



Gastric Cancer Factsheet: Insights & Key Developments

Key Insights on Gastric Cancer
Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Gastric Cancer Screening

Gastric cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

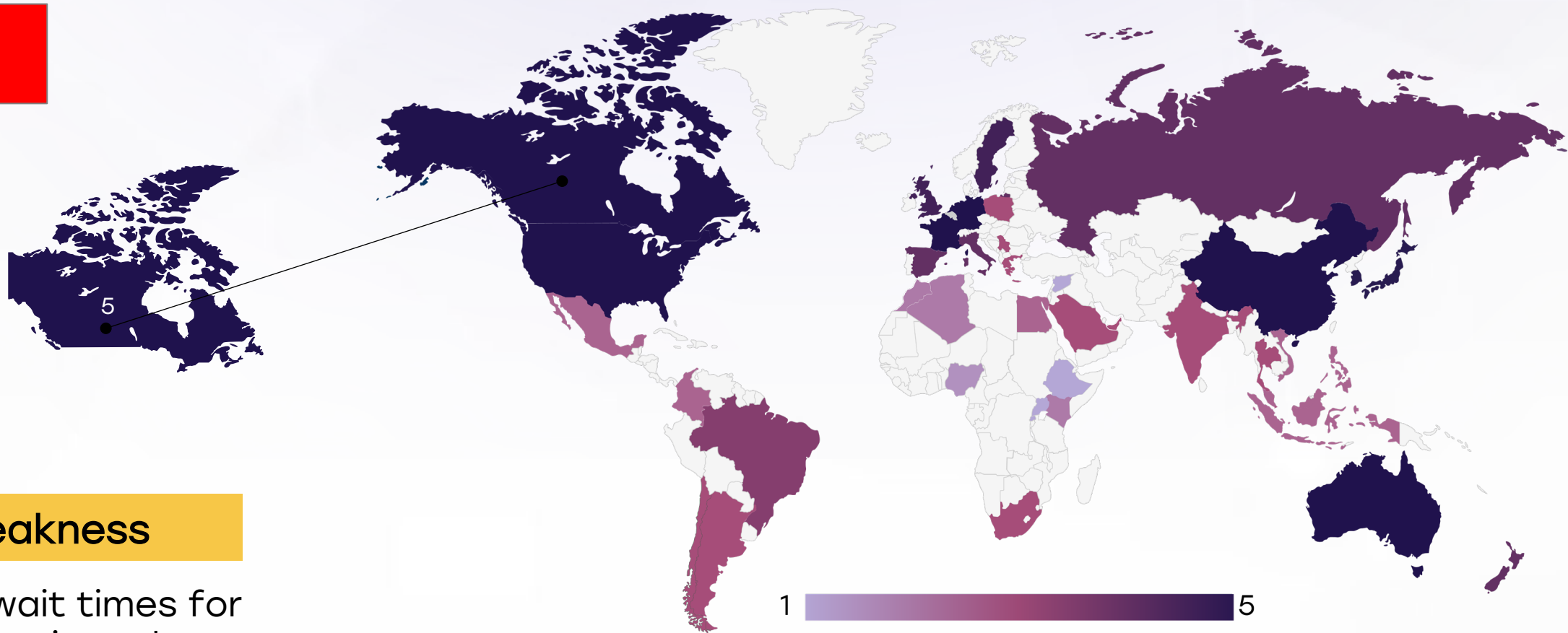
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer ranks around 15th–20th in men.
- Incidence rate: Approximately 5 per 100,000 men per year.
- Total new cases (2022): Estimated ~4,100 cases in men, ~8,200 both sexes.
- Daily diagnoses: ~11 men per day.
- Deaths (2022): Around 4,900 deaths (evidently close to total across both sexes).
- 5-year survival rate: Roughly 30–40%.
- Most affected age group: Men aged 70+.
- Screening participation: No organized screening; most cases discovered symptomatically.

Canada



Infrastructure



Strengths

- Advanced oncology infrastructure through publicly funded systems like Cancer Care Ontario and BC Cancer Agency.
- Access to high-resolution endoscopy, molecular pathology, and comprehensive cancer centres in all provinces.

Weakness

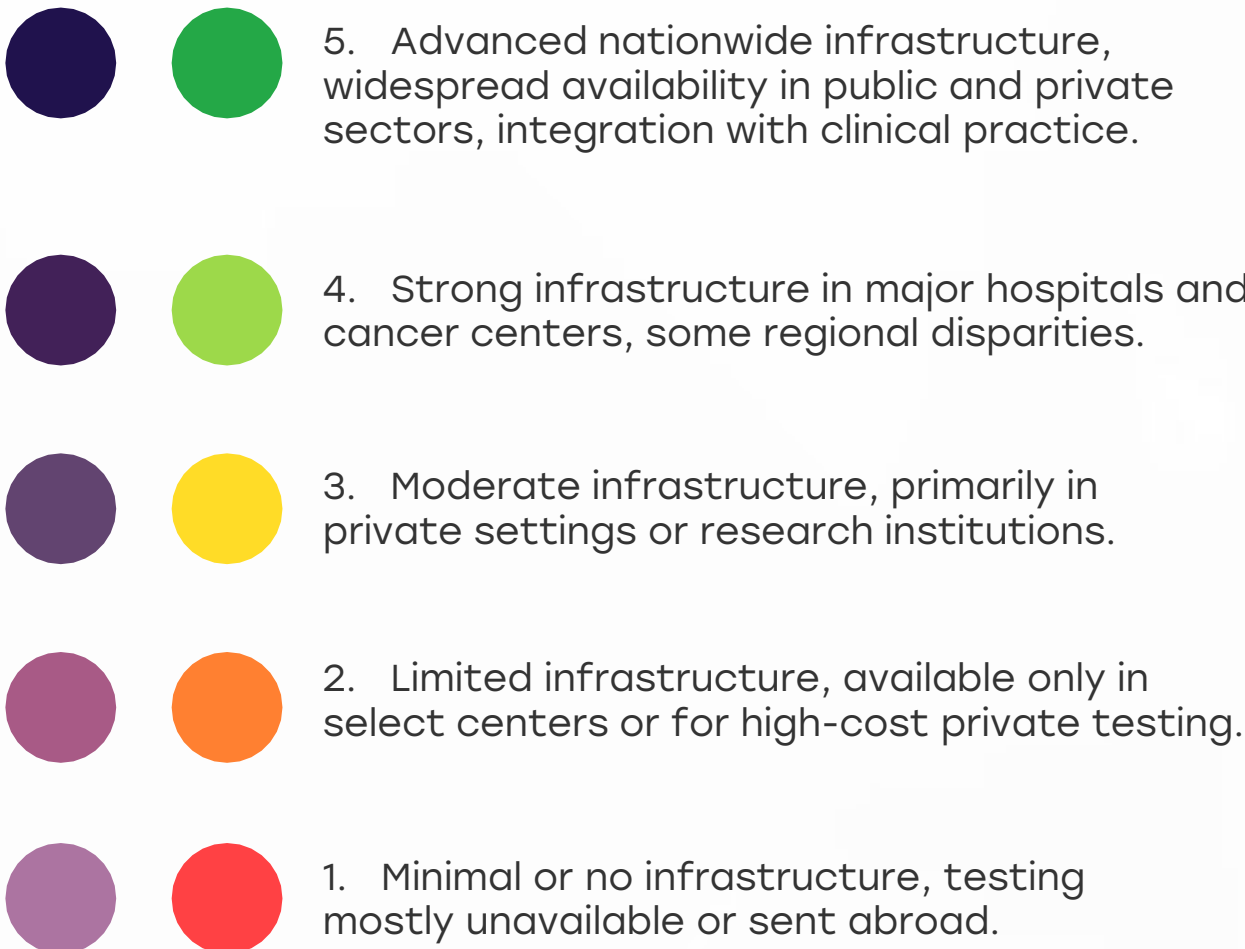
- Long wait times for diagnostic endoscopy in public systems.
- Disparities in infrastructure between urban and remote/rural/Indigenous communities, particularly in the northern territories.

Opportunity

- Expansion of virtual oncology care and telepathology for rural support.
- Federal investment through the Pan-Canadian Health Data Strategy could streamline cancer diagnostics and data sharing.

Threats

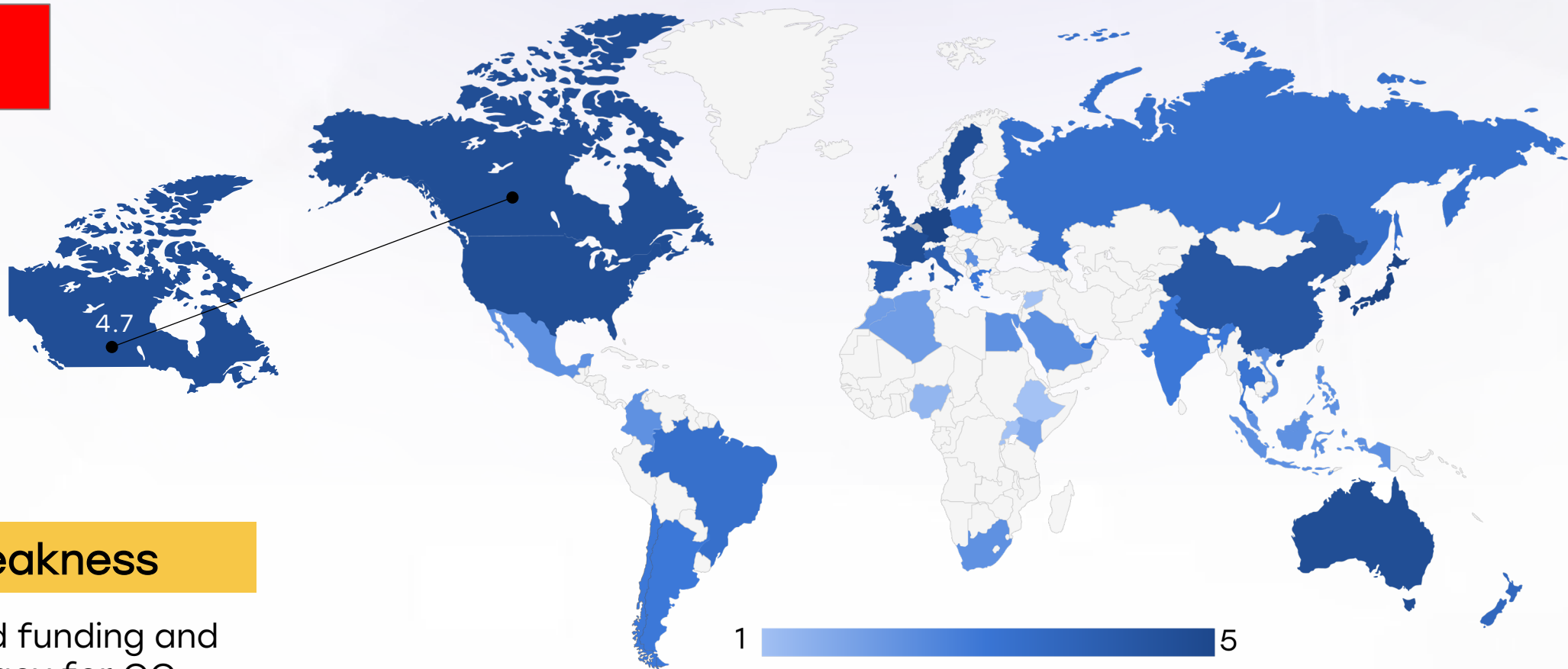
- Aging infrastructure and rising cancer incidence may overburden current capacity.
- Dependence on provincial-level budgeting slows unified expansion of services



Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

Canada

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Strong national cancer control strategy via Canadian Partnership Against Cancer (CPAC) and funding bodies like CIHR.
- Several GC clinical trials underway, including biomarker-driven and immunotherapy-based studies.

Weakness

- Limited funding and advocacy for GC compared to more common cancers (breast, prostate, lung).
- Lower public awareness of GC symptoms contributes to delayed diagnoses.

Opportunity

- Increased collaboration between academic centres and global trials (e.g., CheckMate, DESTINY-Gastric) to bring therapies faster.
- Bilingual (English/French) public health campaigns focused on H. pylori, dietary risk, and early symptom awareness.

Threats

- Provincial variability in access to advanced therapies.
- Low visibility of gastric cancer in mainstream cancer campaigns



5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.



4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.



3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.



2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

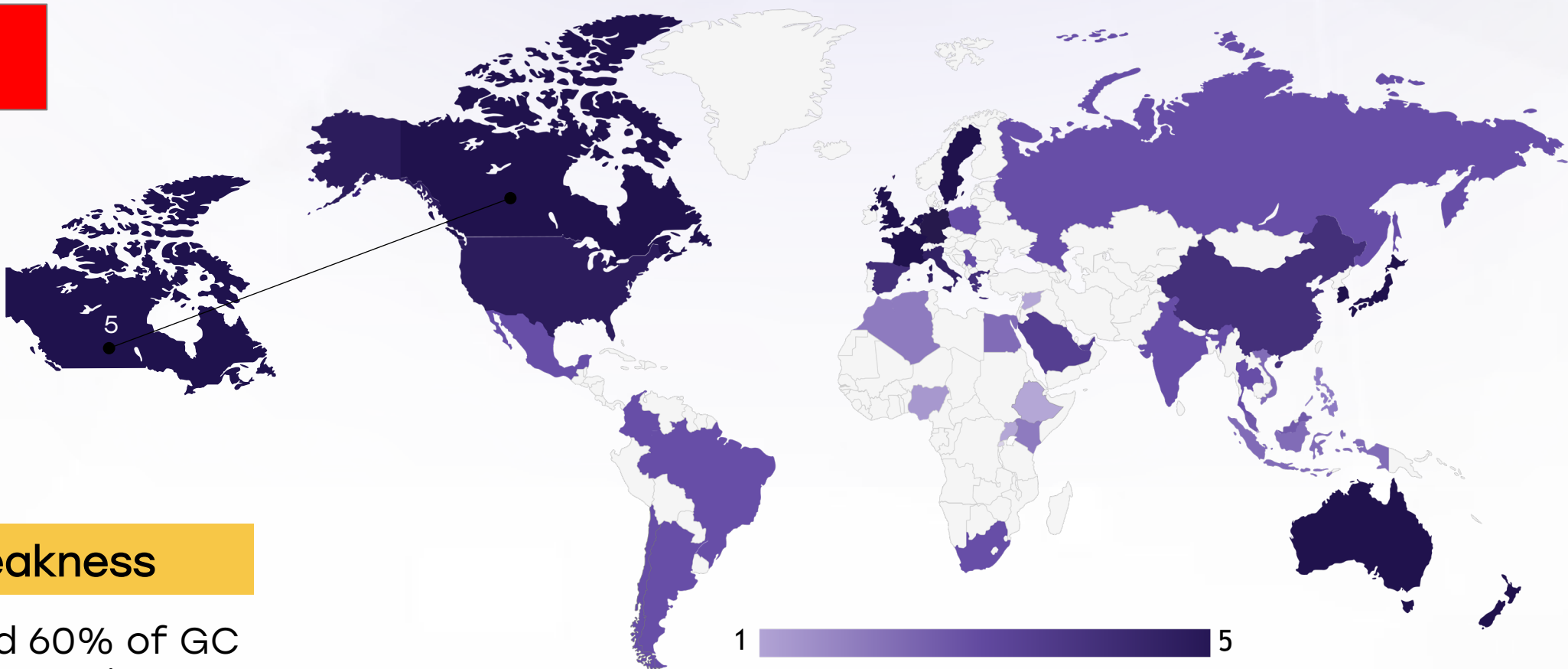


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

Canada

Survival Rates, Early Detection and Palliative Care



Strengths

- Canada maintains one of the highest palliative care access indices globally.
- Five-year survival for localized GC cases is high (~65%) when caught early.

Weakness

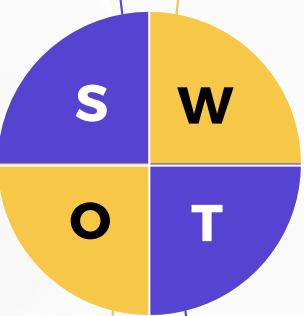
- Around 60% of GC cases are diagnosed at advanced stages, lowering overall 5-year survival to ~28%.
- Early detection is hampered by lack of routine upper GI screening.

Opportunity

- Targeted early detection programs for high-risk groups (e.g., East Asian, Indigenous, or Latin American descent).
- Enhanced use of H. pylori screening and treatment programs to prevent progression.

Threats

- Misdiagnosis or under-recognition of GC symptoms in primary care settings.
- Growing elderly population raises demand on supportive and palliative care systems.

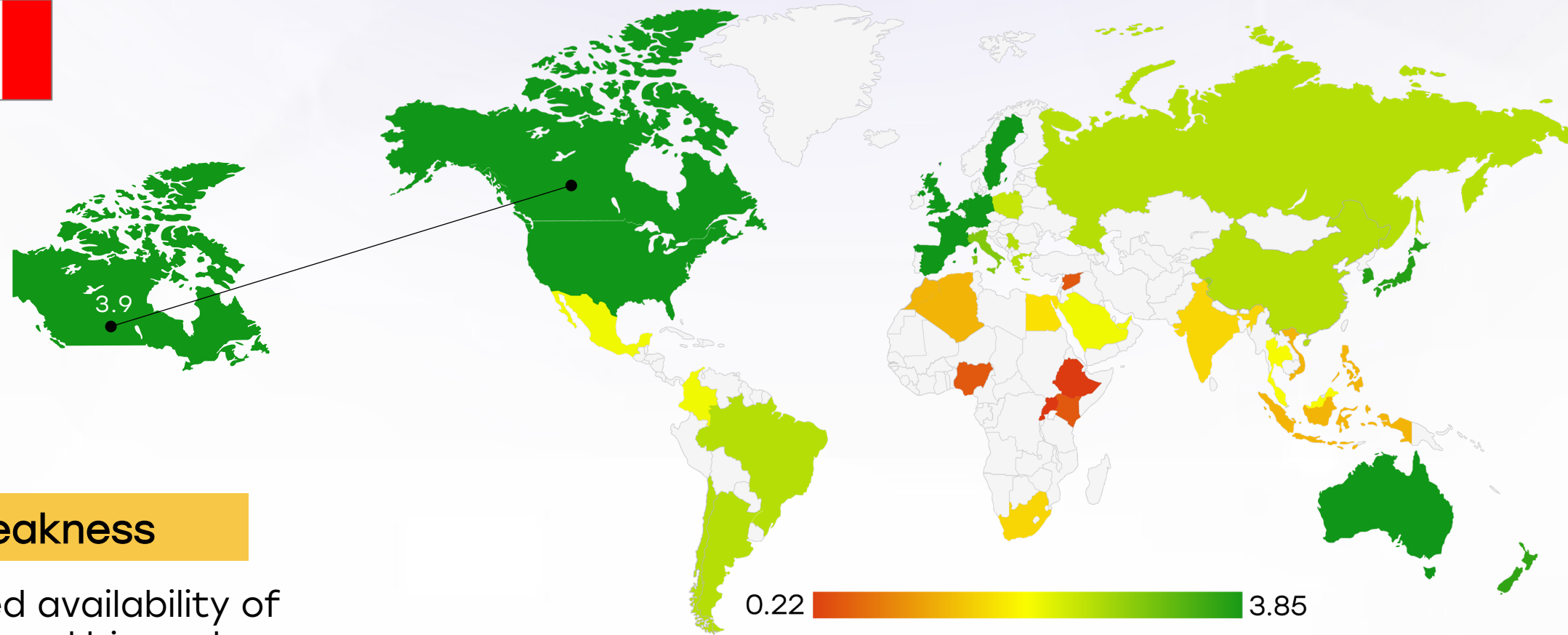


5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.
3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.
2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

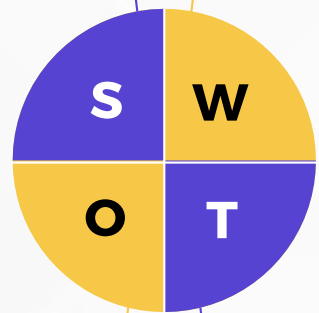
Canada

Utilization of Biomarkers



Strengths

- HER2 and PD-L1 testing is standard for advanced GC cases in tertiary care centres.
- MSI-H/dMMR testing is increasingly applied due to relevance across multiple GI cancers.



Weakness

- Limited availability of advanced biomarkers (e.g., CLDN18.2, FGFR2b) outside clinical trial settings.
- Inconsistent biomarker reporting and uptake between provinces.

Opportunity

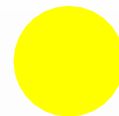
- Integration of biomarker testing into precision oncology pathways under Canada's Pan-Canadian Oncology Drug Review (pCODR).
- National registry and data standardization could improve biomarker utility tracking.

Threats

- Delays in biomarker approval and reimbursement deter adoption in public systems.
- Economic constraints could limit broad access to testing in underserved regions.



Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

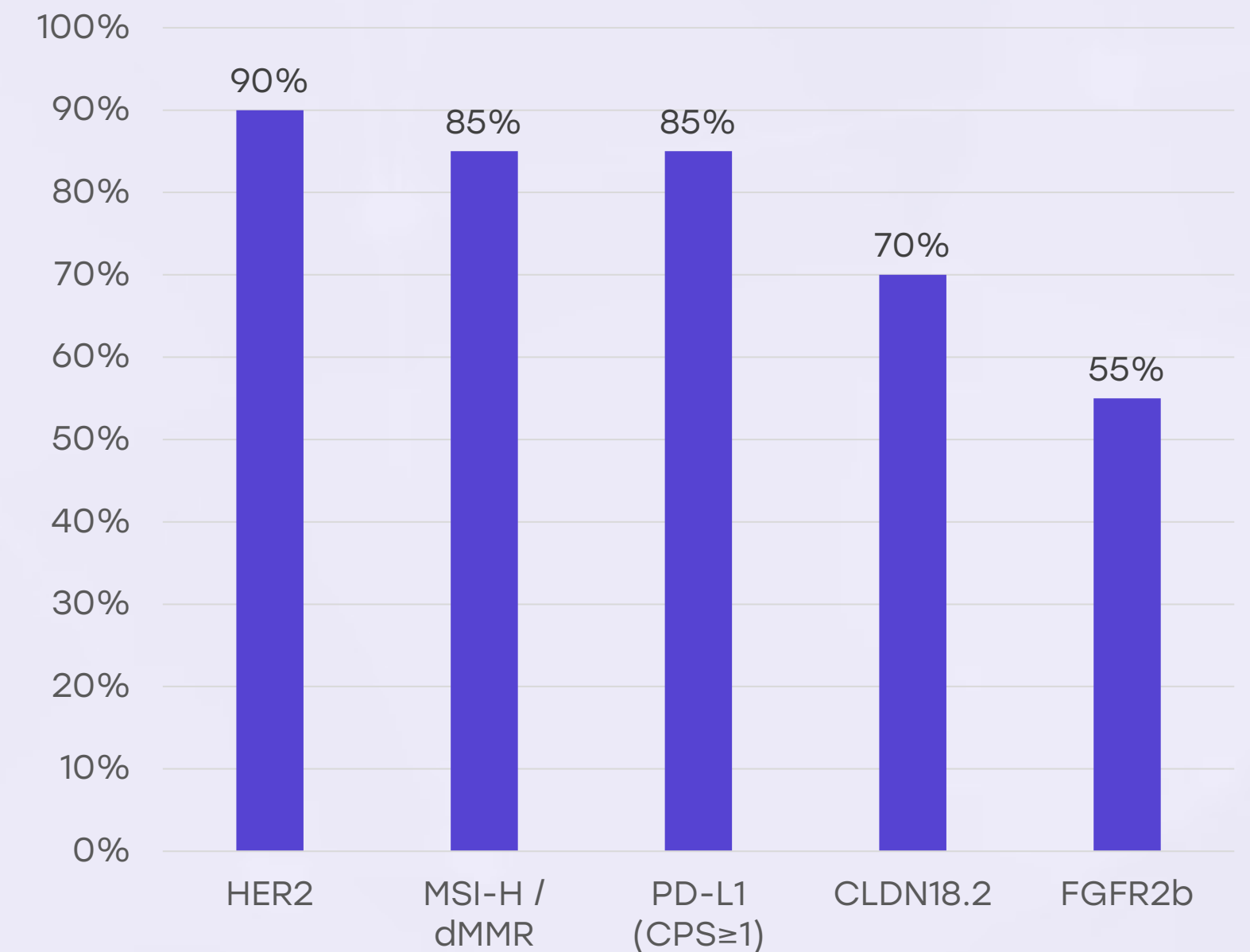


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.

Canada



Canada

Clinical Guidelines

Strengths

- Canadian guidelines (e.g., via Cancer Care Ontario and BC Cancer) are evidence-based and align with global standards.
- Guidelines include HER2 testing and trastuzumab-based treatment for metastatic GC.

Weakness

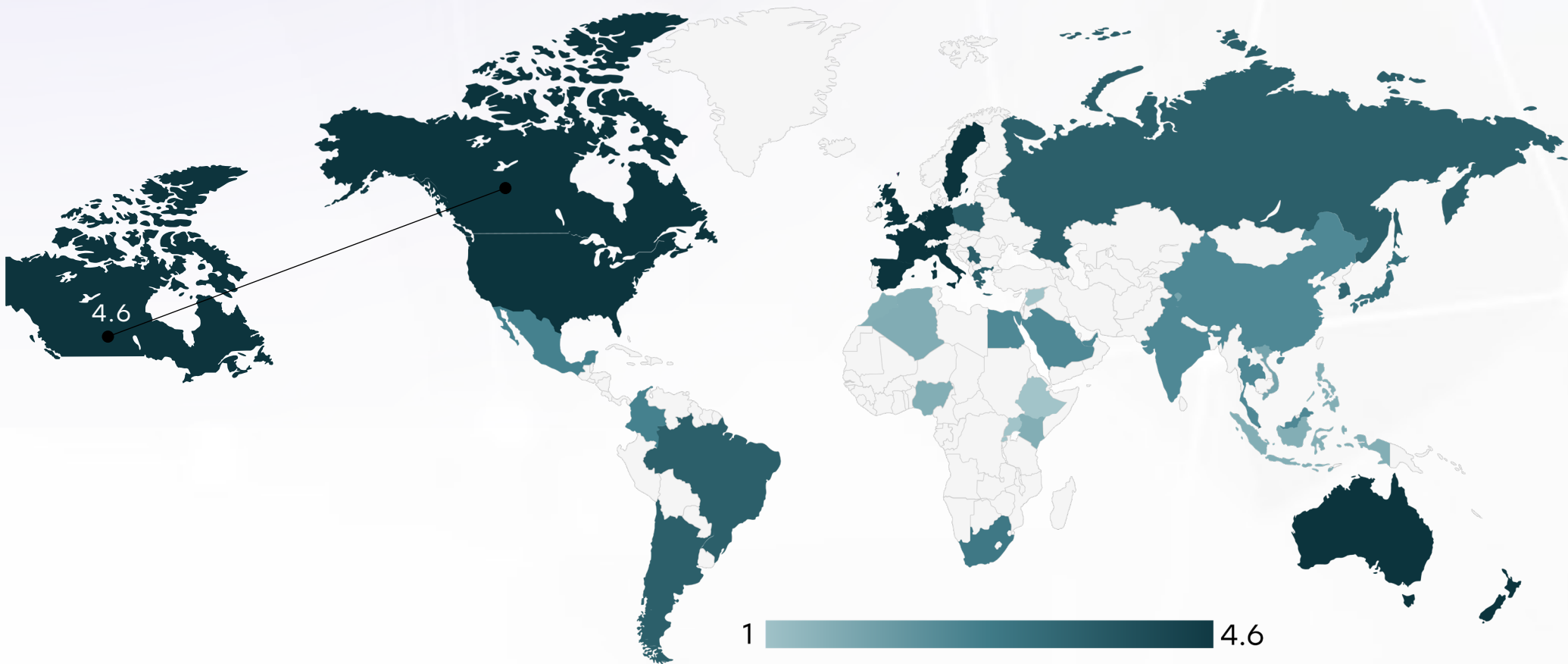
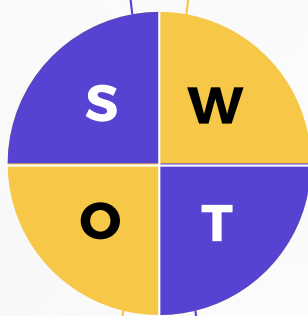
- Lack of inclusion for newer biomarkers (CLDN18.2, FGFR2b) and their related therapies.
- Variable implementation of guidelines depending on provincial infrastructure and policies.

Opportunity

- Update national GC treatment guidelines to include immunotherapy and targeted therapy protocols.
- National expert working group to standardize GC biomarker management.

Threats

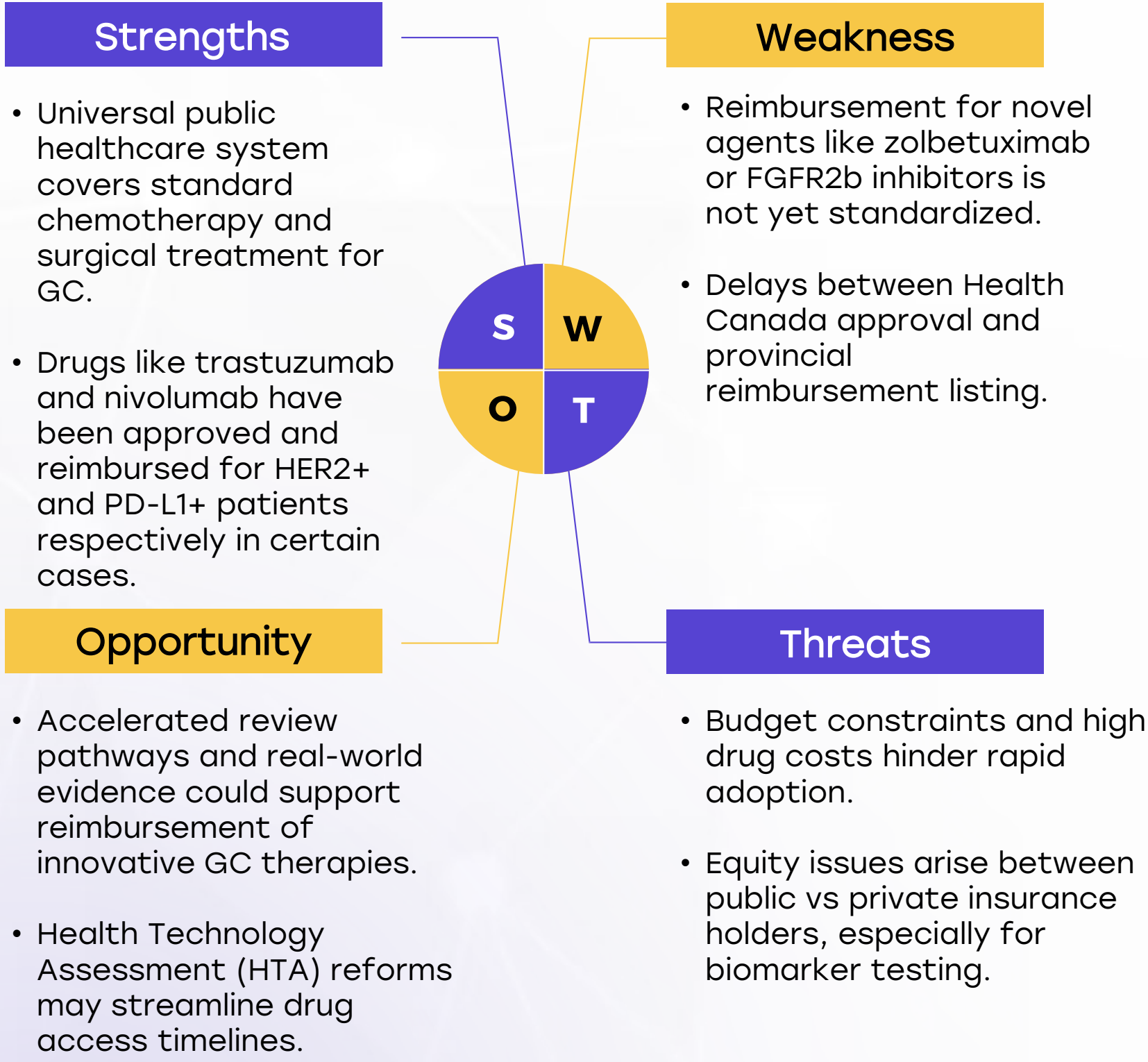
- Fragmentation of provincial guidelines may cause inconsistency in care delivery.
- New guideline adoption can be slow due to decentralized healthcare governance.


























































































	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	○	✗	✗	✗	✗
Feasibility of Integration	○	✗	✗	✗	✗
Adoption of International Guidelines	○	✗	✗	✗	✗
Engagement with Updates	✗	○	✗	✗	✗
ESMO Guidelines Implementation	○	✗	✗	✗	✗

Canada

Reimbursement

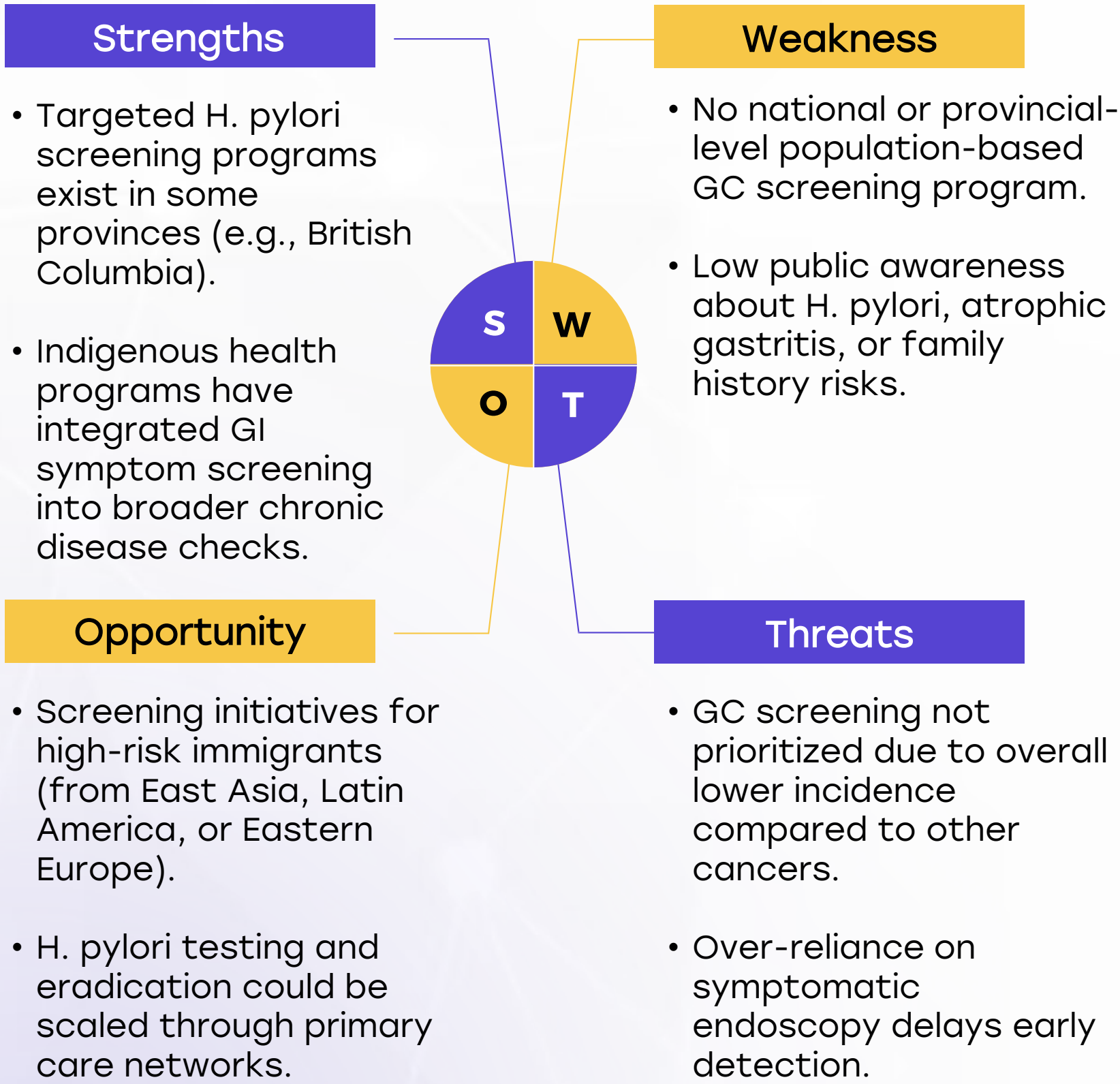


-  A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.
-  No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
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Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

Canada

Gastric Cancer Screening



Country	Gastric Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Gastric Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities