



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Netherlands

EXECUTIVE SUMMARY

Netherlands has developed a strong and integrated approach to gastric cancer care, particularly in early detection, centralized treatment, and guideline-driven practice. National screening programs for colorectal and other cancers have paved the way for structured pathways, while gastric cancer detection relies on targeted case finding and excellent diagnostic infrastructure. Molecular testing and biomarker-driven treatment are widely accessible, and innovative therapies are incorporated rapidly through evidence-based reimbursement systems.

Yet gaps remain in ensuring equal access across regions, supporting survivorship and palliative care beyond tertiary centres, and further leveraging real-world data to optimize outcomes. This policy brief examines the current state of gastric cancer care in the Netherlands and outlines strategic reforms to consolidate its maturity.

INTRODUCTION

Building on Strong Foundations

With one of the most comprehensive healthcare systems in Europe, the Netherlands combines universal coverage, centralized oncology services, and advanced clinical research infrastructure. Gastric cancer outcomes have improved significantly thanks to centralization of surgery, robust peri-operative care, and rapid adoption of molecularly guided therapies.

With a **Level 4 – Advanced** maturity, the system demonstrates strong coordination but faces challenges in scaling survivorship care, ensuring equitable access to innovations, and maintaining workforce sustainability.





GASTRIC CANCER IN NETHERLANDS

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national population screening for gastric cancer; most cases detected via symptom-driven endoscopy. Early-stage detection is better than in many countries due to strong referral systems and GP gatekeeping.	Excellent primary care network and high-quality diagnostic infrastructure.	Explore risk-based H. pylori screening or targeted endoscopy in high-incidence subgroups; maintain rapid referral pathways from GPs to endoscopy.
Biomarker & Molecular Testing	HER2, MSI, PD-L1 and other biomarker testing is standard in tertiary hospitals; turnaround times are fast and quality is high.	Nationwide access to accredited labs and robust quality assurance frameworks.	Expand molecular testing uptake to all eligible patients, monitor equity in access across regions, and continue integration of emerging biomarkers into guidelines.
Treatment Access	Advanced surgical care is centralized in high-volume centres; peri-operative chemotherapy is standard; HER2-targeted therapy and immunotherapy are reimbursed. Cost-effectiveness remains a gatekeeper for new therapies.	Strong centralization policies, universal insurance coverage, rapid adoption of innovative therapies through evidence-based HTA.	Continue rapid appraisal of innovative drugs while ensuring affordability; monitor geographic equity in access; strengthen capacity planning to maintain centralized expertise.
Clinical Guidelines	National guidelines are regularly updated and closely aligned with international best practices (e.g., ESMO). High adherence across oncology centres.	Strong national oncology guideline network and multidisciplinary teams (MDTs).	Maintain continuous updates; enhance dissemination into regional hospitals; link guideline adherence with quality audits and outcome reporting.
Palliative & Survivorship Care	Palliative care is widely available, but survivorship services (nutrition, psychosocial, long-term follow-up) are variable across regions.	Well-established palliative services and strong integration into hospital and community care.	Strengthen survivorship programs, integrate nutrition and psychosocial support into cancer pathways, and expand palliative services to ensure equity across provinces.



CONCLUSION & Call to Action

The Netherlands has achieved an advanced gastric cancer care system with strong foundations in universal access, centralization, and innovation uptake. To fully close the gap, greater emphasis is needed on survivorship, equitable access to innovations, and sustaining workforce capacity. Leveraging data and reinforcing patient-centered pathways will help the country move from advanced maturity to global leadership.



KEY POLICY PRIORITIES

1 Strengthen risk-based early detection: Explore targeted H. pylori eradication and high-risk group endoscopy strategies.

2 Ensure equitable biomarker testing: Monitor access across all hospitals and integrate new biomarkers quickly into practice.

3 Consolidate access to therapies: Maintain rapid drug appraisal while securing affordability and national equity.

4 Embed survivorship services: Expand long-term nutritional, psychosocial, and functional rehabilitation programs.

5 Protect and scale palliative care: Ensure consistent access across regions, integrating hospital and community-based models.

CONCLUSION

The Netherlands has reached an advanced level of maturity in gastric cancer care, marked by centralized treatment, universal insurance, guideline adherence, and rapid adoption of innovation. However, disparities remain in survivorship support, equitable access to cutting-edge therapies, and integration of community-based palliative services. By consolidating these areas and leveraging its world-class registry data for continuous quality improvement, the Netherlands is well-positioned to transition from an advanced maturity system to a model of global leadership in gastric cancer care. Sustaining investment in equity, workforce, and innovation will ensure every patient benefits from timely, effective, and comprehensive care.