



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Gastric Cancer Care in Mexico

### EXECUTIVE SUMMARY

**Mexico** faces a rising burden of gastric cancer (GC), yet the majority of patients present with late-stage disease due to limited screening and uneven access to diagnostic services. Advanced treatments and biomarker testing are available mainly in urban tertiary hospitals, leaving much of the population — particularly in rural regions — without timely or equitable access. Fragmentation of healthcare coverage, high out-of-pocket costs, and insufficient integration of palliative services further exacerbate inequalities.

This policy brief outlines current gaps and priority reforms to strengthen Mexico's gastric cancer maturity.

### INTRODUCTION

#### Growing Burden, Fragmented System

As a middle-income country with regional disparities in healthcare, Mexico struggles to deliver timely and equitable gastric cancer care. National health campaigns have raised awareness for other cancers, but GC lacks structured attention. Fragmented insurance schemes and uneven infrastructure contribute to delayed diagnosis and poor survival outcomes.

With a **Level 2 – Developing** gastric cancer maturity, Mexico must prioritize investments in early detection, molecular diagnostics, treatment equity, and palliative care integration to shift towards more cohesive, patient-centered care.



**Mexico Ranks at Level 2 – Gastric Cancer Care Maturity Framework**



# GASTRIC CANCER IN MEXICO

## Current Landscape and Strategic Gaps

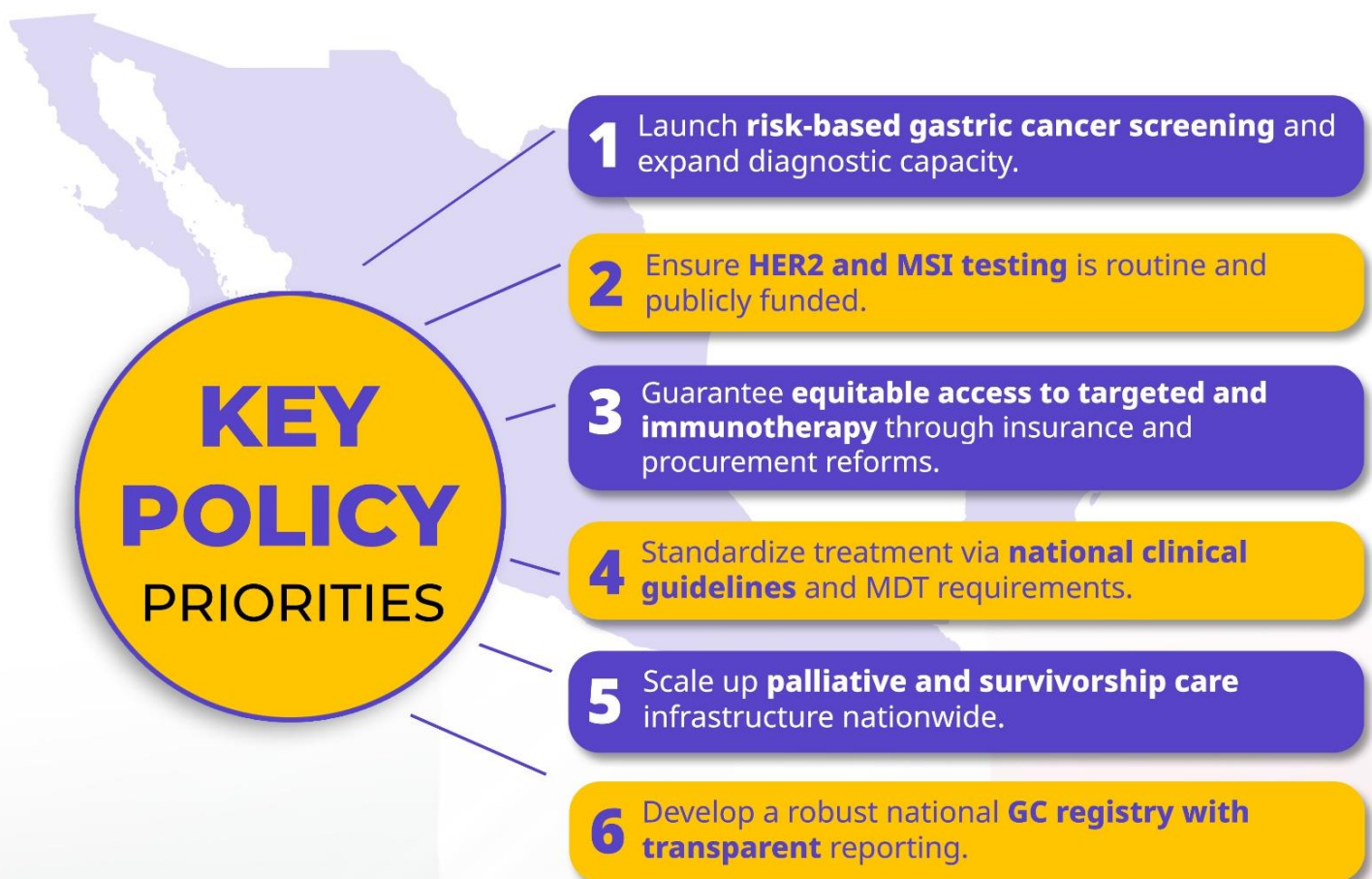
Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Most GC cases detected at advanced stages. No structured screening or early-detection programs; rural regions face long waits for endoscopy.	Strong tertiary hospitals in Mexico City, Monterrey, and Guadalajara with advanced endoscopic services.	Implement risk-based screening (e.g., high-incidence states); expand endoscopy infrastructure and mobile units; train primary-care providers on alarm-symptom referral.
Biomarker & Molecular Testing	Limited access; HER2/MSI testing available mainly in private sector or major academic hospitals. Public coverage sparse.	Academic centers provide molecular diagnostics that can serve as hubs for national scale-up.	Integrate biomarker testing into public sector services; subsidize HER2/MSI testing; establish regional diagnostic hubs linked to tertiary hospitals.
Treatment Access	Access to surgery and chemotherapy exists in tertiary centers; targeted therapies and immunotherapy are limited to private care and high-income patients.	Oncology expertise concentrated in referral hospitals.	Expand public insurance coverage for HER2-targeted therapies and immunotherapy; negotiate national procurement to reduce cost; decentralize chemotherapy delivery to regional hospitals.
Clinical Guidelines	No uniform national gastric cancer guidelines; treatment decisions vary across institutions.	National oncology associations provide basis for guideline development.	Develop and implement national GC guidelines aligned with international standards; mandate MDT reviews for complex cases.
Palliative & Survivorship Care	Palliative care underdeveloped and uneven; opioid access remains restricted by regulatory barriers; survivorship care limited.	Growing advocacy and NGO support for palliative care integration.	Expand palliative care workforce and community-based programs; reform opioid prescription regulations; introduce survivorship programs (nutrition, psychosocial support).





## CONCLUSION & Call to Action

Mexico's gastric cancer system faces significant inequities in access, diagnosis, and treatment. Key actions include implementing early-detection programs in high-incidence areas, integrating publicly funded biomarker testing, expanding access to targeted and immunotherapies, standardizing care through national guidelines, scaling palliative and survivorship services, and strengthening registries to provide reliable data for planning and accountability.



## CONCLUSION

With concerted policy reforms, Mexico can transition from fragmented, inequitable services to a more coordinated, patient-centered gastric cancer system. By prioritizing early detection, equitable diagnostics, and treatment access, alongside strengthening palliative care and data systems, Mexico can move towards higher maturity and improved outcomes for all patients, regardless of geography or income.