International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Gastric Cancer Care** in Malaysia

EXECUTIVE SUMMARY

Malaysia is experiencing a rising burden of gastric cancer (GC), yet most patients are diagnosed late, with survival outcomes lagging behind regional best performers. While major referral hospitals in Kuala Lumpur and Penang offer advanced surgery and some molecular testing, gaps in nationwide diagnostic access, treatment equity, and standardized clinical pathways limit consistent care.

High out-of-pocket costs in the private sector and limited integration of survivorship services exacerbate inequities. This policy brief outlines strategic reforms to elevate Malaysia's gastric cancer maturity.

INTRODUCTION

Building on Oncology Foundations Amid Fragmentation

Malaysia has invested in oncology capacity at tertiary hospitals, with growing awareness of non-communicable diseases. However, GC care is hampered by late diagnosis, inconsistent access to endoscopy, and limited reimbursement for biomarker-driven or targeted therapies.

With an overall **Level 2 – Developing** gastric cancer maturity, Malaysia is positioned to make gains by improving early detection, broadening diagnostic access, and creating national standards of care.

Malaysia Ranks at Level 2 – Gastric Cancer Care Maturity Framework

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GASTRIC CANCER IN MALAYSIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-based screening; most GC cases detected at advanced stage. Endoscopy access is limited outside major cities and wait times are long in the public system.	Tertiary centres in Kuala Lumpur, Penang, and Johor offer high-quality endoscopy and diagnostic services.	Introduce risk-based screening for high-risk groups; expand endoscopy capacity in regional hospitals; reduce waiting times through task-shifting and sessional lists.
Biomarker & Molecular Testing	HER2 and MSI testing is available but not consistently reimbursed or accessible nationwide. Turnaround times vary by centre.	Reference laboratories and university hospitals already perform biomarker testing.	Make HER2 and MSI testing routine and subsidized in public hospitals; create a central network of pathology labs to ensure equitable access and standardize turnaround times.
Treatment Access	Standard surgery and peri-operative chemotherapy are available; targeted therapies (e.g., trastuzumab) are available mainly in private care with limited affordability.	Surgical oncology expertise is strong in national referral hospitals.	Expand public insurance coverage to include HER2-targeted therapies; negotiate pricing with pharmaceutical firms; increase access to peri-operative chemotherapy across public hospitals.
Clinical Guidelines	National cancer control plans exist, but no specific, consistently implemented gastric cancer guidelines. Practice varies widely by institution.	Oncology societies and academic centres provide a foundation for guideline development.	Develop national, evidence-based GC guidelines aligned with international standards; implement training and auditing mechanisms for adherence across regions.
Palliative & Survivorship Care	Palliative care is developing but coverage is uneven; survivorship care (nutrition, psychosocial rehabilitation) is limited.	Expanding NGO involvement and palliative services in urban hospitals.	Scale up community-based palliative care teams; ensure opioid availability and prescriber training; integrate survivorship programs (nutrition, psychological support) into routine cancer pathways.

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CONCLUSION & Call to Action

Malaysia's gastric cancer care has strong clinical expertise but faces late detection and structural inequities. Priorities include expanding endoscopy access and reducing referral delays, ensuring routine HER2/MSI testing through central labs, improving access to targeted therapies via public insurance and pricing negotiations, standardizing care with national guidelines and clinician training, strengthening palliative and survivorship support, and enhancing data systems with timely, GC-specific reporting to track progress.

KEY POLICY PRIORITIES

1. Launch a **risk-based screening and fast-track diagnostic pathway** for high-risk groups.
2. Ensure **HER2 and MSI testing** is subsidized and integrated into public hospitals.
3. Broaden **treatment access** through public coverage of targeted therapies and equitable peri-operative chemotherapy.
4. Develop and enforce **national gastric cancer guidelines** with training and audit mechanisms.
5. Expand **palliative and survivorship services** nationwide to support patients beyond treatment.
6. Strengthen **registries and data transparency** for evidence-based decision-making.

CONCLUSION

Malaysia has the potential to significantly improve gastric cancer outcomes by moving from fragmented, hospital-centric care to an integrated, equitable system. With targeted reforms in screening, diagnostics, treatment equity, and palliative care, supported by robust guidelines and registries, the country can progress from Level 2 maturity toward a more comprehensive, patient-centred model that ensures no patient is left behind.