

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Chile

EXECUTIVE SUMMARY

Chile has a high burden of gastric cancer (GC), particularly in southern regions, where incidence and mortality rates remain among the highest in Latin America. While the country benefits from universal health coverage through the Garantías Explícitas en Salud (GES) scheme, disparities in timely diagnosis, molecular testing, and equitable access to innovative treatments persist.

Gastric cancer outcomes are constrained by late-stage diagnosis, uneven treatment availability, and limited survivorship support. This brief outlines policy reforms to elevate Chile's gastric cancer maturity.

INTRODUCTION

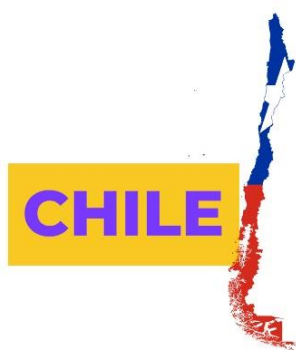
Building on Oncology Progress Amid Persistent Inequities

Chile's healthcare system provides universal coverage, with strong tertiary oncology centres in Santiago, Concepción, and Valdivia. However, rural and southern regions experience diagnostic delays, limited access to specialized endoscopy, and variability in treatment options.

With a **Level 3 – Emerging** gastric cancer maturity, Chile is positioned to leverage its universal insurance system and oncology expertise to build a more equitable, patient-centred gastric cancer pathway.



Chile Ranks at Level 3 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN CHILE

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No formal national screening; most GC cases diagnosed at advanced stages. Endoscopy capacity is concentrated in urban centres, with long waits in rural and southern regions.	Universal health coverage ensures financial protection for diagnostic procedures.	Introduce a targeted screening program for high-incidence regions (e.g., south Chile); expand endoscopy capacity through mobile units and regional workforce training; establish clear referral timelines for alarm symptoms.
Biomarker & Molecular Testing	HER2 and MSI testing available only in select tertiary centres; access is inconsistent and not systematically funded.	Leading hospitals in Santiago and academic labs provide advanced diagnostics.	Expand molecular testing through public funding; build regional lab networks; integrate HER2/MSI testing as standard-of-care for advanced GC.
Treatment Access	Surgery and chemotherapy available under GES, but access to HER2-targeted therapy and immunotherapy is limited by reimbursement and geographic barriers.	Strong surgical expertise and comprehensive cancer centres in Santiago and southern regions.	Expand reimbursement for HER2-targeted therapies; strengthen procurement mechanisms; ensure referral pathways to high-volume surgical centres.
Clinical Guidelines	National cancer plan includes GC but lacks consistently enforced clinical guidelines across all regions.	Chilean oncology societies provide a basis for guideline development.	Develop, publish, and mandate national GC guidelines aligned with international standards; ensure multidisciplinary team (MDT) reviews for all advanced cases.
Palliative & Survivorship Care	Palliative care is covered under universal insurance but integration into GC pathways is uneven. Survivorship services (nutrition, psychosocial care) remain limited.	Established palliative networks with NGO support.	Ensure early palliative referral within GC pathways; scale survivorship programs with nutrition, psychological, and social rehabilitation support.

CONCLUSION & Call to Action

Chile's universal health system provides a strong base for equitable gastric cancer care, but diagnostic delays, uneven molecular testing, and limited access to innovative therapies remain challenges. Priorities include implementing targeted early-detection programs, ensuring routine and funded HER2/MSI testing via regional networks, expanding access to HER2-targeted therapies and immunotherapy, standardizing care through national guidelines and MDT reviews, integrating survivorship and palliative services, and strengthening data systems with a national registry to track diagnosis, biomarker use, treatment, and outcomes.



KEY POLICY PRIORITIES

- 1 Launch a targeted GC screening program** in high-incidence regions.
- 2 Expand molecular diagnostic access** through public funding and lab networks.
- 3 Ensure reimbursement and equitable access** to HER2-targeted and immunotherapies
- 4 Publish and enforce national GC clinical guidelines**, with MDT reviews.
- 5 Integrate palliative and survivorship care** into standard GC pathways.
- 6 Develop a national GC registry** with regional dashboards.

CONCLUSION

Chile stands at a pivotal moment in addressing its high gastric cancer burden. With universal insurance coverage and strong oncology expertise, the country has the foundation to move toward equity and innovation in gastric cancer care. By focusing on earlier detection, standardized treatment, and integrated survivorship services, Chile can raise its gastric cancer maturity and deliver better outcomes across all regions.