

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.

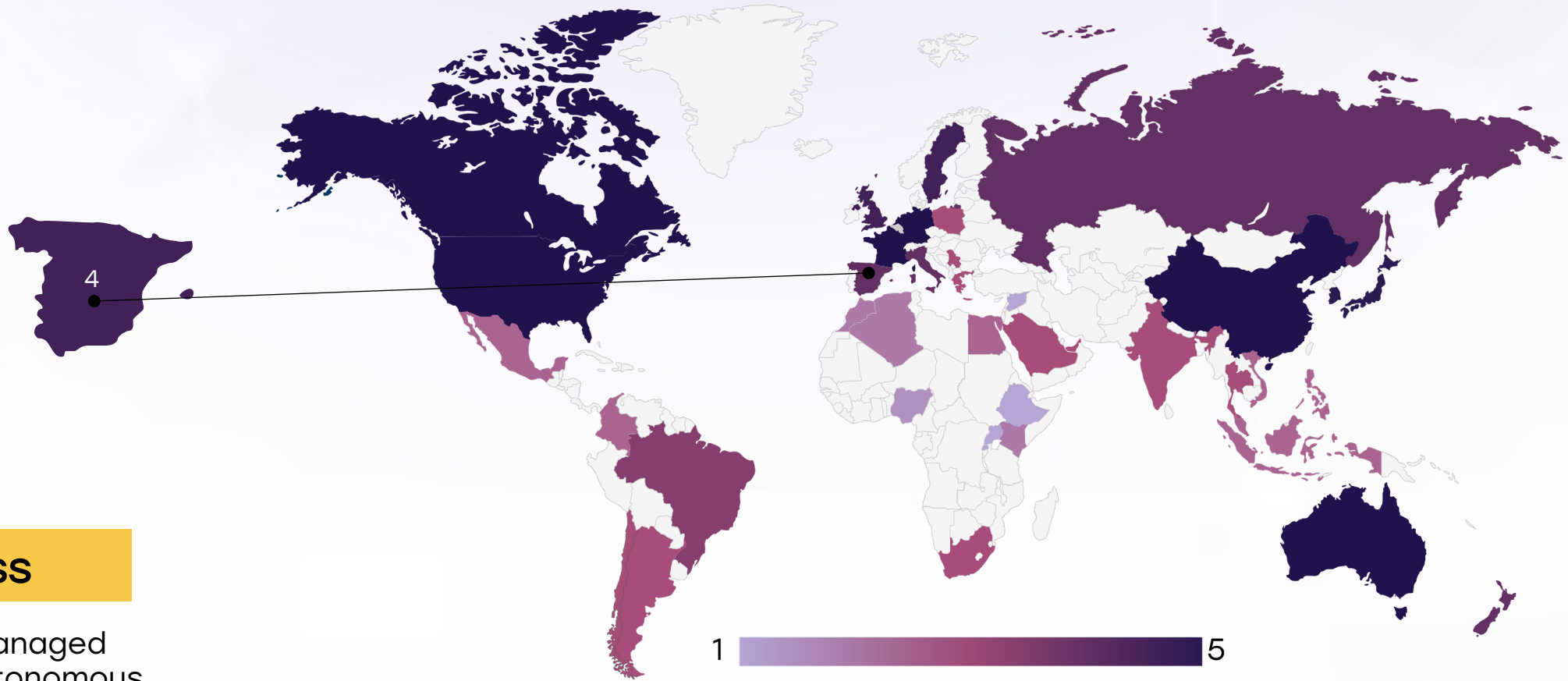
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is not in the top 10, but still present in older men.
- Incidence rate: Approximately 7 per 100,000 men per year.
- Total new cases (2022): Around 3,000 men.
- Daily diagnoses: Roughly 8–9 men per day.
- Deaths (2022): About 2,100 men.
- 5-year survival rate: Estimated 30–40%.
- Most affected age group: Primarily men aged 70 and older.
- Screening participation: No population-wide program; diagnosis is symptom-triggered.

Spain



Infrastructure



Strengths

- Spain benefits from a universal public healthcare system, centralized coordination, and high registry completeness, supporting high-quality management of gastric cancer cases.
- Many hospitals across autonomous communities offer high-resolution endoscopy and chromoendoscopy, with increasing adoption of technologies like virtual chromoendoscopy for premalignant lesion detection

Weakness

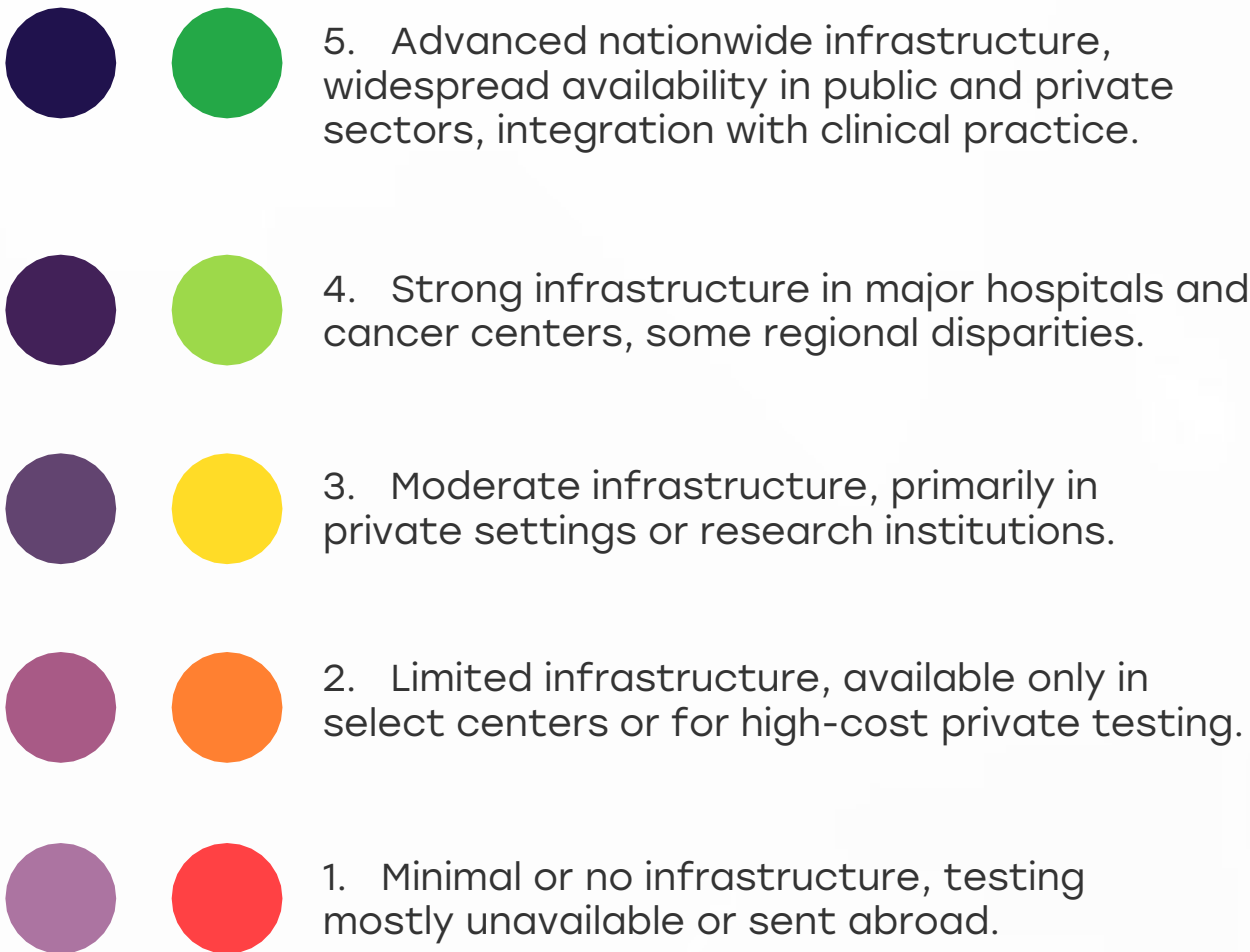
- Healthcare is managed regionally by autonomous communities, leading to variation in diagnostic capacity, staffing, and quality of endoscopic services across regions.
- Advanced endoscopic procedures such as endoscopic submucosal dissection (ESD) are available at only about 35% of secondary/tertiary hospitals, limiting access to minimally invasive curative options

Opportunity

- National efforts, including initiatives by All.Can Spain, are promoting discussion across regions to pilot and standardize gastric cancer screening protocols in line with EU recommendations
- There is growing scope to increase uniform investment in endoscopy infrastructure and training, particularly for high-risk individuals.

Threats

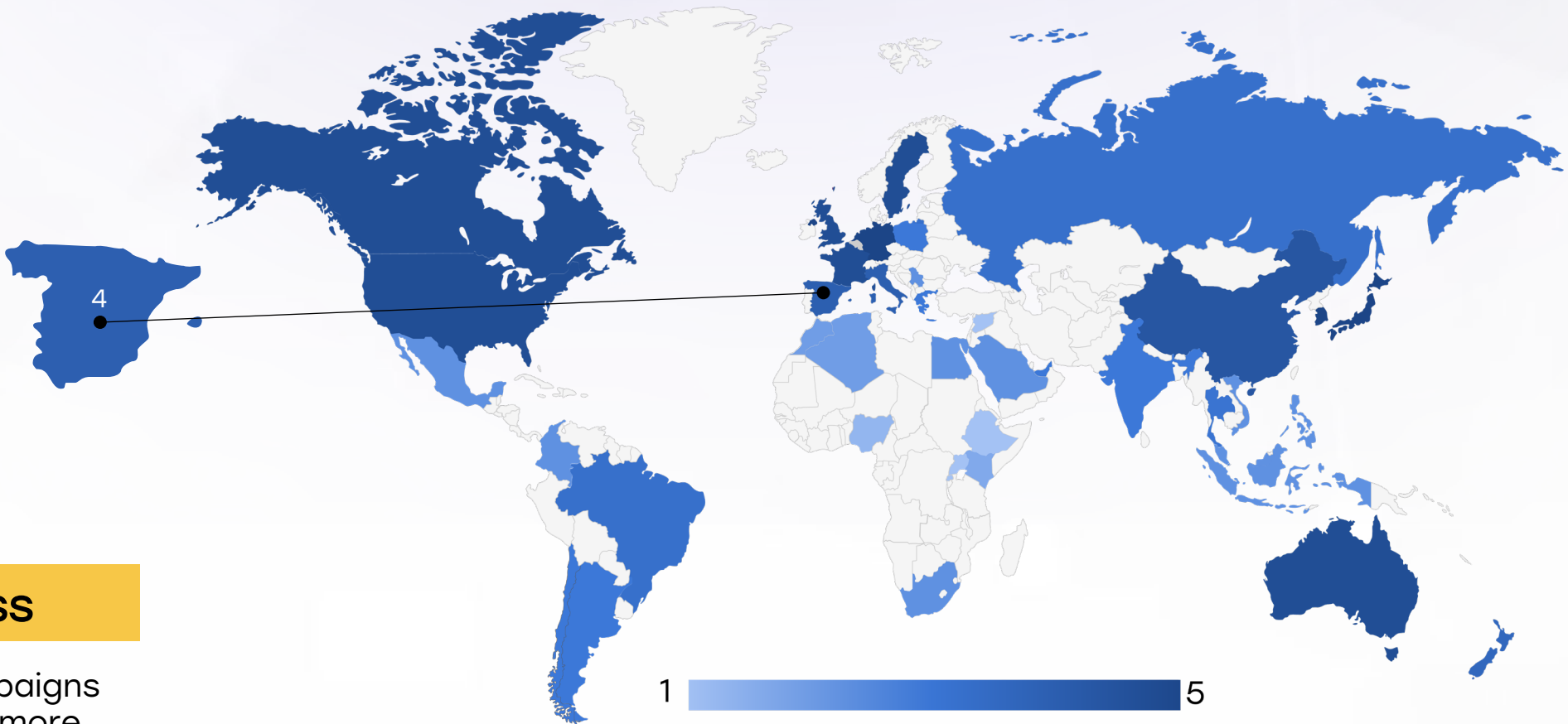
- Persistent regional disparities may hinder consistently high standards of care and prognosis across the country.
- Workforce shortages, particularly in rural or lower-resourced regions, could limit centralized care delivery expansion.



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		

Spain

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Spain’s universal system ensures essential cancer treatments (surgery, chemotherapy, hospitalization) are publicly funded, minimizing financial barriers
- NGOs like the Alivia Oncology Foundation support patient access and highlight gaps in coverage—currently only 35% of advanced therapies recommended by European guidelines are fully financed in Spain

Weakness

- Awareness campaigns primarily target more prevalent cancers (breast, cervical, colorectal); gastric cancer lacks strong, nationwide symptom-focused public education.
- Research funding specific to gastric cancer is limited compared to more common cancer types.

Opportunity

- Collaboration between patient groups, scientific societies, and regional health authorities could support targeted awareness and early detection campaigns for gastric cancer.
- Research grants and EU-supported initiatives could promote clinical and translational studies, including biomarker-focused trials.

Threats

- Competing priorities in public health funding may leave gastric cancer underfunded.
- Socioeconomic disparities could create unequal access to clinical trials or private care where advanced treatments are available.



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.



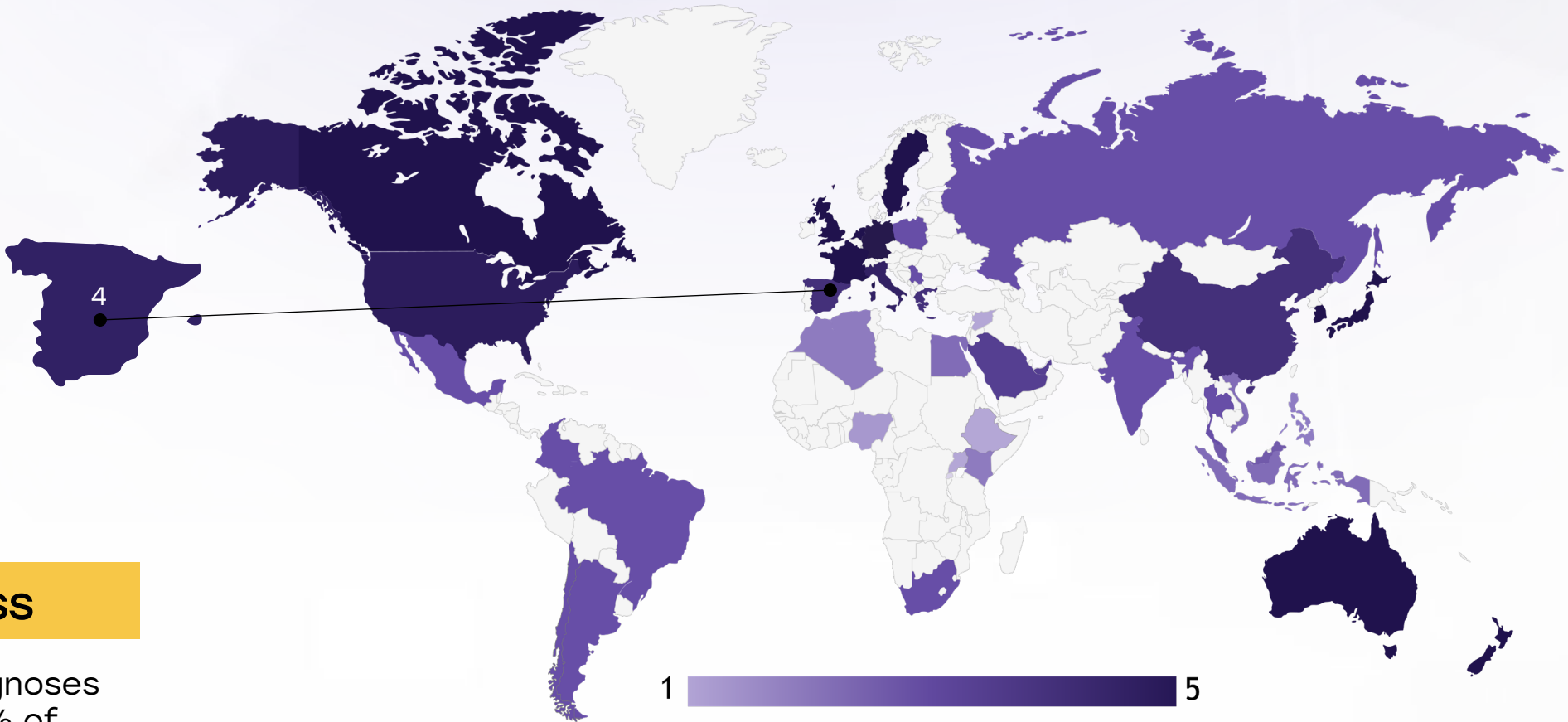
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			

Spain



Survival Rates, Early Detection and Palliative Care



Strengths

- Early gastric cancer (EGC) cases treated with curative intent have 5-year survival of about 85%, versus ~20% for advanced cases; EGC represents about 12% of diagnoses in studies
- High detection rates of Helicobacter pylori and widespread eradication (>90%) help reduce long-term risk at an individual level

Weakness

- Early-stage diagnoses remain low (~12% of cases), meaning most patients present with advanced disease and poorer prognosis
- While palliative care and pain management are increasingly integrated into oncology services, structured national programs specifically for gastric cancer are limited.

Opportunity

- Strengthening surveillance protocols for premalignant conditions (atrophy, IM, dysplasia) and facilitating earlier referral from primary care can boost early detection rates.
- Expanded palliative care integration and supportive services tailored to gastric cancer patients can enhance quality of life.

Threats

- Without improved early detection pathways, survival improvements may remain modest.
- Late-stage presentations continue to strain resources and reduce opportunities for curative intervention.



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.

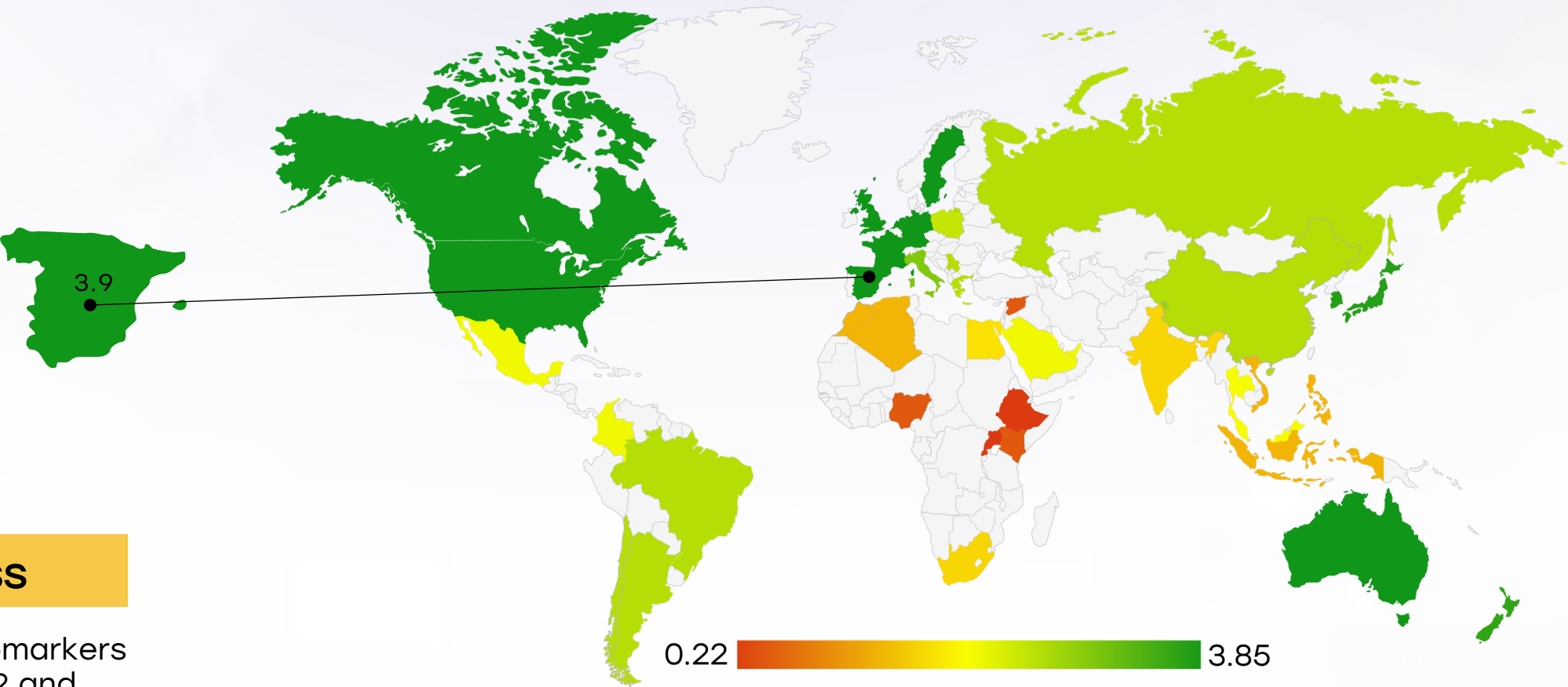


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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			

Spain

Utilization of Biomarkers



Strengths

- Spanish oncology societies (SEOM and SEAP) issued an updated consensus statement in 2025 supporting integration of biomarker testing including HER2, MSI/dMMR, PD-L1, Claudin 18.2, and FGFR2b into clinical practice
- Hospitals and pathology labs in major regions are equipped to perform IHC and molecular assays for HER2 and PD-L1, particularly in metastatic settings.

Opportunity

- Promoting biomarker rollout across public hospitals, especially for HER2, PD-L1, MSI, would support precision oncology.
- Spain’s strong trial infrastructure could support phase II/III studies evaluating Claudin 18.2 or FGFR2b-directed therapies locally.

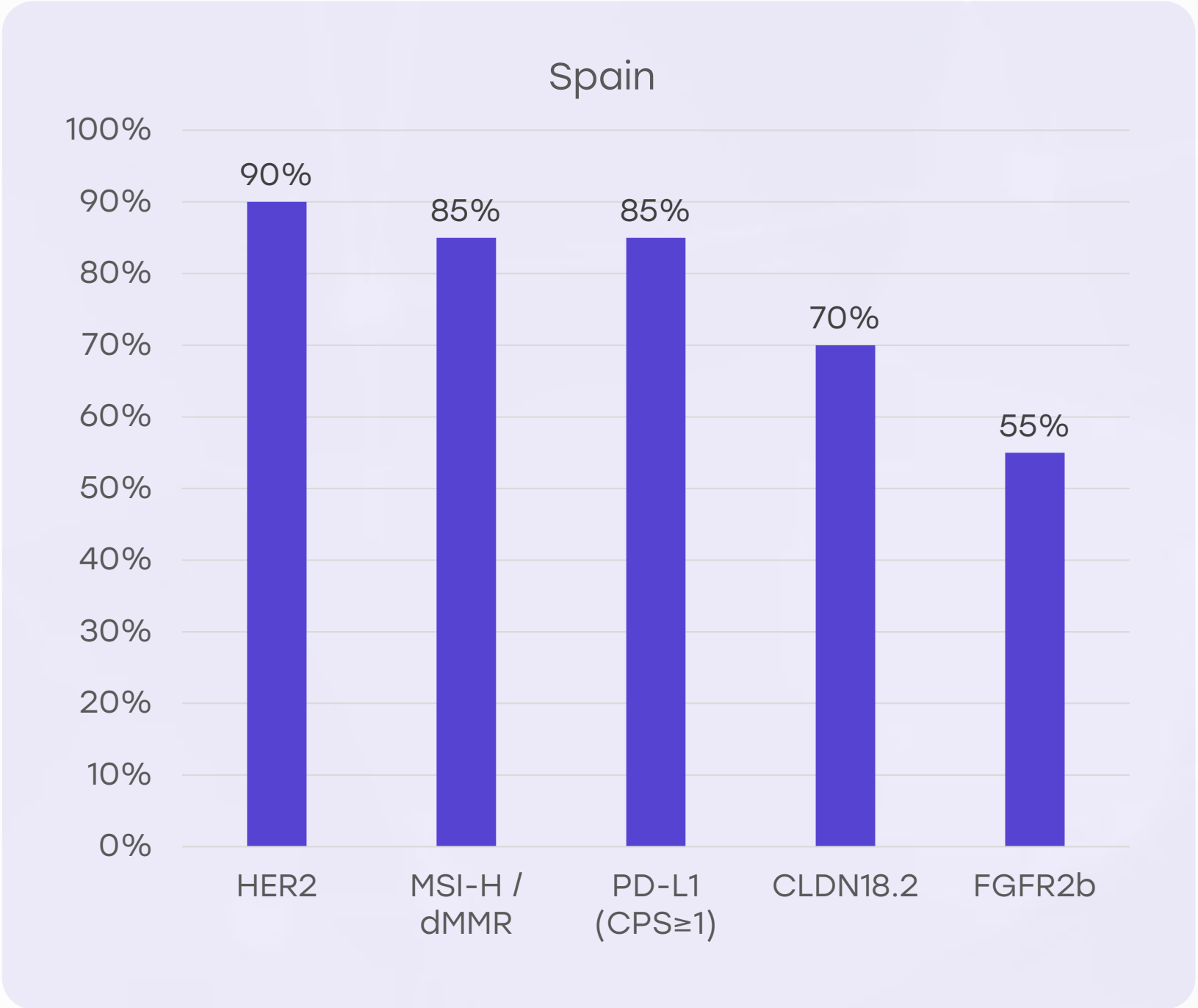
Weakness

- Use of newer biomarkers such as CLDN18.2 and FGFR2b is not yet standardized, and access to associated targeted therapies remains limited.
- National guidelines for molecular testing implementation are clear for HER2 and MSI, but application of emerging markers is inconsistent regionally.


Threats

- High cost of targeted agents, variable reimbursement, and slow adoption of companion diagnostics could delay full implementation.
- Disparities in testing capabilities may lead to unequal access to biomarker-driven care.

- 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.



Spain



Clinical Guidelines

Strengths

- Spain follows European guidelines (e.g., ESGE, SEOM/SEAP consensus) for gastric premalignant conditions, dysplasia management, and biomarker-based treatment pathways
- Gastroenterologists report high proficiency in applying biopsy protocols and HP eradication strategies, improving consistency in premalignant surveillance

Weakness

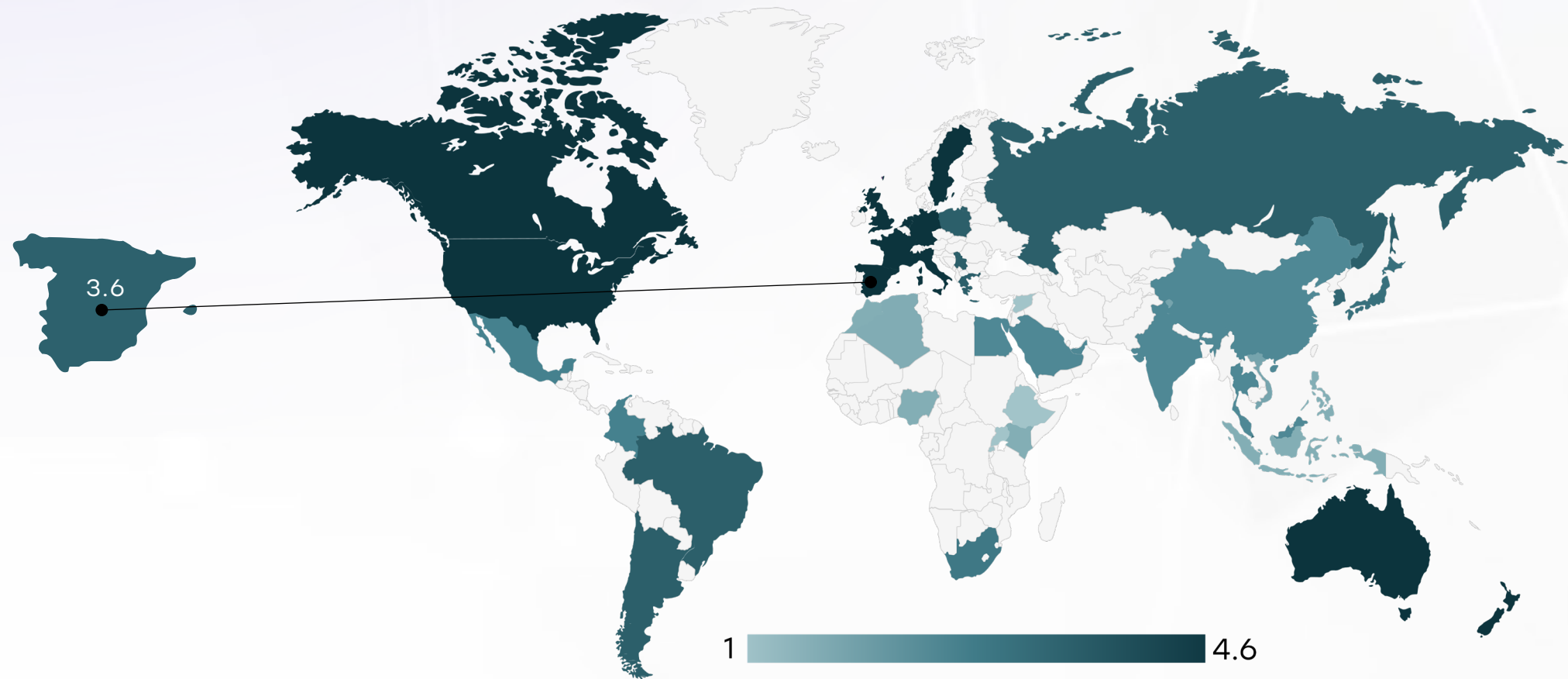
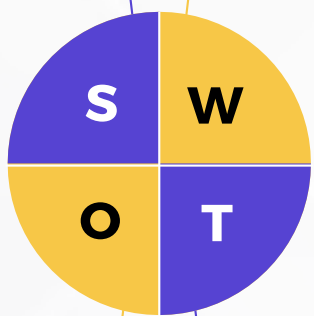
- Uptake and adherence to protocols are heterogeneous, with over one-third rarely using chromoendoscopy and variability in staging and decision-making
- Guidelines on integrating newer biomarkers like CLDN18.2 or FGFR2b are not yet well embedded.

Opportunity

- Digital platforms and regional training can standardize endoscopy protocols, biopsy strategies, and biomarker-informed pathways across centers.
- Updates to clinical guidelines incorporating emerging molecular markers and targeted therapies can drive uniform practice.

Threats

- Decentralized governance may slow guideline dissemination and standardization across autonomous communities.
- Lack of continuing medical education could hinder adoption of newer recommendations.

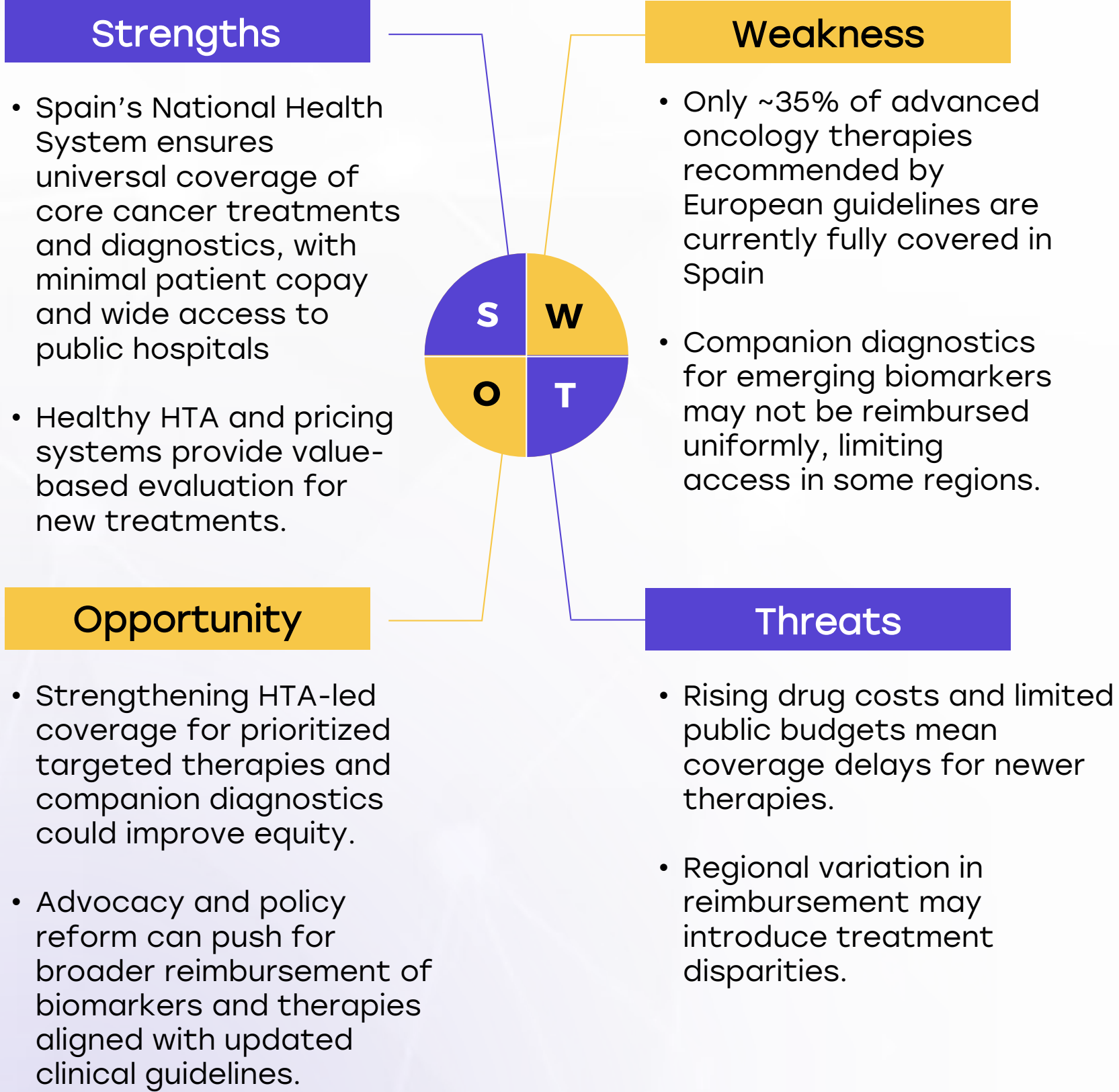


	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	○	✗	✗	✗	✗
Feasibility of Integration	○	✗	✗	✗	✗
Adoption of International Guidelines	○	✗	✗	✗	✗
Engagement with Updates	✗	○	✗	✗	✗
ESMO Guidelines Implementation	○	✗	✗	✗	✗

Spain



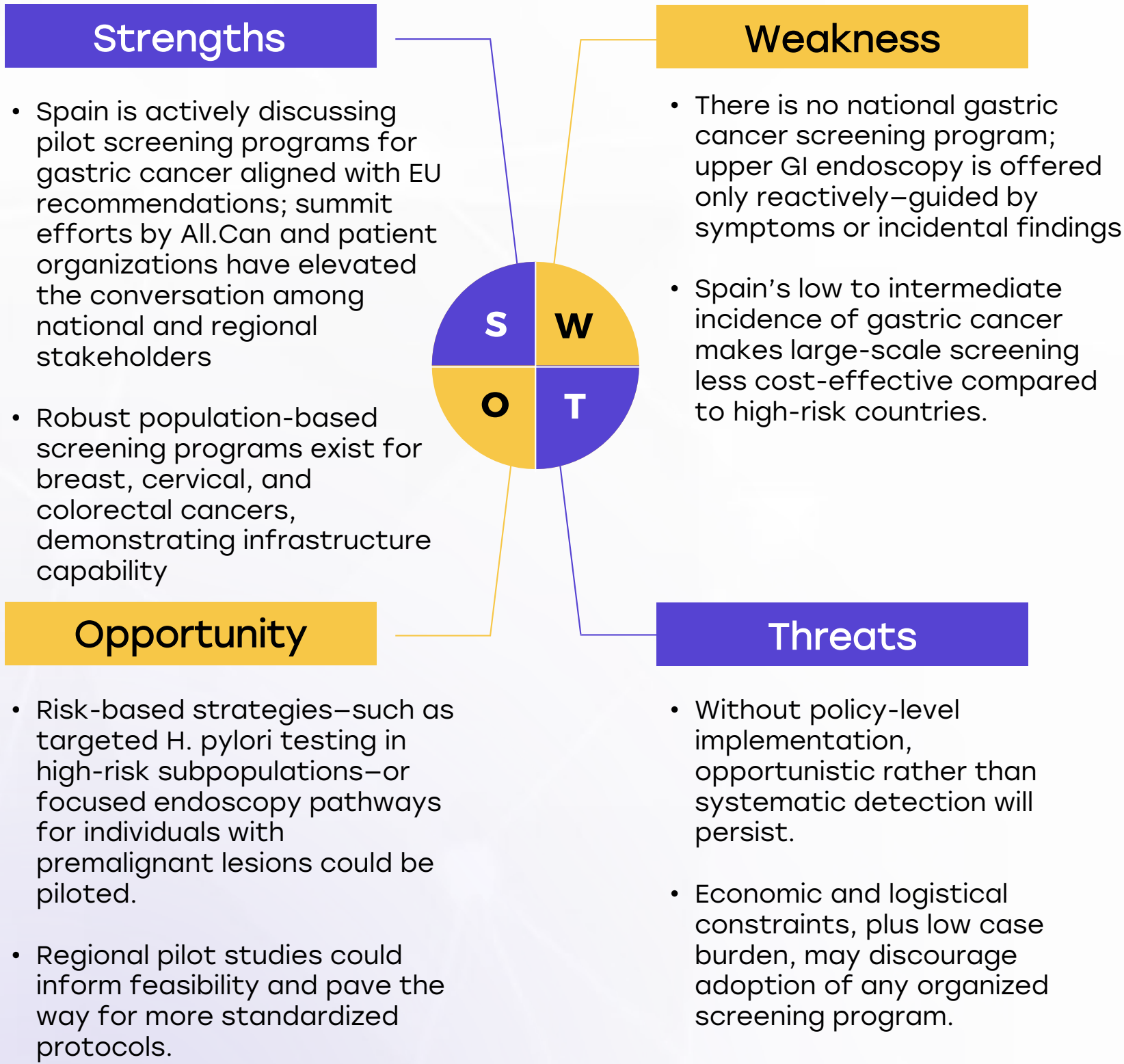
Reimbursement



Country	Reimbursement Framework	No-cost Access
United States	<div></div>	<div></div>
United Kingdom	<div></div>	<div></div>
Canada	<div></div>	<div></div>
Australia	<div></div>	<div></div>
Germany	<div></div>	<div></div>
France	<div></div>	<div></div>
Netherlands	<div></div>	<div></div>
Sweden	<div></div>	<div></div>
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Singapore	<div></div>	<div></div>
Thailand	<div></div>	<div></div>
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
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Chile	<div></div>	<div></div>
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Syria	<div></div>	<div></div>
Indonesia	<div></div>	<div></div>
Vietnam	<div></div>	<div></div>
Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>

Spain

Colorectal 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