



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 relatively rare, not in the top male cancers.
- Incidence rate: Around 6 per 100,000 men per year.
- Total new cases (2022): Around 13,000-14,000 men.
- Daily diagnoses: About 35-38 men per day.
- Deaths (2022): Around 9,500 men.
- 5-year survival rate: Estimated 32% overall; higher for early-stage cases.
- Most affected age group: Mostly men aged 70+.
- Screening participation: No population-based screening; diagnosis occurs after symptom



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Infrastructure

Strengths

- Extensive network of NCI-designated cancer centers (e.g., MD Anderson, Memorial Sloan Kettering).
- Advanced diagnostic capabilities with widespread access to endoscopy, imaging, and pathology services.

Opportunity

- Expansion of telehealth and mobile health units for underserved areas.
- Infrastructure modernization through federal cancer moonshot and NIHbacked initiatives.

Weakness

- Urban-rural healthcare disparities affect access to timely diagnostic and treatment services.
- Fragmented healthcare system leads to variability in care quality across regions and insurance types.

Threats

- Rising healthcare costs may limit future infrastructure investments.
- Unequal access to technology (AI diagnostics, molecular imaging) across institutions



4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

Moderate infrastructure, primarily in private settings or research institutions.

 Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<u> </u>	<u> </u>
Kenya		
Nigeria		
Egypt	0	<u> </u>
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		0
Sweden		0
Italy		
Spain		
Poland	0	<u> </u>
Mexico		0
Brazil	<u> </u>	0
Argentina	<u> </u>	0
Chile	<u> </u>	0
Colombia		0
United States		
Canada		0
Australia		
New Zealand	0	
Greece	0	
Rwanda		
Uganda		
Serbia	<u> </u>	
Saudi Arabia	0	
UAE	0	0
Syria	0	
Indonesia	0	
Vietnam	<u> </u>	0
Philippines	0	
Russia	<u> </u>	<u> </u>
Malaysia		



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Leading country in gastric cancer clinical trials and translational research.
- NIH and NCI provide strong financial backing for cancer research, including GI oncology.

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Weakness

- Low public awareness of gastric cancer risk factors and early symptoms.
- Access to advanced treatments heavily influenced by insurance coverage.

Threats

- Underinsurance or lack of coverage in certain populations hinders treatment continuity.
 - Economic inequality may limit patient participation in clinical trials or access to highcost therapies.

- 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	Access	Funding	Campaigns
South Africa	<u> </u>		
Kenya	0		
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
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Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina	\bigcirc		
Chile	\bigcirc		<u> </u>
Colombia	\bigcirc		
United States			0
Canada			0
Australia			0
New Zealand			0
Greece	\bigcirc	\bigcirc	<u> </u>
Rwanda			
Uganda			
Serbia	<u> </u>		0
Saudi Arabia	<u> </u>		0
UAE	<u> </u>	<u> </u>	0
Syria			
Indonesia	<u> </u>		0
Vietnam	<u> </u>	0	0
Philippines	<u> </u>	0	0
Russia		\bigcirc	0
Malaysia	<u> </u>	0	0

Research

Treatment

Awareness

Opportunity

- Launch targeted awareness campaigns for high-risk groups (e.g., Asian American and Hispanic populations).
- Increase funding for rare cancer subtypes and improve clinical trial diversity.



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Survival Rates, Early **Detection** and Palliative Care



Access to highquality palliative and hospice care services

Strengths

nationwide.

• Multidisciplinary care models in comprehensive cancer centers improve patient outcomes.

- Overall 5-yea survival rate for gastric cancer remains low (~32%), mainly due to latestage diagnoses.
- Lack of routine early detection strategies outside high-risk cohorts.

Opportunity

- Al-assisted endoscopy and liquid biopsy research to detect cancer earlier.
- Enhance symptombased screening in primary care and urgent care settings.

Threats

- Disparities in early detection and survival outcomes by race, ethnicity, and socioeconomic status.
- Delays in diagnosis due to healthcare fragmentation or insurance denials.

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-oflife 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.

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Country	Rates	Detection	Care
South Africa	<u> </u>	0	0
Kenya	0		
Nigeria	0		
Egypt	<u> </u>		
Morocco	<u> </u>		
Algeria			0
Ethiopia			
India	<u> </u>	<u> </u>	<u> </u>
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain	0		
Poland	<u> </u>	<u> </u>	<u> </u>
Mexico	<u> </u>	<u> </u>	<u> </u>
Brazil	<u> </u>	<u> </u>	<u> </u>
Argentina	<u> </u>	<u> </u>	<u> </u>
Chile	<u> </u>	<u> </u>	<u> </u>
Colombia	<u> </u>	0	<u> </u>
United States			0
Canada			
Australia			
New Zealand			
Greece			<u> </u>
Rwanda			
Uganda			
Serbia	\bigcirc	<u> </u>	<u> </u>
Saudi Arabia	<u> </u>	<u> </u>	<u> </u>
UAE	<u> </u>	<u> </u>	<u> </u>
Syria			
Indonesia	<u> </u>		0
Vietnam	<u> </u>		
Philippines			
Russia	0	0	0
Malaysia	\bigcirc		

Palliative

Early

Survival

Country



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Utilization of Biomarkers

Strengths

available for HER2+, MSI-H, and PD-L1+ cases (e.g., pembrolizumab, trastuzumab).

- testing not yet standard; may be or major centers.
- Limited biomarker testing in community infrastructure gaps.

Weakness

- CLDN18.2 and FGFR2b testing not yet standard; may be limited to clinical trials or major centers.
- Limited biomarker testing in community hospitals due to cost or infrastructure gaps.

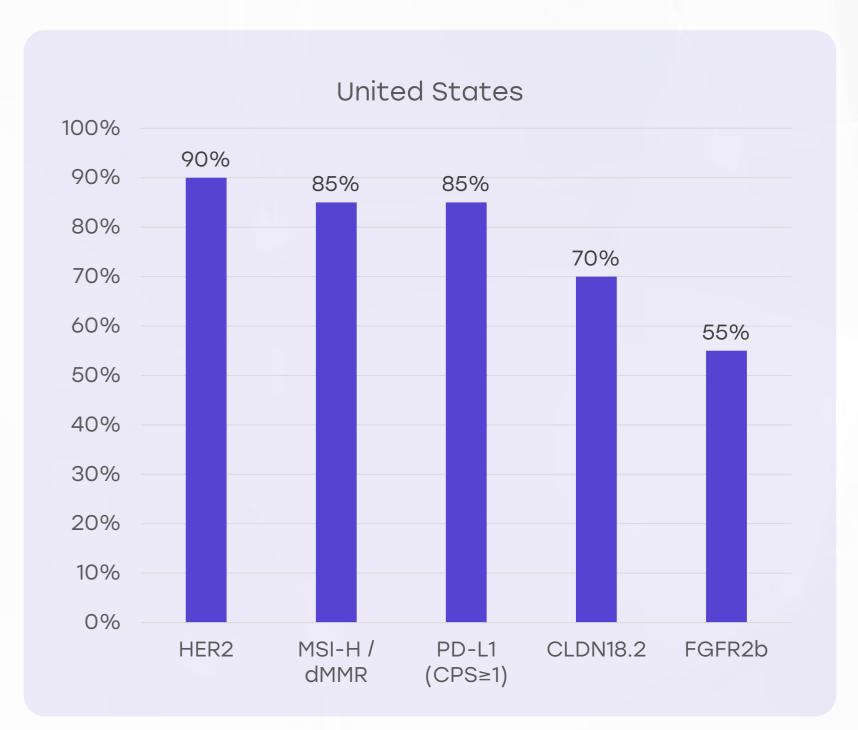
Threats

- High costs of molecular testing and therapies may limit equitable adoption.
- Insurance may not cover newer biomarker tests or off-label drug use.

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.

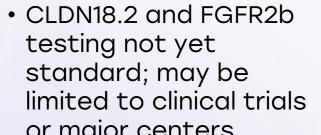




• HER2, MSI-H, PD-L1 testing is widely adopted in major institutions for gastric cancer management.

FDA-approved drugs





hospitals due to cost or



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Clinical Guidelines

Strengths

- Clear, regularly updated NCCN and ASCO guidelines for gastric and gastroesophageal cancers.
- Broad integration of biomarker-directed treatment strategies in guidelines.

Opportunity

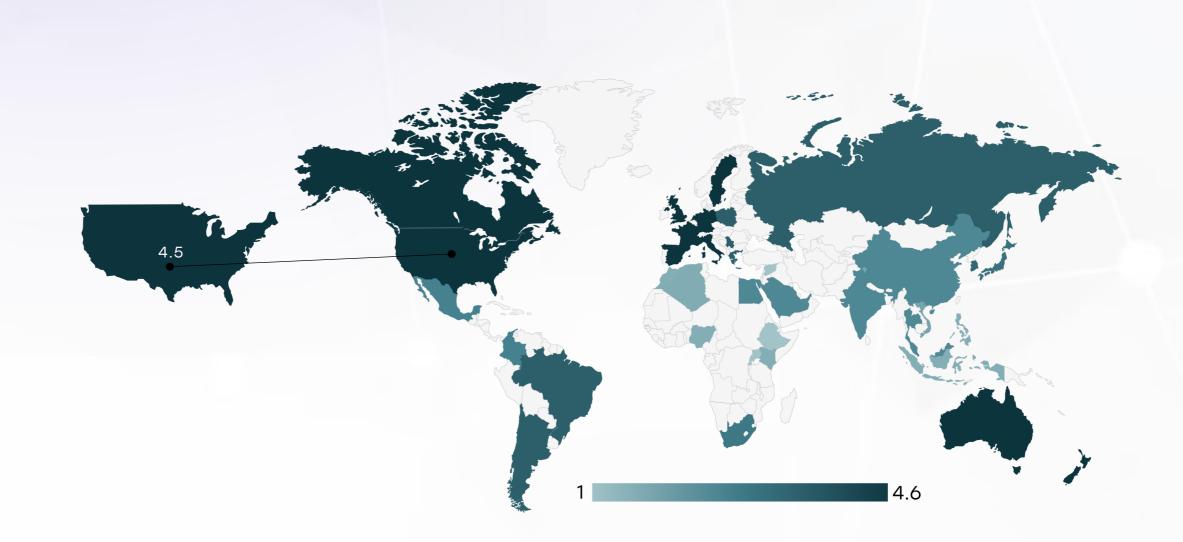
- Enhance dissemination of simplified, practiceready tools for community oncologists.
- Incorporate real-world evidence to update and localize guidelines more frequently.

Weakness

- Inconsistency in guideline adherence in smaller or community care settings.
- Over-reliance on large academic centers for access to guidelinerecommended trials.

Threats

- Lag between biomarker discovery, drug approval, and guideline inclusion may delay optimal care.
- Complexity of evolving guidelines could overwhelm general practitioners or smaller teams.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	0	*	*	*	*
Feasibility of Integration	0	*	*	×	*
Adoption of International Guidelines	0	*	*	*	*
Engagement with Updates	*	0	*	×	*
ESMO Guidelines Implementation	0	*	*	*	*



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Reimbursement

Strengths

- Wide access to FDA-approved therapies through Medicare, Medicaid, and private insurers.
- Patient support programs and copay assistance options are available for many therapies.

Opportunity

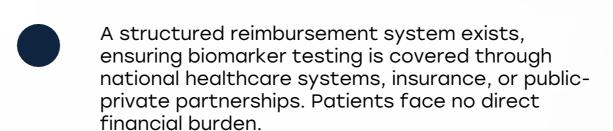
- Value-based care models could improve affordability of biomarker-guided therapies.
- Expansion of patient navigation and reimbursement support services

Weakness

- High out-of-pocket costs for insured and uninsured patients, especially for novel biologics.
- Variability in coverage based on insurance plan, state, and employment status.

Threats

- Delays or denials in biomarker test reimbursement limit precision medicine uptake.
- Inflation and rising drug costs may further stress payers and patients.



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		0	
United Kingdom			
Canada			
Australia	0	0	
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Japan			
South Korea			
China			
India	\bigcirc	0	
Singapore			
Thailand			
South Africa	\bigcirc	0	
Kenya	\bigcirc		
Nigeria	0	0	
Egypt	0	0	
Morocco	0	0	
Algeria			
Ethiopia	0	0	
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
New Zealand			
Greece			
Rwanda	0	0	
Uganda	0	0	
Serbia			
Saudi Arabia			
UAE			
Syria	0	0	
Indonesia		0	
Vietnam		0	
Philippines	0	0	
Russia			
Malaysia			





Colorectal Cancer Screening

Strengths

- Active surveillance programs for highrisk populations in research settings.
- Access to diagnostic endoscopy with sedation available in most hospitals and GI clinics.

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Opportunity

- Development of riskstratified screening strategies using AI, genomics, and family history.
- Targeted screening initiatives for immigrant communities from East Asia and Latin America.

Weakness

- No universal or population-level screening program for gastric cancer.
- Lack of awareness among primary care providers and public regarding at-risk groups (e.g., H. pylori, immigrants from highincidence regions).

Threats

- Cost and feasibility barriers to implementing national screening initiatives.
- Cultural and linguistic barriers may limit uptake of screening in vulnerable groups.

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	Castrio Canoor Soroonina
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