

# 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 10 cancers in Greek men.
- Incidence rate: Approximately 7 per 100,000 men per year.
- Total new cases (2022): Around 2,500–3,000 cases (men only).
- Daily diagnoses: Approximately 7–8 men per day.
- Deaths (2022): Roughly 1,500–1,800 men.
- 5-year survival rate: Estimated at 30–40%.
- Most affected age group: Primarily men aged 70 and above.
- Screening participation: None; diagnosis mainly occurs based on symptoms.



# Greece

## Infrastructure

### Strengths

- Presence of specialized oncology units in major hospitals like “Agios Savvas” and “Metaxa” Cancer Hospital.
- Access to modern imaging technologies such as CT, MRI, and endoscopic procedures in urban areas.

### Opportunity

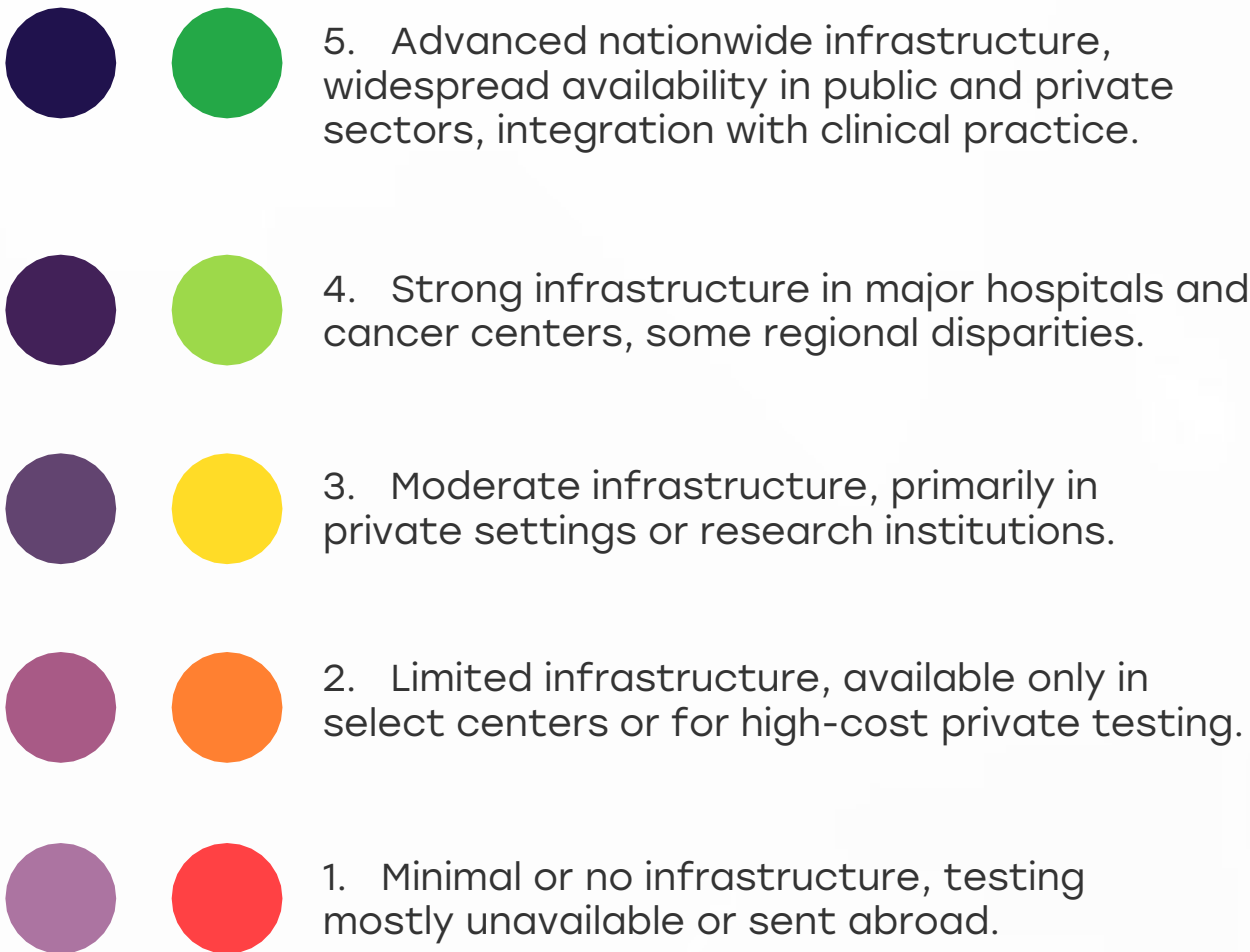
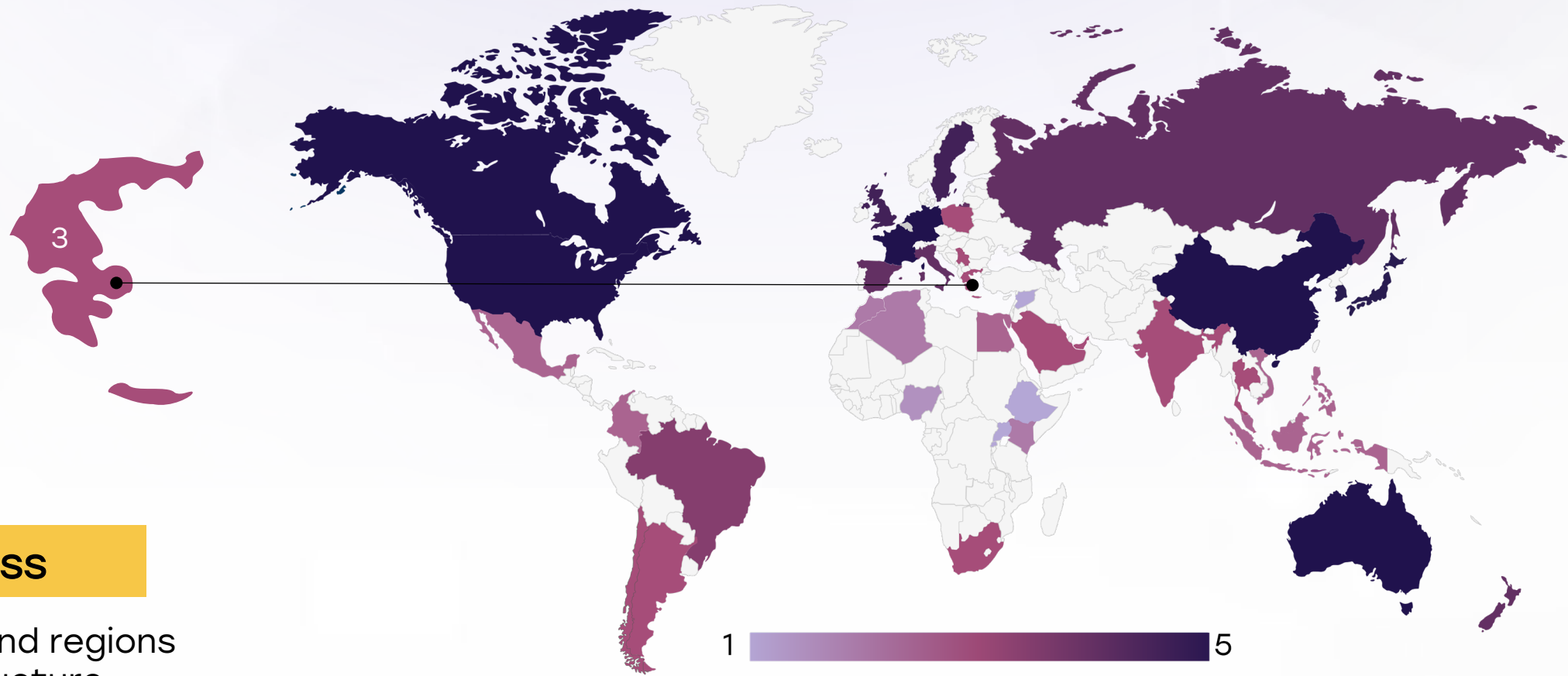
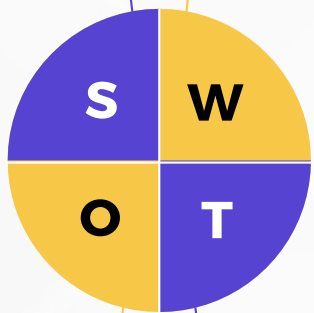
- Expansion of telemedicine infrastructure to support remote consultation and follow-ups.
- EU health infrastructure funding could modernize provincial cancer care systems.













































































### Weakness

- Rural and island regions face infrastructure challenges, leading to delayed diagnoses and limited access to specialized care.
- Uneven distribution of endoscopy and surgical services across the country.

### Threats

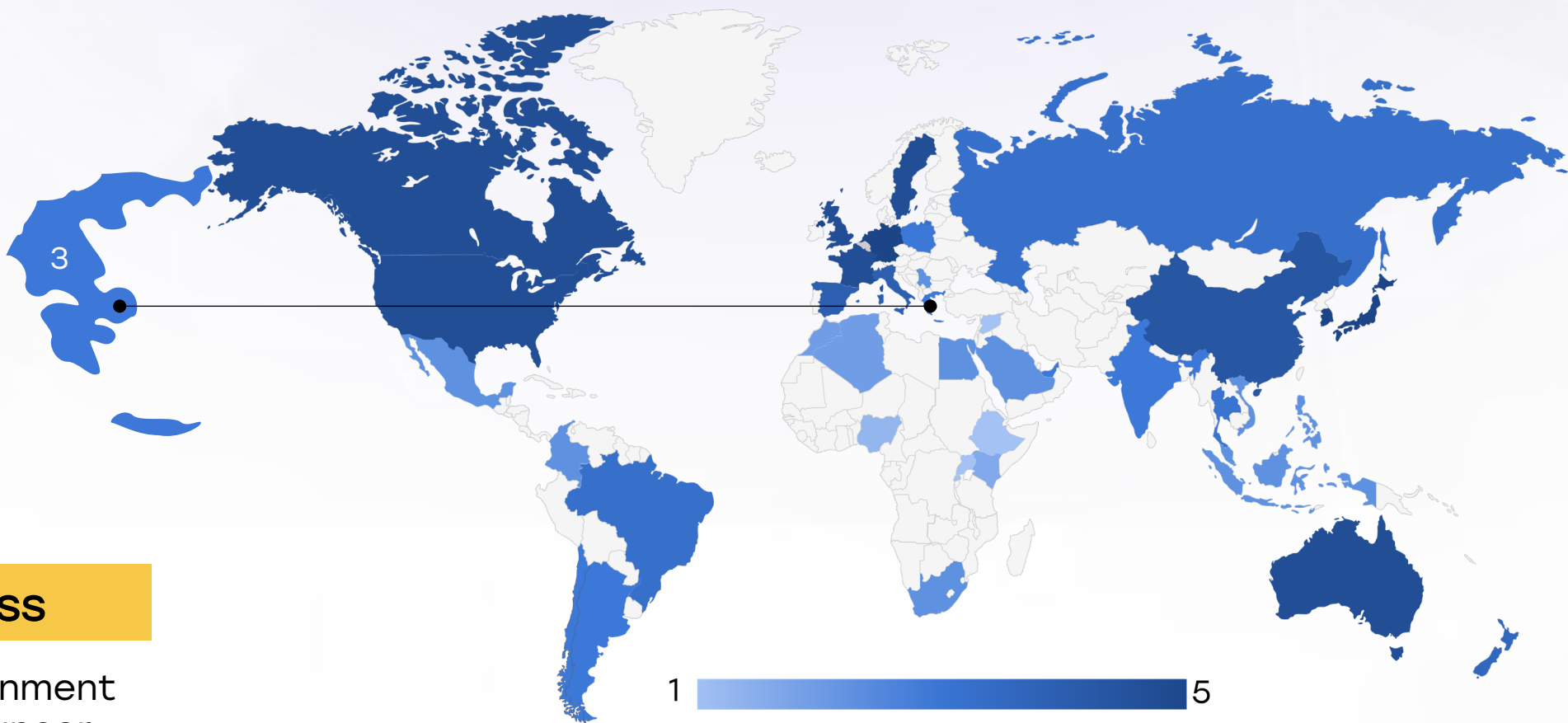
- Ongoing financial strain on public hospitals limits upgrades and equipment maintenance.
- Migration of healthcare professionals (“brain drain”) reduces staffing capacity in oncology centers.



Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

# Greece

## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- National Health System covers core treatments including chemotherapy and surgery.
- Academic institutions like the University of Athens participate in gastric cancer clinical research.

### Weakness

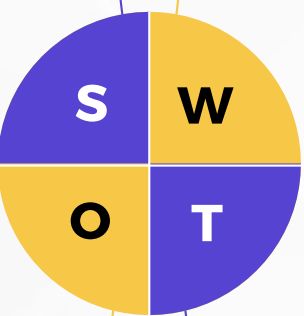
- Limited government funding for cancer-specific awareness and prevention campaigns.
- Access to advanced therapies (e.g., immunotherapies) can be inconsistent outside of Athens and Thessaloniki.

### Opportunity

- International collaborations for clinical trials and EU-funded cancer research initiatives.
- Launch of national awareness campaigns focused on Helicobacter pylori and gastric cancer symptoms.

### Threats

- Economic constraints may reduce future investment in cancer research.
- Public trust in healthcare campaigns may be impacted by broader political or economic unrest.



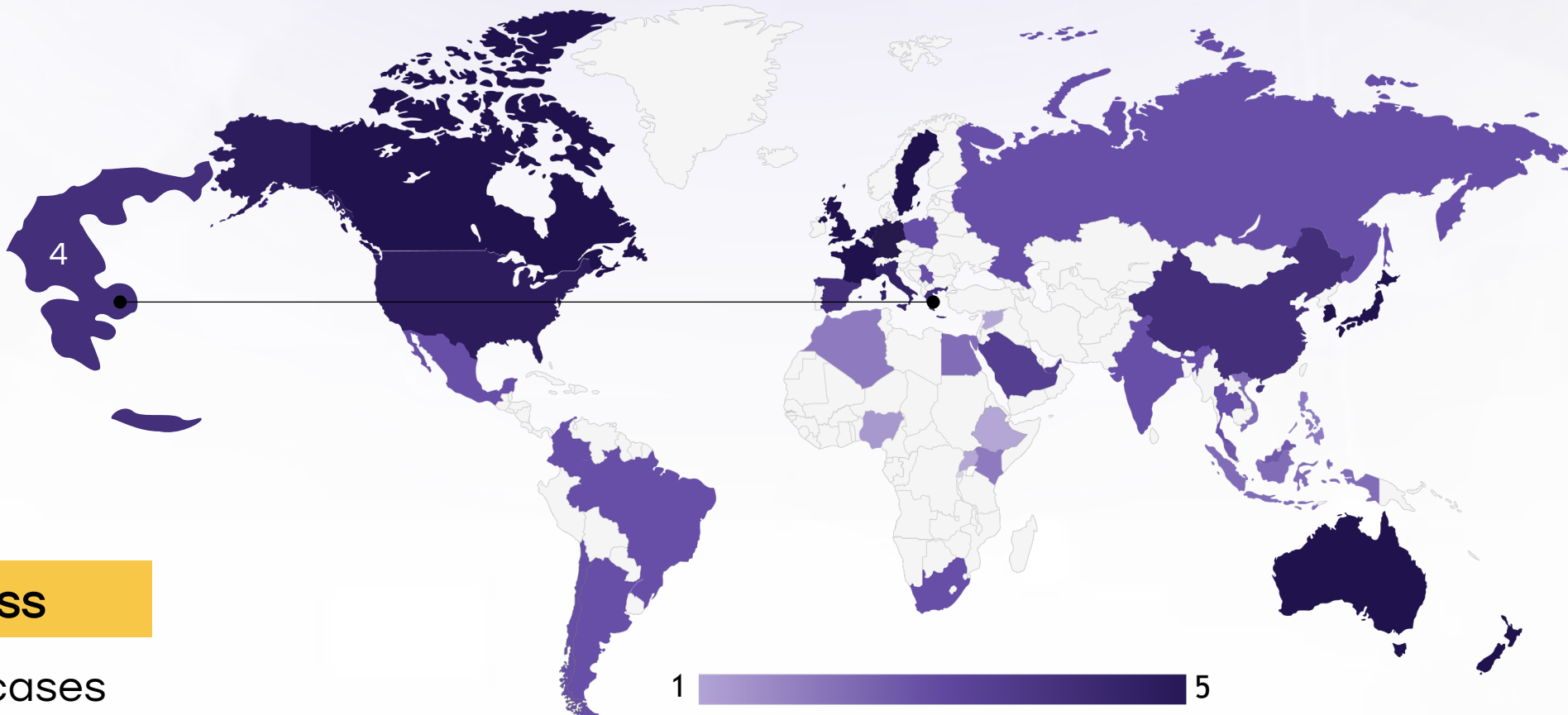
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			



# Greece

## Survival Rates, Early Detection and Palliative Care



### Strengths

- High survival rates when gastric cancer is detected at Stage I or II due to early surgical intervention.
- Availability of hospital-based palliative care services in tertiary centers.

### Weakness

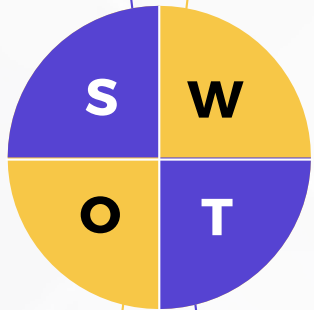
- Majority of cases detected at advanced stages due to vague symptoms and lack of routine screening.
- Limited home-based palliative and psychosocial support, particularly in rural areas.

### Opportunity

- Integrating symptom-based screening in primary care settings for early identification.
- Development of national palliative care strategy including mobile units.

### Threats

- Aging population increases gastric cancer burden and need for long-term care.
- Cultural stigma around cancer may prevent timely medical consultation.

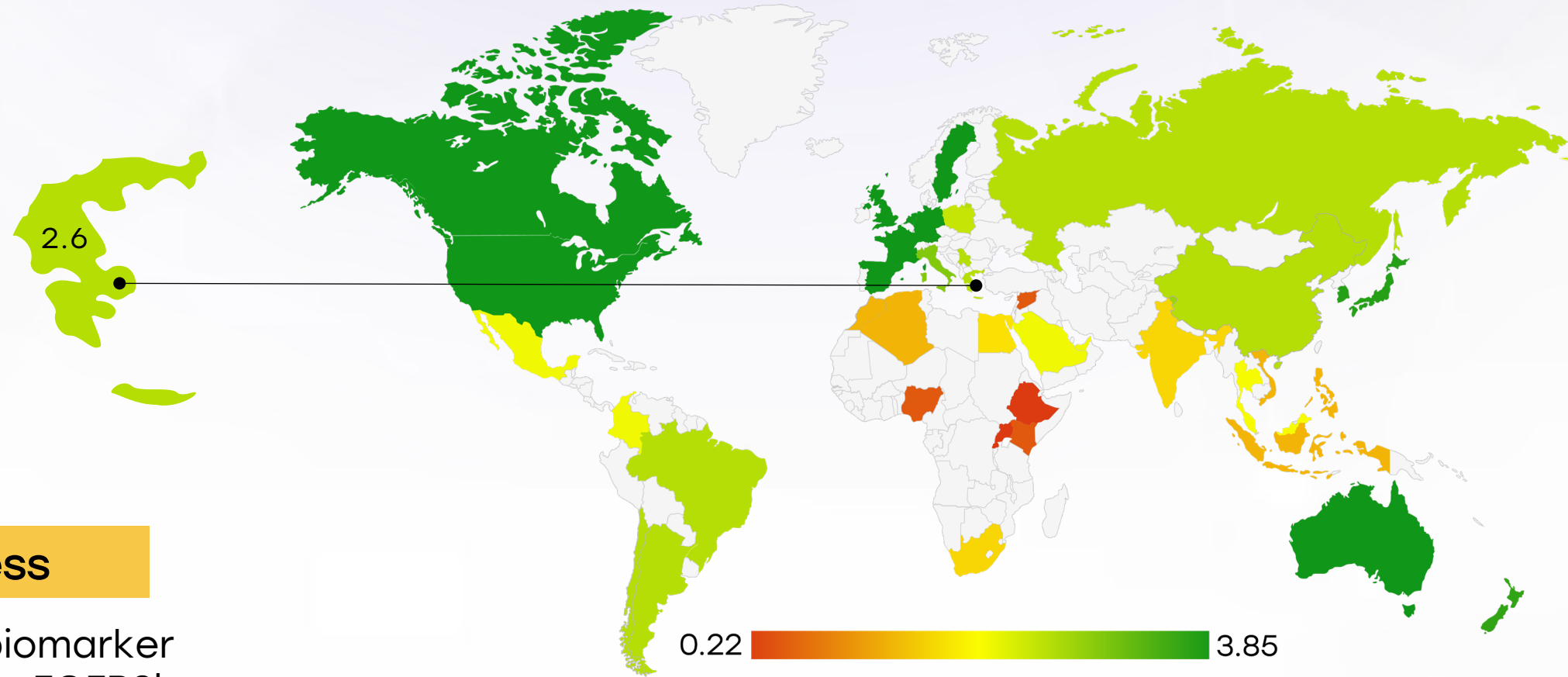


- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

# Greece

Utilization of Biomarkers



## Strengths

- HER2 testing is part of clinical practice for metastatic gastric cancer to guide trastuzumab therapy.
- Pathology labs in major hospitals offer MSI-H and PD-L1 testing for advanced cases.

## Opportunity

- Expansion of molecular testing panels through partnerships with academic labs or EU funding.
- Training oncologists and pathologists in emerging biomarker applications.

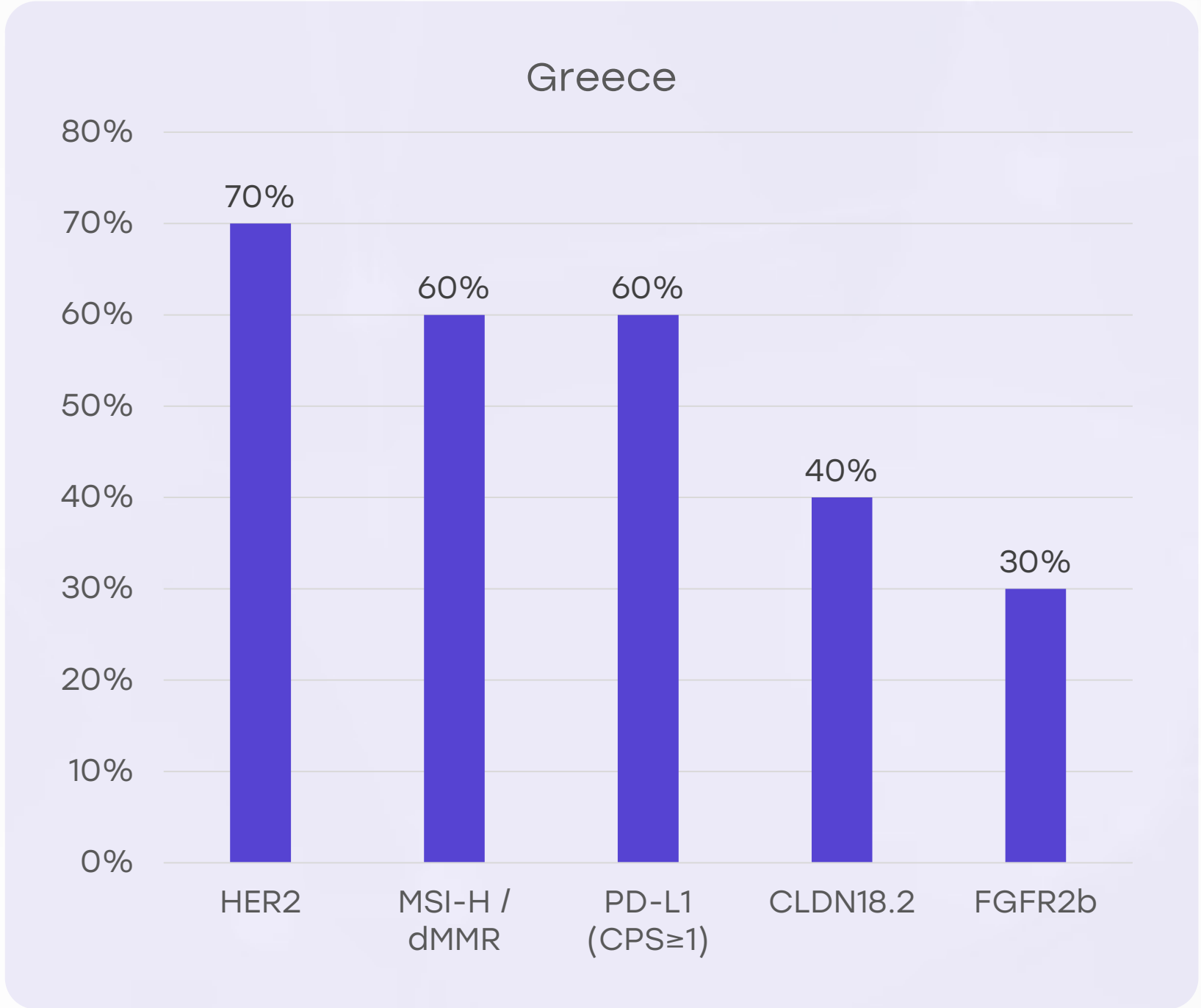
## Weakness

- Advanced biomarker testing (e.g., FGFR2b, CLDN18.2) is limited to select institutions or clinical trials.
- Delays in test results from centralized labs slow treatment planning.

## Threats

- Lack of reimbursement for newer biomarker tests could limit widespread clinical use.
- Technological disparities between public and private hospitals.

- 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.





# Greece



## Clinical Guidelines

### Strengths

- Greece follows European Society for Medical Oncology (ESMO) guidelines for gastric cancer management.
- Use of multidisciplinary tumor boards in university and tertiary hospitals.

### Weakness

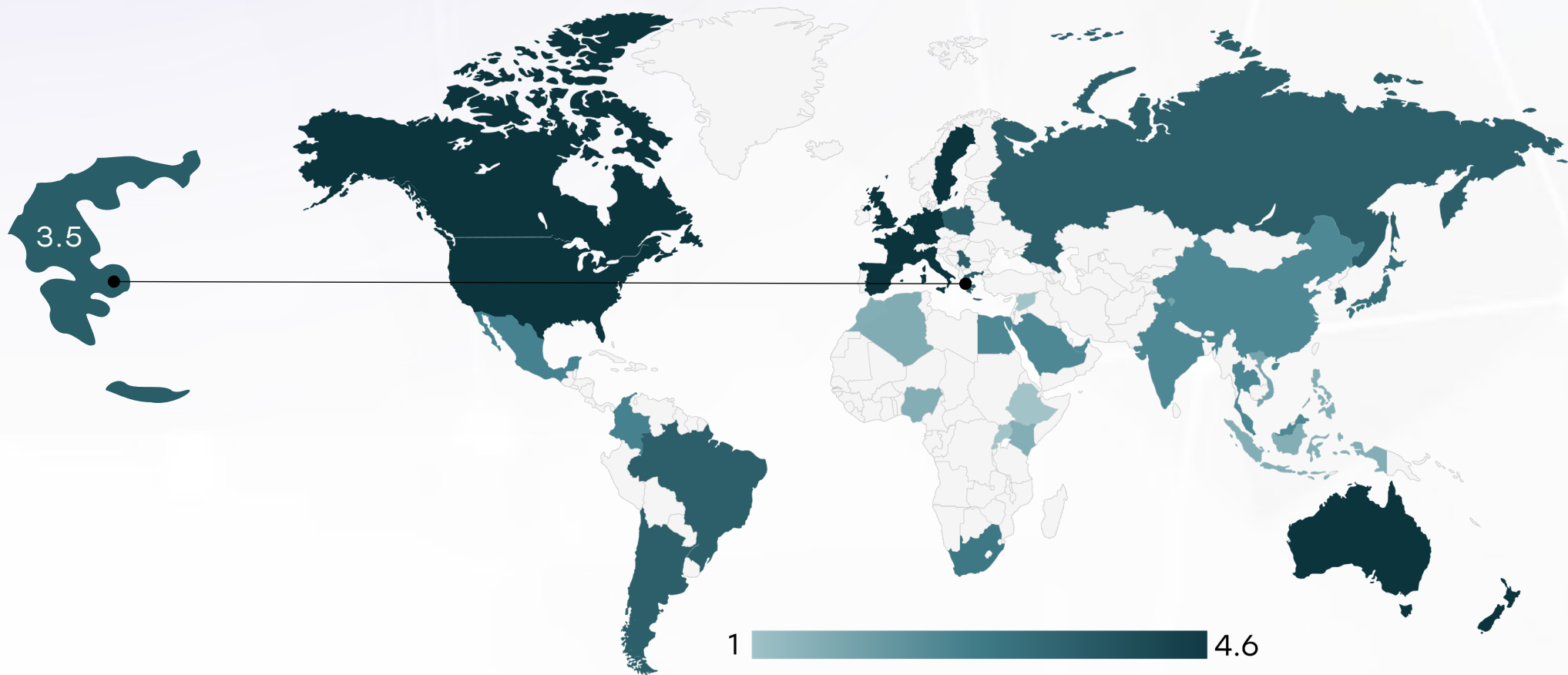
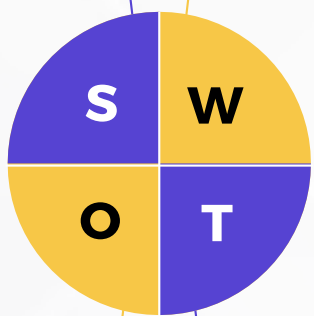
- Variability in adherence to guidelines across different hospital settings.
- Primary care providers often lack awareness of updated guidelines on referral and diagnosis.

### Opportunity

- Nationwide dissemination of updated guidelines via medical societies and continuing education.
- Integration of decision-support tools for oncologists in electronic health system

### Threats

- Resistance from clinicians in adopting new international recommendations due to resource gaps.
- Guideline implementation hindered by slow administrative processes.



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

# Greece

## Reimbursement



### Strengths

- Core treatments and surgical interventions are reimbursed under Greece’s national insurance scheme (EOPYY).
- Some targeted therapies (e.g., trastuzumab) covered after HTA approval.

### Weakness

- Delays in market entry and reimbursement of new drugs due to budget controls.
- Limited reimbursement for comprehensive biomarker testing outside major hospitals.

### Opportunity

- Streamlining HTA processes could improve access to innovative therapies.
- Government could consider bundled reimbursement models including diagnostics and drugs.

### Threats

- National debt and fiscal tightening may lead to drug shortages or treatment rationing.
- Rising cost of targeted treatments may create inequities in 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.



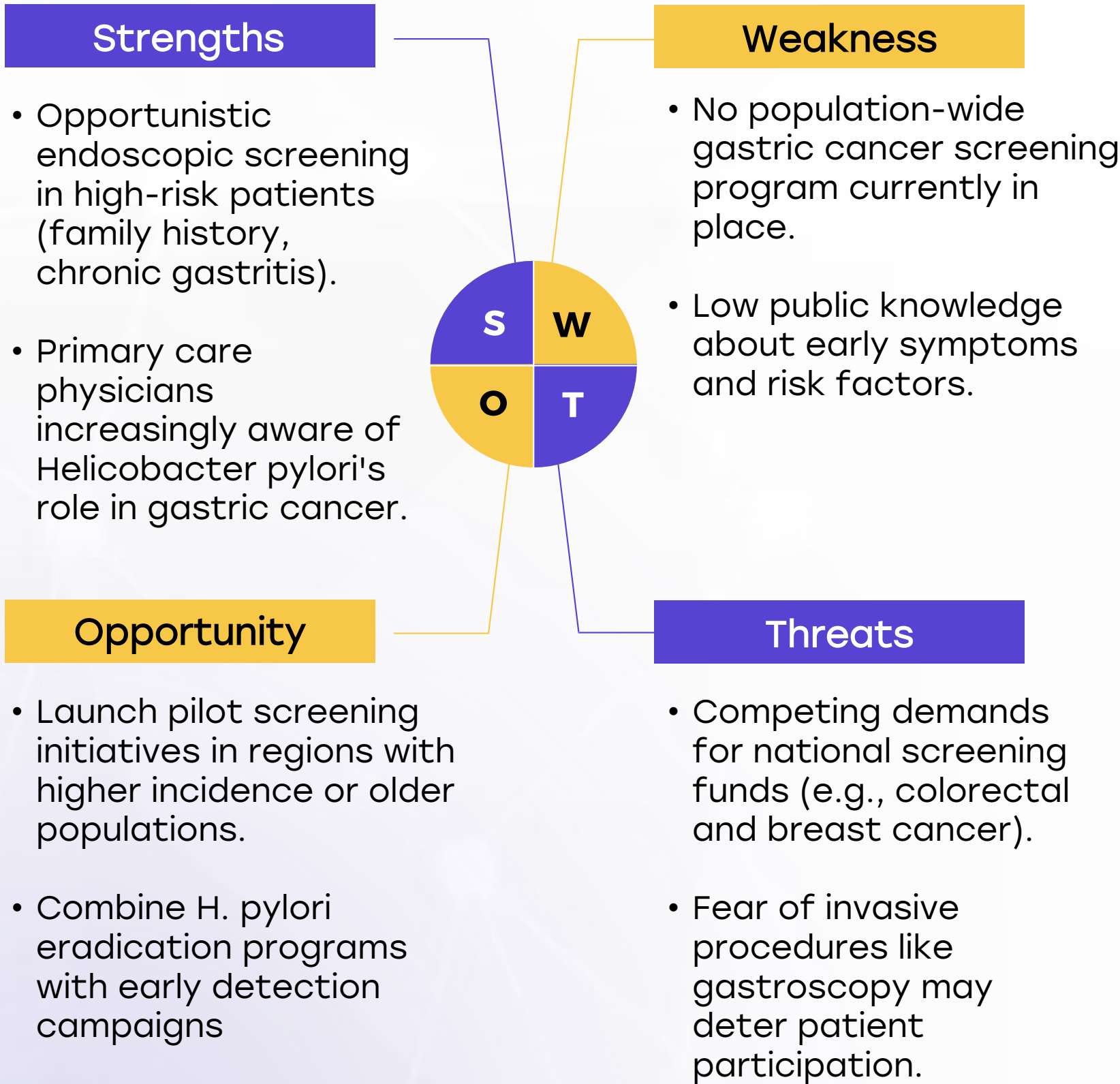
No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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		



# Greece

## Gastric Cancer Screening



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