

Gastric Cancer Factsheet: Insights & Key Developments

Key Insights on Gastric Cancer
Care and Infrastructure

Core Pillars:

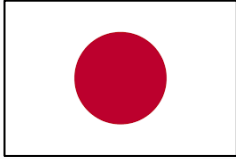
1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Gastric Cancer Screening

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.

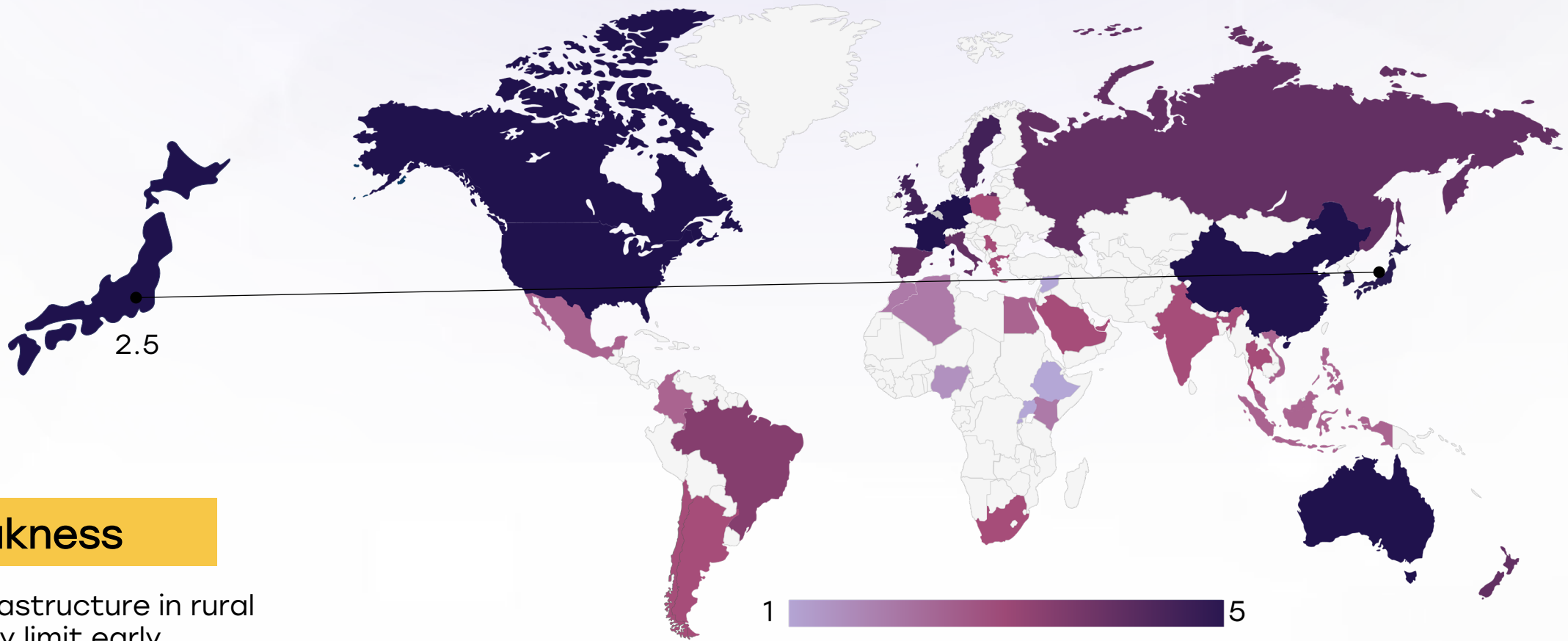
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is among the top 3 cancers in Japanese men.
- Incidence rate: Approximately 40–41 per 100,000 men per year.
- Total new cases (2022): Around 65,000–70,000 men.
- Daily diagnoses: Roughly 180–190 men per day.
- Deaths (2022): Approximately 43,800 men.
- 5-year survival rate: Very high – around 70% or higher, thanks to national screening via endoscopy and early detection.
- Most affected age group: Incidence peaks in men aged 70–80+.
- Screening participation: Organized national screening program using endoscopy; participation rates moderate to high among eligible age groups.

Japan



Infrastructure



Strengths

- Japan has one of the world's most advanced healthcare systems for gastrointestinal cancers, with strong endoscopy infrastructure and high specialization.
- Many tertiary hospitals (e.g., National Cancer Center Tokyo, Osaka University Hospital) have advanced surgical robotics and laparoscopy capabilities for gastric cancer.

Weakness

- Aging infrastructure in rural clinics may limit early diagnostics and specialist access in remote areas.
- Patient overload in high-volume cancer centers leads to long appointment waits despite robust systems.

Opportunity

- Expand regional cancer centers and improve e-health integration for remote consultations.
- Investment in AI-assisted endoscopy and robotic surgery expansion nationwide

Threats

- Increasing number of elderly patients (super-aging society) may outstrip the system's capacity.
- Earthquakes and climate risks pose periodic threats to infrastructure stability in some prefectures.

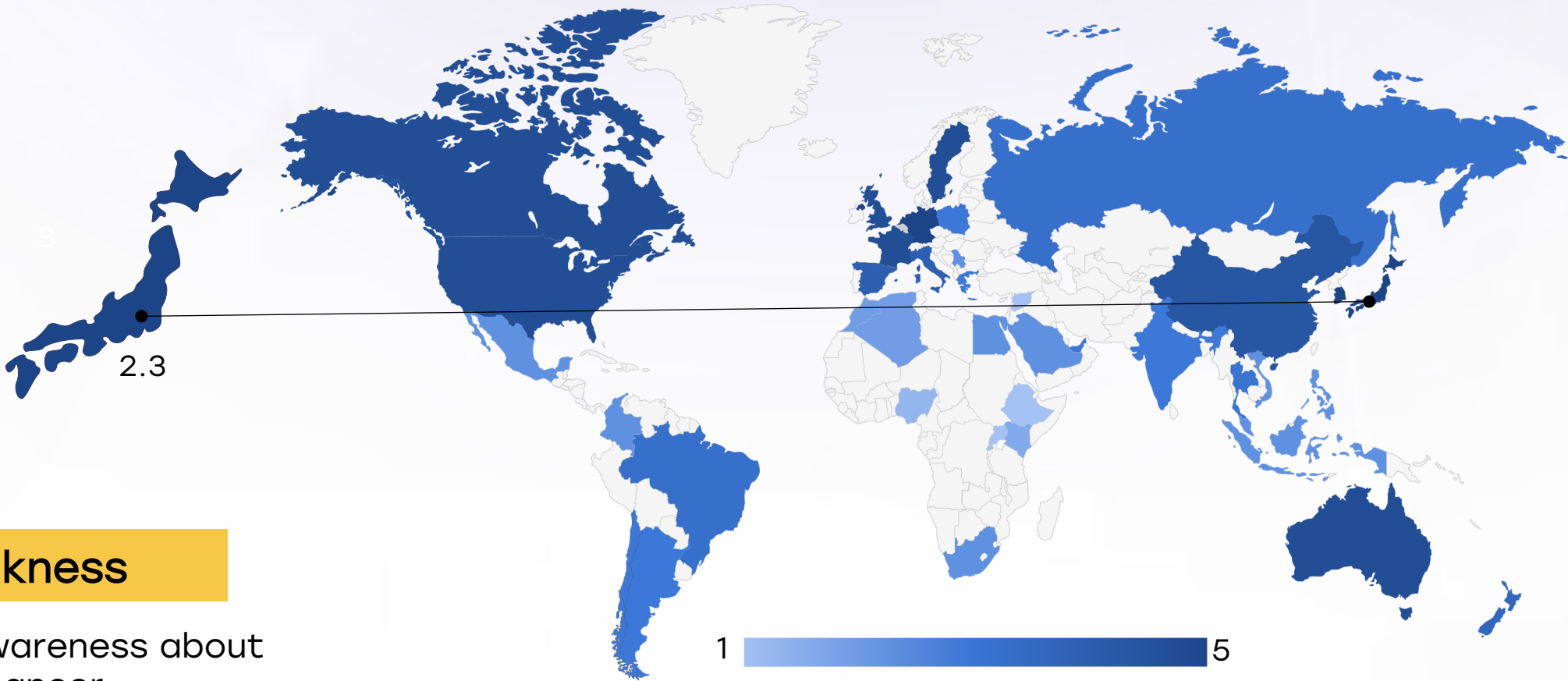


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

Japan



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal health insurance system provides broad access to treatment, including surgery, chemotherapy, immunotherapy, and targeted therapies.
- Japan is a global leader in gastric cancer research and clinical trials, especially in early-stage treatment innovation and biomarkers.

Weakness

- Public awareness about gastric cancer symptoms and risks is relatively low, especially among younger populations.
- Psychological and social support integration in treatment journeys remains underdeveloped.

Opportunity

- Strengthen school-based and workplace education programs around H. pylori and dietary risk.
- Leverage Japan's leadership in minimally invasive techniques for international training and partnerships.

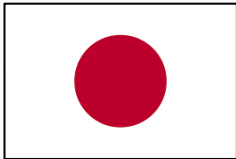
Threats

- Growing healthcare costs strain national budget, especially with high-cost drugs and long-term follow-up.
- Research competition with more globally prioritized cancers (e.g., lung, breast) may reduce focus on gastric cancer.

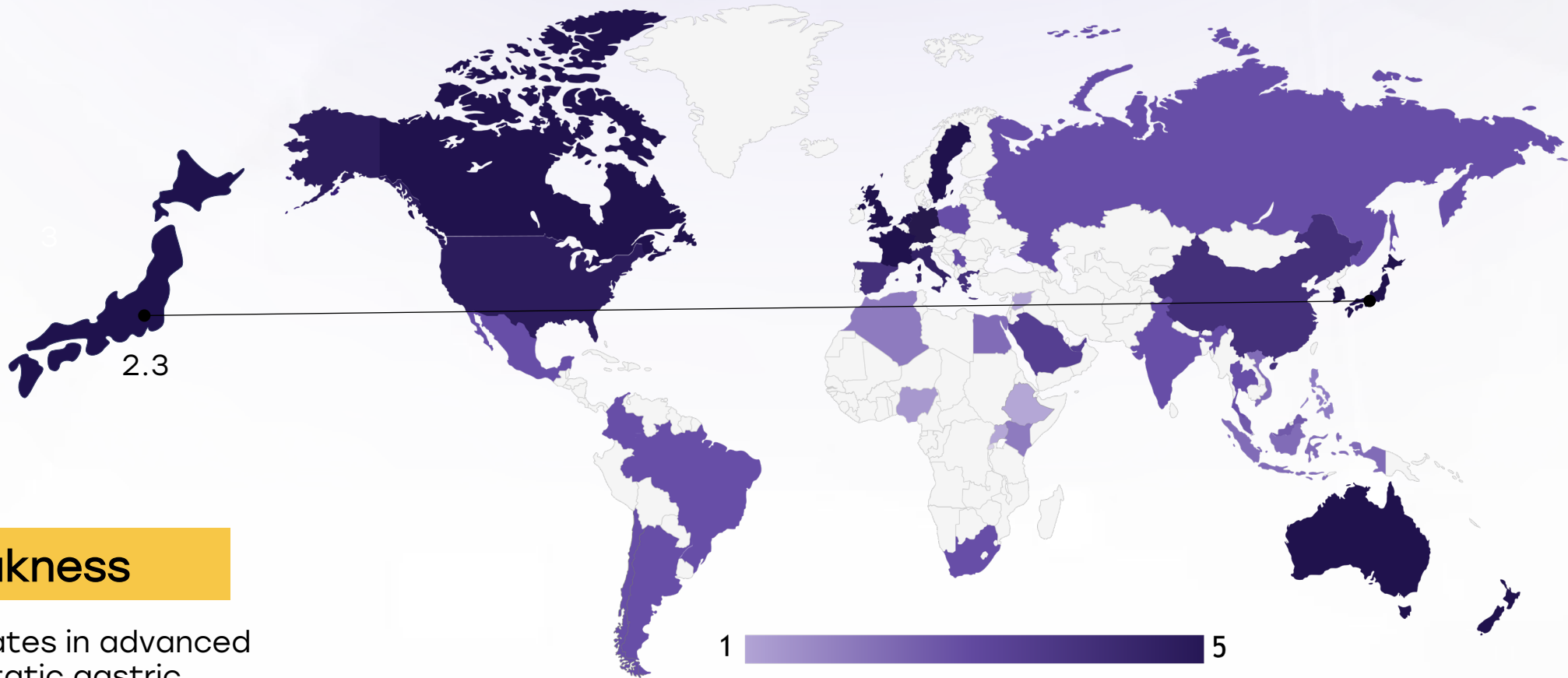
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research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

Japan



Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate exceeds 65% due to mass screening, early detection, and widespread use of minimally invasive surgeries.
- Early gastric cancer is often treated endoscopically, reducing the need for invasive interventions.
- Advanced palliative care options available, particularly in cancer-designated hospitals.

Weakness

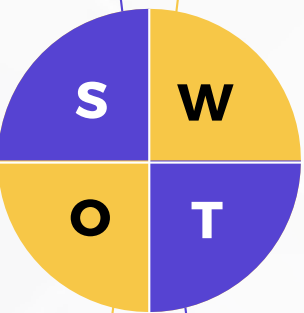
- Survival rates in advanced or metastatic gastric cancer still remain below 20%.
- Regional disparities exist in access to high-quality endoscopic surveillance and palliation.

Opportunity

- AI-assisted histopathology and endoscopy can further boost early detection.
- Improve integration of home-based palliative care to support Japan's aging population.

Threats

- Increasing incidence among elderly may reduce survival benefits due to comorbidities.
- Low symptom awareness may still lead to advanced-stage diagnosis in certain population segments.



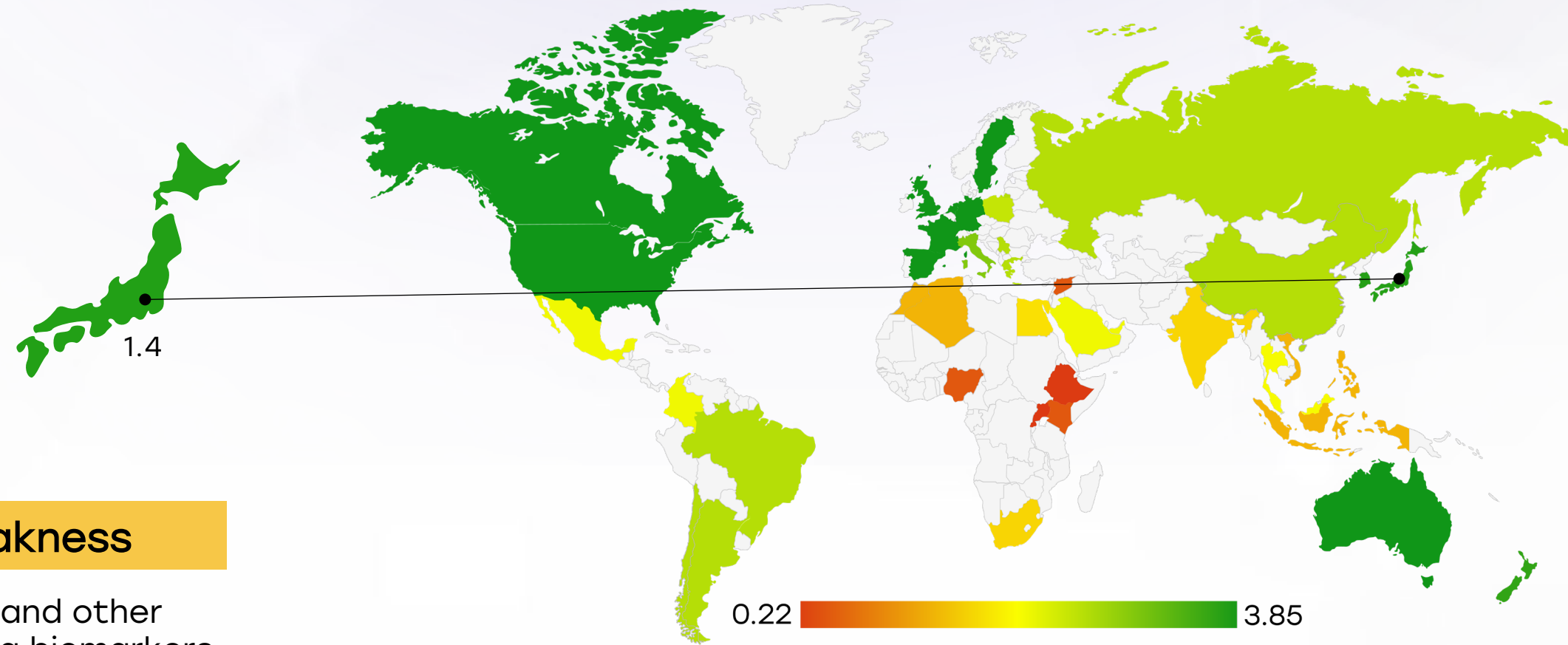
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative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

Japan



Utilization of Biomarkers



Strengths

- HER2, PD-L1 (CPS \geq 1), and MSI-H testing are routine in advanced gastric cancer and supported by national guidelines.
- Japan pioneered CLDN18.2 research and participated early in zolbetuximab trials; testing capabilities are expanding.

Weakness


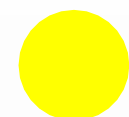

- FGFR2b and other emerging biomarkers not yet mainstream in clinical practice.
- Limited integration of NGS (next-generation sequencing) in public hospitals beyond major cancer centers.

Opportunity

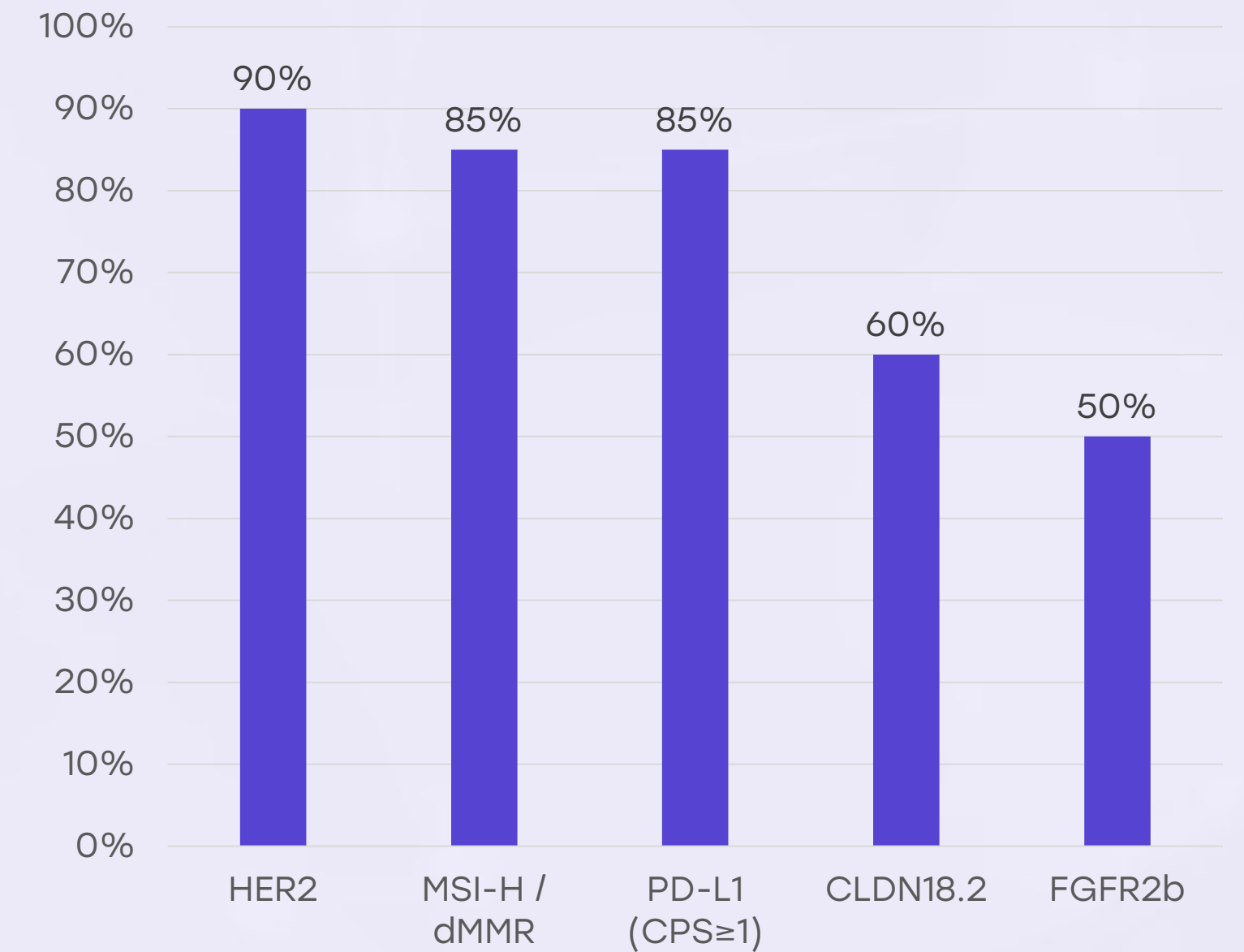
- Incorporate comprehensive genomic profiling in more facilities under the “Cancer Genome Medicine” initiative.
- Enhance physician education to increase biomarker-driven therapy decisions.

Threats

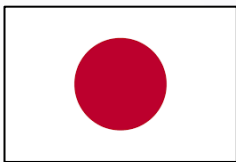
- Fast-evolving global biomarker landscape may outpace reimbursement and infrastructure readiness.
- High costs of multiplex testing might delay wider rollout, especially in elderly patients with comorbidities.

-  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.

Japan



Japan



Clinical Guidelines

Strengths

- Japanese Gastric Cancer Association (JGCA) guidelines are globally respected and detail everything from diagnosis to follow-up.
- Clinical practice is highly standardized with strong adherence across healthcare levels.

Weakness

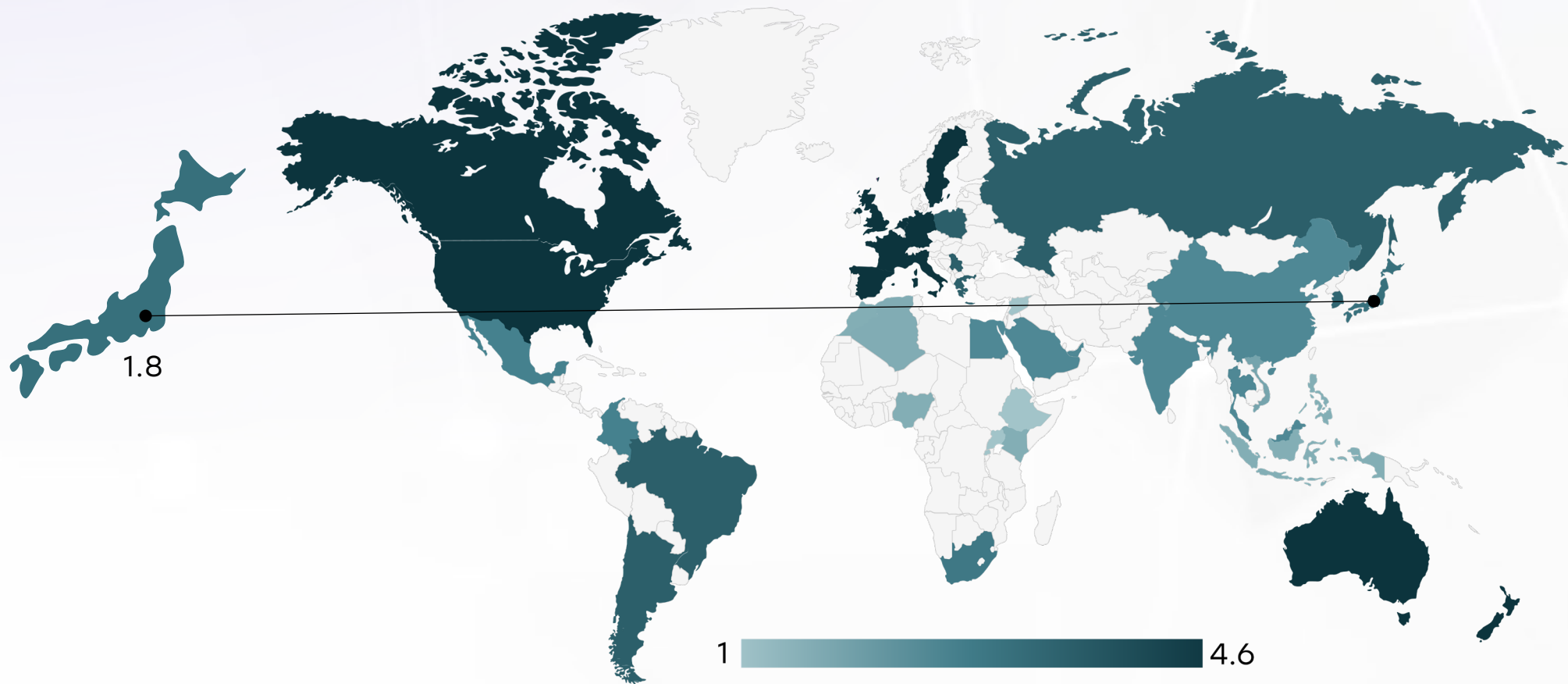
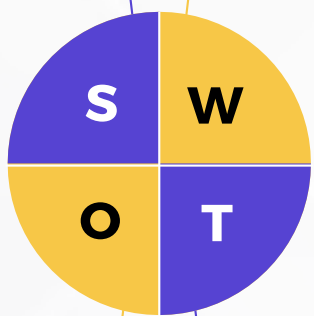
- Complex or rare biomarker-driven cases may not yet be fully reflected in local guidelines.
- Frequent updates may be challenging to implement immediately in community hospitals.

Opportunity

- Expand digital dissemination and CME (Continuing Medical Education) around the latest updates.
- Collaborate with ESMO/NCCN to harmonize global standards with Japan's strengths in early detection.

Threats

- Over-standardization may reduce flexibility in individualizing care for specific molecular profiles.
- Rapid innovation in global treatments may require constant revision of guidelines, posing implementation lag



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

Japan



Reimbursement



Strengths

- Japan's National Health Insurance covers almost all approved drugs and procedures, including HER2-targeted and immunotherapies.
- Biomarker testing (HER2, MSI-H, PD-L1) is reimbursed for approved indications.

Weakness

- Newer therapies (e.g., zolbetuximab for CLDN18.2+) may face delayed inclusion in reimbursement lists post-approval.
- Cost-sharing burdens may still affect low-income elderly patients.

Opportunity

- Expand use of public-private partnerships for early access programs (EAPs) for biomarker-driven therapies.
- Integrate bundled reimbursement models that include diagnostics and treatment.

Threats

- Rising overall drug costs may lead to future reimbursement restrictions or price renegotiations.
- Regional variation in implementation timelines for new reimbursement policies.



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.



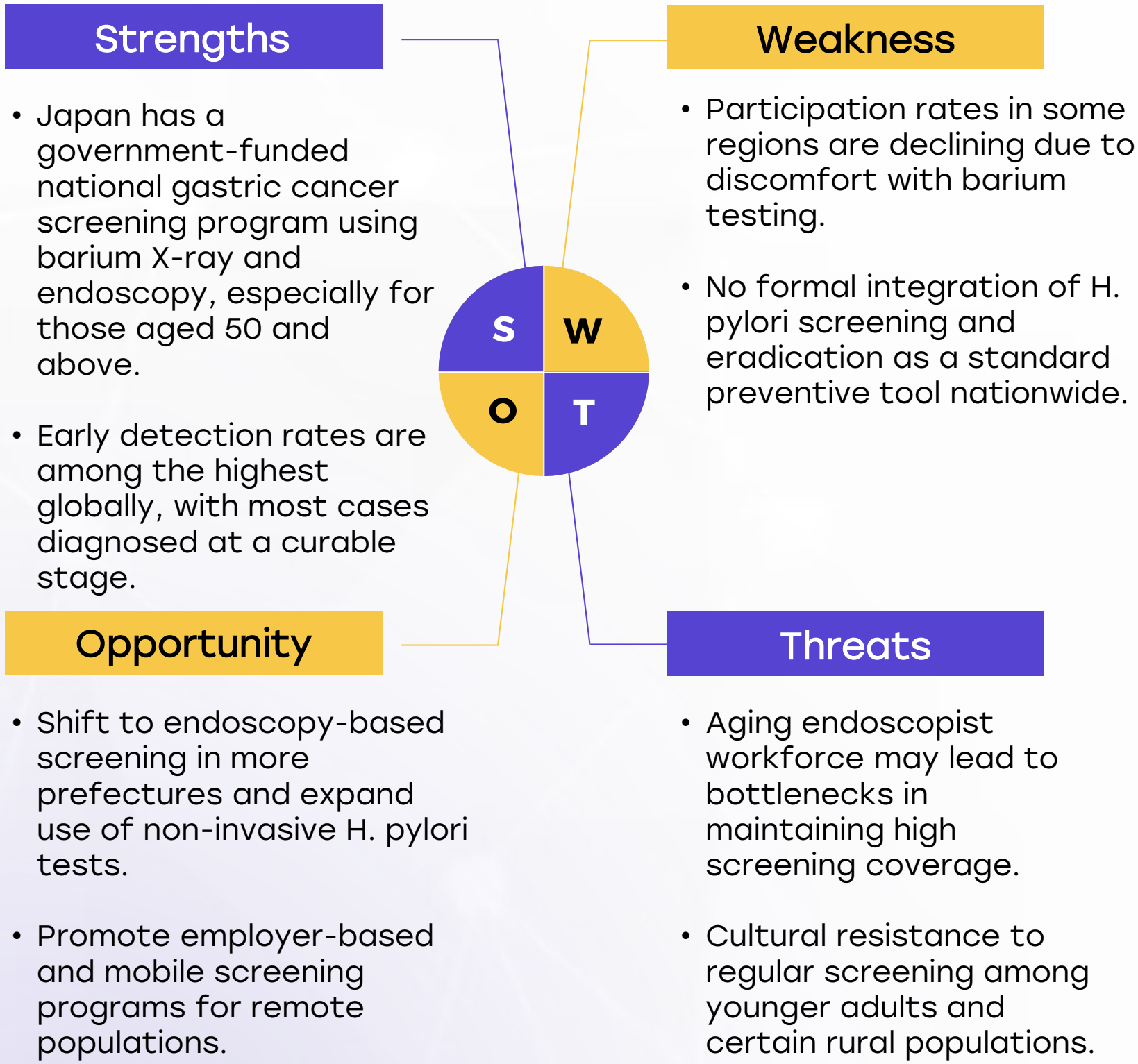
No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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		

Japan



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