



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Philippines

EXECUTIVE SUMMARY

Gastric cancer in the Philippines is marked by late diagnosis, fragmented services, and limited access to advanced therapies. Most patients present at advanced stages due to lack of screening, low awareness, and limited diagnostic infrastructure. Financial barriers, geographic inequalities, and inconsistent molecular testing further hinder outcomes. While national health insurance offers some protection, gaps in treatment reimbursement and uneven palliative care coverage remain.

This policy brief highlights current conditions and strategic reforms to strengthen the Philippines' gastric cancer maturity.

INTRODUCTION

Addressing Foundational Challenges

The Philippines faces a growing burden of gastric cancer against the backdrop of health system fragmentation, resource disparities between urban and rural regions, and inadequate infrastructure for early detection and biomarker testing.

With a **Level 2 – Developing** gastric cancer maturity, the country needs foundational improvements in screening, diagnostic pathways, treatment access, and palliative integration to move toward equitable and effective care.



GASTRIC CANCER IN PHILIPPINES

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening; most cases diagnosed late due to limited public awareness and low access to endoscopy outside cities.	Tertiary hospitals in Manila and regional centres provide endoscopy services.	Establish a pilot screening program for high-risk groups; invest in expanding endoscopy capacity and training, especially in provincial hospitals; raise awareness through community campaigns.
Biomarker & Molecular Testing	HER2, MSI, and PD-L1 testing are largely unavailable in public hospitals; services concentrated in private labs with high out-of-pocket cost.	Some academic centres provide testing capacity.	Integrate biomarker testing into public hospitals; subsidize costs through PhilHealth; build partnerships with pharmaceutical and academic stakeholders for lab infrastructure.
Treatment Access	Surgery and chemotherapy available in tertiary centres, but modern targeted therapies and immunotherapies are limited by cost and not widely reimbursed.	National specialty centres (Philippine General Hospital, National Kidney and Transplant Institute) provide advanced surgical oncology.	Expand PhilHealth reimbursement to include HER2-targeted therapy; strengthen procurement of essential oncology drugs; decentralize cancer services through regional cancer hubs.
Clinical Guidelines	No standardized national gastric cancer guidelines; practice varies widely across institutions.	Professional societies provide reference to international protocols.	Develop and disseminate national GC treatment guidelines; mandate use of MDTs (multidisciplinary teams) in tertiary centres; provide CME training to clinicians.
Palliative & Survivorship Care	Palliative care availability is uneven, often limited to urban hospitals; survivorship care is underdeveloped.	Growing role of NGOs and church-based organizations in supporting patients.	Expand palliative care workforce and integrate into cancer centres; ensure opioid availability across provinces; develop survivorship programs (nutrition, psychosocial support, rehabilitation).

CONCLUSION & Call to Action

The Philippines' gastric cancer system is still developing, facing challenges in early detection, access, and treatment affordability. Immediate priorities include piloting screening for high-risk groups, expanding endoscopy services, subsidizing biomarker testing in public hospitals, integrating HER2-targeted therapies into insurance coverage, standardizing care through national guidelines and MDTs, scaling palliative and survivorship support, and strengthening data systems for better planning and accountability. These steps are essential to build a more equitable and effective gastric cancer care system.



KEY POLICY PRIORITIES

- 1 Implement a **risk-based screening and diagnostic expansion program.**
- 2 Subsidize and expand **biomarker and molecular testing** in public hospitals.
- 3 Broaden **PhilHealth coverage for modern gastric cancer therapies.**
- 4 Develop and mandate **national gastric cancer clinical guidelines.**
- 5 Scale up **palliative and survivorship care programs** across provinces.
- 6 Strengthen **cancer registry data collection and reporting.**

CONCLUSION

With decisive policy reform, the Philippines can progress from fragmented, late-stage gastric cancer care toward a more equitable and patient-centred system. By investing in foundational diagnostic and treatment infrastructure, expanding financial coverage, and standardizing care delivery, the country can elevate its maturity level and improve survival and quality of life for gastric cancer patients nationwide.