



## 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 among the top 5 male cancers.
- Incidence rate: Around 17 per 100,000 men per year.
- Total new cases (2022): Around 13,500 men.
- Daily diagnoses: Roughly 37 men per day.
- Deaths (2022): About 10,000 men.
- 5-year survival rate: Estimated 40-50%, with better outcomes in high-volume hospitals.
- Most affected age group: Men aged 60-75.
- Screening participation: No organized national screening; some pilot programs exist in urban areas.



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## Strengths

- Central oncology hospitals in Hanoi and Ho Chi Minh City have established surgical and chemotherapy units for gastric cancer.
- Rapid growth in publicprivate hospital partnerships is enhancing diagnostic and treatment capacities.

#### Opportunity

- Investment in provinciallevel oncology centers could decentralize care and reduce travel burdens.
- Mobile health and telemedicine programs can bridge the urban-rural diagnostic gap

#### Weakness

- Major disparities between urban and rural areas in access to diagnostic tools like endoscopy and histopathology.
- Overburdened tertiary hospitals lead to delays in diagnosis and treatment

#### **Threats**

- Limited maintenance and upgrades for existing equipment in rural and district hospitals.
- Workforce shortage in oncology-trained nurses, pathologists, and endoscopists.



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

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.

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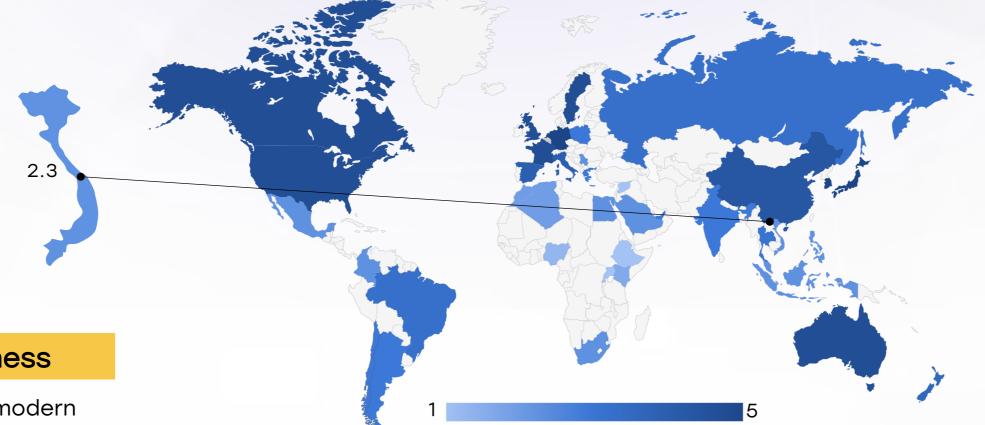






Treatment Access, Research Funding and Awareness Campaigns

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#### Strengths

- Government prioritization of cancer as a non-communicable disease has improved some access to chemotherapy and surgery.
- NGOs and local associations conduct occasional cancer awareness events, especially in cities.

#### Opportunity

- International collaborations with Japan and Korea for gastric cancer research and training.
- Awareness campaigns on **H. pylori**, dietary risk factors, and early symptoms could improve early consultation rates.

#### Weakness

- · Access to modern therapies like immunotherapy or targeted therapy is limited to elite urban centers.
- Very limited government funding for gastric cancer-specific research.

- High out-of-pocket costs prevent many patients from completing treatment.
- Rural populations may rely on traditional medicine or delay seeking help due to stigma or cost.

- 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	0		0
Kenya	0		
Nigeria	0		
Egypt	<u> </u>		
Morocco	0		<u> </u>
Algeria			
Ethiopia			
India	<u> </u>		<u> </u>
Japan			
South Korea			
China			
Thailand	<u> </u>		<u> </u>
Singapore			0
United Kingdom			0
Germany			
France			0
Netherlands			0
Sweden			0
Italy			0
Spain			0
Poland	<u> </u>	$\bigcirc$	<u> </u>
Mexico	<u> </u>		<u> </u>
Brazil	0	$\bigcirc$	<u> </u>
Argentina	<u> </u>	$\bigcirc$	<u> </u>
Chile	<u> </u>	$\bigcirc$	<u> </u>
Colombia	<u> </u>		<u> </u>
United States			0
Canada			0
Australia			<u> </u>
New Zealand	0		0
Greece	0	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia	<u> </u>		
Saudi Arabia	<u> </u>	0	
UAE	<u> </u>	<u> </u>	<u> </u>
Syria			
Indonesia	<u> </u>		
Vietnam	<u> </u>	0	•
Philippines			•
Russia		<u> </u>	<u> </u>
Malaysia			





Survival Rates, Early **Detection** and Palliative Care

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#### Strengths

- · Improvements in surgical techniques and perioperative care at central hospitals have helped improve shortterm survival.
- Growing availability of hospital-based palliative care in major urban hospitals

Opportunity

#### Weakness

- Majority of gastric cancer cases
- integrated into the majority of district-

- diagnosed at Stage III or IV, resulting in poor 5-year survival.
- Palliative care is not level facilities.

#### **Threats**

 Scale-up of early detection in high-risk individuals (e.g., family history, chronic gastritis) screening. could shift diagnoses to

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• Training more general practitioners and nurses in basic palliative care would enhance end-oflife quality.

earlier stages.

- Continued late-stage presentation due to low awareness and lack of
- Cultural stigma around cancer diagnosis discourages open discussion and early treatment-seeking.

- 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-oflife 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	0	0	0
Kenya			
Nigeria			
Egypt	0		
Morocco			
Algeria			0
Ethiopia			
India	0	<u> </u>	<u> </u>
Japan			
South Korea			
China	0		0
Thailand	0	<u> </u>	<u> </u>
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			<u> </u>
Mexico			
Brazil			
Argentina	<u> </u>	<u> </u>	<u> </u>
Chile	<u> </u>	<u> </u>	<u> </u>
Colombia	<u> </u>	<u> </u>	<u> </u>
United States			0
Canada			
Australia			
New Zealand			
Greece	0	0	0
Rwanda			
Uganda			
Serbia	0	0	<u> </u>
Saudi Arabia	<u> </u>	<u> </u>	<u> </u>
UAE	<u> </u>	<u> </u>	<u> </u>
Syria			
Indonesia	<u> </u>		
Vietnam	<u> </u>		<u> </u>
Philippines	<u> </u>		<u> </u>
Russia	0	<u> </u>	<u> </u>
Malaysia			



**Utilization of Biomarkers** 

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#### Strengths

- HER2 testing available in some tertiary hospitals and academic centers.
- Growing awareness of the role of PD-L1 and MSI-H in gastric cancer treatment among oncologists.

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#### Weakness

- Limited access to advanced biomarker testing outside Hanoi and Ho Chi Minh City.
- Lack of standardized reimbursement or protocol for HER2, PD-L1, or MSI testing.

#### Opportunity

- Introduction of low-cost genomic panels and public-private partnerships could expand access to testing.
- Clinical trials in Vietnam involving immunotherapy and targeted therapy may support wider biomarker testing adoption.

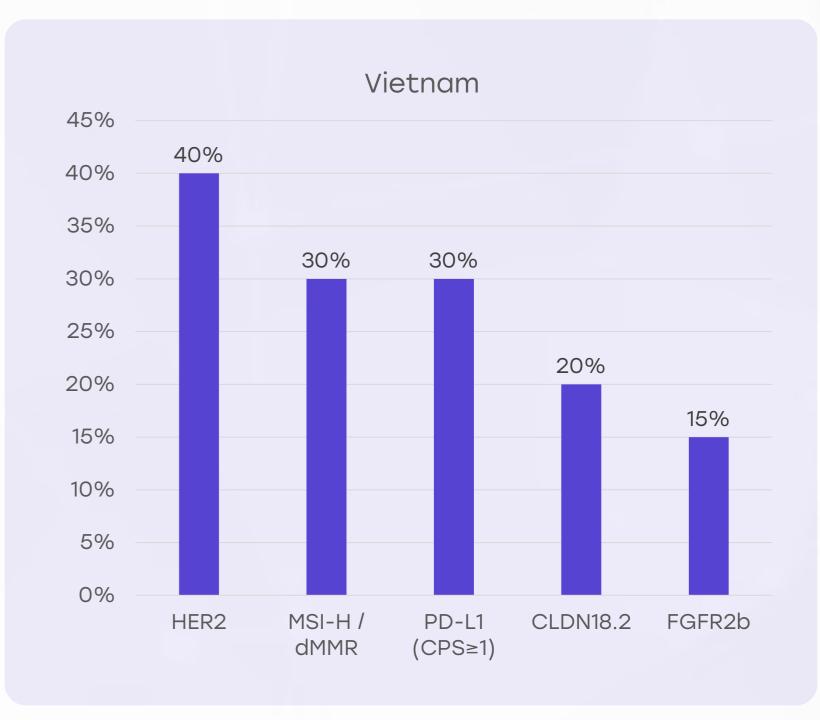
#### Threats

- High cost of testing and lack of insurance coverage may discourage use even when medically indicated.
- Lack of laboratory quality control and standardization may lead to inaccurate results in non-accredited labs.

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 exist for general cancer treatment, with some gastric cancer-specific protocols at central hospitals.
- Some hospitals adopt modified versions of international guidelines (e.g., NCCN, ESMO).

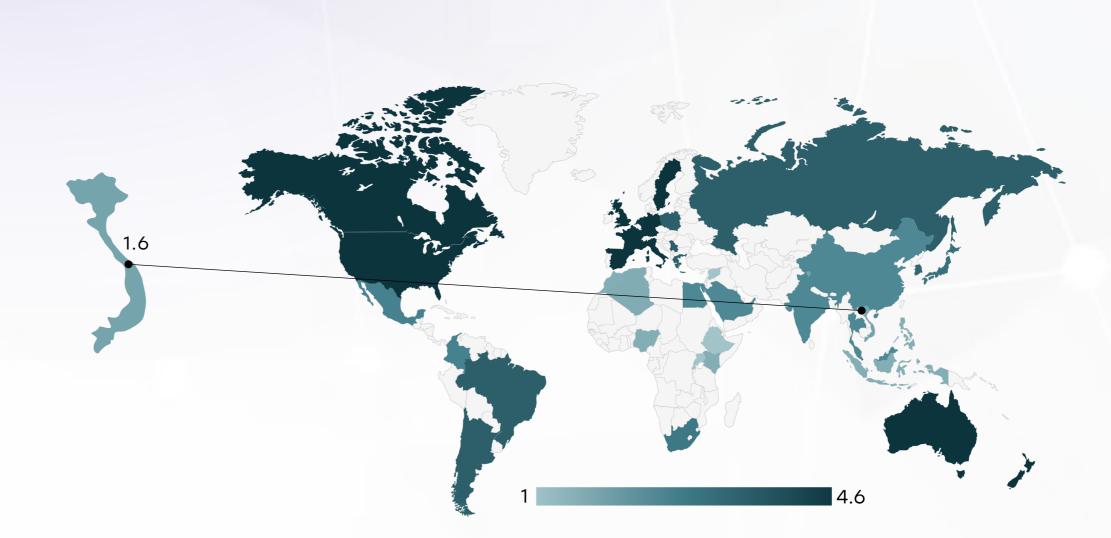
#### Weakness

- Absence of a uniform, updated national guideline specific to gastric cancer across all care levels.
- Weak enforcement of protocols in rural settings due to lack of training and resources.

#### Opportunity

- National cancer control strategy can include updated, contextspecific gastric cancer guidelines.
- Greater incorporation of biomarker-based treatment pathways in Vietnamese clinical practice

- Resistance to guideline adoption due to training gaps or resource constraints.
- Inconsistent application of protocols may lead to varied outcomes and quality of care



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	*	*	*	0	*
Feasibility of Integration	*	*	*	0	*
Adoption of International Guidelines	*	*	*	0	*
Engagement with Updates	*	*	*	*	0
ESMO Guidelines Implementation	*	*	*	*	0



Reimbursement

#### Strengths

- National Health
   Insurance covers basic surgery and chemotherapy for gastric cancer.
- Some government subsidies available for low-income families through targeted health programs.

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#### Weakness

- No reimbursement for newer agents like checkpoint inhibitors or trastuzumab for HER2positive gastric cancer.
- Patients often pay outof-pocket for diagnostic tests, especially molecular profiling.

#### Opportunity

- Progressive inclusion of essential drugs and tests in national health coverage schemes.
- Advocacy for tiered reimbursement for biomarker-based therapies.

- Budget constraints and competing health priorities (e.g., infectious disease) may delay oncology coverage expansion.
- Rising treatment costs could lead to policy backlash or limitations on reimbursement scope.



- 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		0
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India	0	0
Singapore		0
Thailand		
South Africa	0	0
Kenya	0	$\bigcirc$
Nigeria	0	0
Egypt	0	0
Morocco	0	0
Algeria		
Ethiopia	0	0
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
Rwanda	0	0
Uganda	0	0
Serbia		
Saudi Arabia		
UAE		
Syria	0	0
Indonesia		0
Vietnam		0
Philippines	0	$\bigcirc$
Russia		
Malaysia		





#### Strengths

- Pilot programs in highincidence areas have successfully screened older adults for gastric cancer.
- Endoscopy units are expanding in city hospitals, enabling targeted screening when patients present early.

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#### Weakness

- No national screening program for gastric cancer despite high incidence in certain provinces.
- Low public knowledge about H. pylori, family history, and dietary links to gastric cancer.

### Opportunity

- Implement risk-based screening programs targeting populations with high H. pylori prevalence.
- Integration of gastric cancer risk screening with general NCD checkups in community health centers.

- Inadequate endoscopy capacity and manpower to support widespread screening.
- Fear of diagnosis, cultural beliefs, and cost could discourage participation

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