



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Saudi Arabia

EXECUTIVE SUMMARY

Saudi Arabia has invested significantly in oncology capacity and advanced medical technologies, yet gastric cancer (GC) outcomes remain challenged by late diagnosis, limited nationwide access to biomarker testing, and uneven integration of palliative and survivorship care. While large urban centres deliver high-quality care, disparities in early detection and treatment pathways hinder equitable access.

This brief outlines key reforms to raise Saudi Arabia's gastric cancer maturity.

INTRODUCTION

Building on Expanding Oncology Infrastructure Amid Systemic Gaps

As part of Vision 2030, Saudi Arabia is rapidly developing its healthcare system, including cancer care. Major hospitals in Riyadh, Jeddah, and Dammam provide advanced surgical and systemic therapies, but most GC cases are detected late due to lack of systematic screening and limited awareness of early symptoms.

With a **Level 3 – Emerging** gastric cancer maturity, Saudi Arabia is well positioned to standardize care pathways, strengthen molecular diagnostics, and expand palliative and survivorship services.





GASTRIC CANCER IN SAUDI ARABIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening; majority of GC cases diagnosed late. Access to endoscopy is concentrated in major hospitals.	Modern diagnostic facilities and highly trained specialists in tertiary centres.	Launch a risk-based early detection program; expand endoscopy capacity regionally; strengthen primary care physician training to recognize alarm symptoms.
Biomarker & Molecular Testing	HER2 testing and some molecular profiling available in tertiary centres but not consistently nationwide.	Tertiary hospitals have advanced labs and oncology research centres.	Standardize biomarker testing as part of GC workup; expand access across all public hospitals; establish centralized testing hubs for efficiency.
Treatment Access	Surgical and chemotherapy services are widely available in tertiary centres; access to HER2-targeted therapy and immunotherapy limited by reimbursement and regional disparities.	Strong oncology infrastructure in major urban centres.	Expand reimbursement coverage for targeted therapies; ensure equitable access across regions; support multidisciplinary tumour boards for GC cases.
Clinical Guidelines	National cancer guidelines exist but GC-specific pathways are not uniformly implemented.	Presence of Saudi oncology societies and commitment to guideline development.	Develop and enforce national GC treatment guidelines; provide clinician training and periodic audits.
Palliative & Survivorship Care	Palliative care services are expanding but integration into GC pathways remains limited; survivorship care (nutrition, psychological support) is underdeveloped.	Growing government investment in palliative medicine and supportive care programs.	Scale up palliative care workforce and community programs; embed survivorship services into standard GC care, including nutrition and psychosocial support.



CONCLUSION & Call to Action

Saudi Arabia's advanced healthcare system positions it well for world-class gastric cancer care, but reforms are needed to enhance equity, early detection, and access to therapies. Key actions include expanding endoscopy services with clear referrals, ensuring nationwide biomarker testing through centralized hubs, standardizing treatment with national guidelines and MDT care, broadening reimbursement for targeted therapies, integrating palliative and survivorship support, and improving data tracking for better planning and accountability.



KEY POLICY PRIORITIES

- 1 Launch a **risk-based GC detection program** supported by regional endoscopy expansion.
- 2 Make **HER2/molecular testing routine and reimbursed** in public hospitals.
- 3 Harmonize **treatment access** across all regions with expanded reimbursement for modern therapies.
- 4 Develop and enforce **national GC guidelines** with training and audits.
- 5 Embed **palliative and survivorship care** in GC pathways.
- 6 Enhance **data systems** and outcome transparency for gastric cancer.

CONCLUSION

With Vision 2030's momentum, Saudi Arabia can transition from fragmented gastric cancer services to a coordinated, patient-centred system. By prioritizing early detection, equitable access to molecular diagnostics and therapies, and comprehensive survivorship support, Saudi Arabia can significantly improve outcomes and advance its gastric cancer maturity.