

# Philippines

## 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.

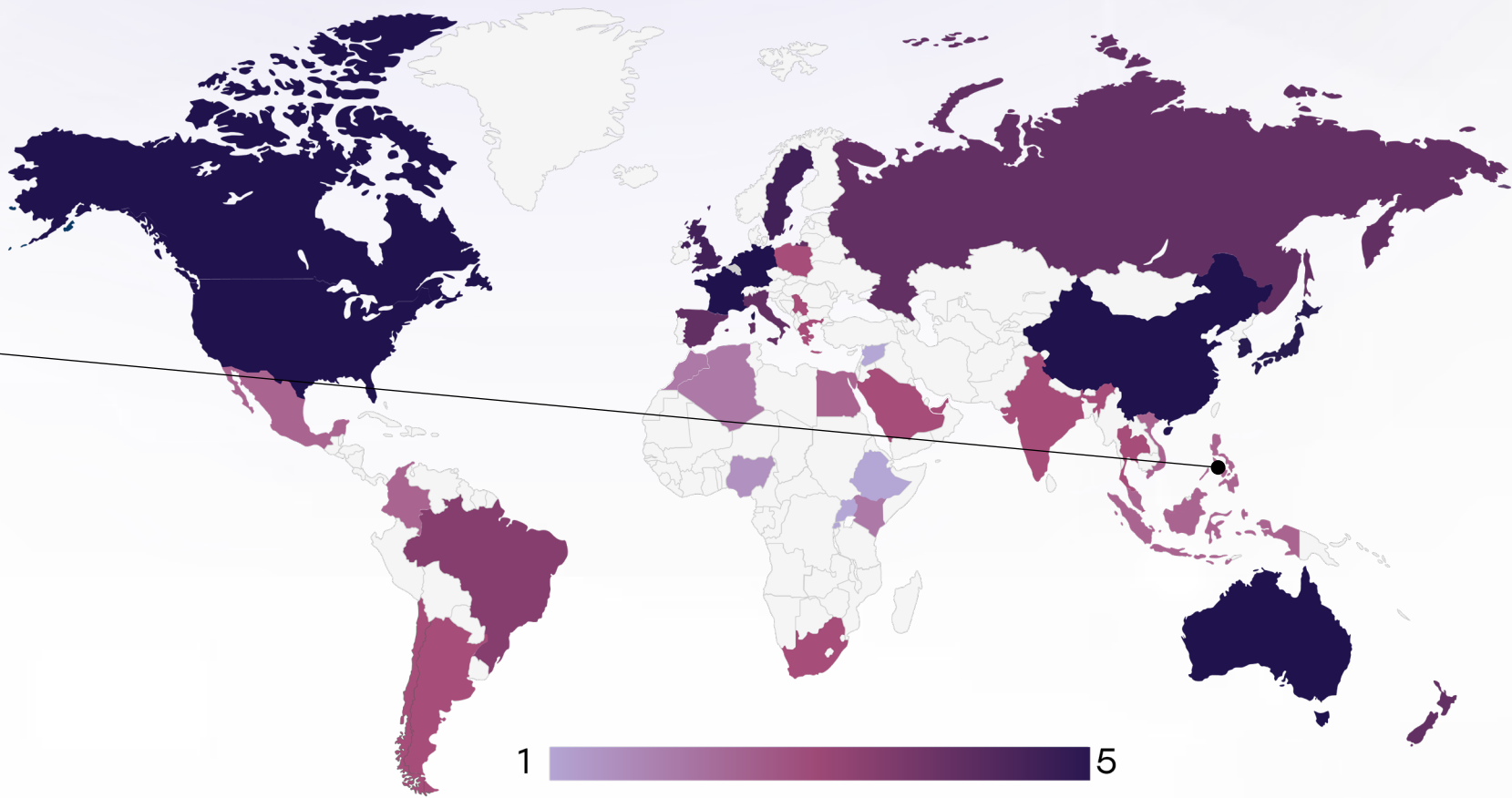
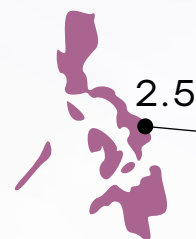
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Among the top 6–8 most common cancers; also within the top 5 causes of cancer deaths
- Incidence rate: Approximately 52.7 per 100,000 men per year (male ASR), or ~35.8 per 100,000 when both sexes combined
- Total new cases (2022): Roughly ~8,000–10,000 cases (estimated)
- Daily diagnoses (2022): Around 22–27 new cases per day
- Deaths (2022): Approximately 1,800–2,000 deaths per year
- 5-year survival rate: Generally low—estimated between ~20–40% overall; much lower for advanced-stage cases
- Most affected age group: Primarily adults aged 50 and above (average diagnosis around age 59–60)
- Screening participation: No national organised screening program; detection is mostly opportunistic (endoscopy typically via symptom-driven testing), uptake very low



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## Infrastructure



### Strengths

- Tertiary centers provide diagnostic endoscopy, surgical oncology, and pathology services.
- National Cancer Control Program includes GI cancers in its long-term vision.

### Weakness

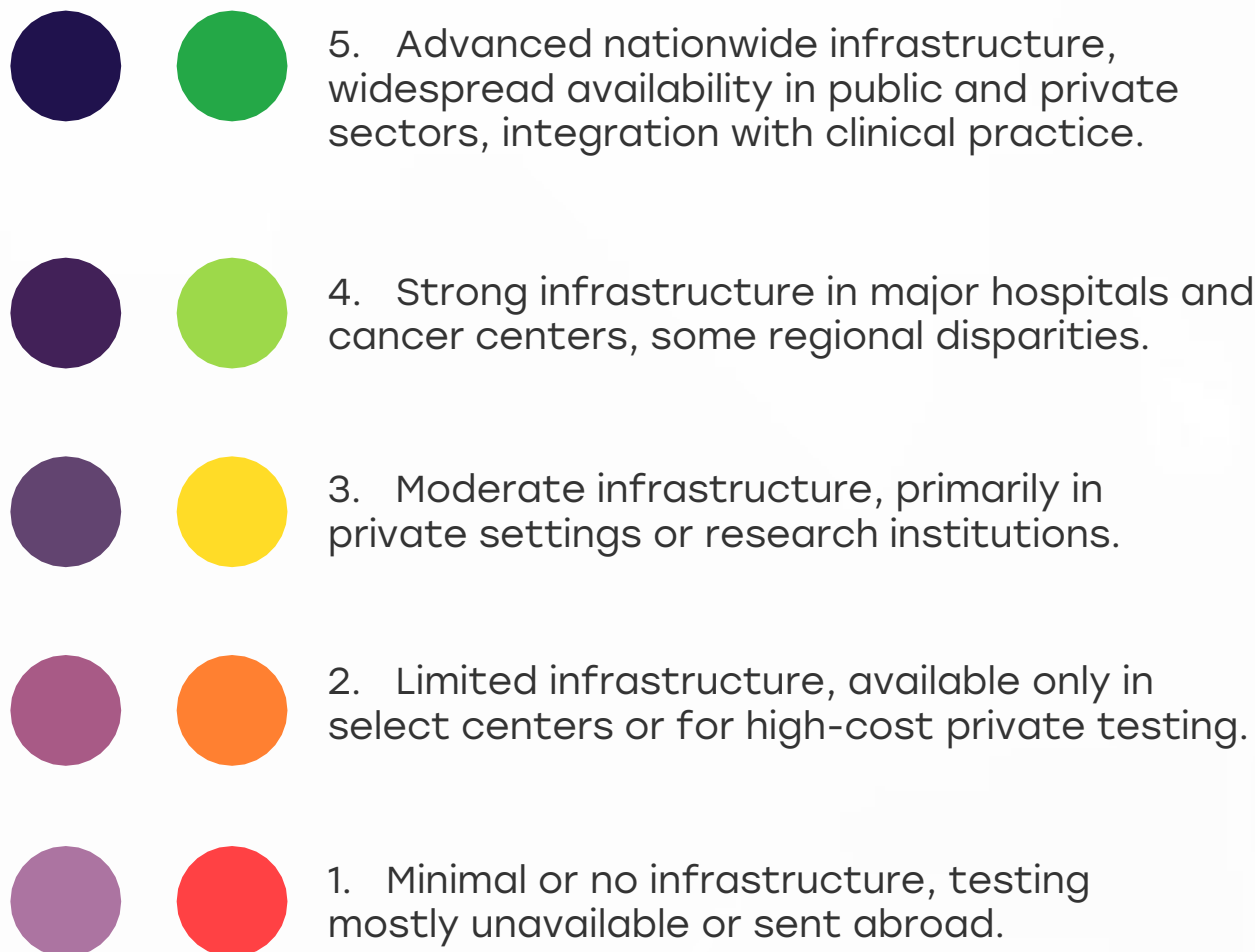
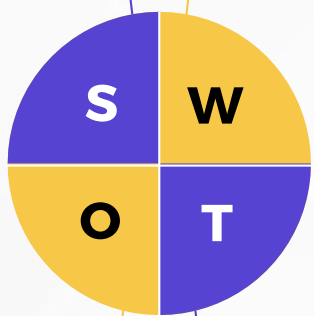
- Limited access to upper GI endoscopy in rural regions (mostly concentrated in NCR and large cities).
- Lack of standard staging facilities (e.g., EUS, PET-CT) outside Metro Manila.

### Opportunity

- Expand upper GI endoscopy units in regional medical centers and train general surgeons in basic endoscopy.
- Use mobile endoscopy vans for underserved island provinces.

### Threats

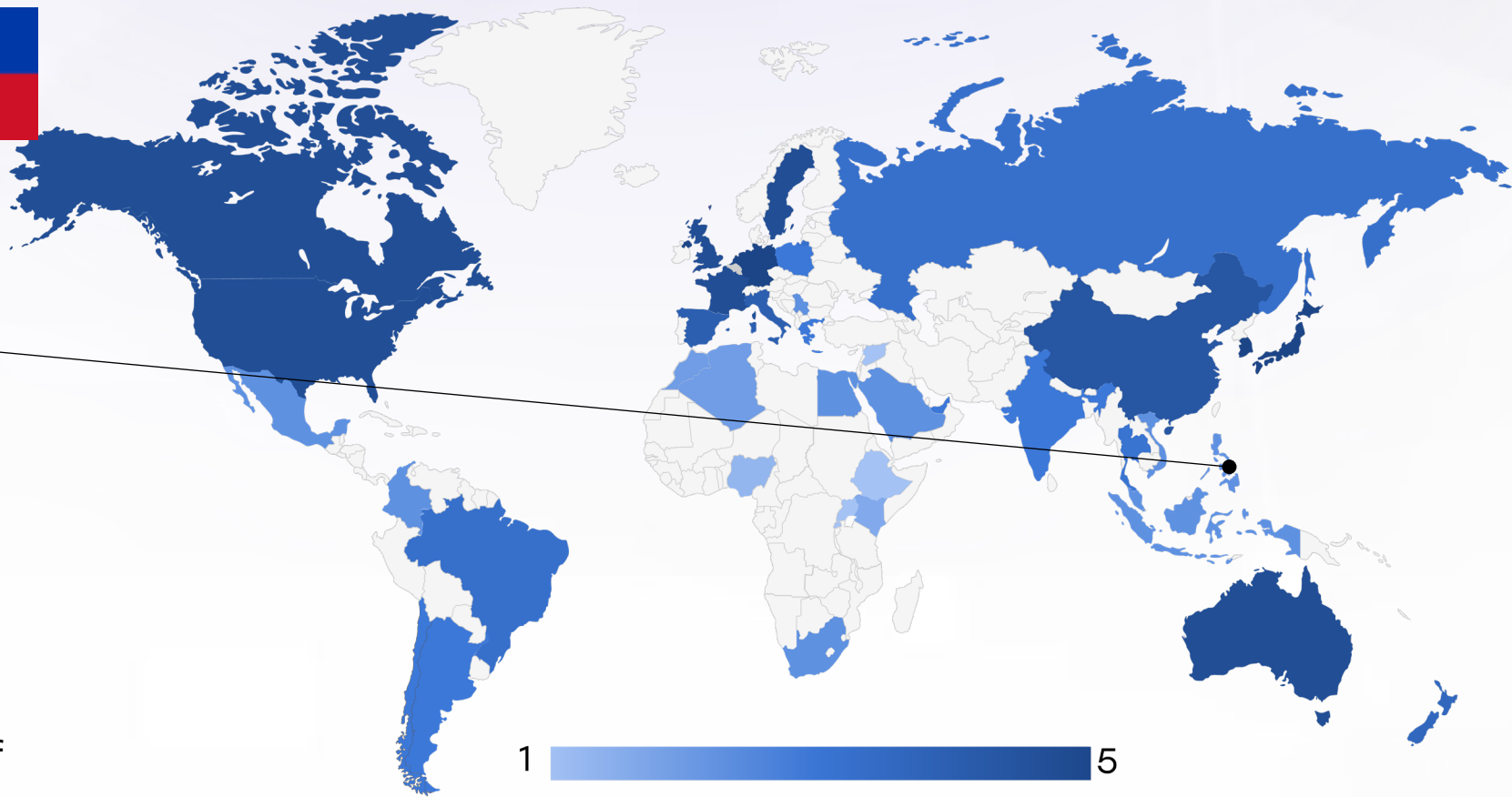
- Geographic inequality leads to late-stage diagnosis in provinces.
- Delays in diagnostic turnaround due to under-resourced labs.



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		
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Malaysia		

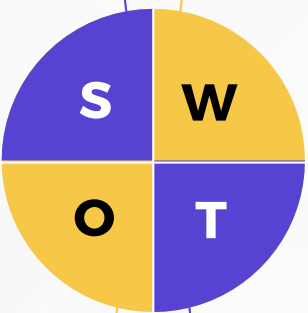
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## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Basic surgical treatment and chemotherapy regimens (e.g., 5-FU, capecitabine, cisplatin) are available in public cancer centers.
- Limited awareness efforts are integrated into GI cancer IEC (information, education, communication) campaigns.



### Weakness

- Low public awareness of gastric cancer symptoms leads to late presentation.
- Minimal funding for gastric cancer-specific research and patient support.

### Opportunity

- Launch targeted awareness campaigns for high-risk individuals (e.g., chronic H. pylori, smokers, older adults).
- Include stomach cancer in GI symptom-based screening programs.

### Threats

- Increasing lifestyle-related risks (high-salt diets, smoking, alcohol) with poor surveillance.
- Competing priorities with more common cancers (breast, lung, colorectal) limit attention to 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.



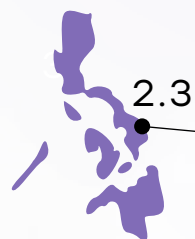
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			
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Serbia			
Saudi Arabia			
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Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			



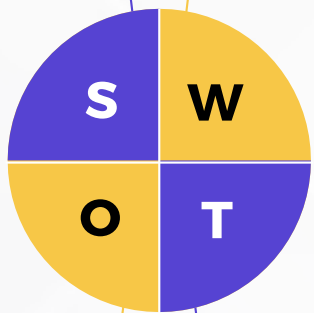
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Survival Rates, Early  
Detection and  
Palliative Care



## Strengths

- Curative gastrectomy is available for early-stage cases.
- Palliative chemo and symptom management provided in some public hospitals.



## Weakness

- Estimated >65% diagnosed at Stage III or IV due to non-specific symptoms.
- 5-year survival is <20% for advanced disease; no national early detection program.

## Opportunity

- Use of red-flag symptom algorithms in barangay health units to prompt referrals.
- Expand training of community health workers on nutritional and palliative support.

## Threats

- Stigma and cultural beliefs delay seeking care.
- Limited nutritional rehabilitation support post-surgery reduces quality of life and survival.



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.

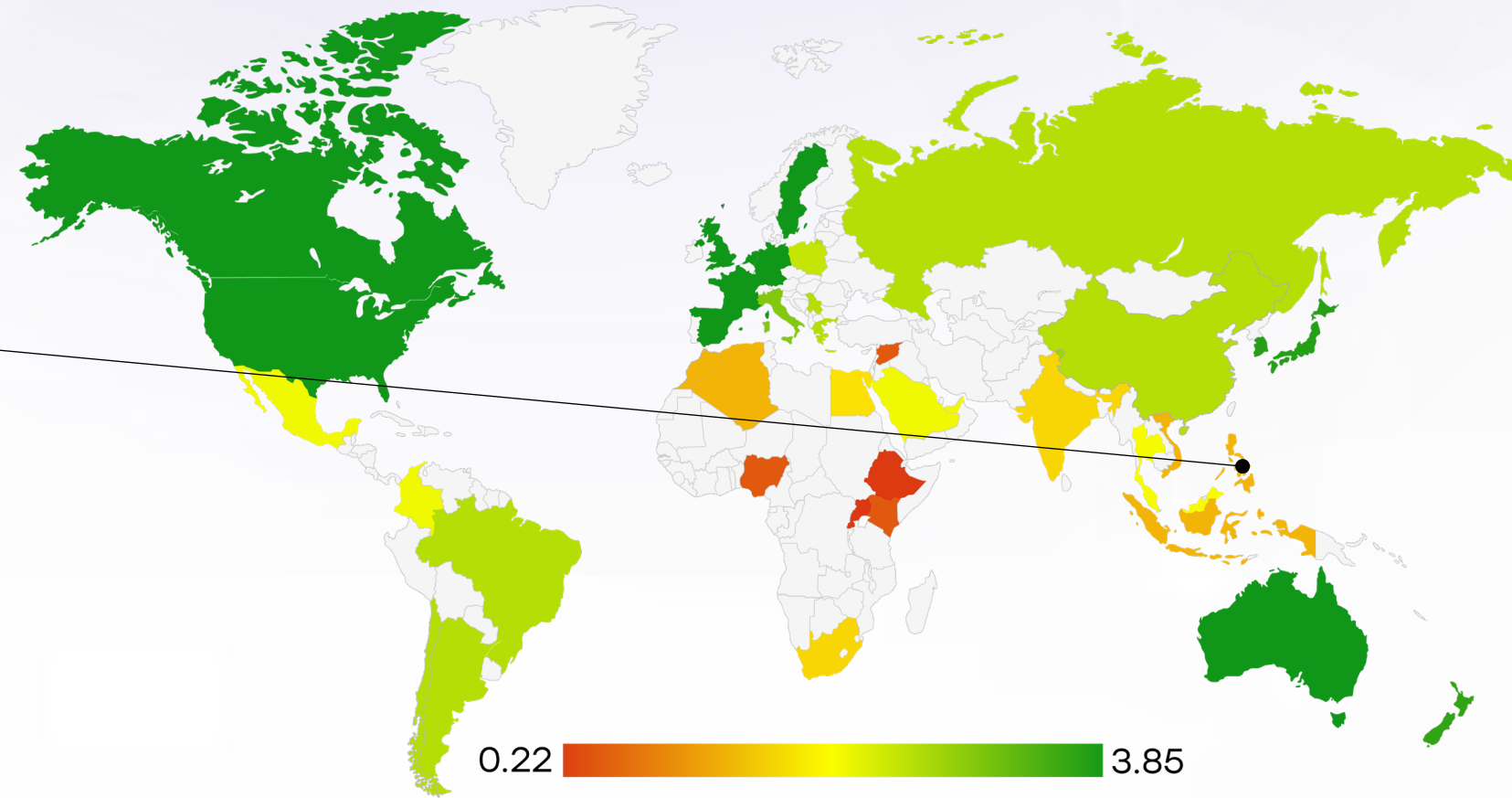
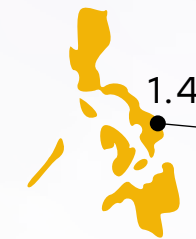


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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			

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Utilization of Biomarkers



## Strengths

- HER2 testing for gastric cancer is available in select private laboratories and tertiary hospitals.
- MSI and PD-L1 testing available in research or international partnership settings.

## Opportunity

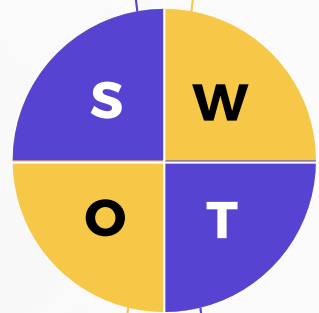
- Encourage HER2 testing in metastatic gastric cancer to enable trastuzumab use.
- Build local lab capacity for immuno-oncology markers (PD-L1, MSI) for clinical decision-making.

## Weakness

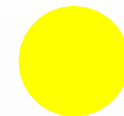
- Limited routine testing due to cost (~P15k–P40k) and lack of reimbursement.
- Most clinicians default to empirical chemotherapy.

## Threats

- Delayed or absent biomarker testing can reduce treatment personalization.
- Rising costs and lack of subsidy limit uptake of precision treatment options.



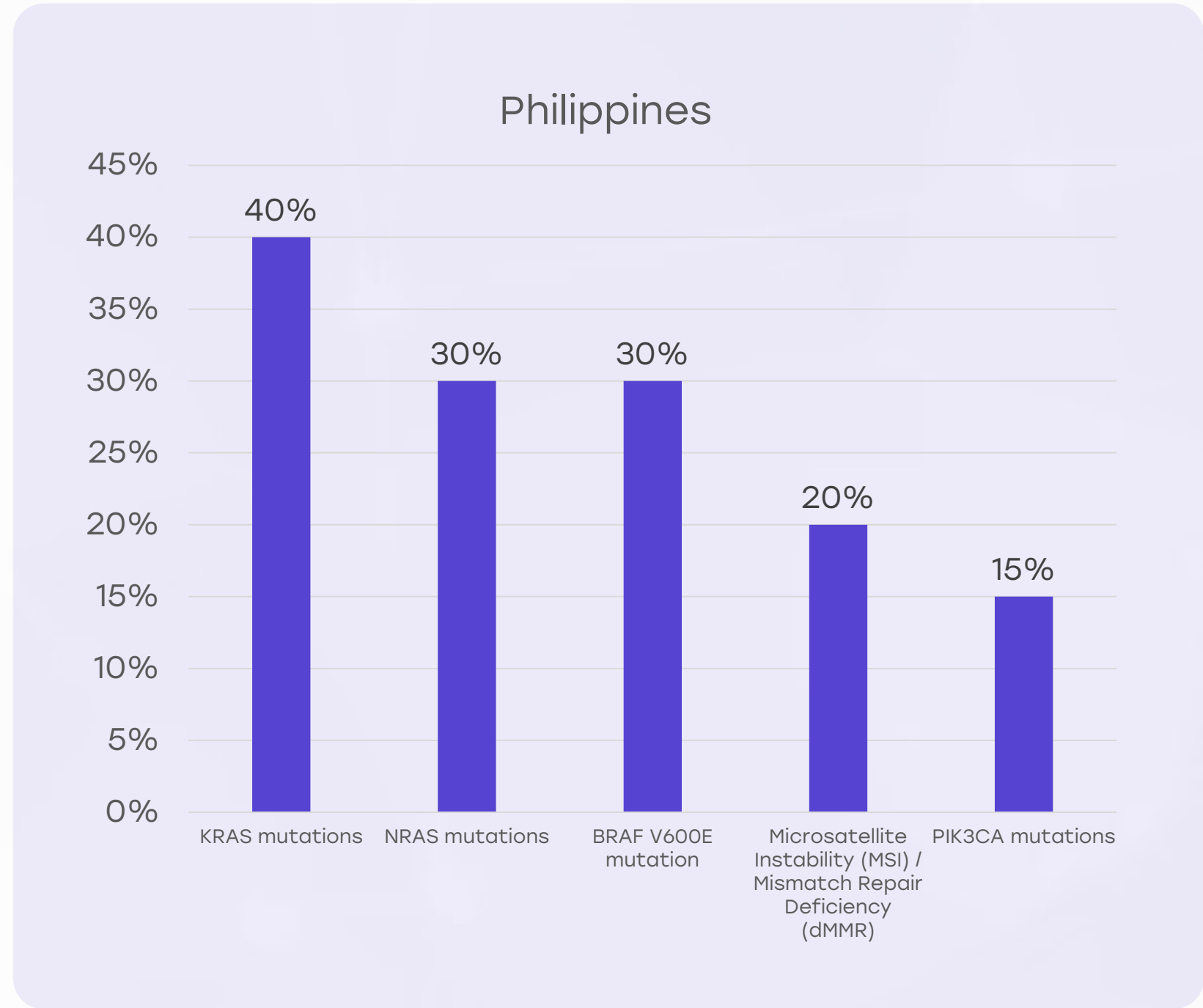
Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.



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.

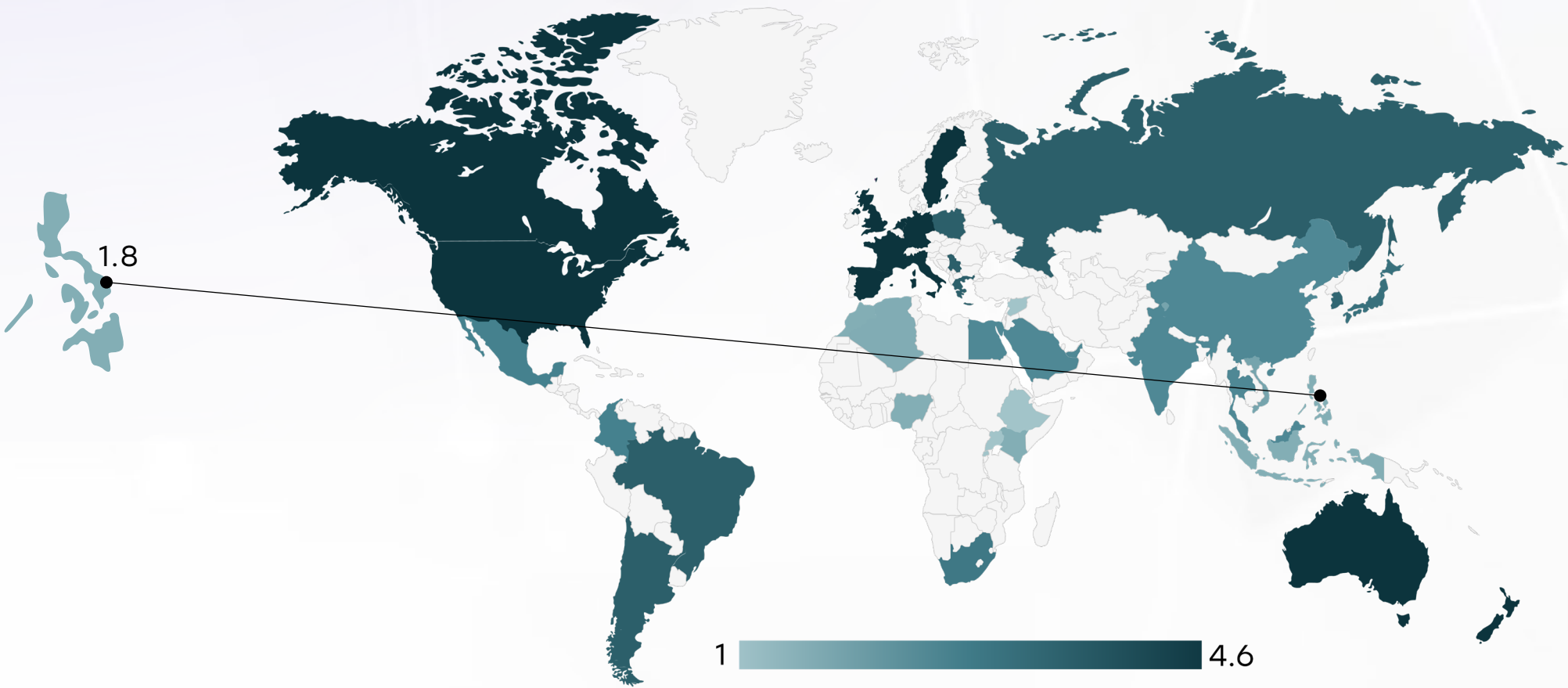
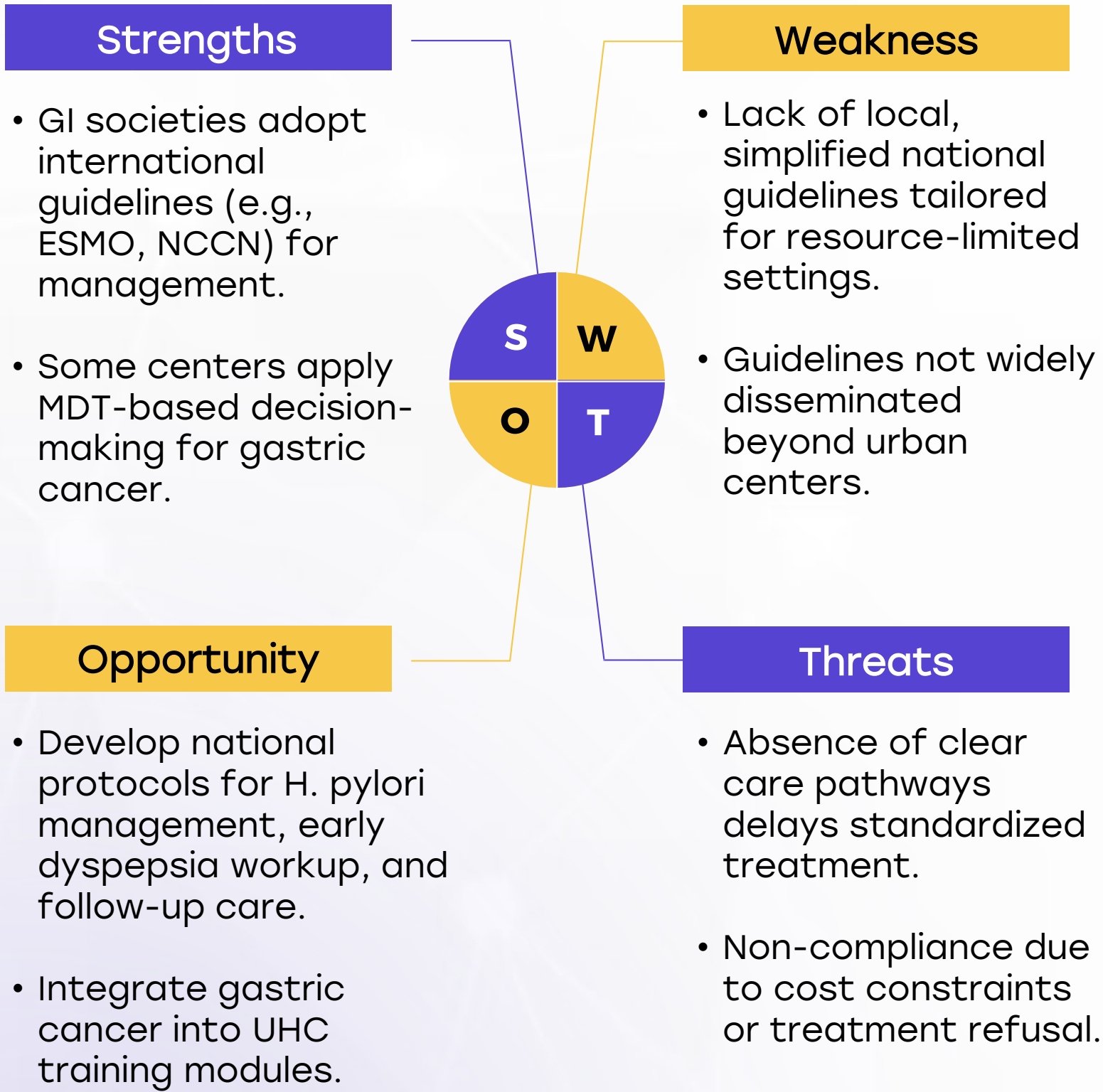




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## Clinical Guidelines



	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



### Strengths

- PhilHealth provides basic coverage for gastric cancer surgery and chemotherapy.
- Social welfare desks assist patients with out-of-pocket needs in public hospitals.

### Weakness

- No coverage for targeted therapies like trastuzumab or immunotherapy agents.
- Biomarker tests and nutritional support not covered.

### Opportunity

- Expand Z-benefit coverage for upper GI cancers including diagnostics and supportive care.
- Explore bulk procurement of essential gastric cancer medications.

### Threats

- Limited government budget and high out-of-pocket spending may reduce treatment completion.
- Rising costs of oncology care may discourage early care-seeking.



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.

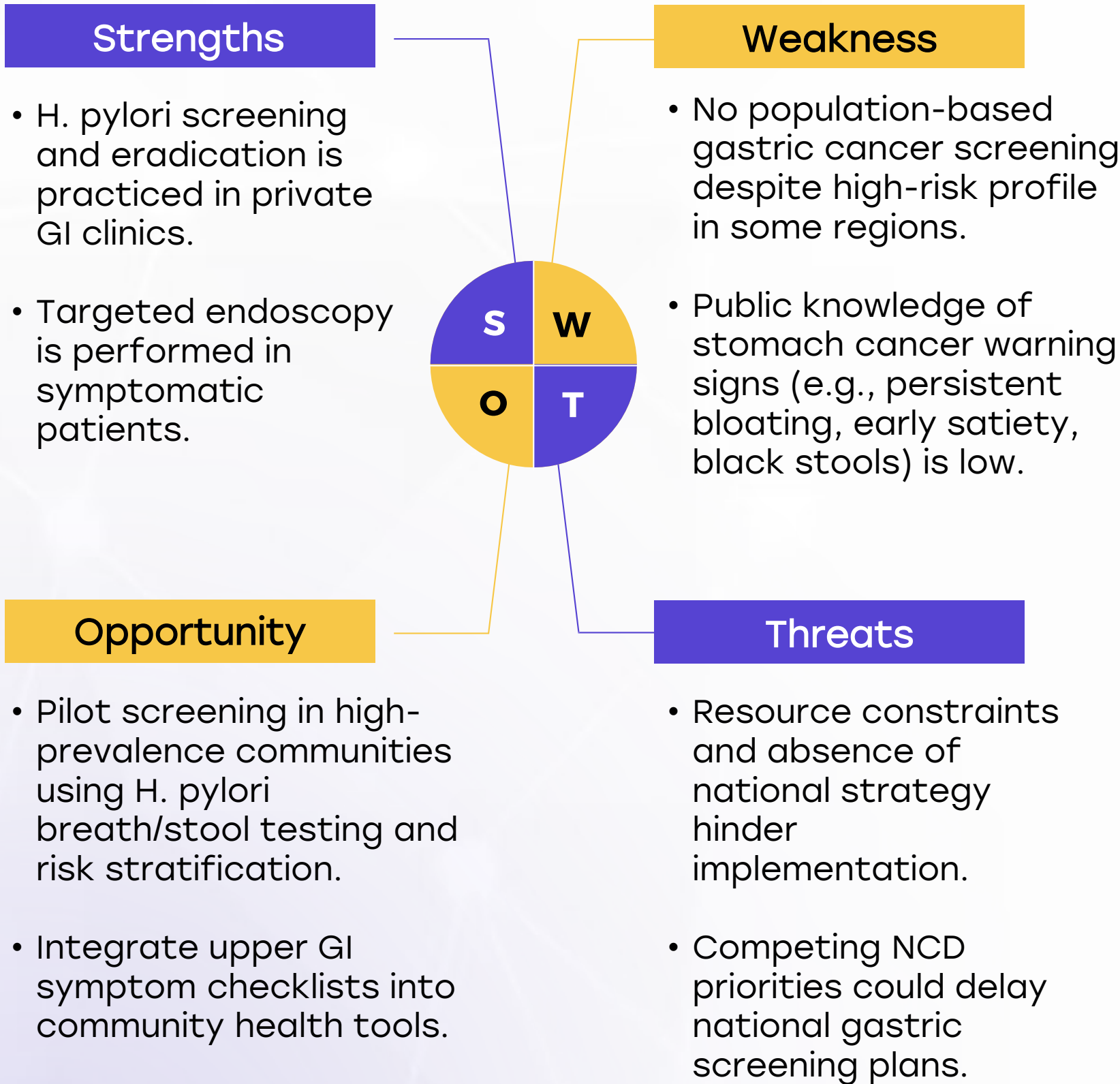
Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
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Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		



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## 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