



# BRIDGING THE GAP

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

### EXECUTIVE SUMMARY

**Russia** has invested significantly in oncology infrastructure through its federal cancer control program, but gastric cancer (GC) outcomes remain limited by late-stage diagnosis, regional disparities in access, and variable integration of molecular diagnostics and modern therapies. While high-quality care exists in major oncology centres, uneven implementation across regions and insufficient survivorship and palliative integration constrain impact.

This policy brief outlines reforms needed to raise Russia's gastric cancer maturity.

### INTRODUCTION

#### Building on Oncology System Investments Amid Structural Challenges

Russia's federal programs have expanded cancer centres, radiation equipment, and clinical guidelines, but gastric cancer still presents at advanced stages due to limited early detection and screening strategies. Molecular diagnostics and targeted therapies are available in urban tertiary hospitals but remain inconsistent nationally.

With a **Level 3 – Emerging** gastric cancer maturity, Russia is positioned to consolidate progress by addressing inequities in access, integrating palliative services, and strengthening guideline adherence.



**Russia Ranks at Level 3 – Gastric Cancer Care Maturity Framework**



# GASTRIC CANCER IN RUSSIA

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-wide GC screening; most cases diagnosed late. Endoscopic capacity exists but varies by region; rural populations face access barriers.	Strong oncology centres and growing diagnostic infrastructure in urban hubs like Moscow and St. Petersburg.	Expand high-risk endoscopy screening pilots; strengthen referral pathways; deploy mobile endoscopy units and increase training for gastroenterologists in regional areas.
Biomarker & Molecular Testing	HER2 and MSI testing available in leading centres, but uneven access elsewhere; long turnaround times in peripheral hospitals.	Advanced diagnostic labs exist in national oncology centres.	Standardize biomarker testing across all tertiary centres; subsidize testing under public insurance; implement regional lab networks for equitable access.
Treatment Access	Gastrectomy and peri-operative chemotherapy widely available; targeted therapy and immunotherapy are used in leading hospitals but reimbursement and access vary.	Strong surgical oncology expertise and government-funded tertiary hospitals.	Expand public funding for HER2-targeted therapy and immunotherapy; ensure equitable procurement and distribution across all regions; incentivize referral to high-volume surgical centres.
Clinical Guidelines	National oncology guidelines exist but adoption and consistent practice vary across regions.	Federal clinical practice framework provides basis for national standardization.	Mandate adherence to updated GC guidelines; ensure multidisciplinary tumor boards (MDTs) are established nationwide; introduce monitoring and compliance audits.
Palliative & Survivorship Care	Palliative care improving under federal reforms but remains underdeveloped in many regions; survivorship services (nutrition, rehabilitation, psychosocial) are not routinely integrated.	Federal palliative care strategy and NGO partnerships exist.	Embed early palliative referral in GC pathway; expand opioid availability and prescriber training; strengthen survivorship care models with nutrition and psychosocial support.





## CONCLUSION & Call to Action

Russia's gastric cancer care benefits from strong federal investment but faces regional disparities, late diagnoses, and uneven access to modern treatments. To improve outcomes, it should expand detection and endoscopy services in underserved areas, ensure equitable molecular testing through standardized funding and lab networks, broaden access to targeted therapies with improved reimbursement, enforce guideline adherence and MDT reviews, integrate palliative and survivorship care with NGO support and opioid access, and enhance data systems with regional dashboards tied to funding and performance monitoring.

### KEY POLICY PRIORITIES

- 1** Launch **high-risk endoscopy programs** with regional equity targets.
- 2** Standardize **HER2/MSI testing** across all tertiary hospitals with public coverage.
- 3** Expand **public reimbursement** for targeted therapies and immunotherapies.
- 4** Mandate **MDT-based treatment planning** and guideline compliance nationwide.
- 5** Scale **palliative and survivorship services** with nutrition and psychosocial support integrated into care.
- 6** Enhance **cancer registry systems** to include real-time GC-specific data and regional outcomes.

## CONCLUSION

Russia has the infrastructure and national policy frameworks to deliver high-quality gastric cancer care but must overcome gaps in regional equity, diagnostic timeliness, and treatment access. By focusing on standardization, equitable access, and survivorship integration, Russia can transition from fragmented services to a cohesive, patient-centred gastric cancer system that improves survival and quality of life nationwide.