



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in United Kingdom

EXECUTIVE SUMMARY

United Kingdom (UK) has a well-developed cancer care system, supported by the National Health Service (NHS), national screening pathways, advanced diagnostic infrastructure, and comprehensive reimbursement of evidence-based therapies. For gastric cancer (GC), however, challenges remain: late-stage diagnosis in many patients, uneven awareness among the public and GPs, regional differences in molecular testing uptake, and delayed access to some innovative therapies.

With a **Level 4 maturity**, the UK system is advanced and internationally aligned, but requires targeted action to optimize early detection, ensure timely biomarker testing, reduce time-to-treatment, and strengthen survivorship and palliative care integration.

INTRODUCTION

Building on Awareness Gains Amid Structural Gaps

The UK's NHS framework, strong research ecosystem, and comprehensive cancer strategy place it among the most mature systems for gastric cancer care globally. Despite these strengths, gastric cancer continues to be detected late in many patients, contributing to high mortality. While national pathways and guidelines exist, gaps remain in patient awareness, consistent biomarker testing, equitable access to innovations across regions, and survivorship services.

The UK is therefore positioned to transition from an advanced but uneven system to a truly optimized, patient-centred model of GC care.





GASTRIC CANCER IN THE UK

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-wide screening; most patients are diagnosed symptomatically, often late-stage. GP referral pathways exist but variability in uptake and timeliness remains.	Established NHS referral system and awareness campaigns for GI cancers.	Expand GP education on alarm symptoms, reduce diagnostic wait times, and explore targeted endoscopic screening in high-risk groups.
Biomarker & Molecular Testing	HER2, PD-L1, MSI/MMR testing available but not always performed promptly or uniformly across trusts.	Robust laboratory infrastructure, clear NICE guidance for biomarker-driven therapy.	Mandate biomarker testing as part of the diagnostic pathway with monitored turnaround times; standardize reporting and equity of access across NHS regions.
Treatment Access	Surgery and peri-operative chemotherapy are widely available; targeted therapies and immunotherapies reimbursed via NHS England/NICE after HTA approval. Access delays occur for new therapies.	Comprehensive reimbursement system, strong surgical oncology capacity.	Streamline adoption of innovative treatments post-approval, expand clinical trial participation, and ensure equitable access across all devolved nations.
Clinical Guidelines	NICE and NCRI provide up-to-date guidelines aligned with international standards. Variations in implementation exist regionally.	Strong national guideline infrastructure and MDT pathways.	Strengthen audit mechanisms and enforce adherence to guidelines; promote virtual MDTs to connect smaller centres with specialist expertise.
Palliative & Survivorship Care	Palliative services integrated in NHS, but survivorship care and psychosocial support are variable. Access to palliative care can be fragmented in some regions.	National hospice and palliative care network; NHS Long Term Plan includes survivorship focus.	Expand survivorship programmes (nutrition, psychosocial, vocational support), and ensure equitable access to early palliative care referrals across regions.



CONCLUSION & Call to Action

The UK has a mature, advanced system for gastric cancer care but must improve consistency in early diagnosis, biomarker testing, therapy access speed, and survivorship. Leveraging the NHS's strong infrastructure, implementing robust monitoring mechanisms, and scaling pilot innovations can help reduce mortality and improve quality of life for gastric cancer patients nationwide.



KEY POLICY PRIORITIES

- 1 Accelerate Early Diagnosis:** Train GPs on gastric cancer alarm symptoms, ensure urgent endoscopy slots, & explore targeted screening in defined risk groups.
- 2 Mandate Biomarker Testing:** Standardize HER2, PD-L1, and MSI/MMR testing within defined timelines and include equity monitoring across NHS trusts.
- 3 Streamline Therapy Access:** Reduce the lag between NICE approval and patient access; support national procurement for novel agents.
- 4 Expand Survivorship & Palliative Care:** Develop nationwide survivorship packages and guarantee timely integration of palliative services.
- 5 Strengthen Clinical Implementation:** Use audits, MDT expansion, and virtual MDTs to reduce regional disparities in guideline adherence.
- 6 Leverage Data for Accountability:** Provide trust-level dashboards for diagnostic timeliness, biomarker uptake, and treatment initiation to drive performance improvement.

CONCLUSION

With a **Level 4 maturity** system, the UK is well-positioned to achieve world-leading outcomes in gastric cancer. The focus now must shift from infrastructure building to fine-tuning equity, speed, and patient-centred outcomes across all regions, ensuring that every patient — regardless of geography or socioeconomic background — receives timely and optimal gastric cancer care.