First Latin American Consensus on the Medical Oncology Management of Early-Stage HR+/HER2− Breast Cancer: Addressing Regional Disparities in Spanish-Speaking Countries of Central and South America

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Background

Despite the global progress in early-stage hormone receptor-positive, HER2-negative (HR+/HER2−) breast cancer management, Latin America faces persistent and significant disparities in access to genomic testing, systemic therapies, fertility preservation, and multidisciplinary care. This work represents the first Latin American consensus developed exclusively by experts from Spanish-speaking countries in Central and South America, aiming to adapt international recommendations to the realities of the region and reduce inequities in care delivery.

Methods and Materials

A systematic review of the literature was performed focusing on international guidelines (ESMO, ASCO, NCCN, SEOM). A multidisciplinary panel of 24 oncology experts from 11 Latin American countries participated in a Delphi-based consensus process. Statements were rated on a 9-point Likert scale; consensus was defined as a mean score ≥7.0 with ≤1 outlier (Table 1). Data were collected using REDCap, and descriptive statistics were used for analysis.

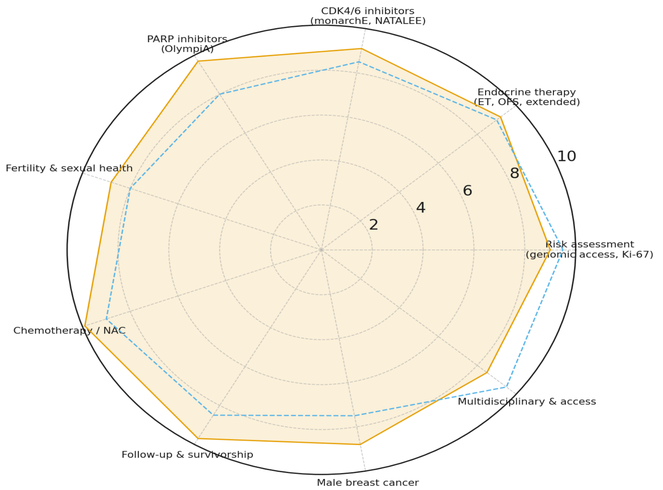
Table 1. Consensus Parameters

Category	Mean score (a)	Outlier values (b)
Consensus	≥ 7.00	≤ 1
Near consensus	≥ 6.50	≤ 2
No consensus	< 6.50	≥ 3

Results

Consensus was reached on 90% of 32 proposed statements. Key recommendations included the use of clinical-pathological and molecular factors (nodal status, tumor grade, ER, Ki-67,gene signatures) for risk stratification and adjuvant therapy decision-making. Genomic assays were endorsed for selected cases, though their availability remains limited or restricted to the private sector in most countries. The panel agreed that testing should be omitted in very low clinical-risk tumors and in patients with ≥4 positive nodes. The consensus supports ovarian suppression plus endocrine therapy for premenopausal women at high risk and highlights the unmet need for routine fertility preservation counseling, sexual health management, and access to imaging and genetic counseling. The experts underscored the regional heterogeneity in resource availability, infrastructure, and bureaucratic barriers as major obstacles to equity in breast cancer care (Figure 1)

Figure 1. LABCA Consensus – Radar of key domains



Discussion

This Consensus underscores how structural, economic, and geographic disparities across Latin American countries profoundly affect breast cancer care. While nations such as Costa Rica and Chile have broader access to systemic therapies and molecular diagnostics, others—including Paraguay, Peru, and Ecuador—face major barriers in drug availability, genomic testing, and continuity of care.

Experts highlighted that international guidelines cannot be applied uniformly in this region due to heterogeneity in health systems, resource allocation, and oncology infrastructure. Consequently, clinical judgment, local adaptation, and multidisciplinary collaboration are indispensable for decision-making.

The panel also debated the role of genomic signatures, CDK4/6 inhibitors, and PARP inhibitors, recognizing their value but stressing the urgent need for cost-effective implementation strategies. Furthermore, discussions expanded to education, training, and interprofessional communication as key tools to close gaps between high- and low-resource settings.

Overall, the consensus discussion reflects a shared commitment to regional equity, advocating for collaborative research, strengthened cancer registries, and national policies that ensure all patients—regardless of geography or income—receive evidence-based, timely, and humane oncologic care.

Conclusions

This is the first regional consensus developed by Spanish-speaking oncology experts from Latin America to address the challenges of HR+/HER2− early breast cancer in Latin America. The recommendations reflect the urgent need to bridge the gaps in access, infrastructure, and implementation across diverse healthcare systems. This consensus represents a critical step toward promoting contextualized, equitable, and evidence-based oncology care throughout the region.

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