

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.

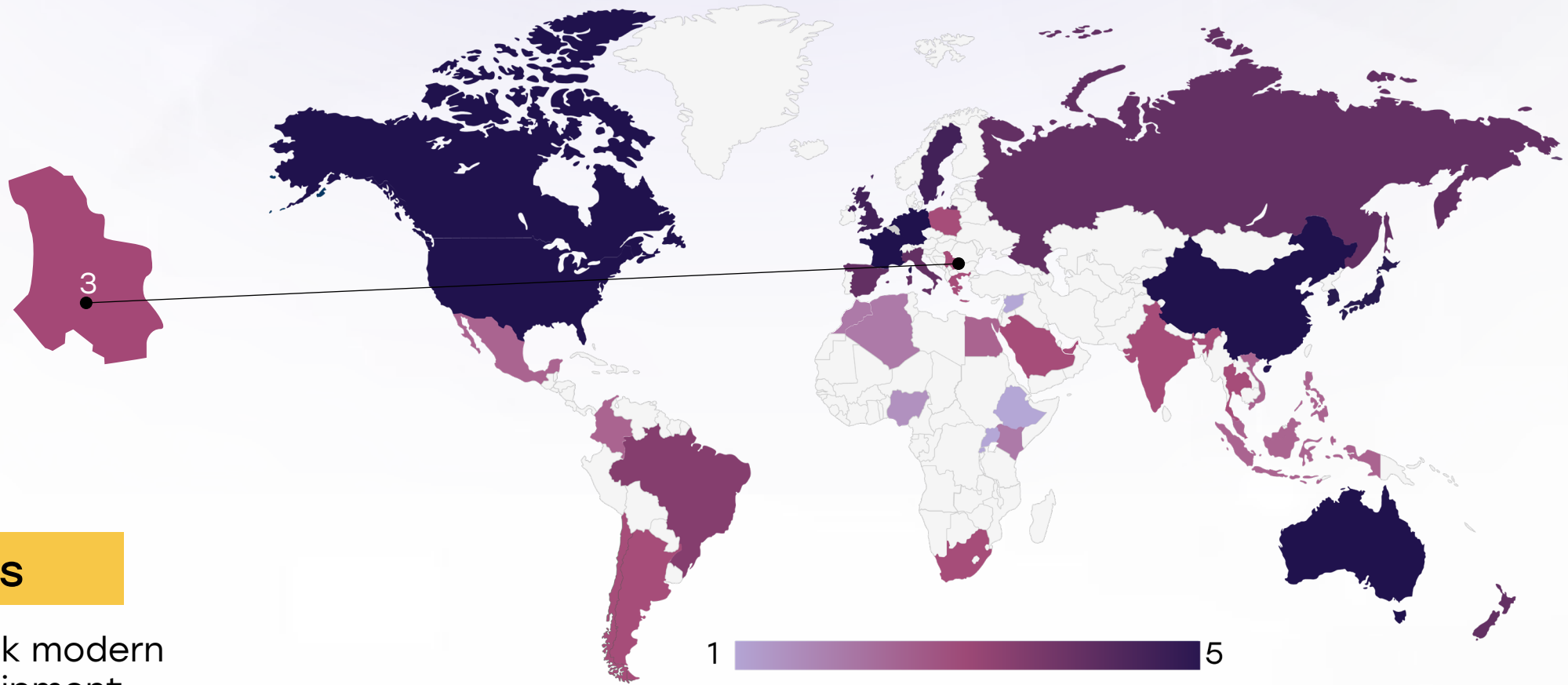
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is relatively frequent among older male cancers, but not in top 5.
- Incidence rate: Around 12–13 per 100,000 men per year.
- Total new cases (2022): Around 1,500–1,800 men.
- Daily diagnoses: Around 4–5 men per day.
- Deaths (2022): Approximately 1,200–1,300 men.
- 5-year survival rate: Estimated 30–40%.
- Most affected age group: Men aged 65 and above.
- Screening participation: No organized screening; detection typically after symptoms appear.

Serbia



Infrastructure



Strengths

- Serbia has a publicly funded healthcare system with dedicated oncology centers in Belgrade, Novi Sad, and Niš.
- Availability of endoscopy and pathology services in tertiary hospitals enables diagnosis and treatment initiation.

Weakness

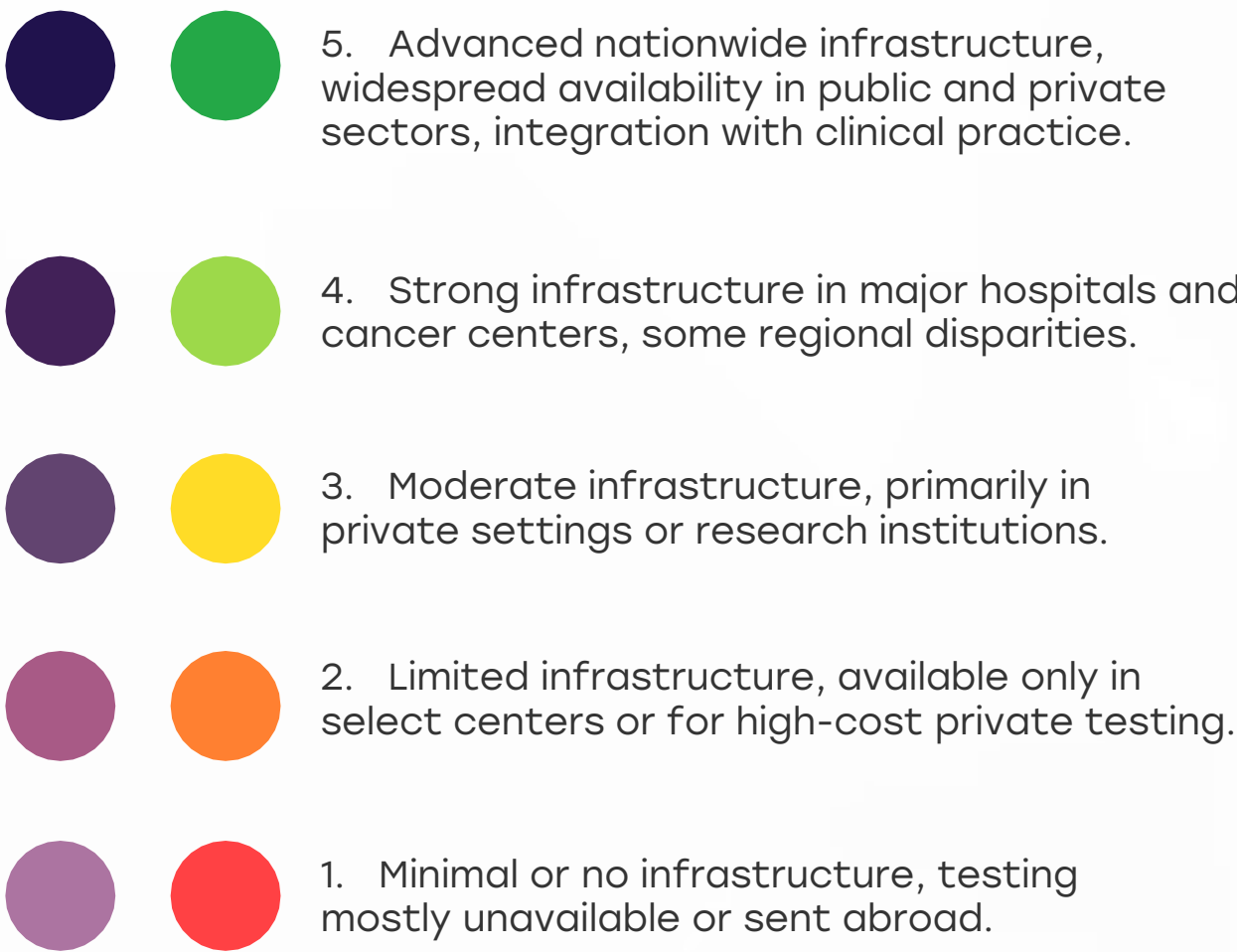
- Rural areas lack modern diagnostic equipment and oncology-trained personnel.
- Long waiting times for endoscopic diagnosis and staging due to equipment overload and low availability.

Opportunity

- EU-backed healthcare modernization plans provide opportunities for infrastructure upgrades.
- Expansion of regional oncology centers can reduce patient congestion in urban hubs

Threats

- Ongoing brain drain of healthcare professionals, especially radiologists and oncologists.
- Financial limitations hinder equipment maintenance and replacement in district hospitals.

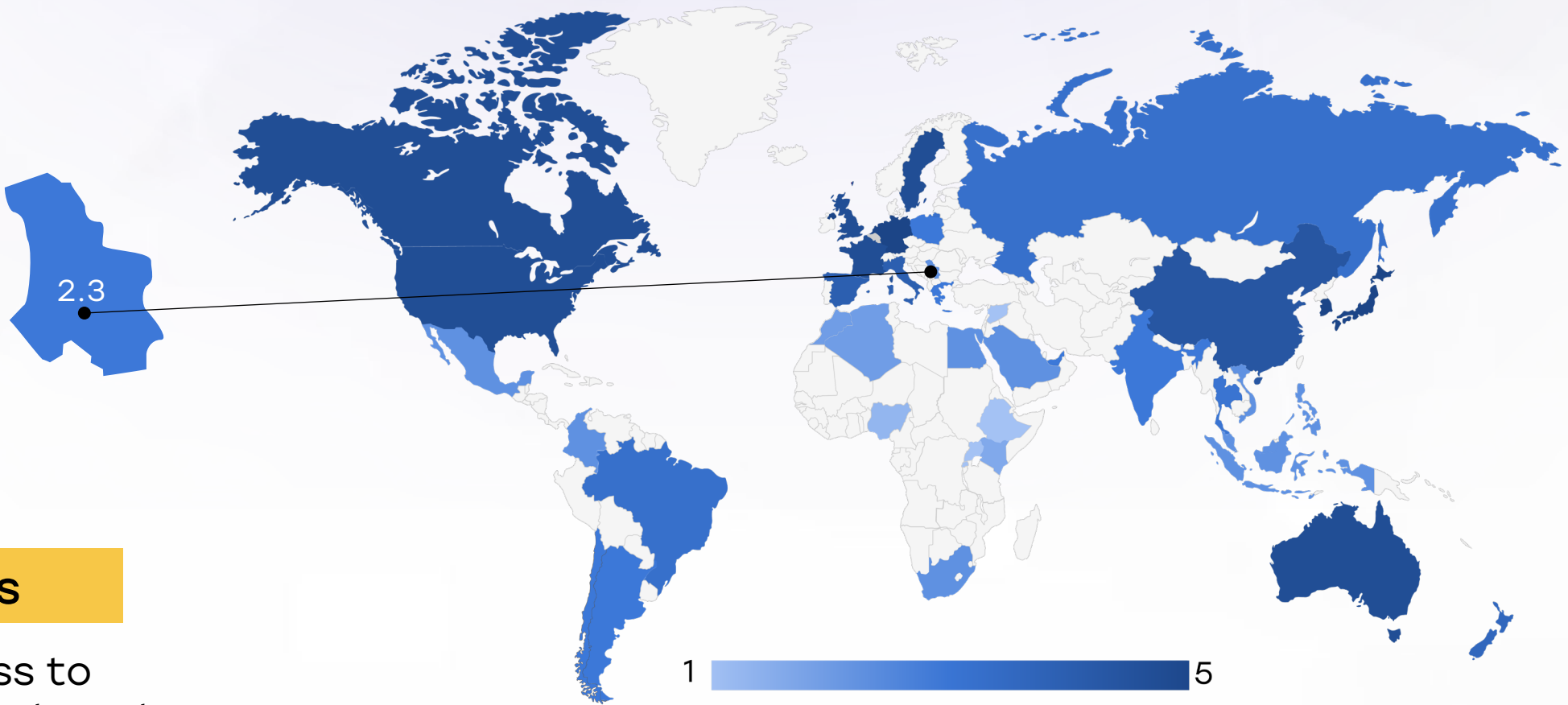


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

Serbia



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to surgery and chemotherapy is generally provided in tertiary hospitals under public insurance.
- Serbia participates in some EU-funded cancer research projects and networks.

Weakness

- Limited access to advanced treatments like immunotherapy or targeted therapy, especially outside capital regions.
- Research funding for gastric cancer is low compared to breast, colorectal, or cervical cancer.

Opportunity

- Cross-border partnerships with EU cancer centers can bring trials, knowledge exchange, and drug access.
- Public health campaigns can raise awareness of symptoms and risk factors like *H. pylori*, smoking, and diet.

Threats

- Public healthcare budget strain may deprioritize gastric cancer due to lower incidence compared to other cancers.
- Misinformation and cancer stigma delay care-seeking behavior.

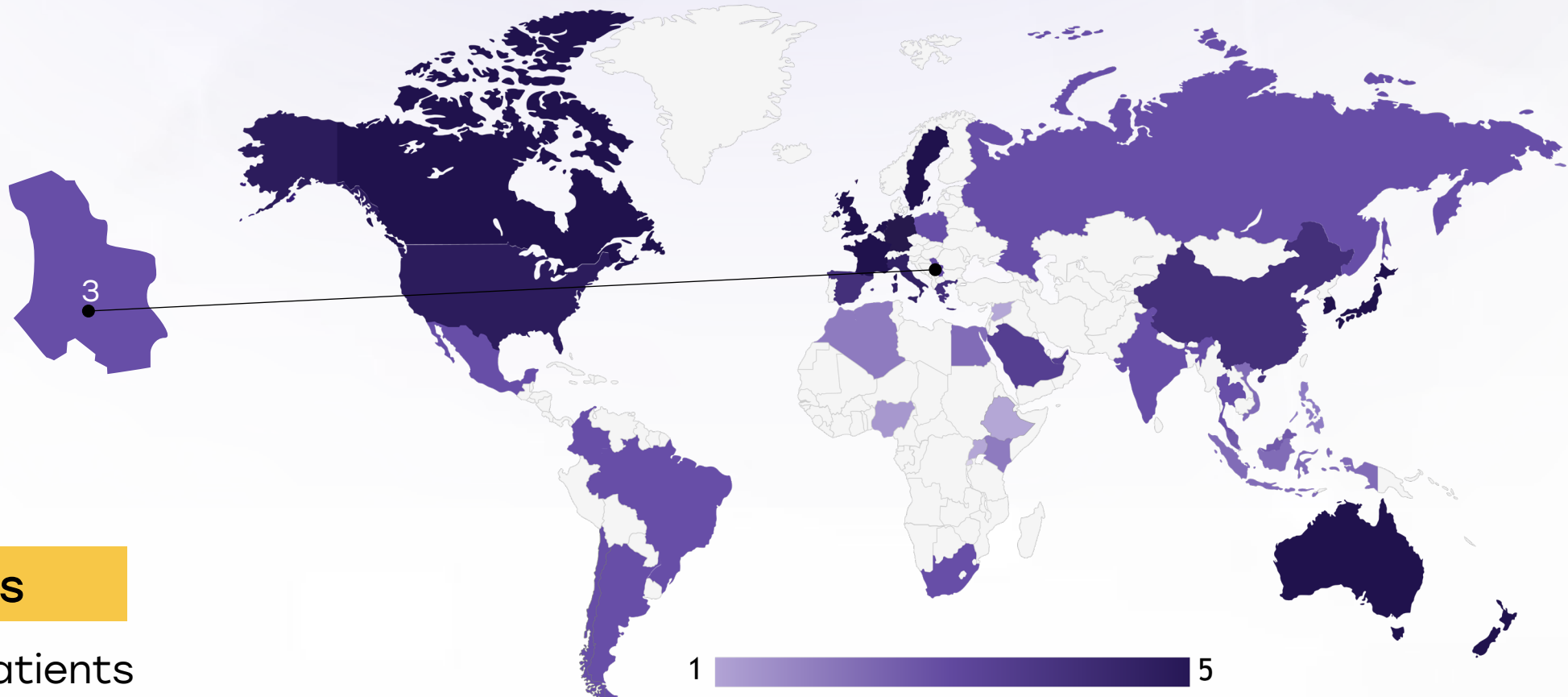
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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	●	●	●

Serbia



Survival Rates, Early Detection and Palliative Care



Strengths

- Improved surgical outcomes in central cancer institutes due to experienced teams and better perioperative care.
- Availability of palliative care in some tertiary centers, often supported by NGOs or religious groups.

Weakness

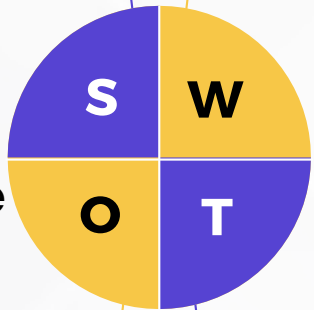
- Majority of patients diagnosed at advanced stages due to lack of early detection or patient delays.
- Fragmented or absent palliative care in district or community hospitals.

Opportunity

- Training programs for GPs and family doctors to recognize early signs of gastric cancer can shift diagnosis earlier.
- Integration of home-based palliative care services can improve late-stage patient quality of life.

Threats

- Continued diagnostic delays due to poor referral pathways and low health literacy.
- Aging population may increase the late-stage burden on already stressed palliative care systems.



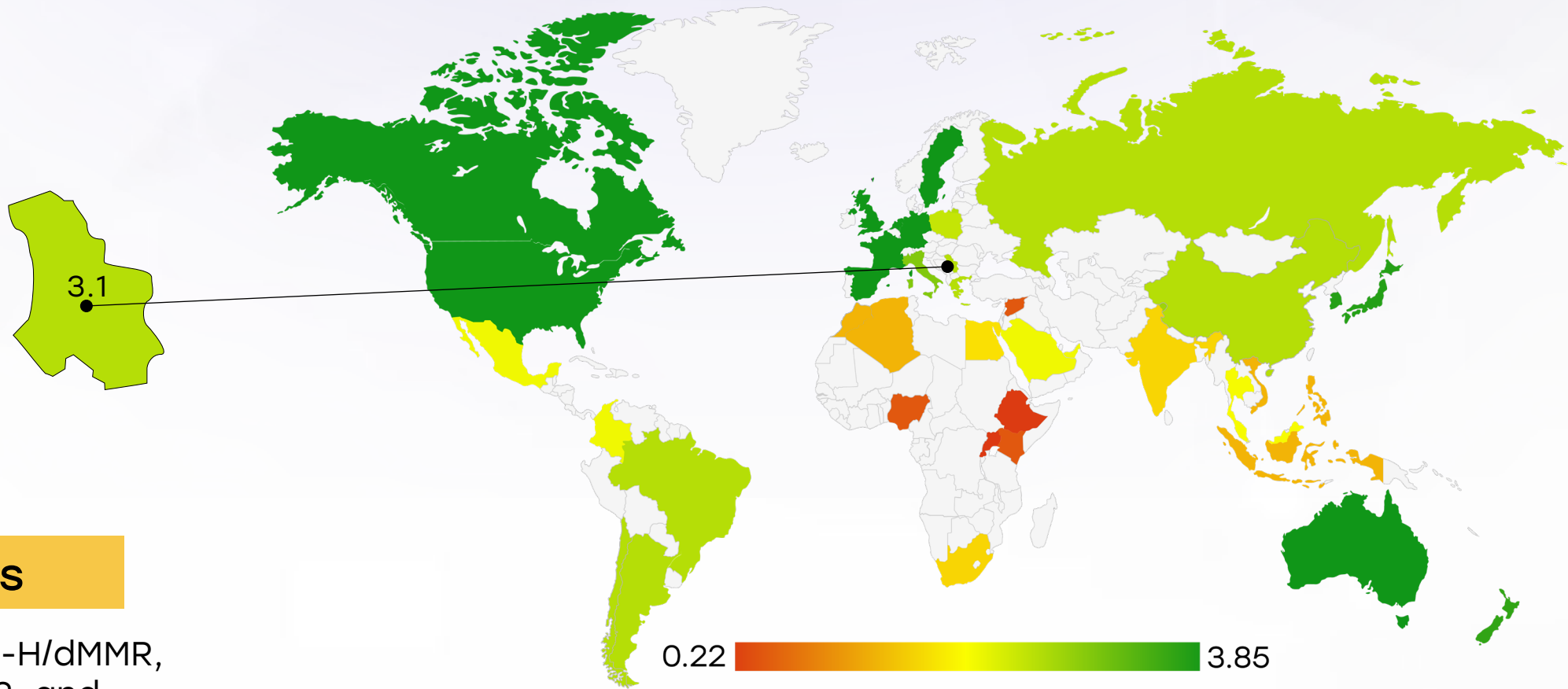
- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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			

Serbia



Utilization of Biomarkers



Strengths

- HER2 testing is available in select academic hospitals and used when trastuzumab is an option.
- Pathologists in national centers are trained in immunohistochemistry (IHC) and PCR-based assays.

Weakness

- Testing for MSI-H/dMMR, PD-L1, CLDN18.2, and FGFR2b is either not standardized or unavailable in most hospitals.
- Lack of biomarker reimbursement prevents routine testing outside clinical trials.

Opportunity

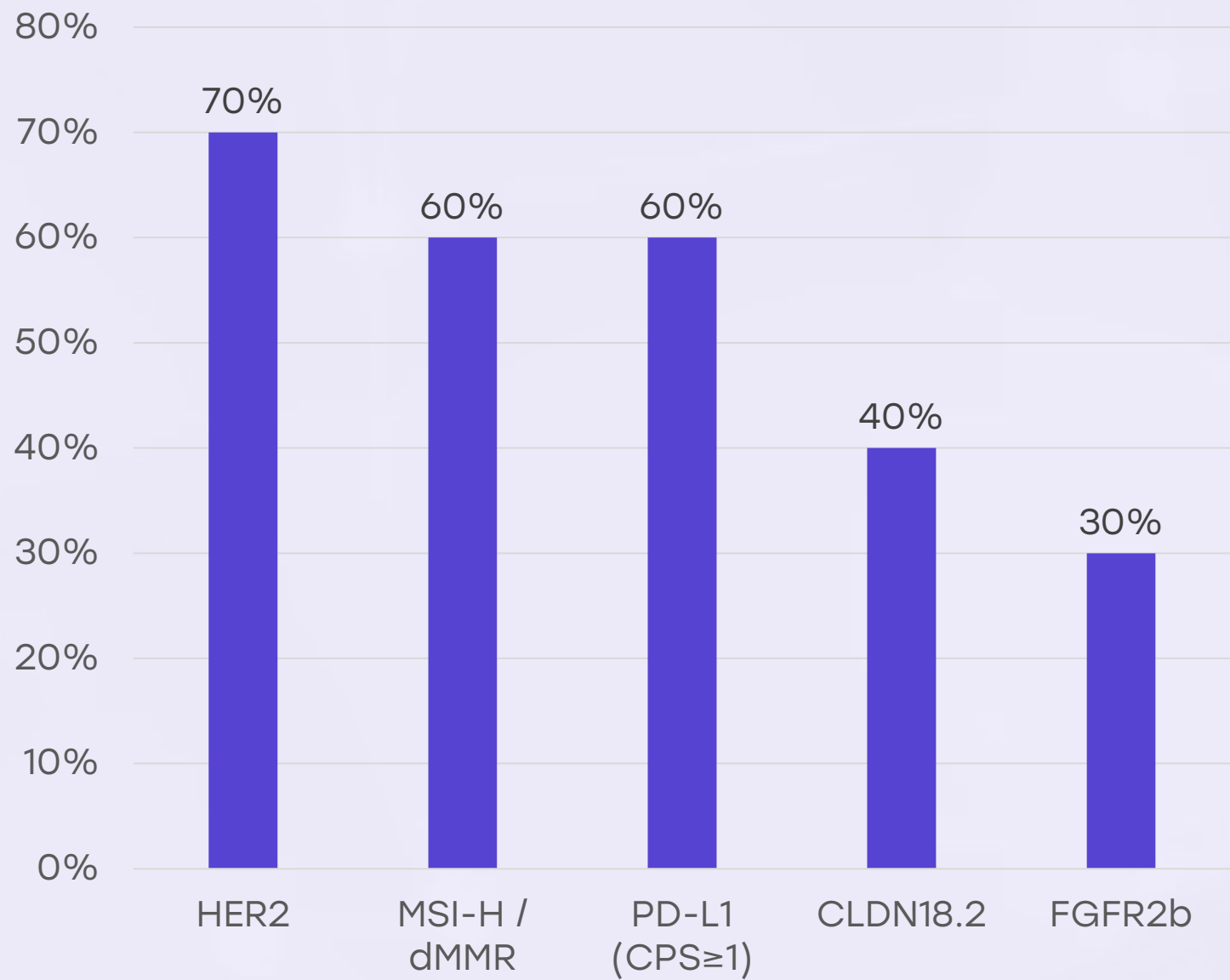
- Collaborations with EU laboratories or private labs could expand access to molecular testing panels.
- Advocacy from oncologists and patient groups can push for national biomarker testing protocols.

Threats


- High cost and lack of insurance coverage hinder clinical use of biomarker-driven treatment.
- Inconsistent quality control and inter-lab variability may result in unreliable test results.

- 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.

Serbia



Serbia



Clinical Guidelines

Strengths

- Serbian Society of Medical Oncology has adopted elements from international guidelines (ESMO, NCCN) for GI cancers.
- Oncologists at university hospitals use protocol-driven treatment pathways for gastric cancer.

Weakness

- Absence of national, standardized gastric cancer guidelines for all care levels.
- Lack of integration between general practitioners and cancer specialists in early management.

Opportunity

- Development of Serbia-specific guidelines incorporating biomarker testing and early detection can unify care.
- Training programs for family doctors and general surgeons in updated protocols can improve early interventions.

Threats

- Variability in adherence to guidelines across regions due to resource and training gaps.
- Conservative practice habits and limited interdisciplinary coordination delay updates in practice.

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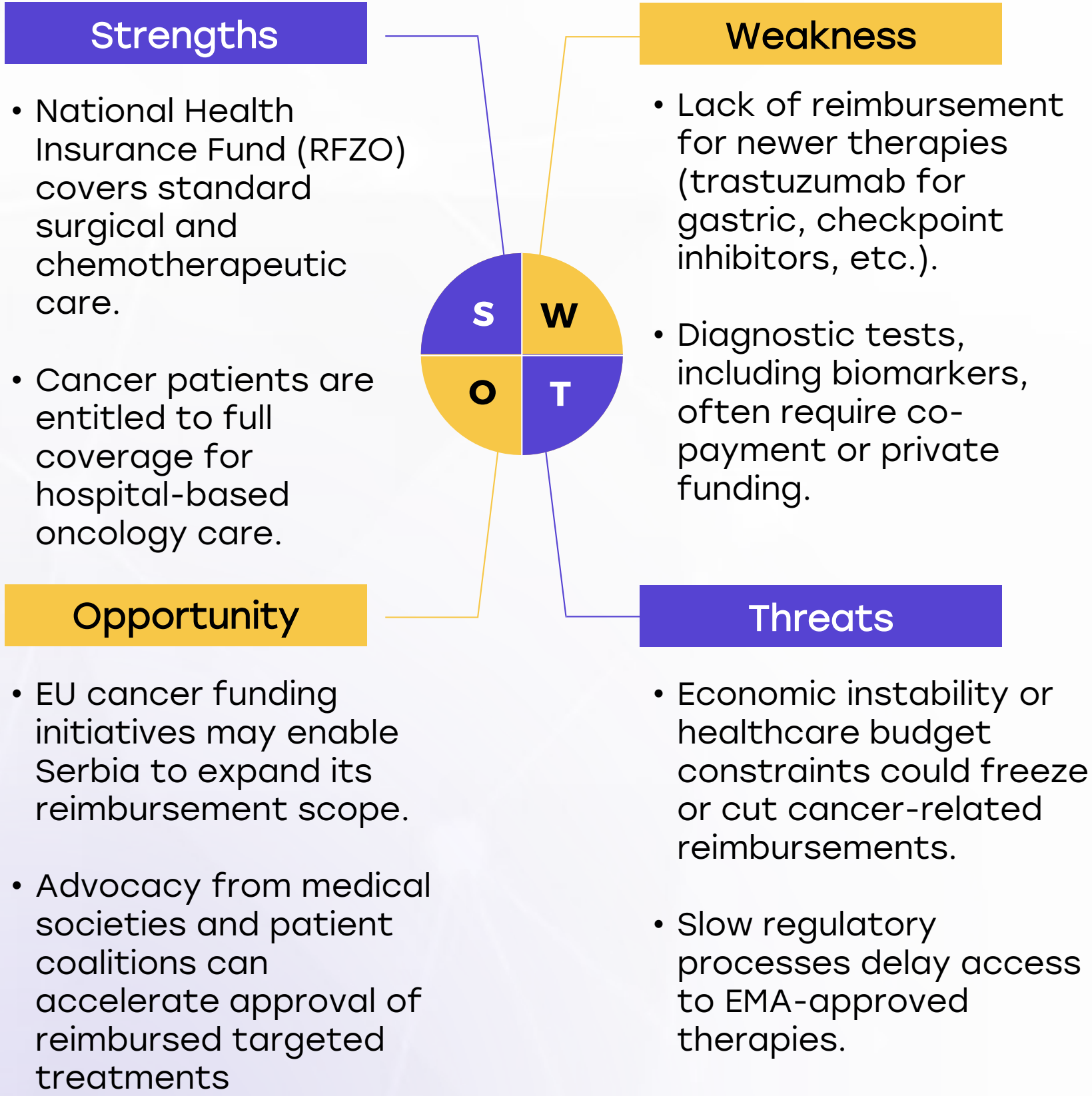





	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✗	○	✗	✗	✗
Feasibility of Integration	✗	○	✗	✗	✗
Adoption of International Guidelines	✗	○	✗	✗	✗
Engagement with Updates	✗	✗	✗	○	✗
ESMO Guidelines Implementation	✗	○	✗	✗	✗





















































































Serbia



Reimbursement



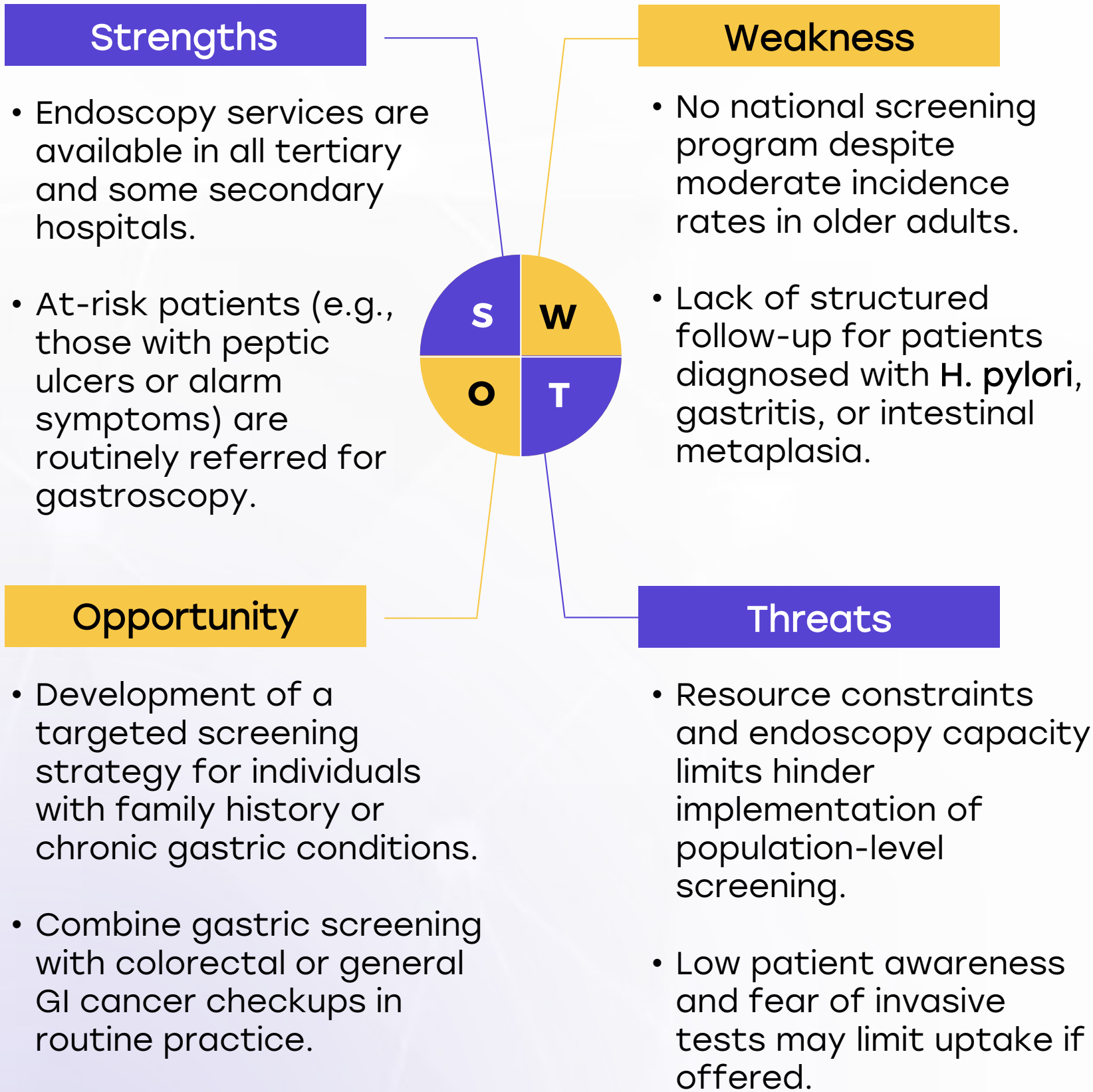
-  A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  A reimbursement framework is in place, but patients may still have out-of-pocket expenses such 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		

Serbia



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