International Cancer Patient Coalition

Russia

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.

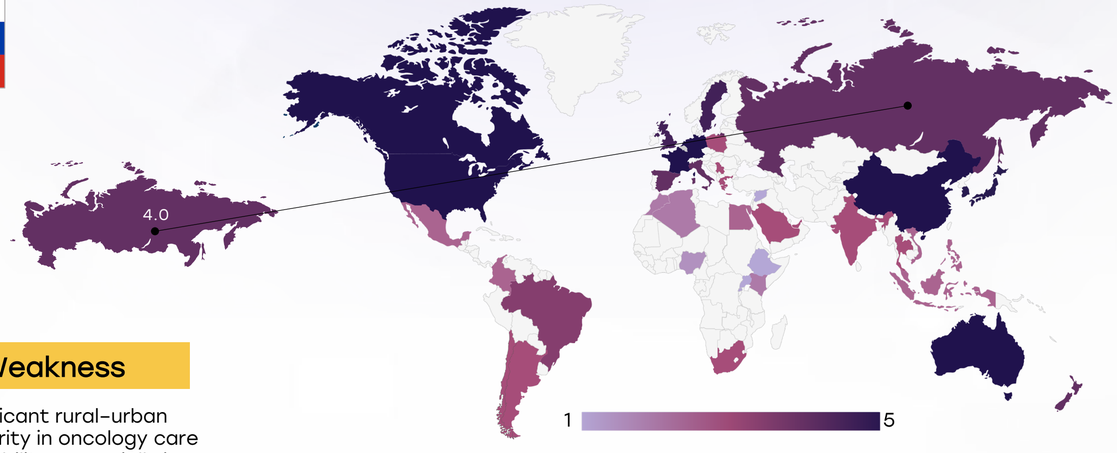
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is one of the top 5 digestive cancers in Russian men.
- Incidence rate: Around 17 per 100,000 men per year.
- Total new cases (2022): Estimated ~16,500 men.
- Daily diagnoses: Around 45 men per day.
- Deaths (2022): Approximately 12,000 men.
- 5-year survival rate: Likely 30–35%, with significant regional variation.
- Most affected age group: Men aged 65–80.
- Screening participation: Opportunistic only; no organized national screening.

International Cancer Patient Coalition

Russia

Infrastructure



Strengths

- Russia has a well-developed network of regional oncology centers equipped for endoscopy, radiology, and chemotherapy.
- Advanced urban hospitals (e.g., N.N. Blokhin Cancer Center in Moscow) offer comprehensive gastric cancer services, including surgery and research.

Weakness

- Significant rural–urban disparity in oncology care availability, especially in eastern and remote regions.
- Equipment and facility modernization lag in secondary hospitals and small oncology dispensaries

S W O T

Opportunity

- Government modernization programs (e.g., the National Cancer Control Program) include plans to upgrade regional oncology infrastructure.
- Telemedicine expansion can reduce diagnostic and consultative delays in underserved areas.

Threats

- Economic sanctions and supply-chain disruptions may limit access to advanced medical technologies and drugs.
- Aging infrastructure in some region's risks compromising quality of care and infection control.

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.

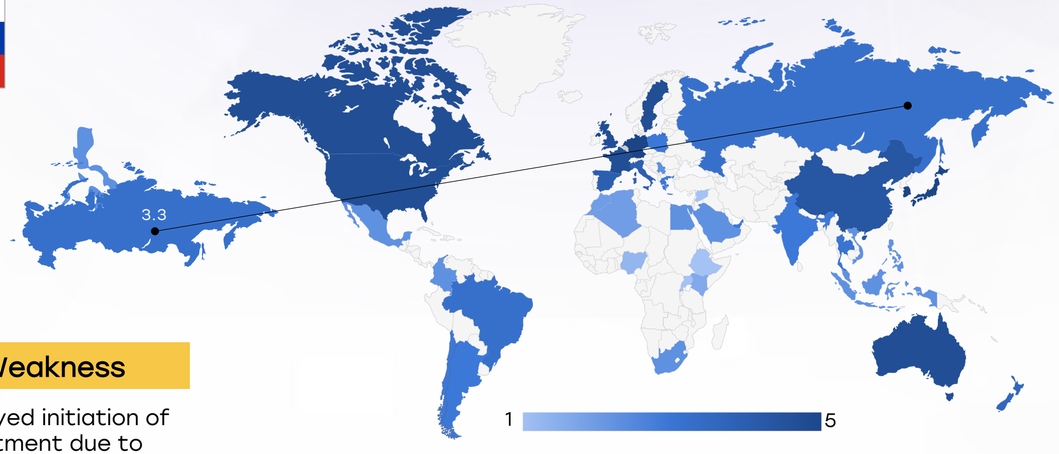
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	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

International Cancer Patient Coalition

Russia

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal healthcare system provides gastric cancer treatment free of charge under the Mandatory Health Insurance (MHI).
- Russia is involved in international and national gastric cancer clinical trials, especially HER2+ and immunotherapy studies.

Weakness

- Delayed initiation of treatment due to diagnostic backlogs and regional referral inefficiencies.
- Low public awareness of gastric cancer symptoms compared to other cancers like breast or lung.

S W O T

Opportunity

- Expansion of cancer awareness campaigns under national NCD programs can include gastric cancer and risk factor education.
- Strong base of academic institutions can increase research funding applications on biomarkers and targeted therapy trials.

Threats

- Ongoing geopolitical instability could affect healthcare priorities and international research collaboration.
- Misinformation or mistrust of healthcare systems in some areas may reduce public engagement with campaigns.

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.

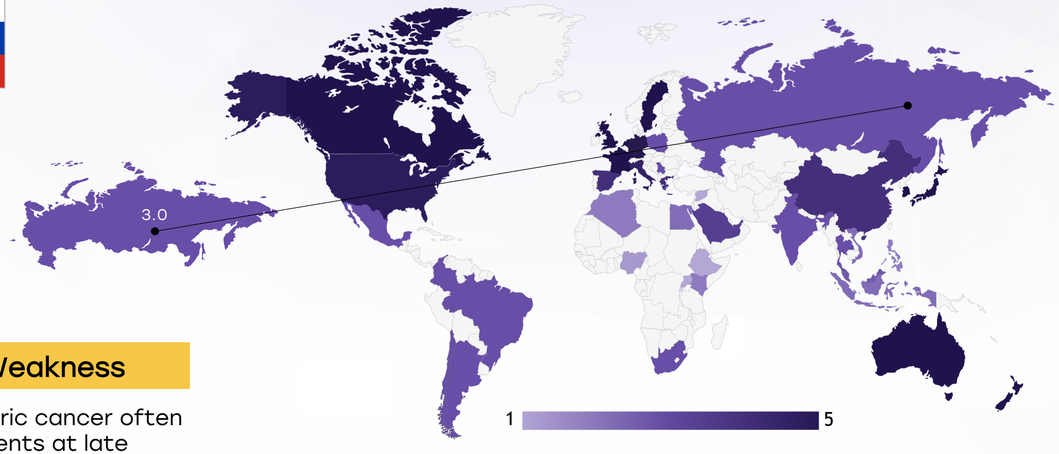
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	4	4
Kenya	4	2	2
Nigeria	4	2	2
Egypt	3	4	4
Morocco	4	4	4
Algeria	4	4	4
Ethiopia	2	2	2
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	4	4
Brazil	4	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	3	4	4
United States	5	5	4
Canada	5	5	4
Australia	5	5	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	2	2	2
Uganda	2	2	2
Serbia	3	4	4
Saudi Arabia	3	4	4
UAE	3	3	3
Syria	2	2	2
Indonesia	3	4	4
Vietnam	3	4	4
Philippines	4	4	4
Russia	4	3	3
Malaysia	3	4	4

International Cancer Patient Coalition

Russia

Survival Rates, Early Detection and Palliative Care



Strengths

- Russia maintains a cancer registry with survival data that can guide interventions and assess outcomes.
- Palliative care is officially integrated into oncology services and has designated funding and training programs.

Weakness

- Gastric cancer often presents at late stages (III–IV) in many regions, especially outside Moscow and St. Petersburg.
- Psychological and social palliative support remains limited and uneven across regions.

S W O T

Opportunity

- Mobile diagnostic units (gastroscopy vans) can improve early detection in rural populations.
- Expansion of general practitioner training in early cancer symptom recognition and referral could improve stage at diagnosis.

Threats

- Cultural stigma and fear of cancer discourage early medical consultation in some demographics.
- Palliative care services are underutilized due to lack of awareness and limited community-based models.

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.

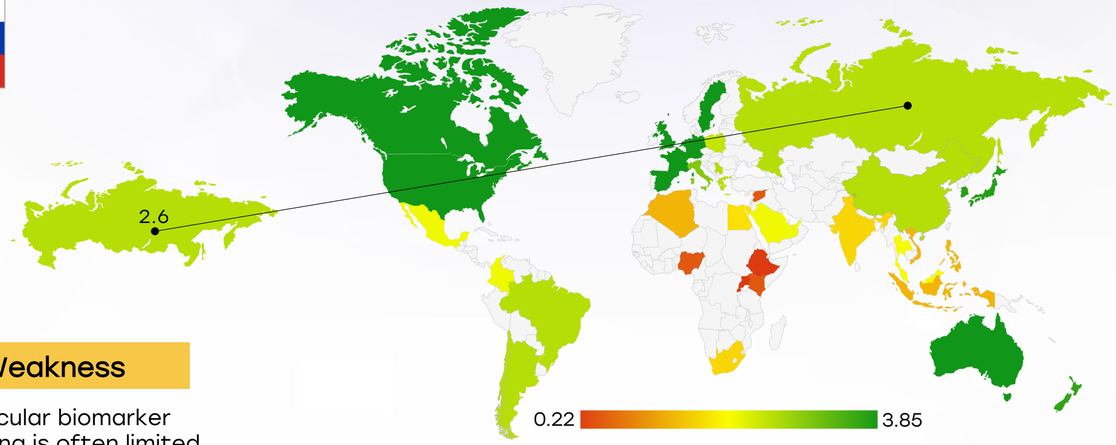
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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

International Cancer Patient Coalition

Russia

Utilization of Biomarkers



Strengths

- HER2 testing is routine in major cancer centers for metastatic gastric cancer, with access to trastuzumab.
- Some advanced centers conduct PD-L1 and MSI testing to guide immunotherapy use.

Weakness

- Molecular biomarker testing is often limited to tertiary centers, inaccessible in many secondary hospitals.
- Newer biomarkers like CLDN18.2 and FGFR2b are not routinely tested due to cost and lack of widespread lab capability.

S W O T

Opportunity

- Integration of biomarker testing in regional centers under national oncology programs can improve personalized treatment.
- Collaboration with pharma companies for sponsored diagnostics and trials may help expand test access.

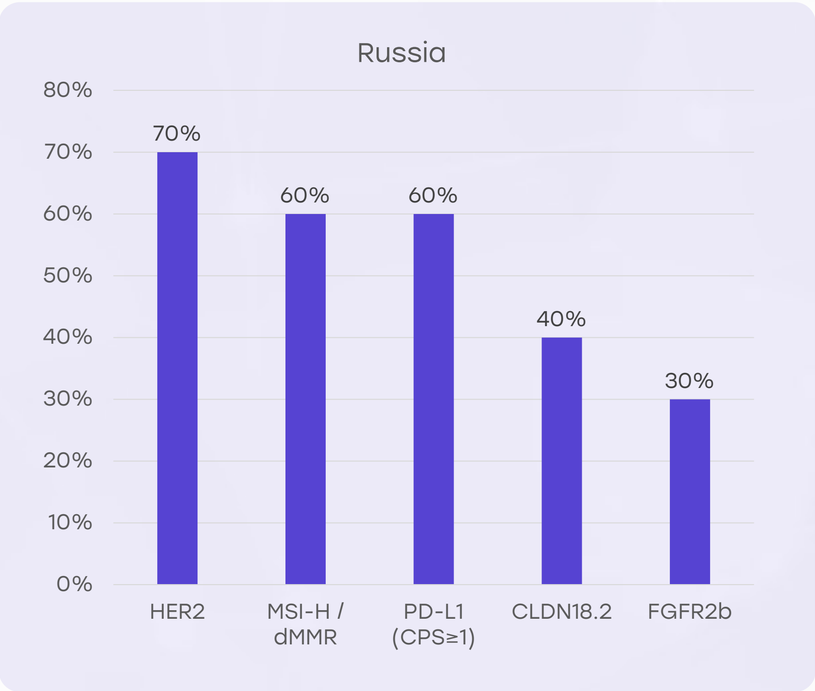
Threats

- Lack of reimbursement for some biomarker tests may reduce clinical adoption.
- Variability in lab standards and turnaround times for testing leads to delays in treatment decision-making.

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.

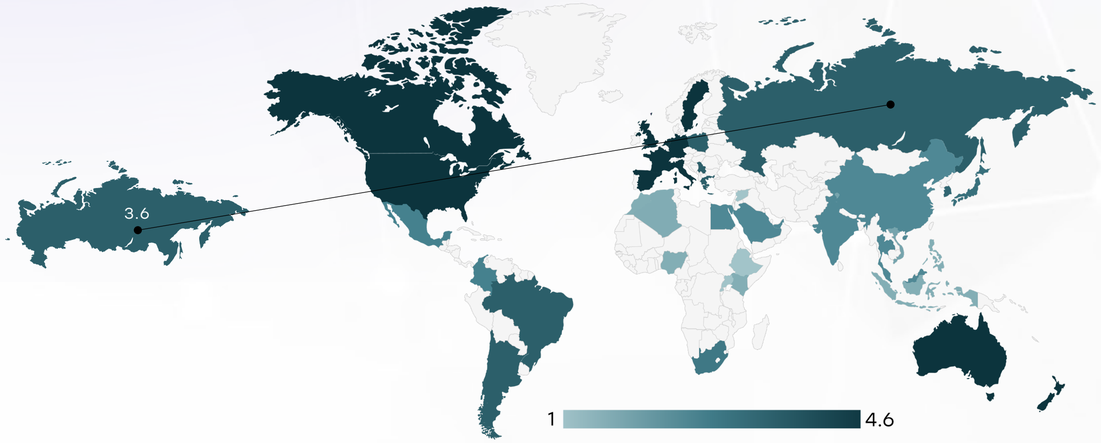
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Russia

Clinical Guidelines



Strengths

- National oncology guidelines (developed by the Russian Society of Clinical Oncology and MOH) include protocols for gastric cancer.
- Guidelines are regularly updated to include evidence-based approaches and targeted therapies.

Weakness

- Adherence to guidelines can vary widely, especially in less-resourced oblasts or rural districts.
- Limited continuing education for some regional physicians hinders implementation of guideline updates.

S W O T

Opportunity

- Digital CME platforms and guideline apps can promote uniform clinical practice across Russia.
- Translation and integration of ESMO and NCCN recommendations can enhance national protocols further.

Threats

- Overregulation or slow policy revision cycles may prevent rapid adoption of international best practices.
- Physician burnout and administrative burden may result in deviations from protocols.

	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	✖	✖	✖

International Cancer Patient Coalition

Russia

Reimbursement

Strengths

- The State guarantees free oncology treatment, including surgery, chemo, and radiotherapy, via the MHI.
- Targeted therapies like trastuzumab are reimbursed for eligible patients in many regions.

Weakness

- Disparities in reimbursement for newer drugs like checkpoint inhibitors (e.g., nivolumab) between regions.
- Patients may face hidden costs for transportation, accommodation, or unlisted medications.

S W O T

Opportunity

- Expansion of the Federal High-Cost Disease List can improve access to newer targeted therapies.
- Enhanced health-tech assessments and real-world evidence could support reimbursement of precision medicine.

Threats

- Economic pressure on the federal budget could result in delayed drug listings or reduced coverage.
- Regional health budget allocations vary, leading to inequities in reimbursed drug access.

● 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	●	●

International Cancer Patient Coalition

Russia

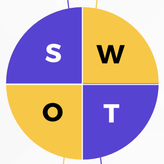
Colorectal Cancer Screening

Strengths

- Opportunistic gastroscopy is available through general practitioner referral and is common in high-risk patients.
- Pilots of endoscopic screening have been conducted in select high-incidence regions.

Weakness

- No national population-based gastric cancer screening program, despite high incidence in select areas.
- Lack of clear public messaging or inclusion of **H. pylori** testing in general screening protocols.



Opportunity

- A high **H. pylori** burden in parts of Russia makes a test-and-treat strategy a feasible and impactful intervention.
- High-risk population identification (e.g., smokers, chronic gastritis patients) can enable cost-effective targeted screening.

Threats

- Low public awareness and fear of invasive procedures limit participation in screening when available.
- Resource constraints and lack of centralized screening policies hinder scalability.

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