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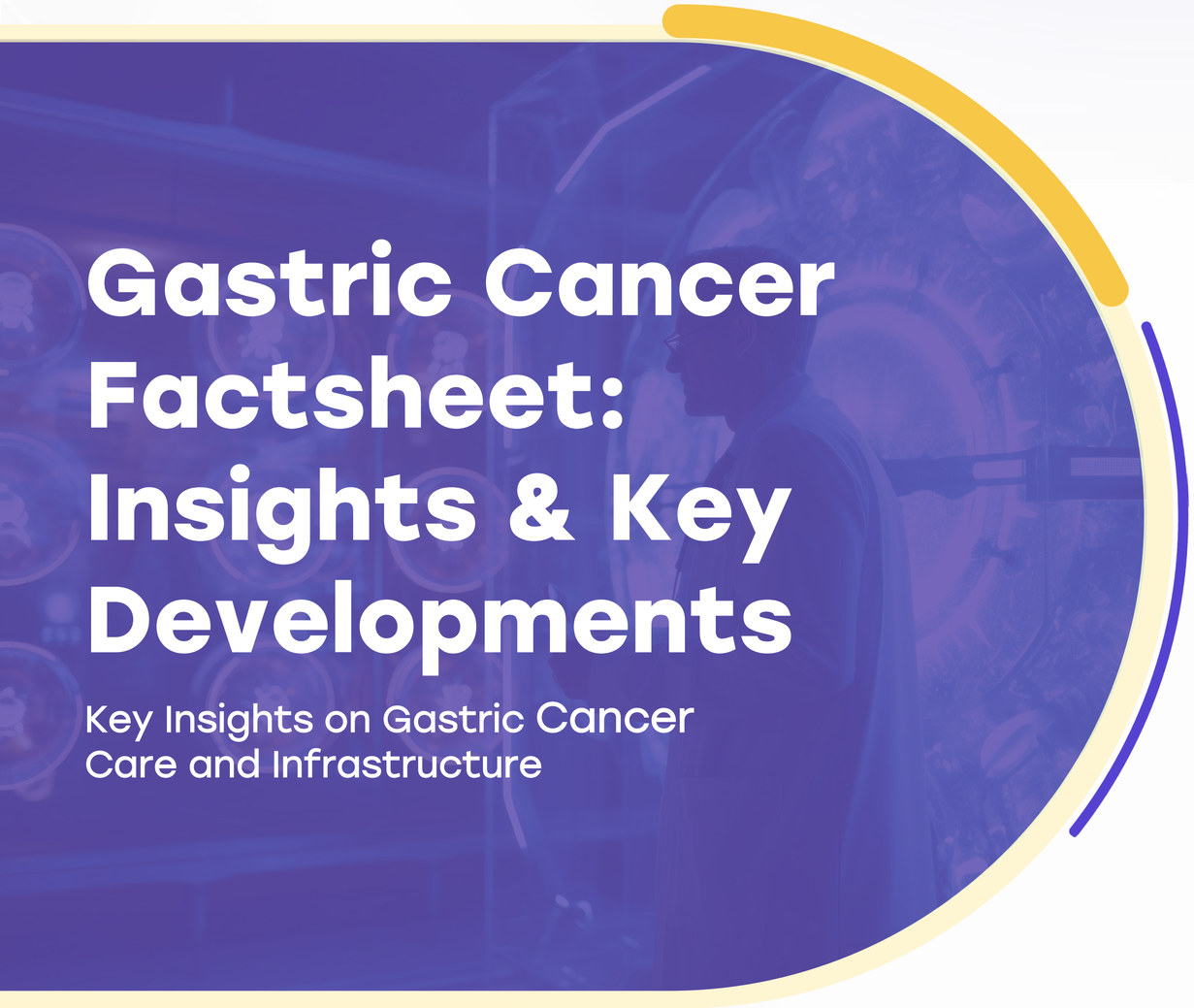

Gastric Cancer Factsheet: Insights & Key Developments

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 relevant in older men.
- Incidence rate: Around 7 per 100,000 men per year.
- Total new cases (2022): Around 3,500 men.
- Daily diagnoses: Roughly 10 men per day.
- Deaths (2022): About 2,500 men.
- 5-year survival rate: Estimated 35–45%.
- Most affected age group: Mostly 70 years and above.
- Screening participation: No routine screening; endoscopy performed only when symptoms arise.

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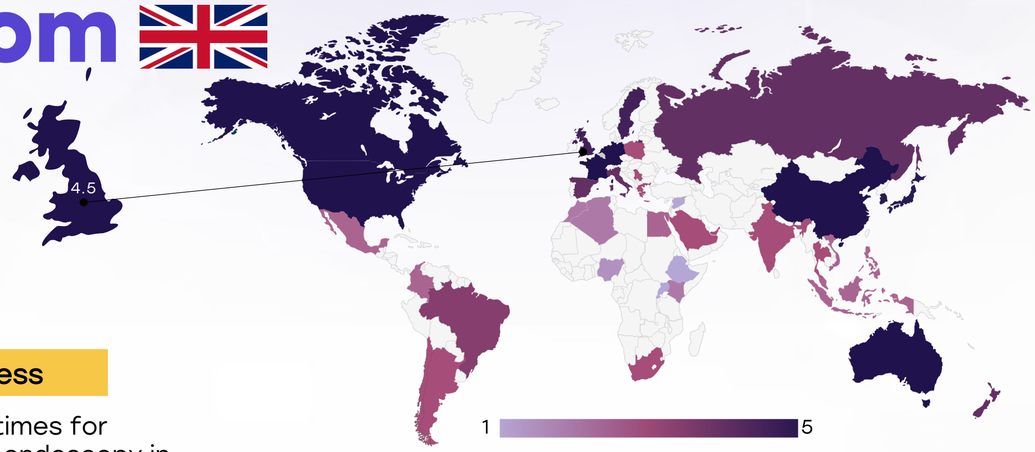
Infrastructure



Strengths

- Robust National Health Service (NHS) infrastructure with comprehensive cancer centres (e.g., Royal Marsden, Christie).
- Widespread access to modern diagnostic equipment (endoscopy, CT, PET-CT, MRI

Weakness

- Long wait times for diagnostic endoscopy in some regions due to NHS backlog.
- Disparities in infrastructure between urban and rural areas or across devolved nations (England vs. Wales/Scotland/Northern Ireland).

Opportunity

- Investment in AI-assisted endoscopy and digital pathology to improve early gastric cancer diagnosis.
- Capital projects to upgrade cancer units under NHS Long-Term Plan.

Threats

- Workforce shortages (pathologists, radiologists) could bottleneck diagnostic capacity.
- Post-Brexit economic constraints may slow infrastructure expansion.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	3
Spain	4	3
Poland	4	3
Mexico	2	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	3
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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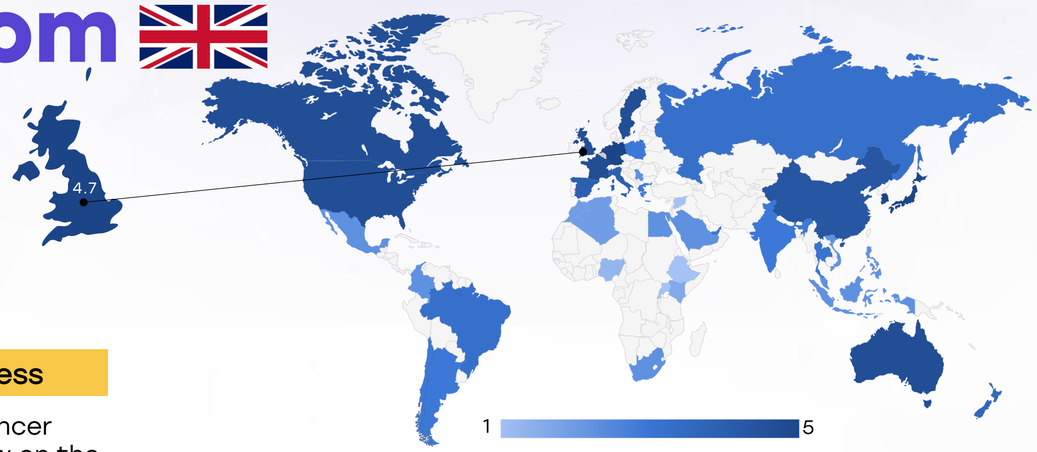
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to multidisciplinary cancer care through regional cancer networks.
- Active research hubs with world-class institutions like Cancer Research UK (CRUK) funding gastric cancer studies.

Weakness

- Gastric cancer remains low on the public cancer awareness agenda compared to breast or lung cancer.
- Regional inequalities in access to advanced surgical techniques and clinical trials.

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Opportunity

- Increased use of data registries and genomics to personalise gastric cancer treatment.
- Potential to expand public awareness campaigns like “Be Clear on Cancer” to include gastric symptoms.

Threats

- Budget pressures may deprioritise rare cancer research.
- Late-stage presentation still common due to low symptom recognition.

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	3	2	2
Kenya	2	1	1
Nigeria	2	1	1
Egypt	3	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	5	5
South Korea	5	5	5
China	4	5	4
Thailand	3	3	3
Singapore	5	4	4
United Kingdom	5	5	4
Germany	5	5	5
France	5	4	4
Netherlands	5	5	4
Sweden	5	5	4
Italy	5	4	4
Spain	5	4	4
Poland	3	3	3
Mexico	3	2	2
Brazil	4	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	3	2	2
United States	5	5	4
Canada	5	5	4
Australia	5	5	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	2	2
Saudi Arabia	3	2	2
UAE	3	3	3
Syria	1	1	1
Indonesia	3	2	2
Vietnam	3	2	2
Philippines	2	2	2
Russia	4	3	3
Malaysia	3	2	2

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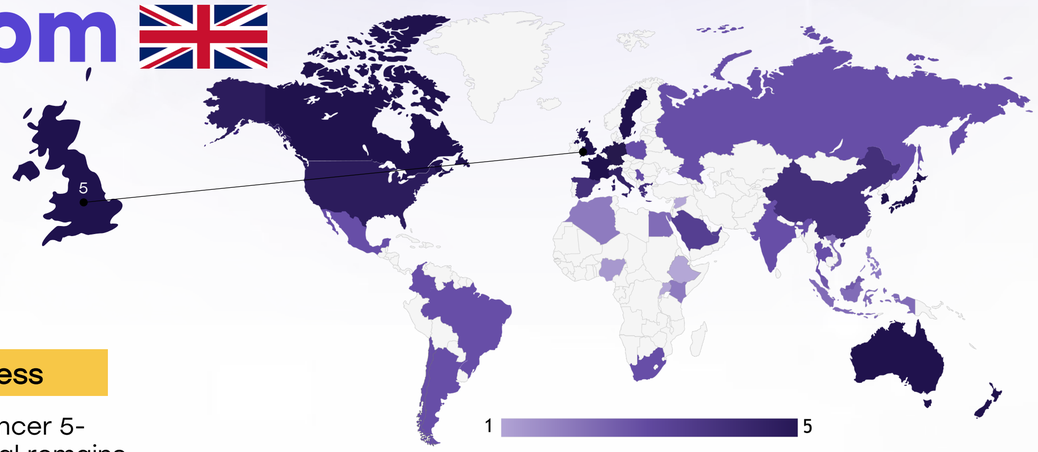
Survival Rates, Early Detection and Palliative Care



Strengths

- Structured cancer pathways (2-week referral) enable relatively timely diagnosis for suspected cancer.
- Excellent access to NHS-funded palliative care and hospice services.

Weakness

- Gastric cancer 5-year survival remains poor (~20%) due to late detection.
- Limited use of screening tools in asymptomatic populations.

S W O T

Opportunity

- AI-assisted early detection in Barrett's and gastric mucosal changes via advanced endoscopy.
- Expand primary care education to identify early alarm symptoms.

Threats

- Ageing population could increase caseload and worsen late-stage detection patterns.
- Stigma and denial may delay healthcare-seeking in some population segments.

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	3	3	3
Kenya	2	2	2
Nigeria	2	1	1
Egypt	3	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	5	5
South Korea	5	5	5
China	4	4	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	3	3	3
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	3	3	3
United States	5	5	4
Canada	5	5	5
Australia	5	5	5
New Zealand	5	5	5
Greece	4	4	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	3	3	3
UAE	3	3	3
Syria	1	1	1
Indonesia	3	2	2
Vietnam	3	2	2
Philippines	3	2	2
Russia	3	3	3
Malaysia	3	2	3

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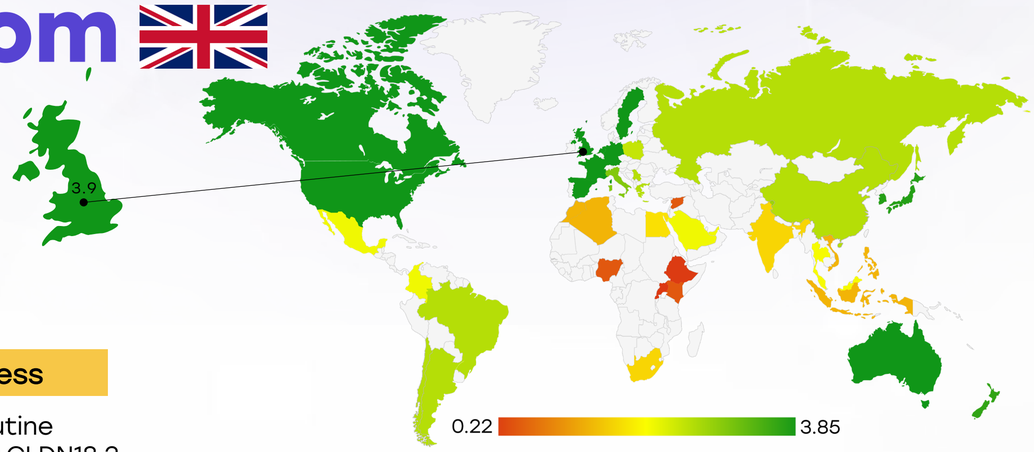
Utilization of Biomarkers



Strengths

- HER2 testing is routinely done for advanced gastric cancer; trastuzumab is standard in eligible cases.
- UK centres participate in trials assessing PD-L1, MSI-H and emerging biomarkers (e.g., FIGHT, CheckMate trials).

Weakness

- Lack of routine testing for CLDN18.2 and FGFR2b limits stratification for newer therapies.
- Biomarker testing access may vary by Trust and region.

S W O T

Opportunity

- NHS Genomic Medicine Service (GMS) provides a pathway for wider biomarker integration.
- Use of Real-World Evidence (RWE) from NHS datasets to evaluate biomarker utility.

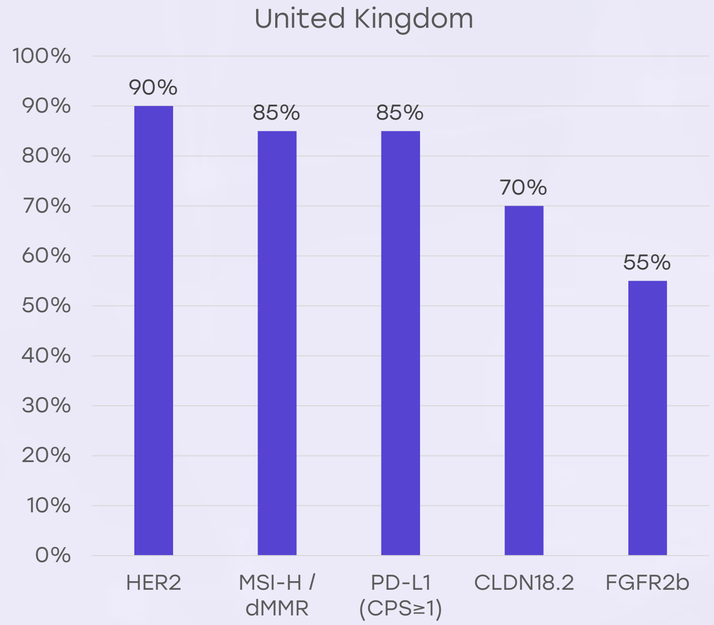
Threats

- Reimbursement hurdles for novel targeted therapies like zolbetuximab (CLDN18.2).
- Rapid biomarker evolution could outpace NHS diagnostic capacity.

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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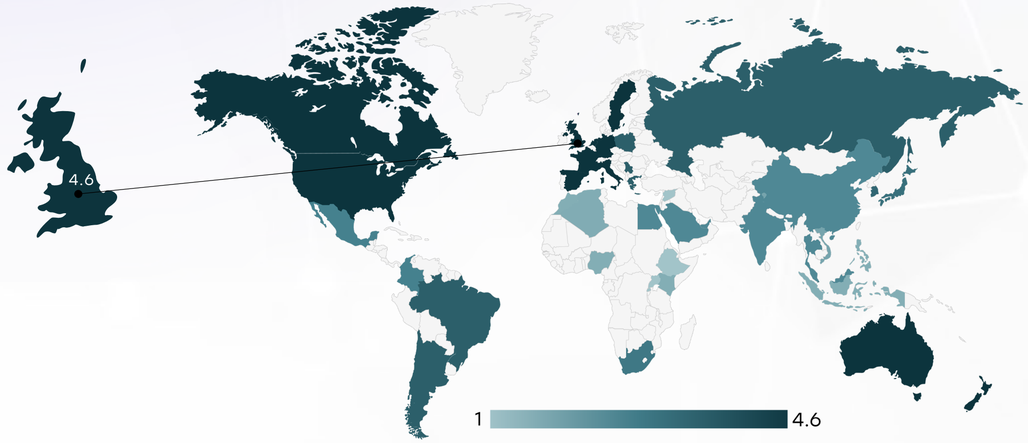
Clinical Guidelines



Strengths

- NICE (National Institute for Health and Care Excellence) and ESMO guidelines form a robust framework for gastric cancer care.
- Consistent integration of clinical trials into treatment planning at tertiary centres.

Weakness

- National guidelines may not be regularly updated to reflect emerging targeted therapies.
- Variability in local interpretation or implementation of guidelines across Trusts.

S W O T

Opportunity

- Update national guidelines to include CLDN18.2 and FGFR2b as they enter clinical use.
- Increase training on guideline-based multimodal therapy (chemotherapy + surgery + biologics).

Threats

- Rapid therapy advancements may challenge uniform application of outdated guidelines.
- Complexity of biomarker-driven treatment pathways could confuse general oncologist

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

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Reimbursement

Strengths

- NHS provides nearly universal coverage for gastric cancer treatment, including chemotherapy, surgery, and palliative care.
- NICE ensures cost-effectiveness review for all new therapies before NHS approval.

Weakness

- Some newer targeted therapies (e.g., zolbetuximab) may face delayed approval or limited access.
- Strict cost-effectiveness thresholds may exclude borderline-benefit drugs.

S W O T

Opportunity

- Early access schemes (EAMS) and Cancer Drugs Fund can accelerate availability of high-cost therapies.
- Pharmacoeconomic evaluations may favour targeted therapies in biomarker-positive patients.

Threats

- Budget tightening or shifting health priorities could limit reimbursement of newer agents.
- Rising drug prices globally may put pressure on NHS affordability.

● 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	●	●
UAE	●	●
Syria	○	○
Indonesia	●	○
Vietnam	●	○
Philippines	○	○
Russia	●	●
Malaysia	●	●

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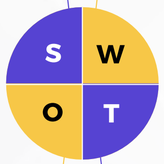
Colorectal Cancer Screening

Strengths

- Robust national cancer screening infrastructure exists (e.g., for bowel, breast, cervical), which can be leveraged for gastric risk outreach.
- Pilot studies exploring non-invasive tests like serum pepsinogen in high-risk subgroups.

Weakness

- No national screening program for gastric cancer due to low incidence compared to East Asia.
- Public and GP awareness of screening value for gastric cancer remains limited.



Opportunity

- Introduce risk-based screening (e.g., H. pylori-positive populations or immigrants from high-risk countries).
- Research into breath and blood-based screening technologies to replace endoscopy

Threats

- Cost-benefit ratio of screening may not support national rollout without improved early-stage incidence.
- Public resistance to invasive tests like endoscopy in asymptomatic individuals.

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
Russia	No formal national LDCT program; regional pilot screening programs in large cities