

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.

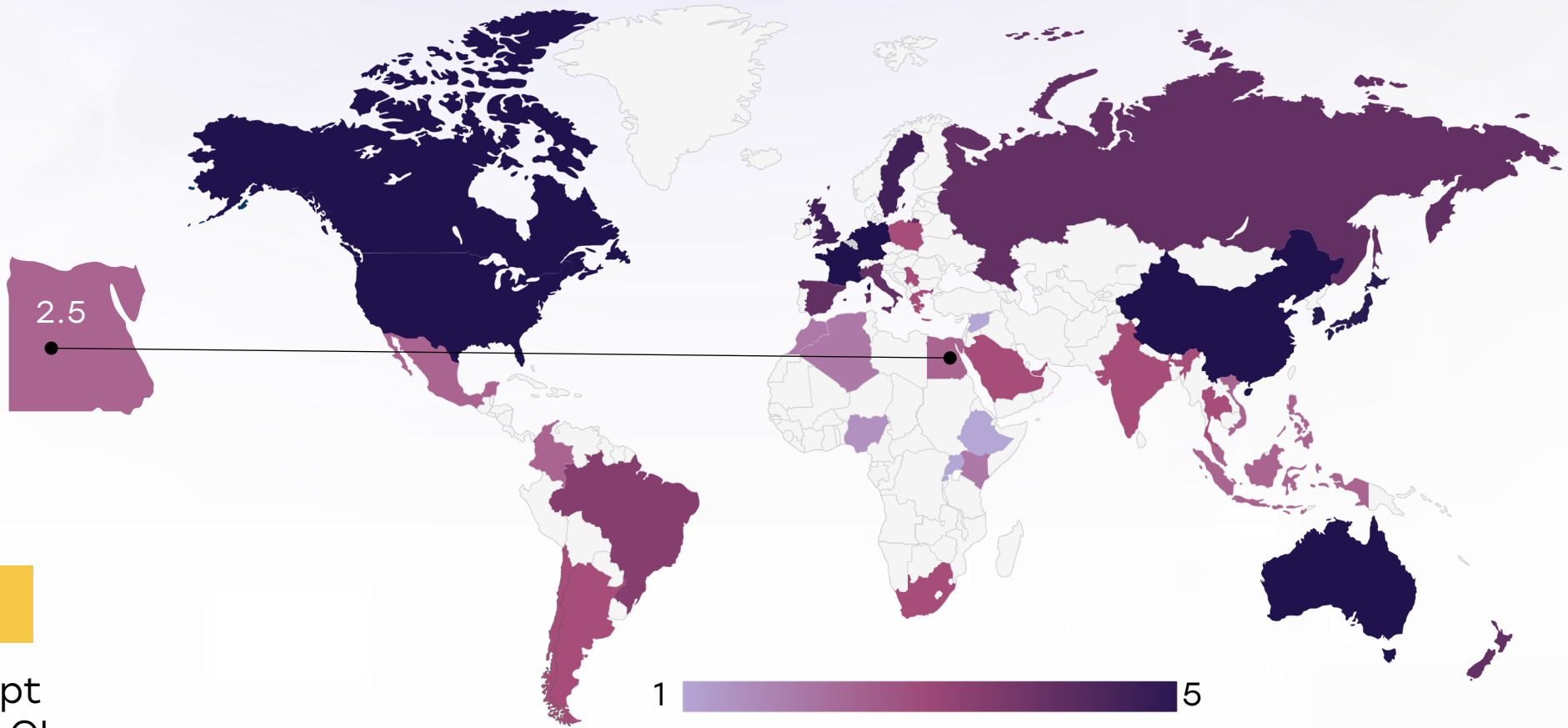
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is not among the top 10 cancers in men.
- Incidence rate: Approximately 6 per 100,000 men per year.
- Total new cases (2022): Estimated ~2,000 men.
- Daily diagnoses (2022): About 5–6 men per day.
- Deaths (2022): Roughly 1,800 men.
- 5-year survival rate: Likely under 40%.
- Most affected age group: Men aged 60 and above.
- Screening participation: No organized screening; cases detected mostly in advanced stages.

Egypt



Infrastructure



Strengths

- National Cancer Institute in Cairo and major university hospitals offer endoscopy, surgical oncology, and pathology, including HER2 and PD-L1 testing in selected patients.
- Recently upgraded regional oncology centers in Alexandria and Mansoura improve access to multidisciplinary care.

Weakness

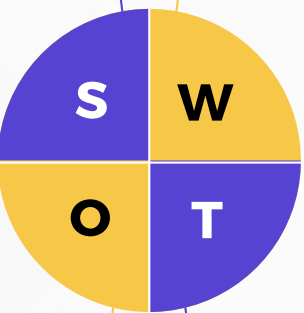
- Rural and Upper Egypt hospitals often lack GI endoscopy and molecular diagnostic laboratories, limiting early detection and biomarker testing.
- Referrals from smaller hospitals to tertiary centers are often slow and inconsistent, causing delays in diagnostics and staging.

Opportunity

- Expand mobile endoscopy clinics and telemedicine services to underserved areas to bring diagnostics closer to patients.
- Develop regional molecular pathology hubs that can support HER2, PD-L1, and MSI testing across provinces.

Threats

- Infrastructure strain at central institutions due to rising NCD burden and overloaded cancer units.
- Brain drain of oncology specialists to Gulf countries or Europe reduces local talent retention.

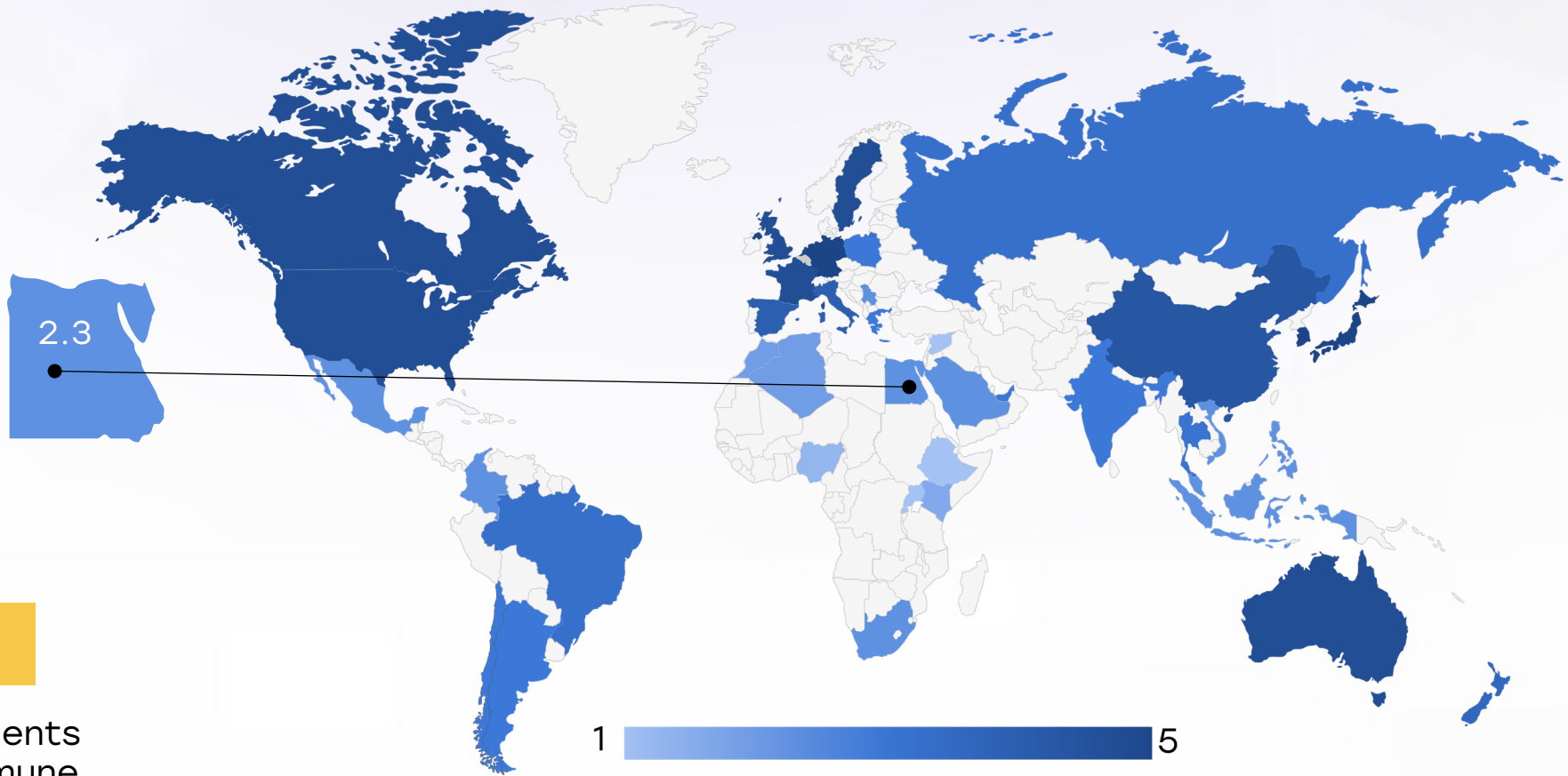


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

Egypt



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Public healthcare covers standard gastric cancer treatments including gastrectomy and chemotherapy; HER2+ patients may access trastuzumab through hospital funds or limited subsidies.
- Egyptian research institutions engage in regional clinical studies and small-scale trials on HER2, MSI, and immunotherapy.

Weakness

- Access to targeted agents (e.g., trastuzumab, immune checkpoint inhibitors) is limited by high cost and uneven availability in public hospitals.
- Low community awareness of GC risk factors (like H. pylori, diet practices, smoking) results in delays in presentation and diagnosis.

Opportunity

- National NGOs and MoH campaigns could boost public education on GC prevention and symptoms via mosques, clinics, and schools.
- Partnerships with international research consortia can expand access to biomarker-centered trials in Egypt.

Threats

- Budget constraints and competing priorities may limit sustained investment in GC awareness or research programs.
- Cultural stigma and fatalistic attitudes toward cancer reduce early healthcare-seeking behaviors.



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.



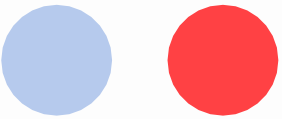
4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.



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.



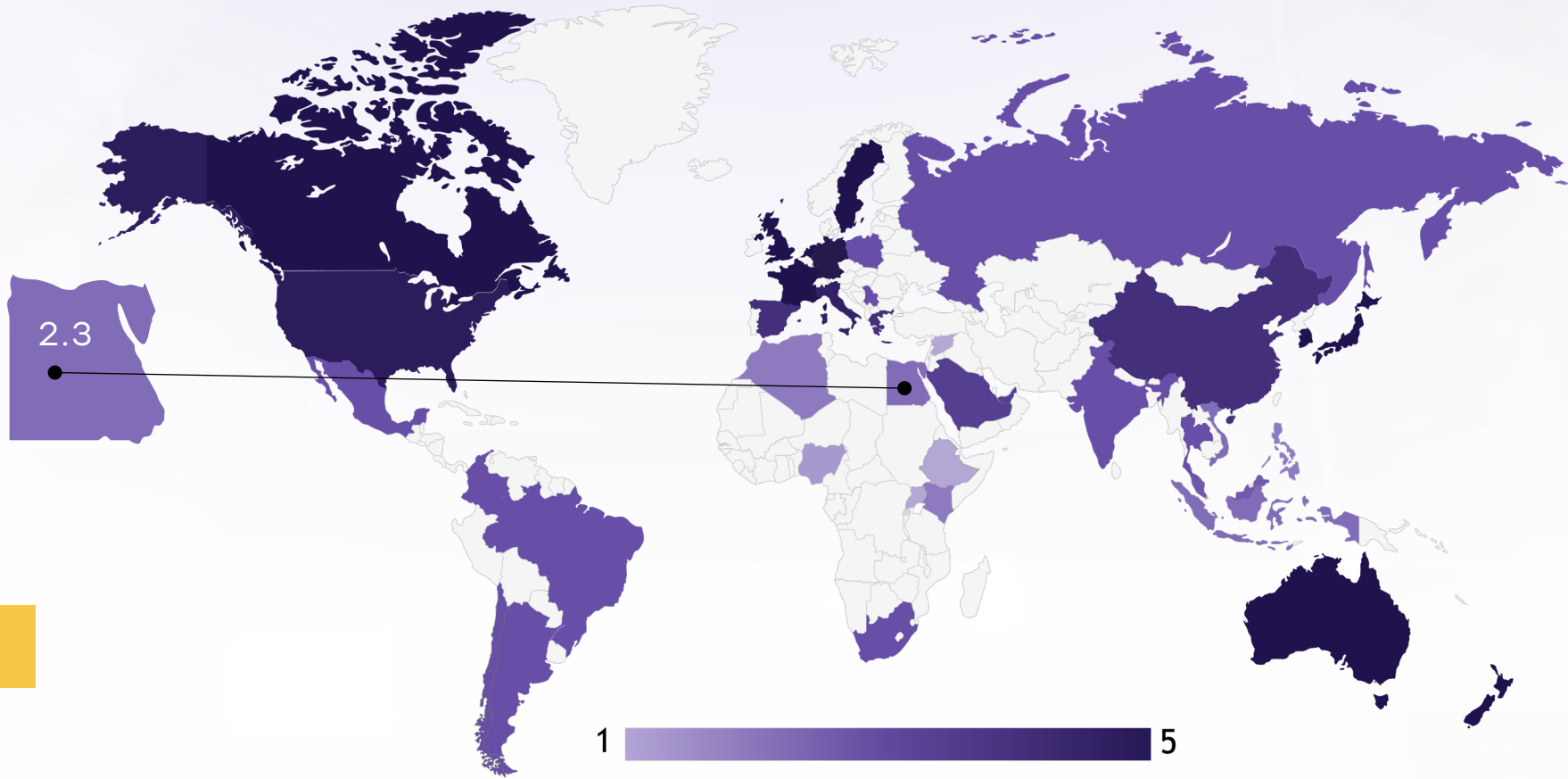
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			
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Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

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Survival Rates, Early Detection and Palliative Care



Strengths

- In major urban cancer centers, early-stage diagnosis is associated with better outcomes and multidisciplinary care pathways.
- Palliative care services, including pain management and home-based support, are increasingly integrated into oncology units

Weakness

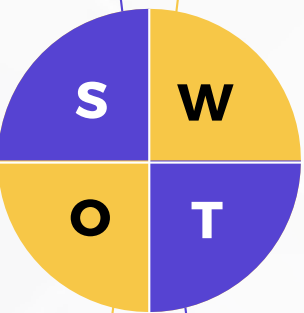
- Most patients nationwide are diagnosed at advanced Stage III or IV, leading to low overall 5-year survival (estimated around 20–25%).
- Palliative and hospice services are rarely available outside Cairo and Alexandria, and often under-resourced.

Opportunity

- Train primary healthcare providers and community health workers to recognize early GC symptoms and refer appropriately.
- Expand hospice networks and integrate palliative care into district hospitals supported by NGOs.

Threats

- Misrecognition of gastrointestinal symptoms as benign conditions leads to delayed diagnosis.
- Health system fragmentation and lack of follow-up systems reduce continuity of care post-treatment.



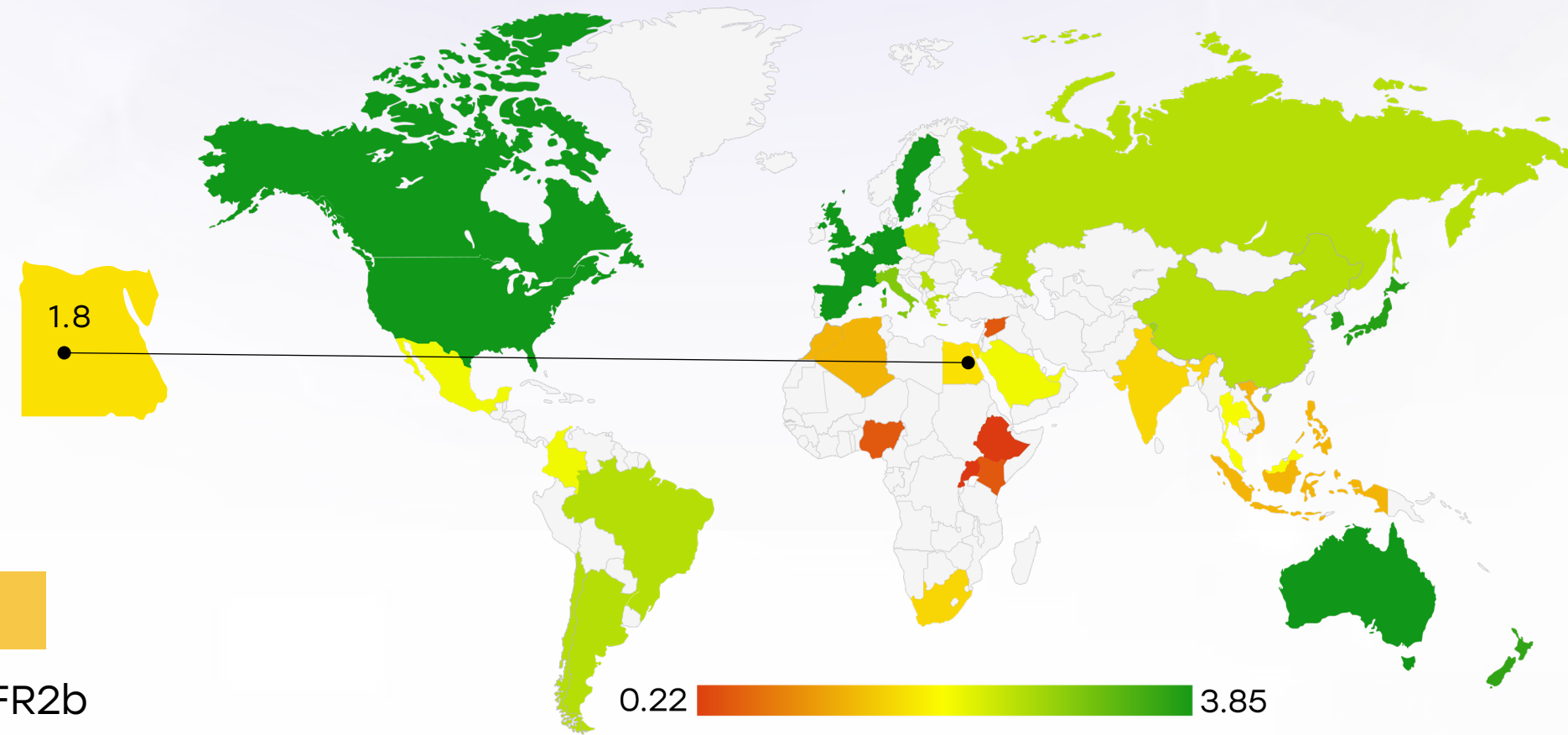
- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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	●	●	●

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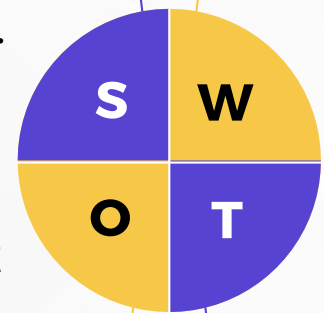


Utilization of Biomarkers



Strengths

- HER2 testing is performed at Cairo and Alexandria cancer centers to guide trastuzumab eligibility.
- PD-L1 (CPS \geq 1) and MSI-H/dMMR assays are available at select institutions for immunotherapy decision-making.



Weakness

- CLDN18.2 and FGFR2b testing are not routinely available and limited to research settings.
- Molecular testing capacity outside top-tier centers is minimal, leading to centralized service and delay.

Opportunity

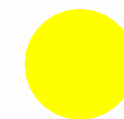
- Build centralized biomarker testing labs accessible to provincial hospitals participating in GC care.
- Incorporate comprehensive biomarker panels into national treatment protocols and registries.

Threats

- High costs and lack of insurance coverage for biomarker assays make them unaffordable for many patients.
- Delay in health policy recognition of novel markers slows adoption and limits real-world utilization.



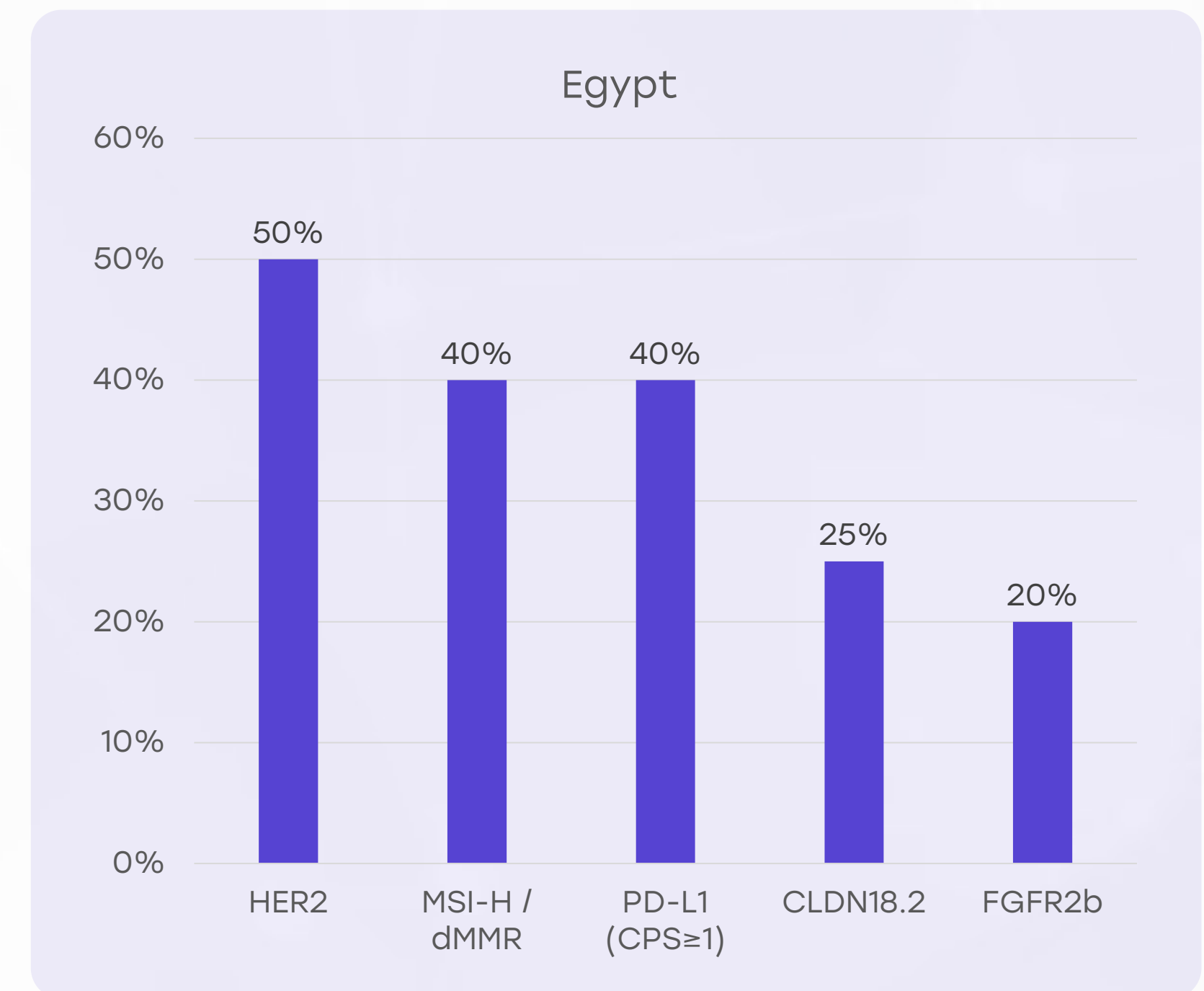
Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.



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.



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Clinical Guidelines

Strengths

- National oncology treatment protocols reference HER2 testing and trastuzumab use for advanced GC patients.
- Oncologists in teaching hospitals often follow international standards and adapt them to Egypt's context.

Weakness

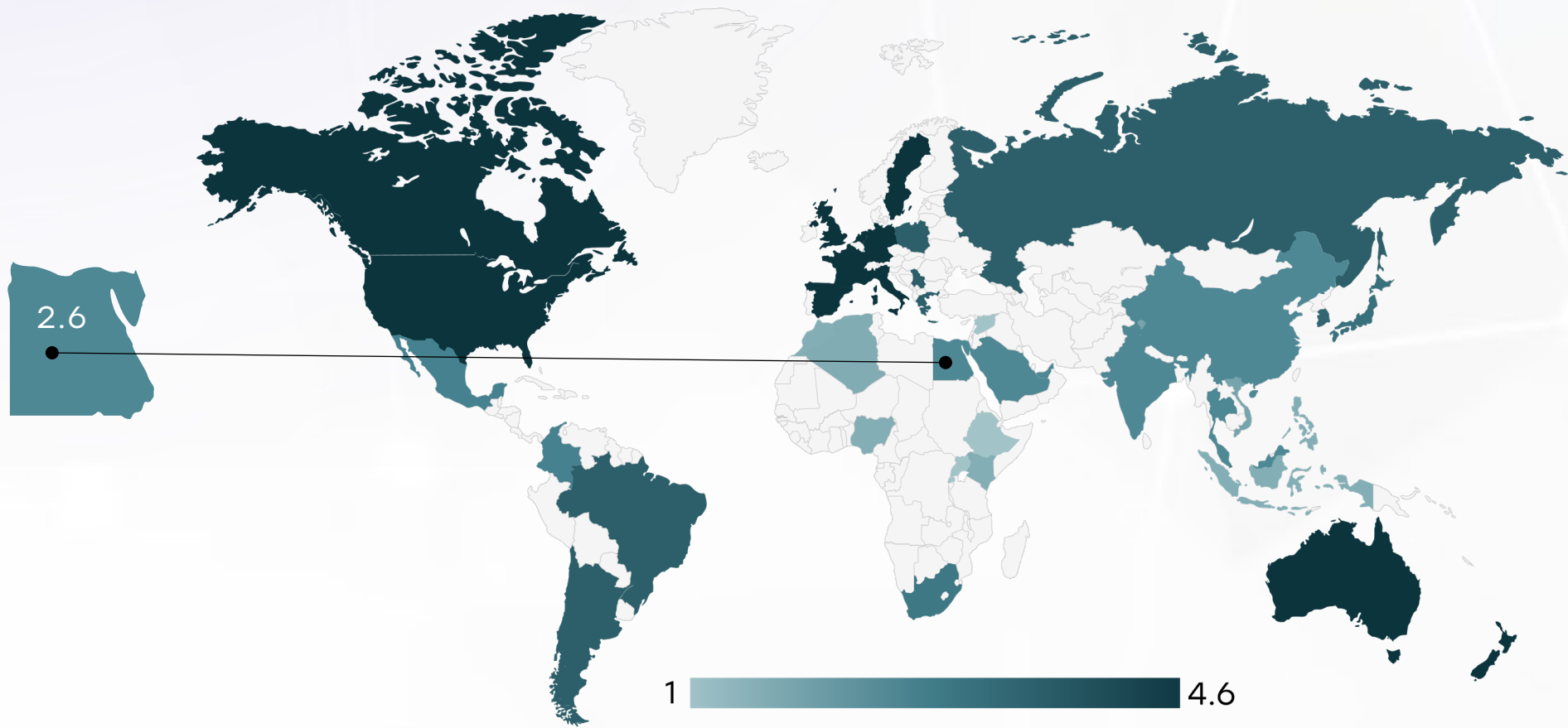
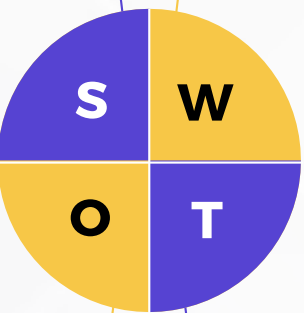
- Guidelines are infrequently updated; newer biomarkers like CLDN18.2 and FGFR2b are not yet included.
- Awareness and consistent application of guidelines across lower-tier hospitals and rural providers is lacking.

Opportunity

- Establish a multidisciplinary task force to update national GC guidelines to include advanced biomarkers and therapies.
- Use e-learning and telemedicine to disseminate guideline updates and training to regional centers.

Threats

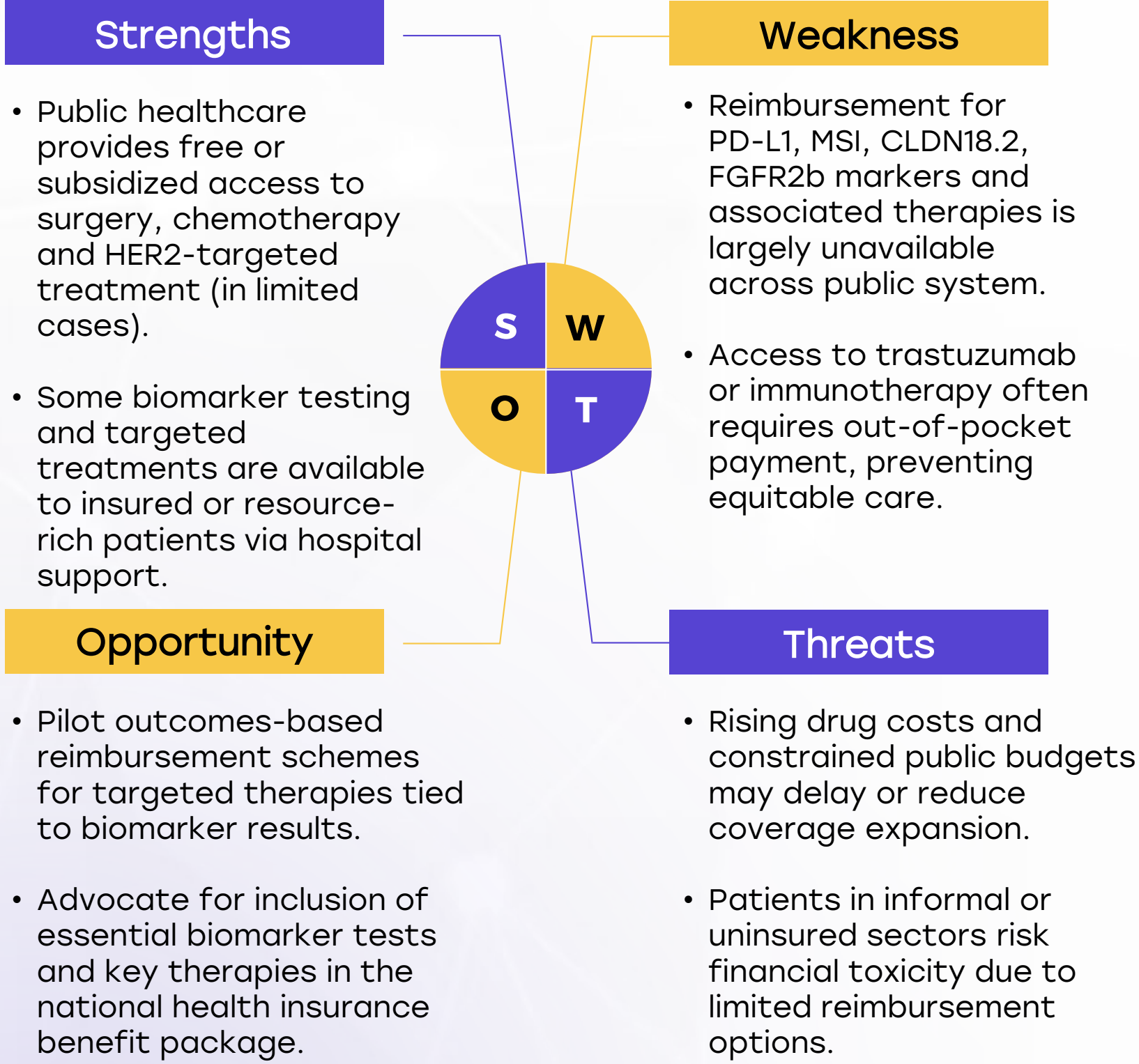
- Bureaucratic delays hinder formal endorsement and deployment of updated protocols.
- Fragmented health care delivery and lack of governance enforcement reduce guideline adoption consistency.



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

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Reimbursement



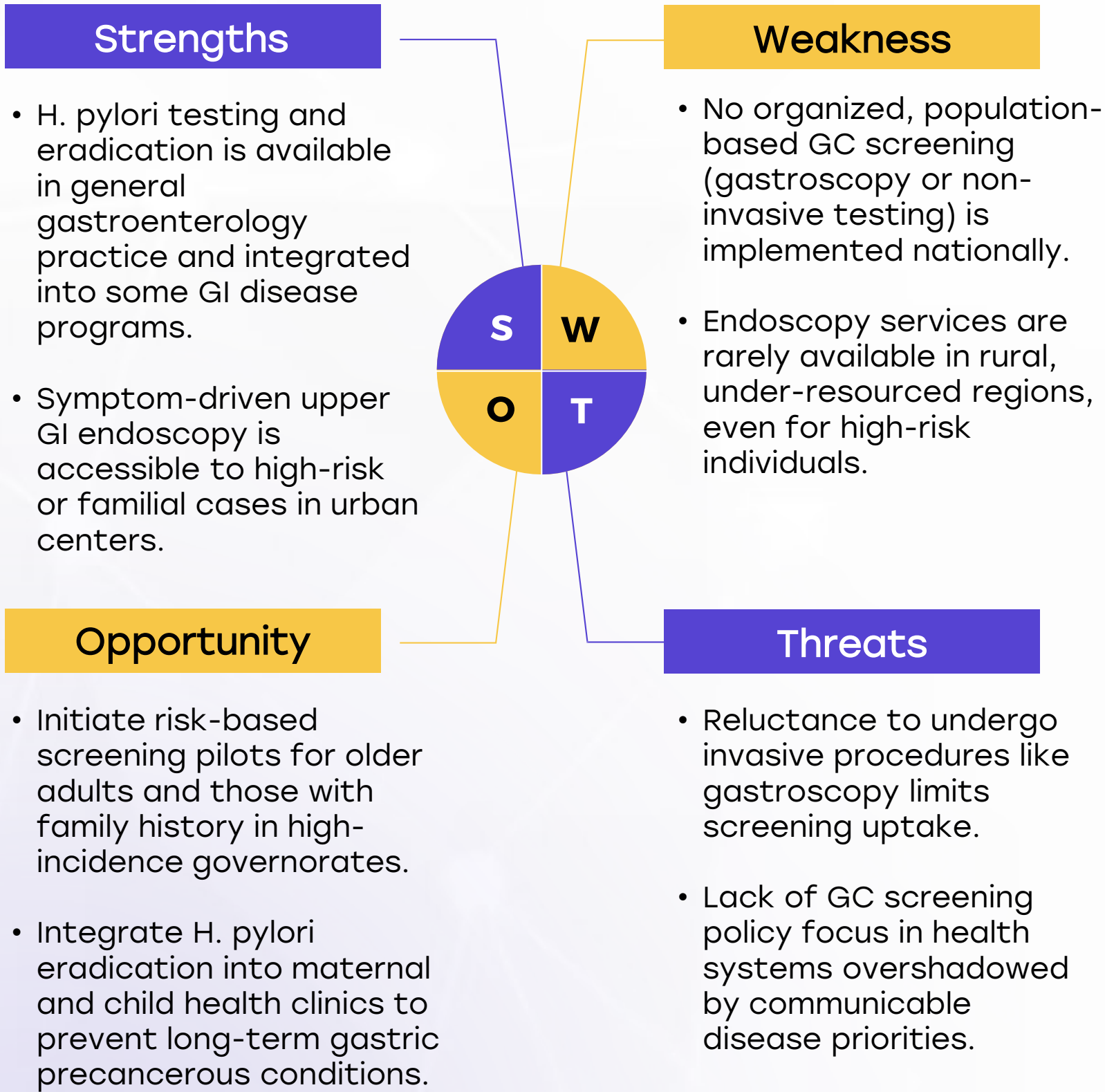
- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
- A reimbursement framework is in place, but patients may still have out-of-pocket expenses such 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	<div></div>	<div></div>
United Kingdom	<div></div>	<div></div>
Canada	<div></div>	<div></div>
Australia	<div></div>	<div></div>
Germany	<div></div>	<div></div>
France	<div></div>	<div></div>
Netherlands	<div></div>	<div></div>
Sweden	<div></div>	<div></div>
Italy	<div></div>	<div></div>
Spain	<div></div>	<div></div>
Poland	<div></div>	<div></div>
Japan	<div></div>	<div></div>
South Korea	<div></div>	<div></div>
China	<div></div>	<div></div>
India	<div></div>	<div></div>
Singapore	<div></div>	<div></div>
Thailand	<div></div>	<div></div>
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
Algeria	<div></div>	<div></div>
Ethiopia	<div></div>	<div></div>
Mexico	<div></div>	<div></div>
Brazil	<div></div>	<div></div>
Argentina	<div></div>	<div></div>
Chile	<div></div>	<div></div>
Colombia	<div></div>	<div></div>
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Indonesia	<div></div>	<div></div>
Vietnam	<div></div>	<div></div>
Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>

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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