision oncology, provided it addresses delays, access gaps, and data disaggregation.

#### **CURRENT SITUATION**

New Zealand's publicly funded health system, governed by Te Whatu Ora – Health New Zealand, provides universal access to cancer diagnostics, pathology services, and treatments. HER2 testing is conducted through national laboratory networks, and HER2-targeted therapies such as trastuzuman

Breast cancer remains the most frequently diagnosed cancer among women in New Zealand, with over **3,500** new cases annually, and approximately **15–20%** are HER2-positive. The country has made substantial progress in providing early detection and treatment through public services, including national screening and funded access to trastuzumab and pertuzumab. HER2 testing is part of standard diagnostic pathways and is reimbursed under the national health system.

Despite these strengths, major gaps remain in equity and innovation uptake. Māori and Pacific women experience lower screening rates and later-stage diagnoses. Access to newer HER2 therapies such as T-DM1 and T-DXd has been slower than in comparable systems. Moreover, HER2-low classification is not routinely adopted in clinical practice, and HER2-stratified survival data is not published. To build on its **Advanced** maturity status, New Zealand must focus on accelerating innovation, embedding HER2 personalization into routine care, and eliminating persistent inequities.

and HER2-targeted therapies such as trastuzumab and pertuzumab are available via Pharmac, the national drug procurement agency.

The BreastScreen Aotearoa program offers free mammograms to women aged 45–69, with relatively strong uptake nationally, though coverage is lower among Māori and Pacific populations. Clinical guidelines align with ESMO and are issued by the New Zealand Guidelines Group and other national bodies. However, HER2 re-testing at relapse is not yet standard, HER2-low protocols are still in development, and there is limited availability of later-line HER2 therapies compared to other high-income countries. New Zealand functions at **Maturity Level 4 – Advanced**, with the potential to lead on equity and personalization if it accelerates delivery and standardizes precision pathways.





# **HER2 BREAST CANCER IN NEW ZEALAND**

## **Key Issues and Policy Recommendations**

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	HER2 testing is available nationwide through centralized pathology services	but turnaround time and access vary by region, especially in rural areas.	Expand telepathology and resource rural laboratories to ensure timely HER2 testing and reporting.
Access to Treatment	Trastuzumab and pertuzumab are funded by Pharmac	but access to newer HER2 therapies (e.g., T-DM1, T-DXd) has been delayed or restricted.	Prioritize funding of later-line HER2 therapies and adopt fast-track mechanisms for high-impact oncology drugs.
Research & Innovation	New Zealand contributes to global trials and conducts population-based cancer studies	but HER2-low and survivorship research are not prominent.	Launch national HER2-low research programs and invest in long-term outcomes studies via HRC and MBIE.
Awareness & Education	National awareness campaigns and breast screening outreach exist	but HER2-specific messaging is minimal, and disparities persist in underserved communities.	Strengthen culturally tailored education and add HER2 subtype info to BreastScreen Aotearoa materials.
Survival Rates	Breast cancer survival is over 85% at 5 years, with improving trends	but HER2-stratified survival data are not published, limiting evaluation of subgroup outcomes.	Require HER2-specific reporting in the National Cancer Registry and annual Ministry of Health audits.
Early Detection & Palliative Care	BreastScreen Aotearoa covers women 45–69 and hospice services are well-established	but screening uptake remains lower in Māori and Pacific populations.	Partner with iwi and community leaders to co-design screening campaigns and expand mobile outreach units.
Biomarker	HER2 testing is performed routinely and centrally reimbursed	but HER2-low classification protocols are not yet standardized.	Develop national HER2-low classification guidelines and strengthen lab QA through national pathology governance.
Clinical Guidelines	Guidelines are based on international standards and include HER2+ testing at diagnosis	but HER2 re-testing and HER2-low integration are inconsistently applied.	Update national breast cancer guidelines to require HER2 re-testing at relapse and include HER2-low pathways.
Reimbursement	HER2 therapies are publicly funded through Pharmac	but pricing negotiations delay access to newer treatments with survival benefits.	Streamline HTA and funding decisions for HER2 therapies through early scientific advice and managed entry schemes.
Screening	BreastScreen Aotearoa provides free mammograms to eligible women	but participation is below target in some ethnic and rural groups.	Expand culturally relevant engagement strategies and increase funding for mobile screening units.





## CONCLUSION

New Zealand has achieved significant progress in HER2-positive breast cancer care through universal healthcare, funded diagnostics, and treatment access. However, to evolve from a high-functioning to a globally leading system, it must eliminate persistent equity gaps and integrate innovation faster. As an **Advanced-level system**, the next frontier involves embedding HER2-low classification, ensuring rapid therapy adoption, and improving HER2-specific data collection. With its strong commitment to health equity, New Zealand is well-positioned to lead the region in delivering personalized, inclusive breast cancer care.



- New Zealand ensures universal access to HER2 testing and initial treatment but must expand access to later-line therapies.
- HER2-low classification, relapse re-testing, and disaggregated data are not yet consistently implemented.
  - Māori and Pacific women continue to face barriers in early detection and treatment access.
- Equity-focused innovation adoption is key to sustaining high-quality, inclusive HER2-positive care.

## **CALL TO ACTION**

- Fund and accelerate access to T-DM1, T-DXd, and future HER2 therapies through prioritized Pharmac reviews.
- Integrate HER2-low protocols and HER2 re-testing into national clinical guidelines and pathology procedures.
- **Disaggregate cancer survival data by HER2 status** and publish regularly through Te Whatu Ora and IKNZ.
- **Co-design screening and survivorship models** with Māori and Pacific communities to improve early diagnosis and long-term care.
- **Invest in HER2-focused research and data infrastructure** to support real-world outcome monitoring and equity evaluation.