International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

China carries the world's largest absolute burden of gastric cancer, but also leads in large-scale early-detection efforts and rapid uptake of diagnostic and targeted-therapy innovations. National and regional endoscopic screening programs in high-risk areas have improved early detection; H. pylori remains an important but declining population risk factor; and clinical guidelines and approvals for new targeted agents have advanced care pathways.

Nevertheless, China faces challenges in equitable geographic coverage, ensuring consistent molecular testing and biomarker-driven care across all provinces, streamlining referral pathways between primary care and tertiary centres, and guaranteeing affordable access to newer targeted drugs for patients in the public system. Priority actions focus on expanding risk-based screening coverage, standardizing molecular testing and reporting, ensuring equitable access to guideline-recommended targeted therapies, and strengthening data and quality assurance to reduce regional disparities.

INTRODUCTION

Building on Awareness Gains Amid Structural Gaps

China has demonstrated ambitious national approaches to cancer control — including regional mass endoscopic screening in known high-risk counties, updated national clinical guidelines tailored to Chinese epidemiology and treatment options, and rapid regulatory approvals of locally and internationally developed targeted agents.

These strengths place China at a higher maturity stage for gastric cancer **Level 4**, but persistent inequities in rural and western provinces, variable molecular testing coverage, and financing barriers for high-cost therapies mean policy focus must shift from establishing services to optimizing reach, equity and value.

China Ranks at Level 4 – Gastric Cancer Care Maturity Framework

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GASTRIC CANCER IN CHINA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	China has high absolute numbers of GC cases; targeted endoscopic screening programs have been implemented in several high-risk counties but nationwide population screening is not universal. Many cancers remain diagnosed at later stages in areas not covered by screening.	Demonstrated success of large-scale endoscopic screening in reducing late-stage diagnoses in high-risk areas; infrastructure and workforce for endoscopy are well developed in many provinces.	Expand risk-stratified screening to additional high-incidence regions using evidence-based algorithms; strengthen referral/ticketing systems to ensure prompt diagnostic follow-up; invest in endoscopy capacity-building in under-served provinces and mobile screening units for remote populations.
Biomarker & Molecular Testing	HER2 testing, PD-L1 and other molecular assessments are widely available in major hospitals and reference labs but coverage and turnaround times vary by region and facility.	Strong laboratory infrastructure and rapidly updated national testing recommendations; multiple reference networks exist.	Standardize national HER2/PD-L1 testing protocols and reporting; implement hub-and-spoke networks with funded sample transport and guaranteed TATs; expand training and external quality assurance to raise consistency across provinces.
Treatment Access	High-quality surgical oncology, peri-operative chemotherapy and multimodality care exist in tertiary centres; targeted therapies (trastuzumab and newer HER2 agents) and immunotherapies are increasingly approved and used, though access/cost remain barriers for some patients.	Rapid regulatory approvals and an active domestic pharmaceutical sector have increased therapy options; strong oncology centres provide complex care.	Negotiate procurement and reimbursement pathways (national and provincial) to improve affordable access to guideline-recommended targeted agents and immunotherapies; incorporate value-based purchasing and patient-assistance programs to reduce out-of-pocket costs.
Clinical Guidelines	Chinese clinical practice guidelines for gastric cancer are updated regularly to reflect domestic trial data and drug approvals; practice variation persists mainly due to resource and referral differences.	A mature guideline ecosystem (CSCO and other bodies) aligning international evidence with local context.	Continue rapid guideline translation into provincial implementation plans; link guidelines to reimbursement lists and performance metrics; support MDT networks (virtual MDTs) to disseminate best practice to lower-level hospitals.
Palliative & Survivorship Care	Palliative services and survivorship programs are expanding in cancer centres, but geographic variability in supportive care and symptom-control services remains.	Growing supportive-care services and an increasing emphasis on survivorship within oncology centres.	Scale community palliative links and nutrition/psychosocial services into the GC pathway; protect palliative radiotherapy and analgesic supply chains; train primary-care providers in survivorship follow-up for resection patients.

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CONCLUSION & Call to Action

China combines high burden with robust technical capacity and policy momentum — a rare mix that enables rapid gains of attention shifts to equity, value, and system integration. Priority reforms should scale proven screening in additional high-risk areas, standardize and finance molecular diagnostics nationwide, secure affordable access to guideline-recommended targeted/immunotherapies, and deploy data-driven accountability to reduce provincial disparities. Doing so will consolidate China's leadership in gastric cancer control and deliver measurable survival gains across the country.

KEY POLICY PRIORITIES

1. **Risk-Based Screening:** Expand endoscopic screening using triage algorithms, mobile units, and province-level rollouts.
2. **Molecular Diagnostics:** Standardize and fund HER2, PD-L1, and MMR testing with hub-and-spoke logistics and quality assurance.
3. **Therapy Access:** Ensure equitable access to targeted and systemic therapies via procurement, reimbursement, and assistance programs.
4. **Guideline Implementation:** Link provincial reimbursement and performance metrics to guideline adherence, MDT use, & outcome audits.
5. **Supportive & Palliative Care:** Integrate survivorship into primary care, protect palliative RT, and guarantee analgesic availability.
6. **Guideline Implementation:** Link provincial reimbursement and performance metrics to guideline adherence, MDT use, & outcome audits.

CONCLUSION

At **Level 4 maturity**, China is positioned to move from strong pockets of excellence to a uniformly high-performing national gastric cancer system. Achieving this requires policy focus on equitable scale-up, financed molecular testing, affordable access to new therapies, and a data-driven approach that measures and rewards reductions in geographic and financial disparities.