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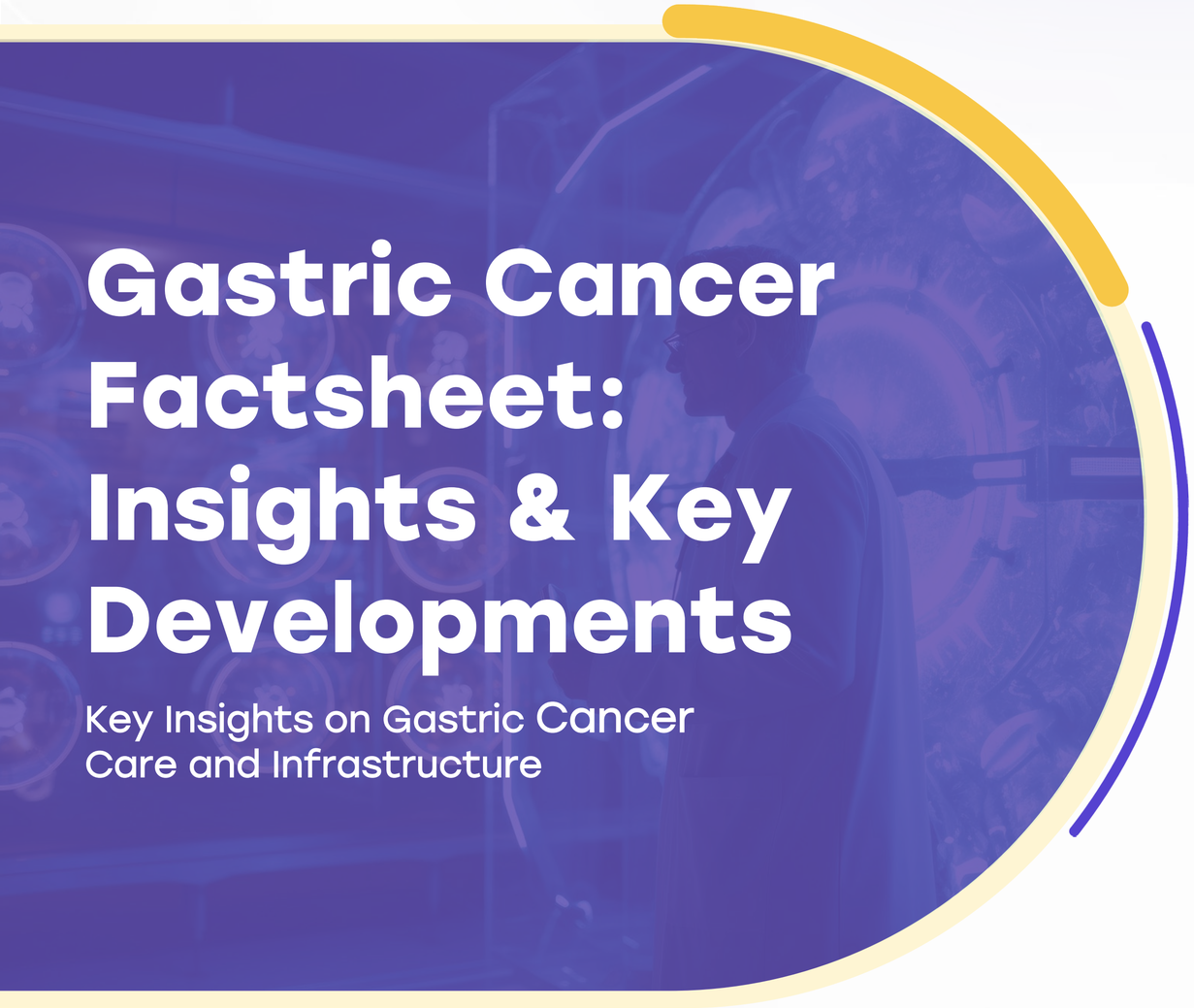
# Poland



# 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 not among the top 5, but remains significant in men.
- Incidence rate: Approximately 14 per 100,000 men per year.
- Total new cases (2022): Around 5,000–5,500 men.
- Daily diagnoses: Approximately 14–15 men per day.
- Deaths (2022): Around 3,500 men.
- 5-year survival rate: Estimated 30–40%.
- Most affected age group: Primarily men aged 70 and above.
- Screening participation: No national screening; detection is mostly symptom-driven

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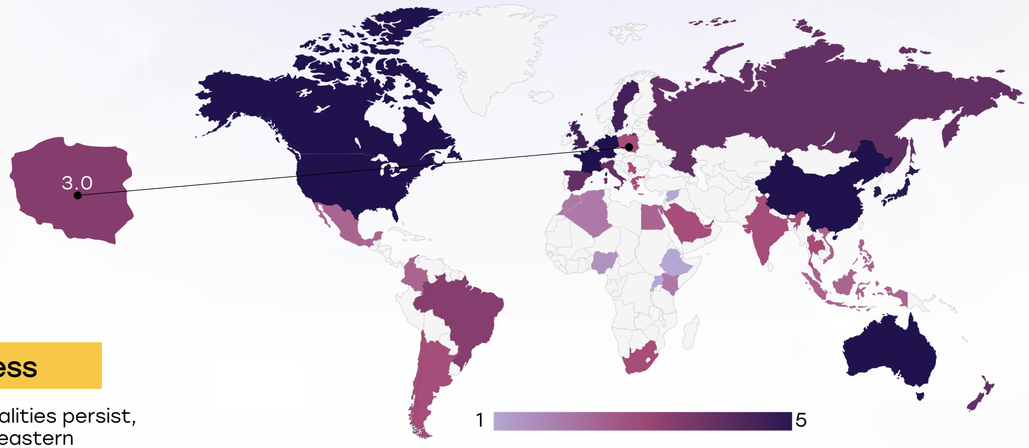
## Infrastructure




### Strengths

- Poland has a network of public oncology centers under the National Oncology Network (Narodowa Sieć Onkologiczna) providing multidisciplinary care.
- Modern cancer centers like the Maria Skłodowska-Curie National Research Institute of Oncology in Warsaw offer advanced diagnostics and treatment.

### Weakness

- Regional inequalities persist, with rural and eastern provinces facing shortages of oncology specialists and endoscopy units.
- Waiting times for diagnostic procedures such as endoscopy can delay timely diagnosis and treatment.

S W O T

### Opportunity

- Ongoing investments through EU structural funds and national health programs support modernization of cancer care infrastructure.
- Potential for mobile diagnostic clinics and expanded regional hubs to decentralize access.

### Threats

- Workforce shortages in oncology and pathology can hamper infrastructure utilization.
- Aging hospital facilities in smaller towns limit the expansion of high-tech cancer services.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

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

3. Moderate infrastructure, primarily in private settings or research institutions.

2. 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 | 3 | 3 |
| Kenya | 1 | 2 |
| Nigeria | 1 | 2 |
| Egypt | 2 | 3 |
| Morocco | 2 | 2 |
| Algeria | 2 | 2 |
| Ethiopia | 1 | 1 |
| India | 3 | 4 |
| Japan | 4 | 4 |
| South Korea | 4 | 4 |
| China | 4 | 4 |
| Thailand | 3 | 3 |
| Singapore | 4 | 4 |
| United Kingdom | 4 | 4 |
| Germany | 5 | 4 |
| France | 4 | 4 |
| Netherlands | 5 | 4 |
| Sweden | 5 | 4 |
| Italy | 4 | 4 |
| Spain | 4 | 4 |
| Poland | 4 | 3 |
| Mexico | 2 | 3 |
| Brazil | 3 | 3 |
| Argentina | 3 | 3 |
| Chile | 3 | 3 |
| Colombia | 2 | 3 |
| United States | 5 | 5 |
| Canada | 5 | 4 |
| Australia | 4 | 4 |
| New Zealand | 4 | 4 |
| Greece | 4 | 3 |
| Rwanda | 1 | 1 |
| Uganda | 1 | 1 |
| Serbia | 3 | 3 |
| Saudi Arabia | 4 | 4 |
| UAE | 4 | 4 |
| Syria | 1 | 1 |
| Indonesia | 2 | 2 |
| Vietnam | 3 | 3 |
| Philippines | 2 | 2 |
| Russia | 4 | 3 |
| Malaysia | 4 | 4 |

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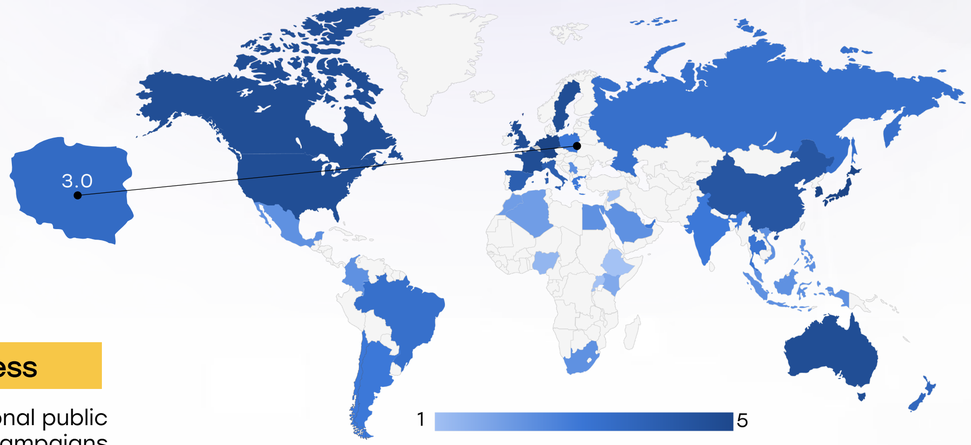
## Treatment Access, Research Funding and Awareness Campaigns




### Strengths

- Gastric cancer treatment is publicly funded under the National Health Fund (NFZ), ensuring broad financial coverage.
- Active participation in clinical trials, especially for HER2-positive and immunotherapy gastric cancer subtypes.

### Weakness

- Limited national public awareness campaigns specifically targeting gastric cancer symptoms and risk factors.
- Research funding often prioritizes cancers with higher media coverage (e.g., breast, prostate), reducing resources for gastric cancer.

S W O T

### Opportunity

- Expansion of public education under the Polish National Oncology Strategy could include gastric cancer prevention and risk factors like **H. pylori**.
- Cross-border collaboration with European cancer consortia can boost funding and innovation.

### Threats

- Health policy instability or shifting government priorities may affect sustained support for awareness and research.
- Low public engagement in screening campaigns could limit campaign effectiveness.

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 | Treatment Access | Research Funding | Awareness Campaigns |
|---|---|---|---|
| South Africa | 3 | 2 | 2 |
| Kenya | 2 | 1 | 1 |
| Nigeria | 2 | 1 | 1 |
| Egypt | 3 | 2 | 2 |
| Morocco | 2 | 2 | 2 |
| Algeria | 2 | 2 | 2 |
| Ethiopia | 1 | 1 | 1 |
| India | 3 | 3 | 3 |
| Japan | 5 | 5 | 5 |
| South Korea | 5 | 5 | 5 |
| China | 4 | 5 | 4 |
| Thailand | 3 | 3 | 3 |
| Singapore | 5 | 4 | 4 |
| United Kingdom | 5 | 5 | 4 |
| Germany | 5 | 5 | 5 |
| France | 5 | 4 | 4 |
| Netherlands | 5 | 5 | 4 |
| Sweden | 5 | 5 | 4 |
| Italy | 5 | 4 | 4 |
| Spain | 5 | 4 | 4 |
| Poland | 3 | 3 | 3 |
| Mexico | 3 | 2 | 2 |
| Brazil | 4 | 3 | 3 |
| Argentina | 3 | 3 | 3 |
| Chile | 3 | 3 | 3 |
| Colombia | 3 | 2 | 2 |
| United States | 5 | 5 | 4 |
| Canada | 5 | 5 | 4 |
| Australia | 5 | 5 | 4 |
| New Zealand | 4 | 4 | 4 |
| Greece | 3 | 3 | 3 |
| Rwanda | 1 | 1 | 1 |
| Uganda | 1 | 1 | 1 |
| Serbia | 3 | 2 | 2 |
| Saudi Arabia | 3 | 2 | 2 |
| UAE | 3 | 3 | 3 |
| Syria | 1 | 1 | 1 |
| Indonesia | 3 | 2 | 2 |
| Vietnam | 3 | 2 | 2 |
| Philippines | 2 | 2 | 2 |
| Russia | 4 | 3 | 3 |
| Malaysia | 3 | 2 | 2 |

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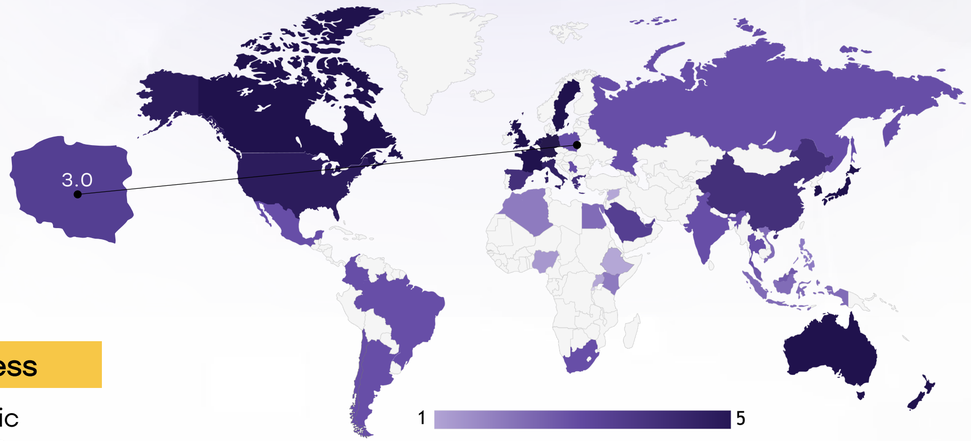
## Survival Rates, Early Detection and Palliative Care




### Strengths

- National cancer registry and survival data allow ongoing monitoring and targeted interventions.
- Palliative care is integrated into cancer services, with legal provisions supporting end-of-life care.

### Weakness

- Many gastric cancers are diagnosed at advanced stages due to late symptom recognition.
- Referral and diagnostic delays persist, especially outside major urban centers.

### Opportunity

- Early detection programs through general practitioners and screening in high-risk groups could significantly improve stage at diagnosis.
- Expanded community palliative care models can improve access in underserved regions.

### Threats

- Social stigma or fatalistic attitudes toward cancer still delay early medical help-seeking.
- Insufficient trained personnel in palliative care in certain voivodeships.

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-of-life 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.

| Country | Survival Rates | Early Detection | Palliative Care |
|---|---|---|---|
| South Africa | 3 | 3 | 3 |
| Kenya | 2 | 2 | 2 |
| Nigeria | 2 | 1 | 1 |
| Egypt | 3 | 2 | 2 |
| Morocco | 2 | 2 | 2 |
| Algeria | 2 | 2 | 2 |
| Ethiopia | 1 | 1 | 1 |
| India | 3 | 3 | 3 |
| Japan | 5 | 5 | 5 |
| South Korea | 5 | 5 | 5 |
| China | 4 | 4 | 4 |
| Thailand | 3 | 3 | 3 |
| Singapore | 5 | 5 | 5 |
| United Kingdom | 5 | 5 | 5 |
| Germany | 5 | 5 | 5 |
| France | 5 | 5 | 5 |
| Netherlands | 5 | 5 | 5 |
| Sweden | 5 | 5 | 5 |
| Italy | 4 | 4 | 4 |
| Spain | 4 | 4 | 4 |
| Poland | 3 | 3 | 3 |
| Mexico | 3 | 3 | 3 |
| Brazil | 3 | 3 | 3 |
| Argentina | 3 | 3 | 3 |
| Chile | 3 | 3 | 3 |
| Colombia | 3 | 3 | 3 |
| United States | 5 | 5 | 4 |
| Canada | 5 | 5 | 5 |
| Australia | 5 | 5 | 5 |
| New Zealand | 5 | 5 | 5 |
| Greece | 4 | 4 | 4 |
| Rwanda | 1 | 1 | 1 |
| Uganda | 1 | 1 | 1 |
| Serbia | 3 | 3 | 3 |
| Saudi Arabia | 3 | 3 | 3 |
| UAE | 3 | 3 | 3 |
| Syria | 1 | 1 | 1 |
| Indonesia | 3 | 2 | 2 |
| Vietnam | 3 | 2 | 2 |
| Philippines | 3 | 2 | 2 |
| Russia | 3 | 3 | 3 |
| Malaysia | 3 | 2 | 3 |

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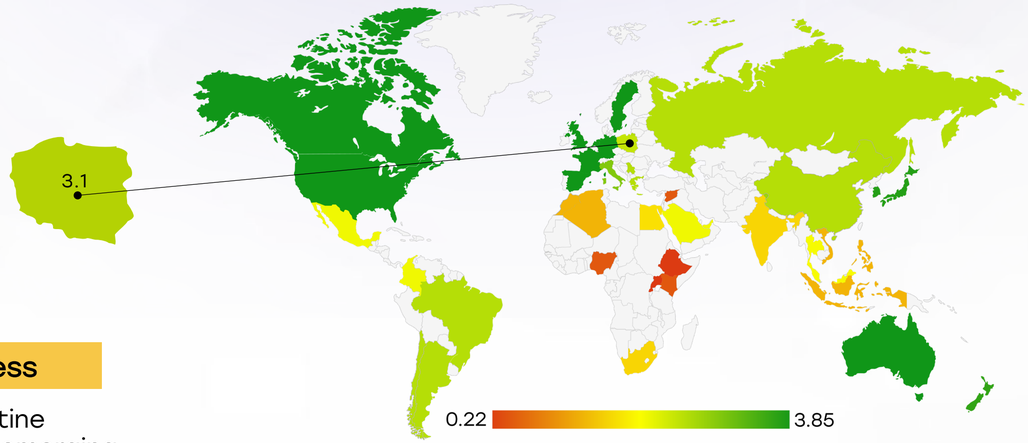
## Utilization of Biomarkers




### Strengths

- HER2 testing is routinely performed in metastatic gastric cancer patients and trastuzumab is reimbursed.
- Some reference laboratories perform PD-L1 and MSI testing for immunotherapy eligibility.

### Weakness

- Limited routine testing for emerging biomarkers like CLDN18.2 or FGFR2b in non-trial settings.
- Regional disparities in molecular diagnostics infrastructure and turnaround times.

S W O T

### Opportunity

- EU-funded precision oncology projects can support expansion of biomarker testing capabilities.
- Centralization of testing to specialized hubs could ensure standardization and quality control.

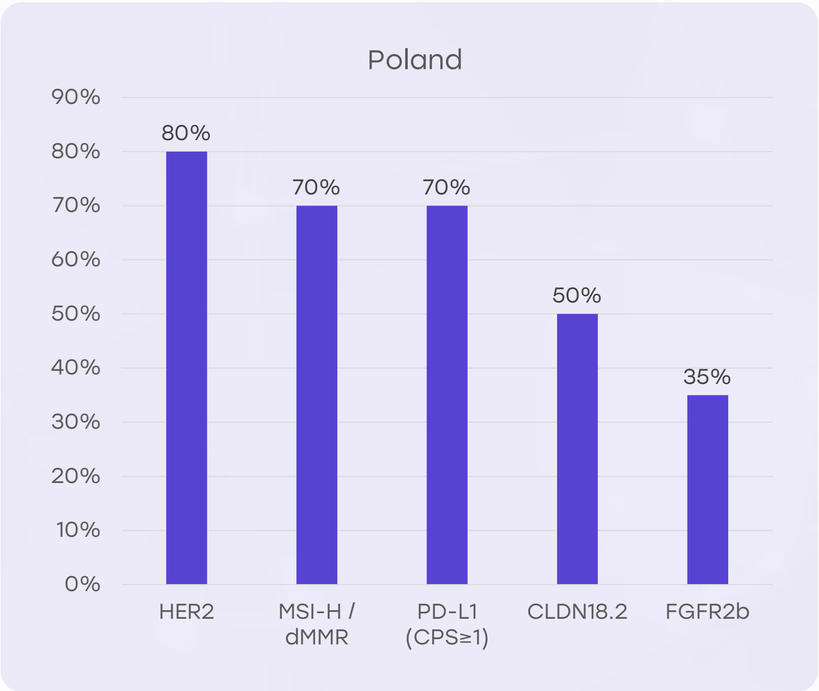
### Threats

- Reimbursement uncertainty for advanced biomarker panels may deter broader adoption.
- Delays in incorporating emerging biomarker-based therapies into national protocols.

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.



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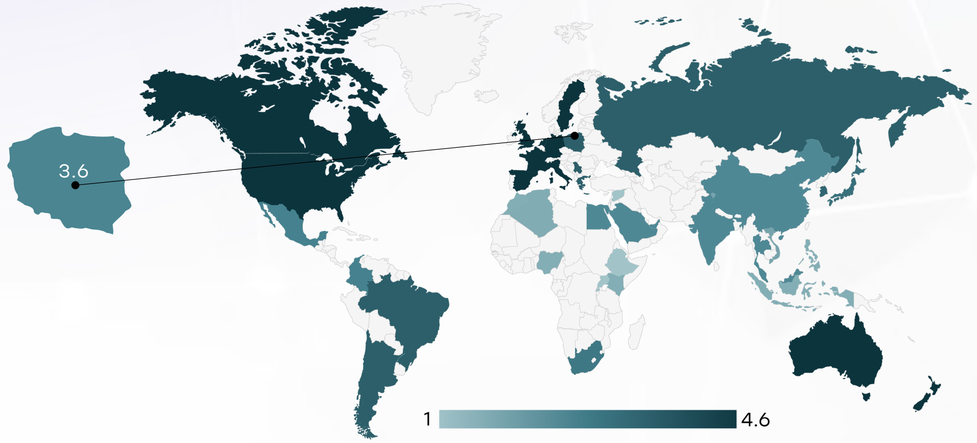
## Clinical Guidelines




### Strengths

- National guidelines for gastric cancer align closely with ESMO and NCCN standards.
- Multidisciplinary teams (MDTs) are mandated in cancer centers for treatment planning.

### Weakness

- Guideline adherence can vary, particularly in less specialized regional hospitals.
- Slow dissemination of updates to frontline practitioners, especially in smaller centers.

S W O T

### Opportunity

- Digital dissemination and e-learning platforms can improve clinician access to updated protocols.
- Greater integration of European guideline frameworks and real-world data to support policy adjustments.

### Threats

- Resistance to practice change or lack of continuing education may reduce uptake of new guidelines.
- Delays in national adoption of emerging evidence-based treatments due to bureaucratic processes.

| | Very High | High | Medium | Low | Very Low |
|---|---|---|---|---|---|
| Clinical Guideline Implementation | ✖ | O | ✖ | ✖ | ✖ |
| Feasibility of Integration | ✖ | O | ✖ | ✖ | ✖ |
| Adoption of International Guidelines | ✖ | O | ✖ | ✖ | ✖ |
| Engagement with Updates | ✖ | ✖ | ✖ | O | ✖ |
| ESMO Guidelines Implementation | ✖ | O | ✖ | ✖ | ✖ |

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## Reimbursement

### Strengths

- Most standard gastric cancer treatments (surgery, chemotherapy, trastuzumab) are covered under the NFZ system.
- Reimbursement of immune checkpoint inhibitors (e.g., nivolumab) has been initiated in select indications.

### Weakness

- New drugs and biomarker tests face long HTA (Health Technology Assessment) timelines before approval.
- Patients sometimes bear out-of-pocket costs for second-opinion consultations or travel to tertiary centers.

S W O T

### Opportunity

- HTA reforms under Poland's Oncology Package could streamline reimbursement for innovative therapies.
- Expansion of managed entry agreements can support conditional access to novel treatments.

### Threats

- Budget constraints may limit future reimbursement for high-cost therapies.
- Inequity in access due to differences in regional fund allocation and hospital procurement policies.

● A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

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

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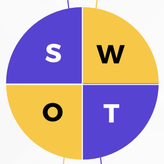
## Colorectal Cancer Screening

### Strengths

- Opportunistic gastroscopy is widely available for symptomatic or at-risk patients.
- Pilot programs and research initiatives have evaluated **H. pylori** prevalence and eradication strategies.

### Weakness

- No population-wide gastric cancer screening program despite relatively high incidence in some regions.
- Lack of integration between primary care and gastroenterology hampers proactive case finding.




### Opportunity

- National efforts on cancer prevention (e.g., tobacco/alcohol control, **H. pylori** testing) can be aligned with early gastric cancer detection.
- Research into risk stratification models may support targeted screening.

### Threats

- Public reluctance toward invasive procedures (endoscopy) limits screening participation.
- Competing priorities in national screening programs (e.g., colorectal and breast cancer) may reduce attention to gastric cancer.

| 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 | 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 |