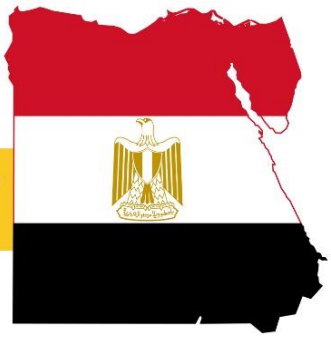


EGYPT

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Gastric Cancer Care** in Egypt

EXECUTIVE SUMMARY

Egypt has pockets of strong oncology capacity but faces persistent challenges in gastric cancer (GC) care: late-stage presentation, unequal geographic access to endoscopy and diagnostics, limited routine availability of molecular testing (e.g., HER2), and uneven access to advanced systemic and palliative treatments. Urban tertiary centres provide high-quality surgical and oncology services, while many governorates experience delays in diagnosis and treatment.

Financial barriers and fragmentation between public and private sectors further entrench inequity. This brief outlines focused policy steps to raise national GC maturity through prevention, diagnostic scale-up, standardized clinical pathways, financing reforms, and expanded palliative care.

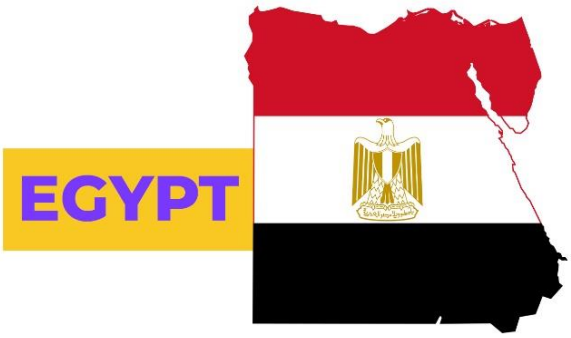
INTRODUCTION

Building on Awareness Gains Amid Structural Gaps

Cancer awareness and specialist capacity have grown in Egypt in recent years, and several tertiary hospitals and cancer centres deliver high-quality GC care. However, these strengths are unevenly distributed.

With a **Level 3 maturity**, the system has the clinical building blocks needed to improve outcomes but requires policy action to ensure consistent, timely, and affordable care for all Egyptians regardless of governorate or ability to pay.

Egypt Ranks at Level 3 – Gastric Cancer Care Maturity Framework



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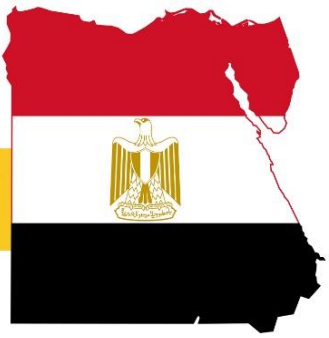
GASTRIC CANCER IN EGYPT

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population GC screening; diagnosis is largely symptom-triggered and many patients present with advanced disease. Endoscopy capacity is concentrated in major urban centres; waits and travel burdens affect rural patients.	Strong tertiary endoscopy units and experienced endoscopists at major hospitals and cancer centres.	Define and implement a national GC pathway with alarm-symptom triage and targets for time-to-endoscopy; expand sessional endoscopy lists, invest in maintenance and scope availability, and deploy outreach/mobile endoscopy where feasible.
Biomarker & Molecular Testing	Molecular testing (e.g., HER2) is available in some academic and private labs but is not uniformly available across the public sector; turnaround times and access depend on where a patient is treated.	Urban reference labs and university hospitals capable of providing molecular testing and acting as hubs.	Establish hub-and-spoke molecular diagnostic networks so HER2 and other relevant biomarkers are routine for advanced GC; set turnaround-time standards and subsidize testing within public financing schemes.
Treatment Access	Curative gastrectomy and peri-operative chemotherapy are provided in tertiary centres; access to targeted therapies and newer systemic agents is uneven and often limited by cost or benefit-listing constraints.	High-level surgical and oncology expertise in major cancer centres and specialist hospitals.	Ensure peri-operative chemotherapy protocols are available across public tertiary centres; create procurement/financing pathways (including access to biosimilars) for HER2-targeted therapies and other essential oncology drugs for eligible patients.
Clinical Guidelines	Practice follows a mixture of international guidance and local expert practice; a unified, nationally promoted GC pathway is not consistently implemented.	Active multidisciplinary team culture at major hospitals supports guideline adoption.	Publish and disseminate a national GC clinical pathway covering alarm features, diagnostic algorithms, staging (including CT and laparoscopy), peri-operative therapy, metastatic management, and palliation; require MDT review for complex cases and implement audit mechanisms.
Palliative & Survivorship Care	Palliative services are developing but uneven; access to timely palliative radiotherapy, consistent opioid supply and community palliative teams varies across regions.	Growing palliative programs and specialist interest in supportive care at tertiary centres.	Scale community-based palliative teams, ensure reliable opioid availability and training for prescribers, ring-fence palliative RT capacity, and integrate psychosocial and nutritional support into standard care pathways.



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CONCLUSION & Call to Action

Egypt has the clinical expertise and institutional foundations to markedly improve gastric cancer outcomes, but current inequities in access, diagnostics, and financing blunt impact. By codifying a national GC pathway, scaling diagnostic capacity and molecular testing, securing equitable access to evidence-based systemic and targeted therapies, strengthening palliative care, and improving data systems, Egypt can elevate outcomes and reduce disparities within a 3–5 year horizon.

KEY POLICY PRIORITIES

1. **National GC Pathway:** Standardize triage, diagnostics, MDT review, peri-operative protocols, referrals, and monitor timelines.
2. **H. pylori Test-and-Treat:** Integrate into primary care for high-risk groups with resistance surveillance.
3. **Molecular Testing:** Establish hub-and-spoke labs for routine HER2 testing with subsidized public access and defined turnaround.
4. **Targeted Therapy Access:** Ensure affordable HER2 and essential oncology medicines through procurement, financing, and biosimilars.
5. **Endoscopy & Diagnostics:** Expand sessional lists, maintenance, training, and outreach to reduce delays.

CONCLUSION

With focused, programmatic policy interventions that align financing, diagnostics, workforce and data, Egypt can transition from uneven, location-dependent gastric cancer care to a cohesive, patient-centred national pathway. Prioritizing these actions will help ensure more Egyptians receive timely, appropriate, and affordable care—regardless of where they live.