



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Canada

EXECUTIVE SUMMARY

Canada has a robust cancer care system, with advanced diagnostic capabilities, strong research networks, and widespread availability of modern therapies for gastric cancer. However, inequities in access persist across provinces, particularly in rural and Indigenous communities, and wait times for endoscopy and molecular testing remain variable.

While universal healthcare mitigates financial hardship, uneven reimbursement for novel therapies, limited survivorship programs, and gaps in palliative integration continue to challenge equity. This brief outlines strategies to build on Canada's strong foundation and enhance maturity in gastric cancer care.

INTRODUCTION

Leveraging Strengths While Closing Gaps

Canada's universal healthcare system, regional cancer agencies, and internationally recognized research centres make it well-positioned to lead in gastric cancer innovation and care. With a **Level 4 – Advanced** gastric cancer maturity, the country has already achieved high standards of diagnosis and treatment.

The next step is ensuring equitable, timely, and integrated care across all provinces and populations, while embedding survivorship and data-driven accountability.





GASTRIC CANCER IN CANADA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening; diagnosis typically occurs at symptomatic stages. Endoscopy access varies, with longer waits in rural and northern regions.	Strong diagnostic infrastructure and specialist expertise in major cancer centres.	Expand capacity for timely endoscopy; set national benchmarks for time-to-diagnosis; deploy mobile and tele-endoscopy programs for underserved regions.
Biomarker & Molecular Testing	HER2, MSI, and PD-L1 testing available but with regional disparities in turnaround times and coverage.	Advanced molecular pathology labs in academic hospitals and research institutions.	Standardize access and reimbursement for molecular testing across provinces; establish national TAT standards; strengthen data sharing across lab networks.
Treatment Access	Gastrectomy, peri-operative chemotherapy, and HER2-targeted therapy widely available; immunotherapy access depends on provincial reimbursement decisions.	High surgical expertise and integrated multidisciplinary teams in cancer centres.	Align reimbursement for novel therapies nationally; support pan-Canadian drug procurement; ensure equitable referral pathways to high-volume centres.
Clinical Guidelines	Evidence-based national guidelines exist (Canadian Cancer Society/Canadian Partnership Against Cancer), but implementation varies by region.	Strong guideline infrastructure and engagement of national oncology societies.	Enhance dissemination and training for community providers; monitor compliance through provincial audits; update guidelines regularly with emerging evidence.
Palliative & Survivorship Care	Palliative care availability improving but unevenly integrated, especially in rural/remote areas; survivorship support limited for nutrition, psychosocial care, and long-term monitoring.	Well-developed palliative networks and growing survivorship research initiatives.	Ensure early palliative referral within GC pathways; expand nutrition and psychosocial programs; fund survivorship clinics with standardized follow-up protocols.



CONCLUSION & Call to Action

Canada's oncology system is world-class, yet gastric cancer care faces gaps in access and integration. Key priorities include expanding diagnostic services through benchmarks, telehealth, and mobile endoscopy, ensuring equitable molecular testing with standardized funding and turnaround, harmonizing reimbursement for novel therapies via national alignment and procurement, systematically integrating palliative and survivorship care, and strengthening data collection with national indicators and provincial dashboards to improve accountability and outcomes.



KEY POLICY PRIORITIES

- 1 National Benchmarks for Diagnostics:** Guarantee time-to-endoscopy and diagnostic turnaround across all provinces.
- 2 Universal Molecular Testing Access:** Fund HER2/MSI/PD-L1 testing as routine with equitable coverage and quick results.
- 3 Equitable Access to Modern Therapies:** Align provincial reimbursement for targeted therapies and immunotherapies.
- 4 Integration of Palliative & Survivorship Care:** Expand early palliative access and survivorship programs into routine GC care.
- 5 Enhanced Data Systems:** Standardize GC metrics nationally and publish transparent provincial comparisons.

CONCLUSION

Canada's gastric cancer maturity reflects its advanced infrastructure, universal healthcare, and commitment to innovation. However, achieving true equity requires bridging provincial and population disparities, ensuring consistency in diagnostics, therapies, and palliative integration. By harmonizing access, embedding survivorship, and strengthening accountability through data, Canada can progress towards a **world-leading model of equitable gastric cancer care.**