



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Brazil

EXECUTIVE SUMMARY

Brazil has made important strides in oncology infrastructure, including high-quality surgical and cancer centres, but gastric cancer outcomes remain poor due to late-stage diagnosis, fragmented diagnostic access, and regional inequities. Public insurance (SUS) provides broad coverage, yet limited capacity for endoscopy, uneven biomarker testing, and slow adoption of targeted therapies create barriers.

This brief outlines critical reforms to raise Brazil's gastric cancer maturity and ensure equitable care across its vast population.

INTRODUCTION

Building on National Oncology Strengths Amid Regional Gaps

Brazil faces a high burden of gastric cancer, especially in southern and northern regions, yet diagnosis often occurs late and access to modern therapies is uneven. While the SUS provides a foundation of universal health coverage, regional disparities in healthcare infrastructure hinder timely diagnosis and treatment.

With a **Level 3 – Emerging** gastric cancer maturity, Brazil must prioritize early detection, expand molecular diagnostics, standardize national pathways, and strengthen survivorship and palliative care integration.



Brazil Ranks at Level 3 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN BRAZIL

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No structured national screening; most cases diagnosed late. Endoscopy services are overburdened with long waiting lists in many regions.	Major tertiary centres (São Paulo, Rio de Janeiro, Porto Alegre) have world-class endoscopy and oncology services.	Launch targeted screening for high-risk regions; expand endoscopy capacity with new equipment and mobile outreach; reduce wait times through streamlined referral pathways.
Biomarker & Molecular Testing	HER2 testing is available but inconsistent in public hospitals; MSI and PD-L1 testing access is limited.	Academic centres and private labs provide advanced molecular diagnostics.	Ensure HER2 and MSI testing are routine and reimbursed; build regional public-sector testing hubs; strengthen turnaround times and reporting.
Treatment Access	Surgery and chemotherapy available through SUS; targeted therapy and immunotherapy adoption is slow due to high cost and limited reimbursement.	High surgical expertise and major referral centres deliver advanced oncologic surgery.	Expand reimbursement for HER2-targeted therapy and immunotherapy; explore public-private procurement partnerships; strengthen referral to high-volume surgical centres for better outcomes.
Clinical Guidelines	Guidelines exist but are not uniformly implemented across regions; adherence varies in smaller hospitals.	Brazilian oncology societies provide expertise and national-level guidance.	Develop a national GC care pathway endorsed by SUS; mandate MDT review for advanced cases; ensure guideline-based audits and continuous training.
Palliative & Survivorship Care	Palliative care services are expanding but uneven; survivorship programs for nutrition, psychosocial support, and rehab remain limited.	Growing integration of palliative care into tertiary hospitals.	Strengthen palliative networks in regional hospitals; guarantee opioid availability and training; expand survivorship programs including nutrition, mental health and vocational support.



CONCLUSION & Call to Action

Brazil's gastric cancer care benefits from strong tertiary expertise but faces major gaps in early diagnosis, equitable testing, and access to treatment. Key priorities include expanding diagnostic services in underserved areas, ensuring public funding and regional hubs for HER2 and MSI testing, and improving treatment access through better reimbursement and pooled procurement. A national gastric cancer care pathway with multidisciplinary teams and training should be implemented, alongside scaling up palliative and survivorship support. Strengthening data systems for comprehensive and timely reporting will be essential to guide these reforms.



KEY POLICY PRIORITIES

- 1 Launch targeted GC detection programs** in high-burden regions with improved endoscopy access.
- 2 Institutionalize molecular diagnostics** (HER2, MSI, PD-L1) in public hospitals with defined turnaround times.
- 3 Expand equitable access to therapies** through reimbursement and procurement reform.
- 4 Develop and enforce a national gastric cancer pathway** aligned with best practices.
- 5 Scale up palliative & survivorship integration** in all SUS oncology centres.
- 6 Strengthen national registries** with GC indicators to monitor progress.

CONCLUSION

Brazil's universal health system provides a foundation for equity, yet gastric cancer care remains uneven and delayed. By standardizing pathways, investing in diagnostics, expanding access to modern therapies, and embedding palliative and survivorship services, Brazil can raise its gastric cancer maturity. These reforms would ensure that every patient—regardless of geography or income—receives timely, effective, and compassionate care.