

# New Zealand

## 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.

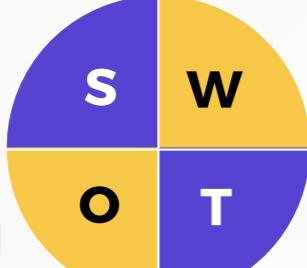
- Incidence share: Gastric cancer ranks low among male cancers overall, but higher among Māori populations.
- Incidence rate: Around 4–5 per 100,000 men per year (overall); higher in Māori.
- Total new cases (2022): Roughly 350–400 men.
- Daily diagnoses: Around 1 man per day.
- Deaths (2022): Estimated ~250–300 men.
- 5-year survival rate: Approximately 30–40%.
- Most affected age group: Typically, men aged 65 and above.
- Screening participation: No population-based screening; efforts focus on high-risk ethnic groups.

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## Infrastructure

### Strengths

- Comprehensive public healthcare system provides access to cancer diagnostics and treatment through district health boards (DHBs).
- Well-established tertiary centers like Auckland and Christchurch have advanced oncology and endoscopy capabilities.



### Weakness

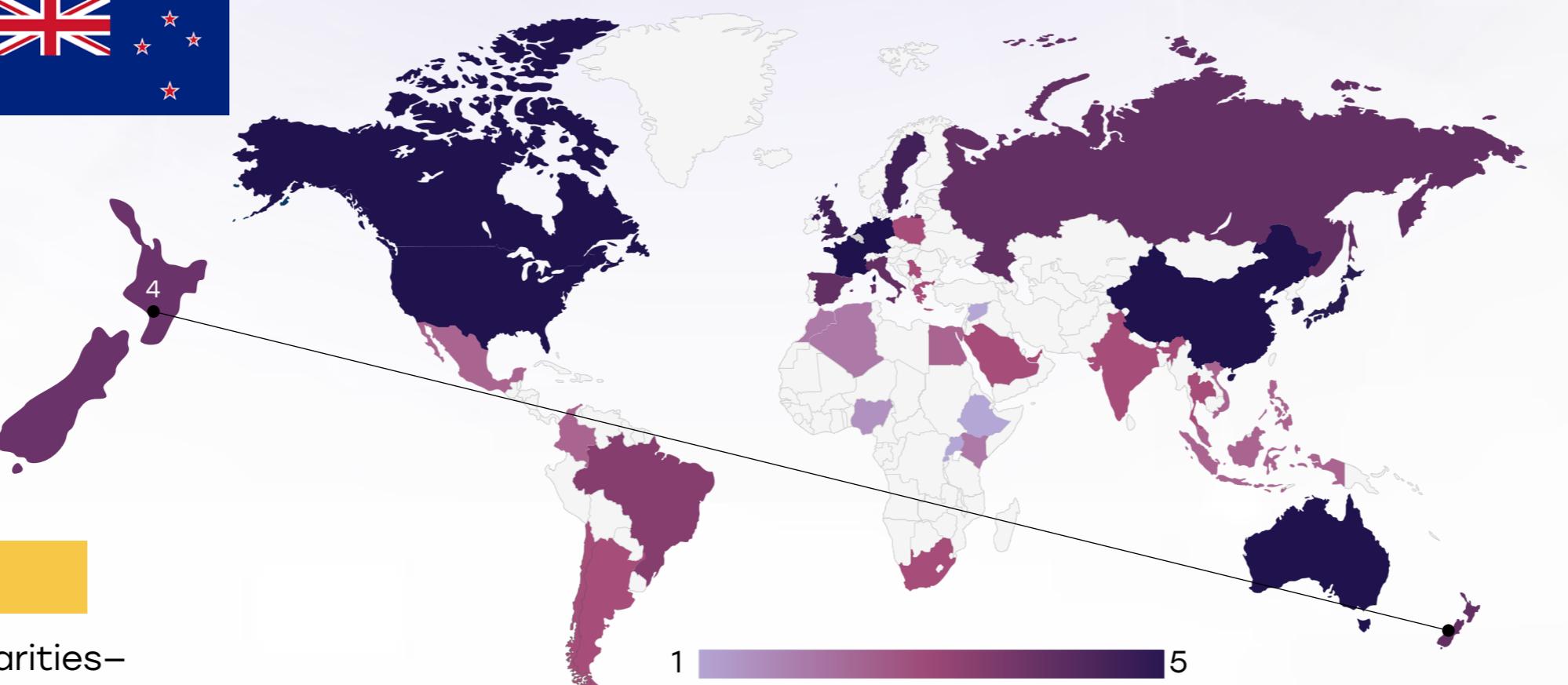
- Geographic disparities—rural and Māori communities face delayed access to diagnostics and specialized cancer services.
- Endoscopy services experience workforce shortages and waitlist backlogs.

### Opportunity

- Ongoing restructuring of the health system into Te Whatu Ora (Health New Zealand) aims to centralize services and improve equity.
- Investment in regional oncology hubs and telehealth can improve infrastructure access.

### Threats

- Capacity constraints and aging infrastructure may hinder demand-driven scaling of gastric cancer services.
- Budgetary pressure from other public health priorities could slow infrastructure upgrades.



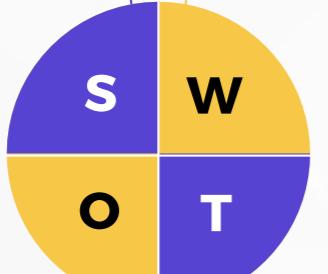
Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	●	●
Kenya	●	●
Nigeria	●	●
Egypt	●	●
Morocco	●	●
Algeria	●	●
Ethiopia	●	●
India	●	●
Japan	●	●
South Korea	●	●
China	●	●
Thailand	●	●
Singapore	●	●
United Kingdom	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy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

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## Treatment Access, Research Funding and Awareness Campaigns

### Strengths

- Publicly funded treatment, including surgery, chemotherapy, and palliative care, ensures financial protection.
- Some gastric cancer research projects underway through Cancer Control Agency and regional academic institutions.



### Weakness

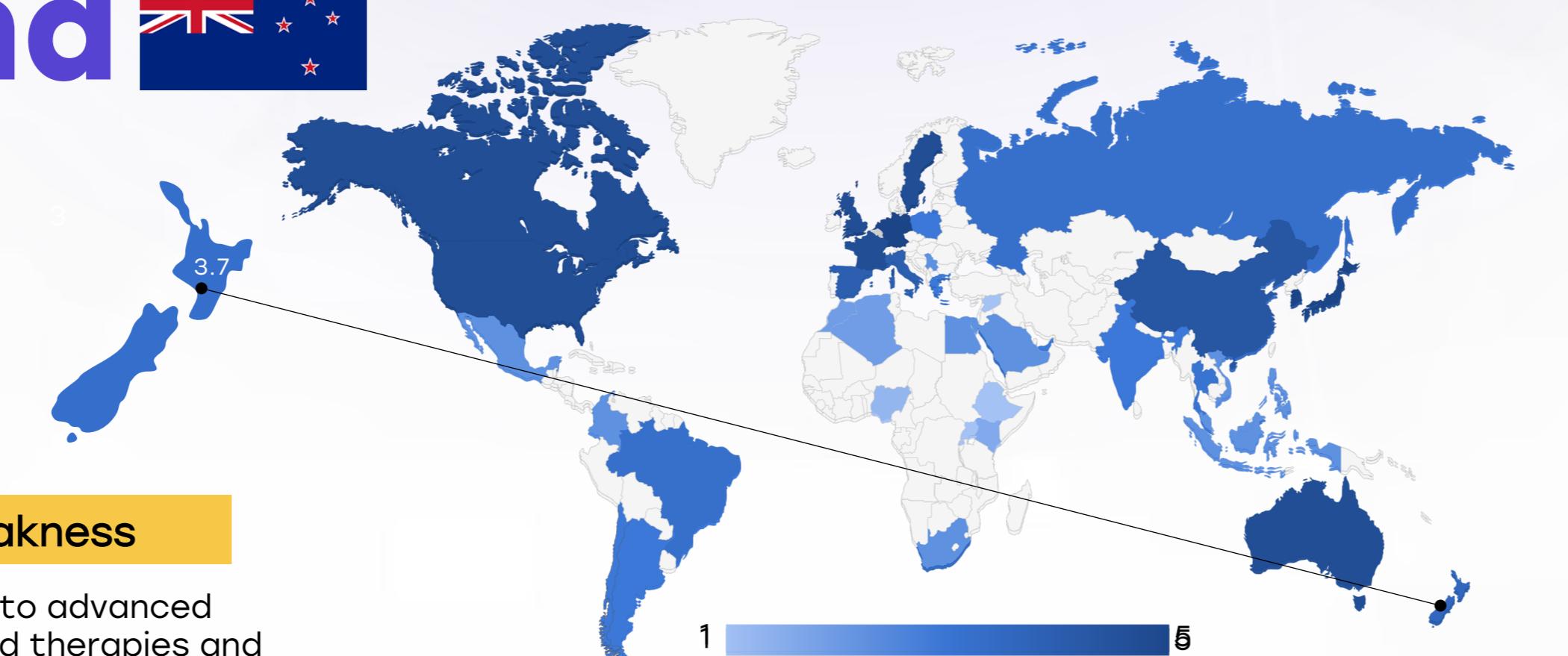
- Access to advanced targeted therapies and biomarker-driven treatment is limited and not consistently funded.
- Public awareness of gastric cancer is relatively low, especially in Māori and Pacific communities with higher risk.

### Opportunity

- Focused awareness programs tailored to high-risk groups (e.g., H. pylori prevalence in Māori) can enhance early help-seeking.
- Collaborations with global cancer networks can boost funding and research scope in precision oncology.

### Threats

- Limited pharmaceutical funding restricts timely access to new gastric cancer therapies.
- Competing public health concerns may deprioritize gastric cancer campaigns.



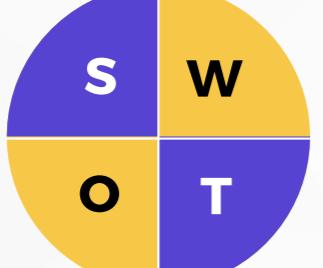
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
<b>New Zealand</b>	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

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## Survival Rates, Early Detection and Palliative Care

### Strengths

- National palliative care strategy supports integration across hospitals and community settings.
- High surgical standards and perioperative care in tertiary hospitals improve outcomes in operable cases.



### Weakness

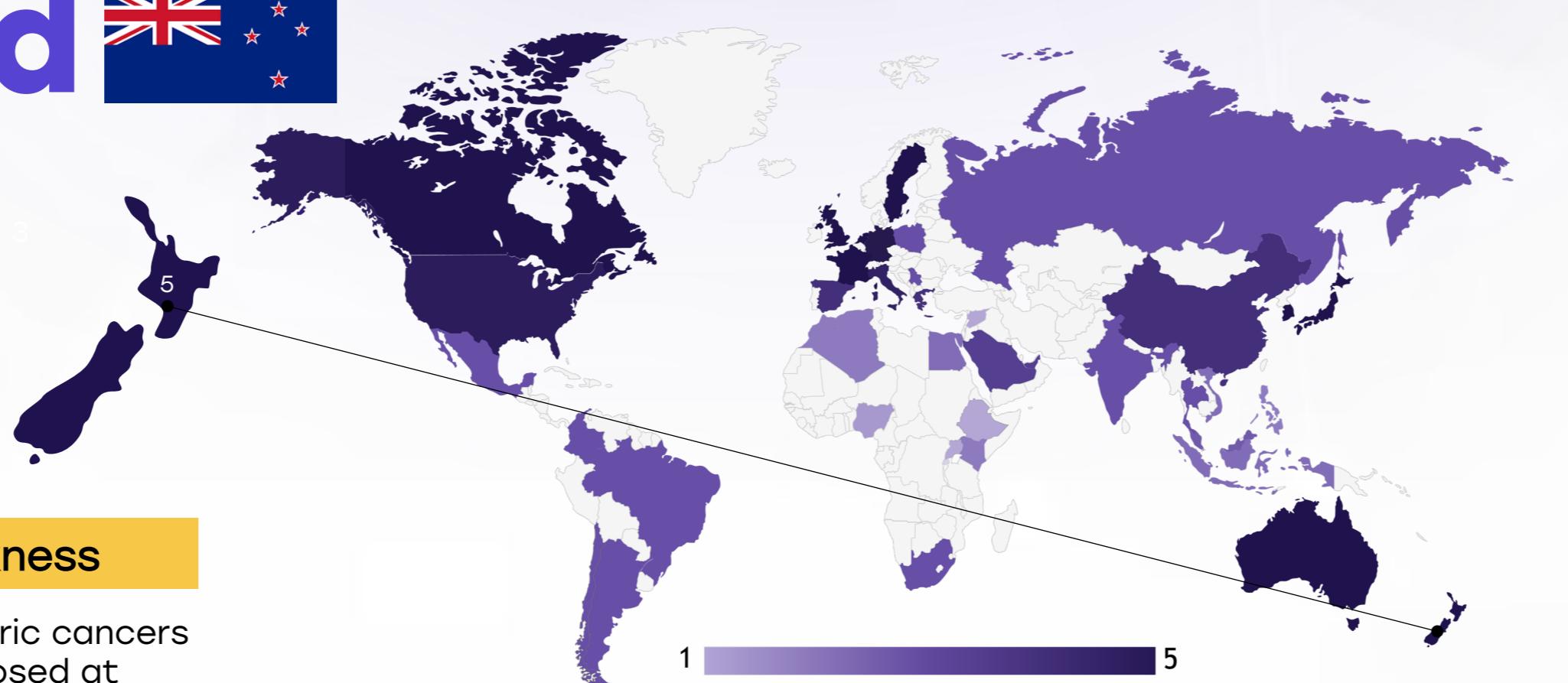
- Most gastric cancers are diagnosed at advanced stages due to vague symptoms and delayed help-seeking.
- No national early detection or screening program for gastric cancer.

### Opportunity

- Development of a risk-based screening model targeting *H. pylori*, family history, and ethnic risk factors.
- Expansion of primary care training for early recognition of gastrointestinal red flags.

### Threats

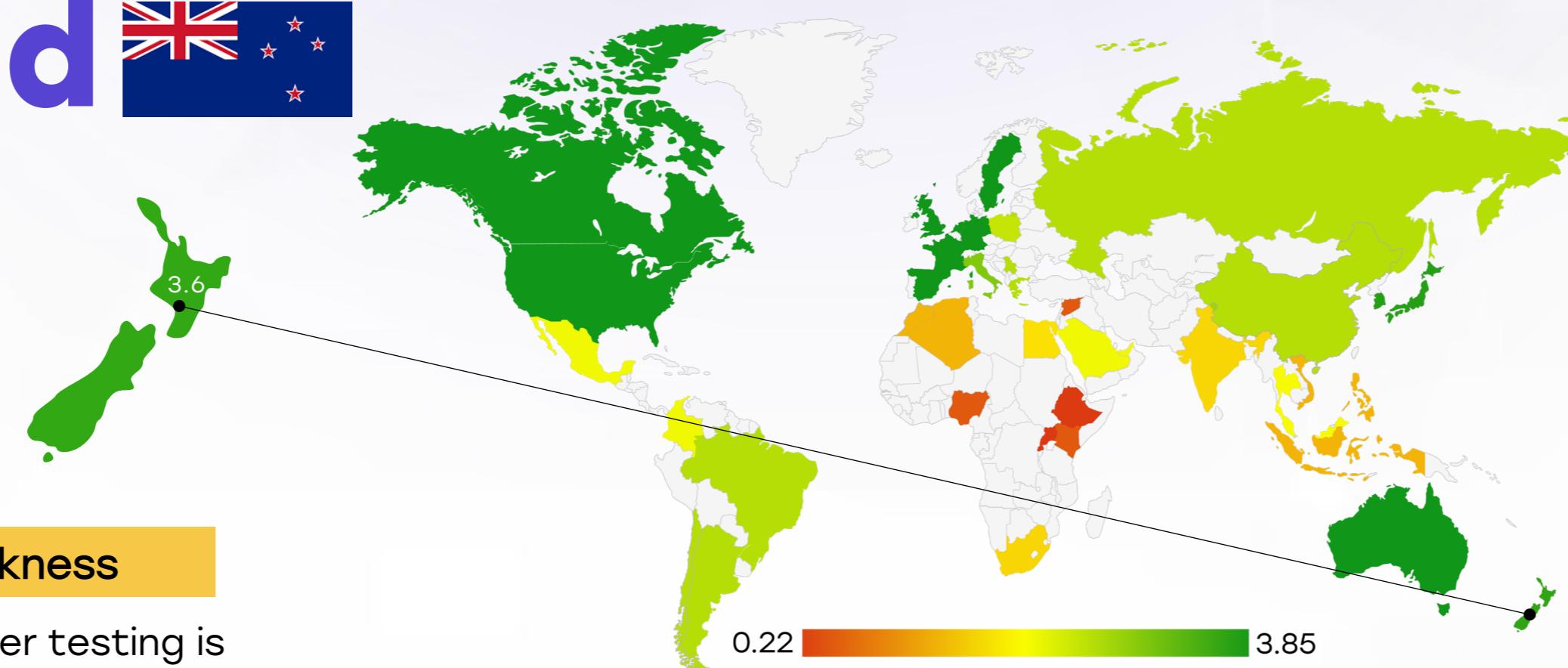
- Cultural barriers and historical distrust in health services may delay diagnosis in Māori and Pacific populations.
- Socioeconomic disparities worsen outcomes for underserved groups despite available care.



Country	Survival Rates	Early Detection	Palliative Care
South Africa	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
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Netherlands	●	●	●
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Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
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<b>New Zealand</b>	●	●	●
Greece	●	●	●
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Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

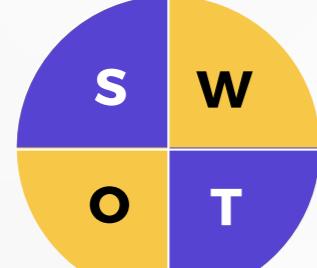
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## Utilization of Biomarkers



### Strengths

- HER2 testing is available in reference labs for advanced gastric cancer; trastuzumab is selectively used.
- Some centers participate in clinical trials involving PD-L1 and MSI testing.



### Weakness

- Biomarker testing is not yet standardized nationwide and varies by region and funding availability.
- CLDN18.2 and FGFR2b testing is not routinely accessible in clinical practice.

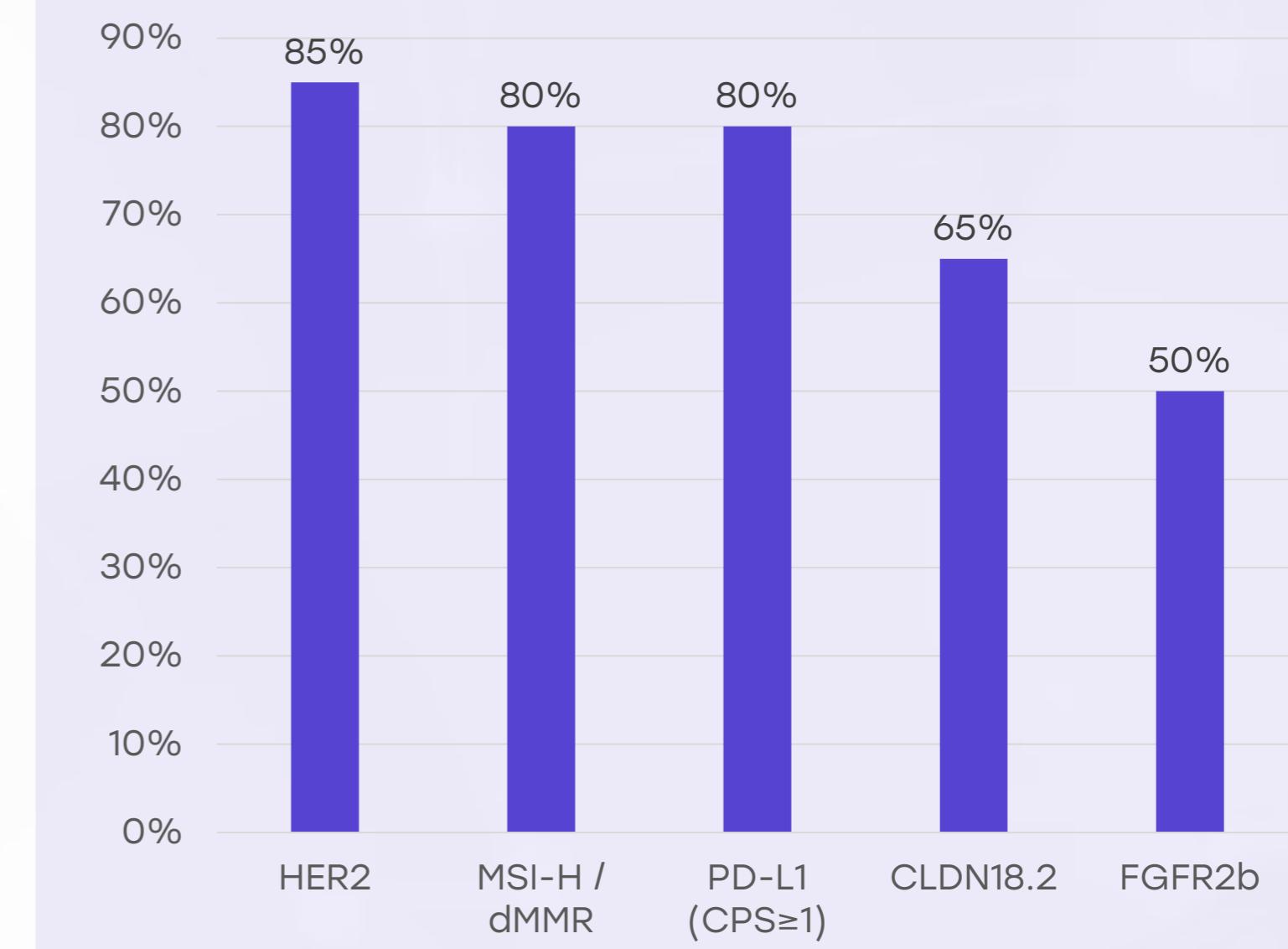
### Opportunity

- National biomarker testing guidelines could standardize access and improve personalized treatment.
- Collaboration with academic and pharma partners to support wider implementation and cost coverage.

### Threats

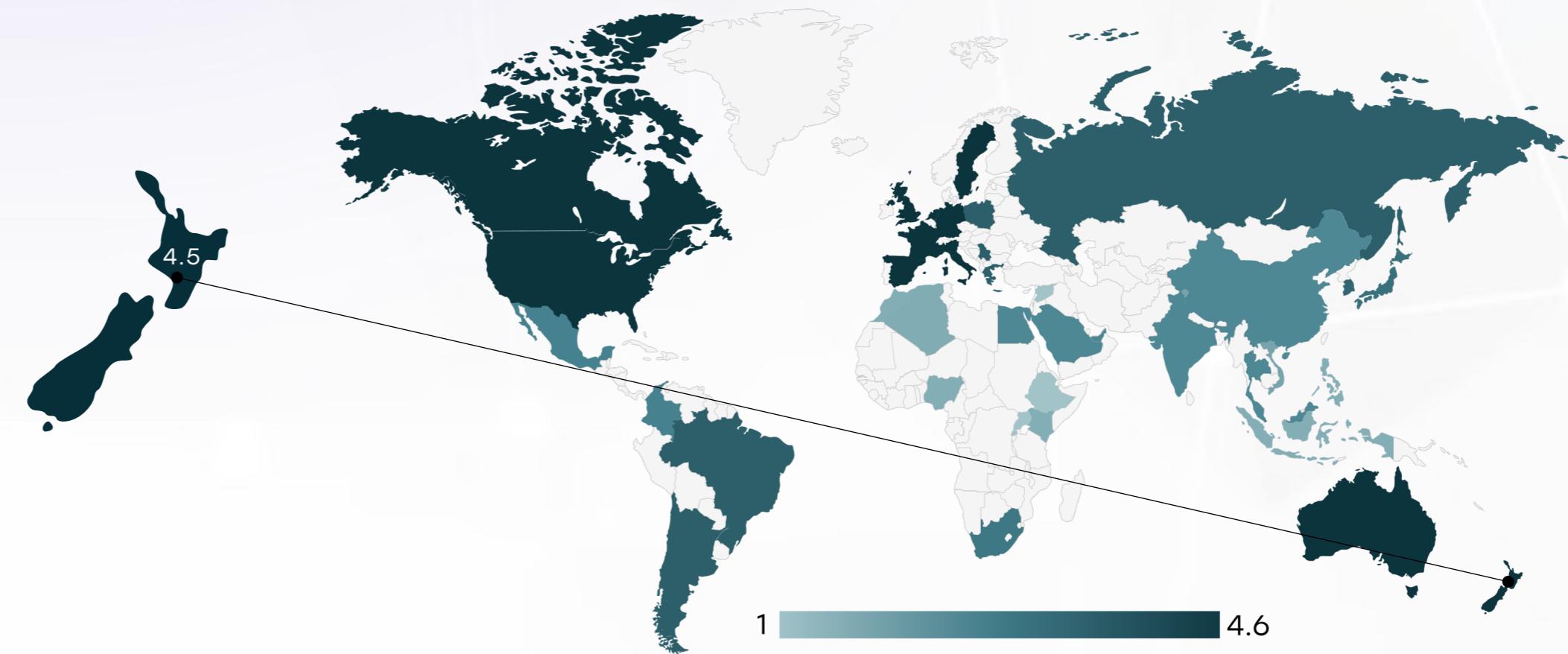
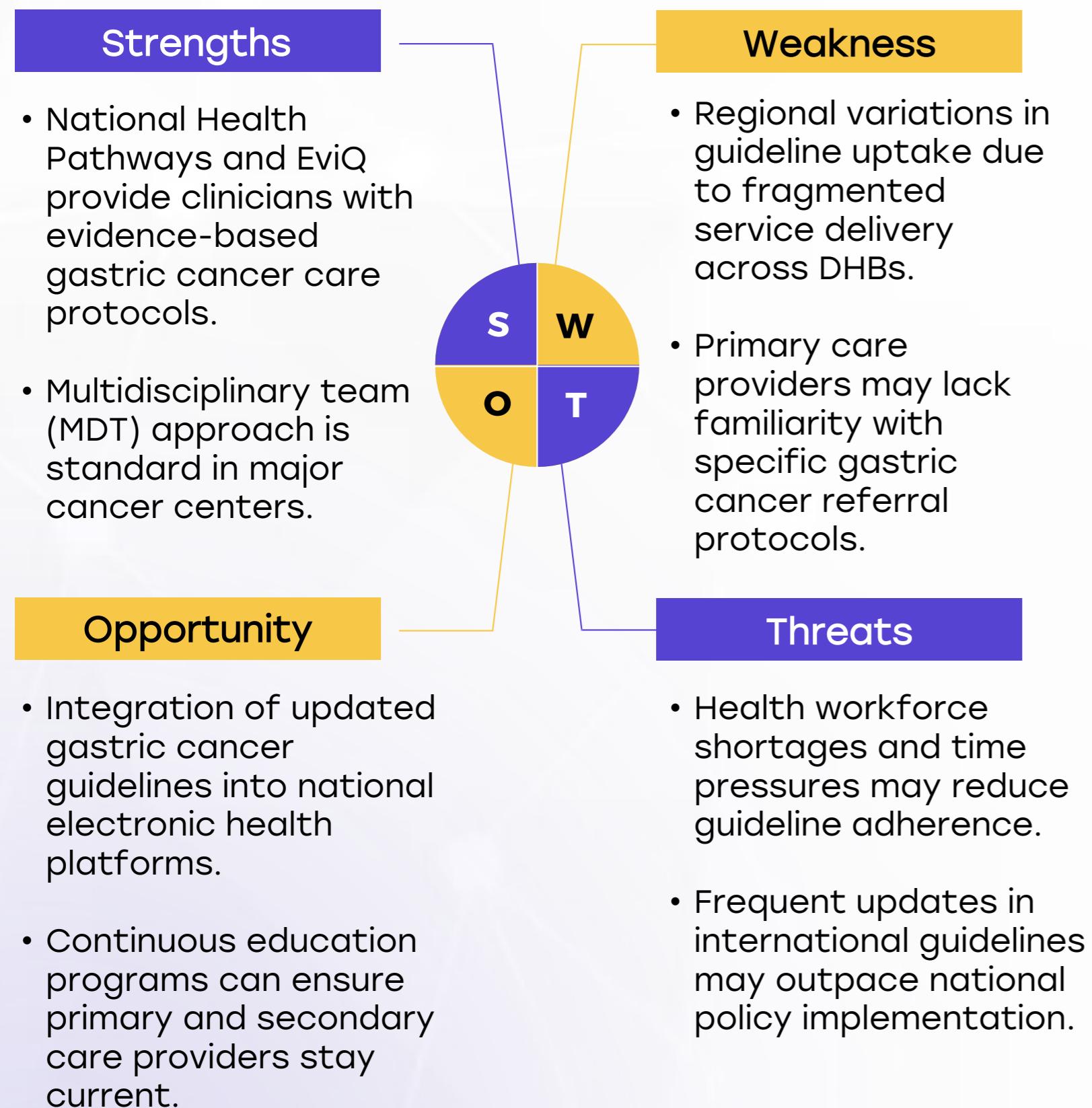
- High costs and limited reimbursement for newer biomarker tests may reduce adoption.
- Low clinician familiarity with less common biomarkers may delay appropriate referrals.

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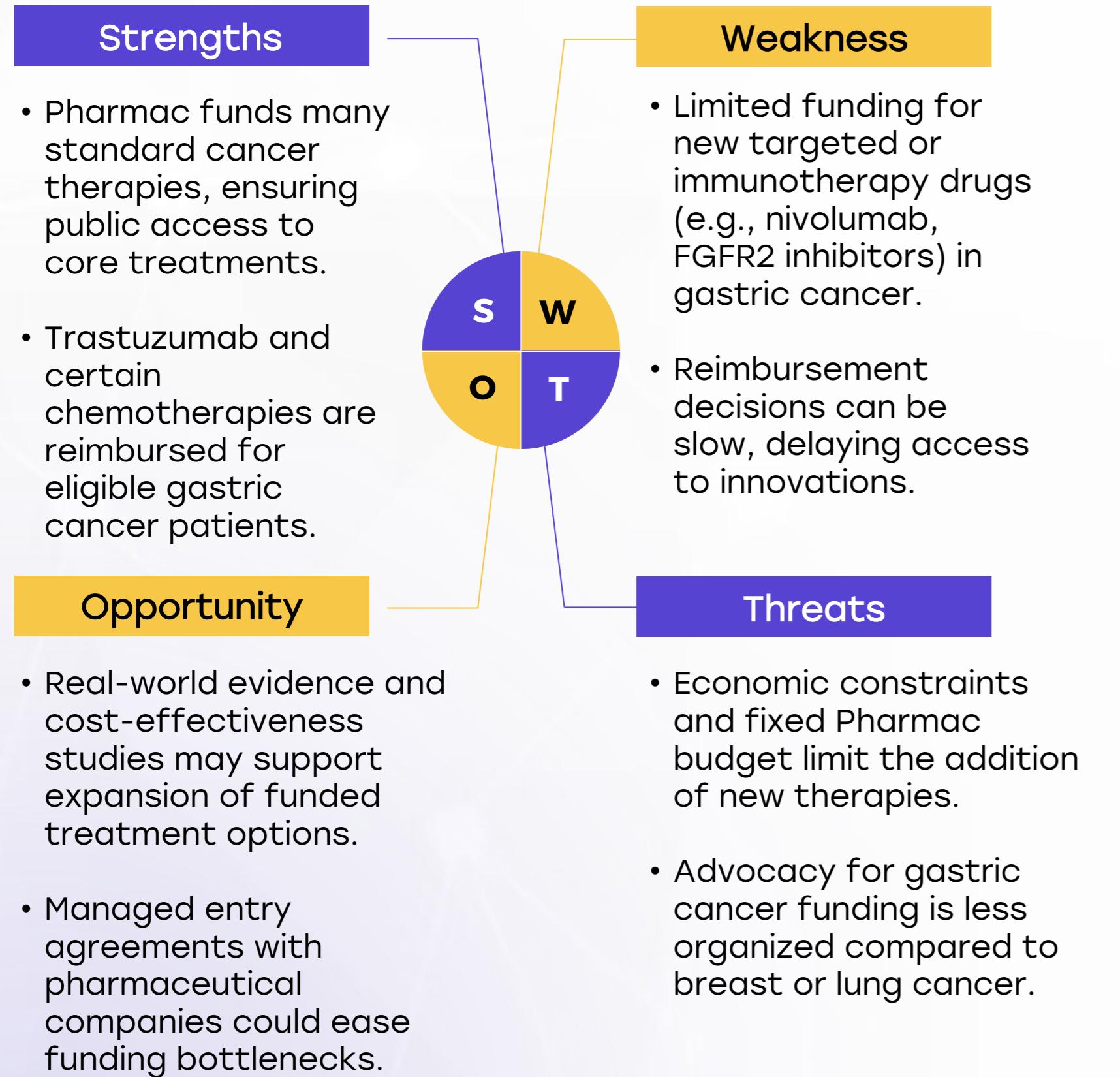
## Clinical Guidelines



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

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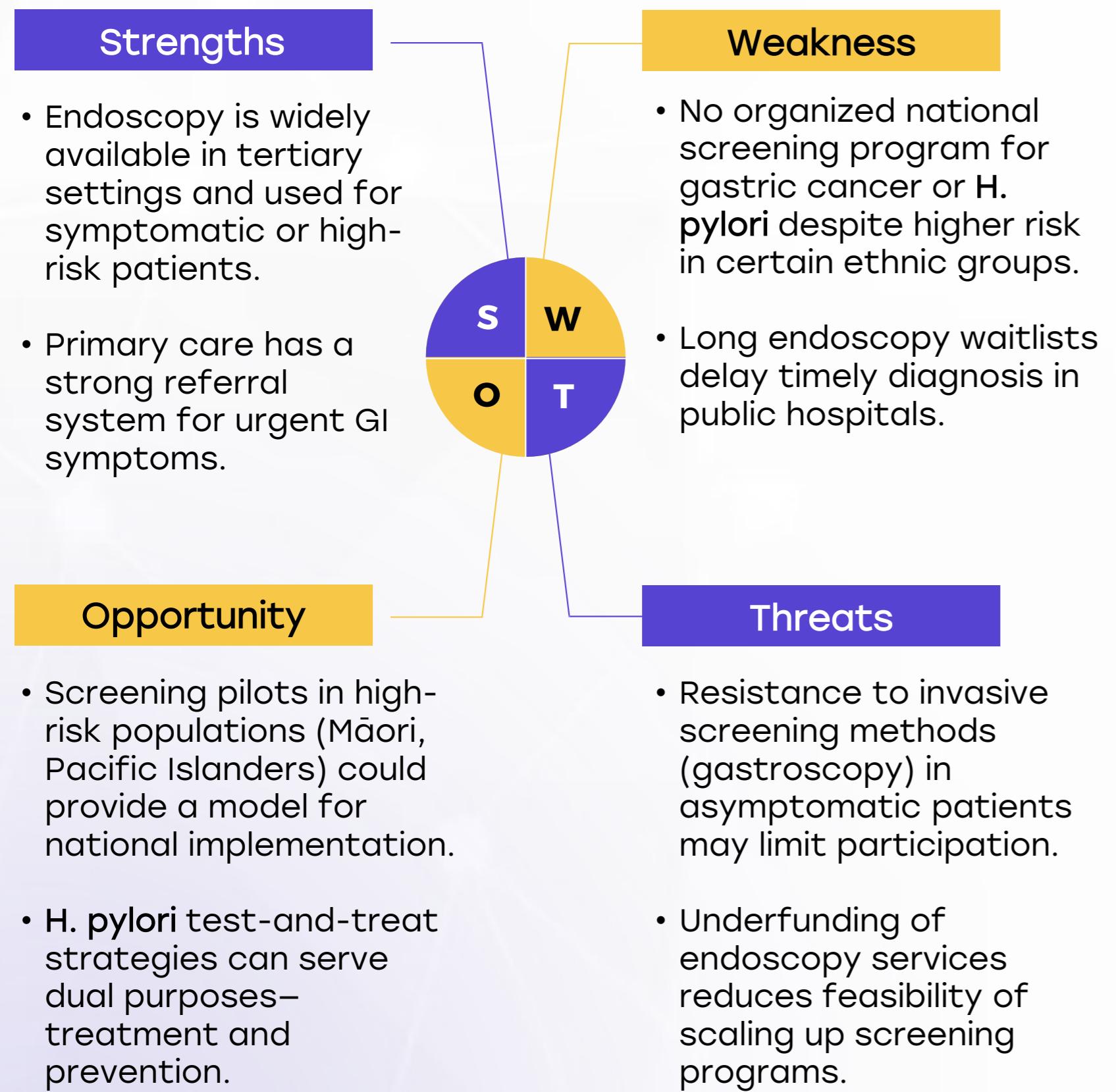
## Reimbursement



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	●	●
<b>New Zealand</b>	●	●
Greece	●	●
Rwanda	○	○
Uganda	○	○
Serbia	●	●
Saudi Arabia	●	●
UAE	●	●
Syria	○	○
Indonesia	●	○
Vietnam	●	○
Philippines	○	○
Russia	●	●
Malaysia	●	●

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## Colorectal Cancer Screening



Country	Gastric Cancer Screening	Country	Gastric Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)	Thailand	No national LDCT program
United Kingdom	LDCT for high-risk individuals (55-74 years)	South Africa	No national LDCT program
Canada	LDCT for high-risk individuals (55-74 years)	Kenya	No national LDCT program
Australia	No national program, high-risk groups advised LDCT	Nigeria	No national LDCT program
Germany	No national program, under evaluation	Egypt	No national LDCT program
France	No national LDCT screening	Morocco	No national LDCT program
Netherlands	Participating in European screening studies	Algeria	No national LDCT program
Sweden	No national LDCT screening	Ethiopia	No national LDCT program
Italy	Regional pilot LDCT screening	Mexico	No national LDCT program
Spain	No national LDCT program	Brazil	No national LDCT program
Poland	No national program	Argentina	No national LDCT program
Japan	No national LDCT program	Chile	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)	Colombia	No national LDCT program
China	No national LDCT program	New Zealand	No national LDCT program
India	No national LDCT program	Greece	No national LDCT program
Singapore	No national LDCT program	Rwanda	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening	Uganda	No national LDCT program
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals	Serbia	No national LDCT program
Syria	No national LDCT program; screening not prioritized due to conflict	Indonesia	No national LDCT program; opportunistic screening in private sector
Malaysia	No program; high-risk CT pilots	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