



BRIDGING THE GAP

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

EXECUTIVE SUMMARY

United States is a global leader in oncology innovation, with advanced diagnostics, molecular testing, novel systemic therapies, and high surgical expertise in gastric cancer (GC). However, significant disparities remain across geography, socioeconomic status, and insurance coverage. Many patients present at advanced stages due to the absence of national screening programs, particularly among immigrant and high-risk populations.

To strengthen gastric cancer maturity, the U.S. must address equity gaps, expand early detection in vulnerable groups, and ensure affordability and access to cutting-edge therapies.

INTRODUCTION

Innovation Amid Persistent Inequities

The U.S. health system drives global advances in precision oncology, yet outcomes in gastric cancer remain uneven. Patients from rural, minority, and low-income populations often face late diagnosis, underuse of molecular testing, and barriers to novel therapies due to cost or insurance restrictions.

With a **Level 4 – Advanced** gastric cancer maturity, the U.S. should focus on embedding equity in access, scaling evidence-based screening in high-risk groups, and ensuring survivorship and palliative services are uniformly delivered.





GASTRIC CANCER IN UNITED STATES

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-wide screening; high-risk immigrant groups (Asian, Hispanic, Eastern European descent) often diagnosed late.	High diagnostic capability with advanced endoscopy and imaging in tertiary centres.	Develop targeted screening for high-risk populations; expand insurance coverage for surveillance endoscopy; support primary-care education on risk factors and referral.
Biomarker & Molecular Testing	HER2, MSI, PD-L1, and NGS testing widely available but inconsistently used in community settings.	National Cancer Institute (NCI) and academic centres lead precision oncology globally.	Mandate biomarker testing as standard-of-care; incentivize uptake in community hospitals; expand reimbursement for comprehensive genomic profiling.
Treatment Access	Cutting-edge therapies (trastuzumab, checkpoint inhibitors, CAR-T research) are available, but affordability and insurance restrictions limit universal access.	World-class surgical oncology and clinical trials infrastructure.	Strengthen insurance mandates for covering guideline-based therapies; expand clinical trial access to underrepresented populations; negotiate fair pricing for new therapies.
Clinical Guidelines	NCCN guidelines provide gold-standard evidence-based pathways; adherence varies in fragmented systems.	Robust national professional societies and academic networks.	Incentivize guideline adherence through value-based care models; expand dissemination in community settings; link reimbursement to evidence-based protocols.
Palliative & Survivorship Care	Palliative care services are established in tertiary centres but underused; survivorship services uneven by geography and insurance.	Strong academic palliative care networks and survivorship research.	Mandate early palliative integration in oncology care; ensure reimbursement for survivorship services; expand access in rural and community hospitals.



CONCLUSION & Call to Action

The U.S. leads in gastric cancer innovation but faces critical equity and access gaps. Expanding risk-based screening for high-risk groups, ensuring universal biomarker testing, improving insurance coverage and pricing, standardizing care, broadening palliative services, and enhancing data systems with equity metrics are essential to ensure all patients benefit from advances in care.



KEY POLICY PRIORITIES

1

Targeted Screening: Develop surveillance for high-risk groups with insurance support.

2

Universal Biomarker Testing: Mandate HER2, MSI, PD-L1, and genomic profiling as standard-of-care.

3

Equitable Therapy Access: Secure insurance coverage for guideline-based therapies and expand trial access.

4

Guideline Enforcement: Tie reimbursement to NCCN guideline adherence and value-based oncology models.

5

Palliative & Survivorship: Guarantee early palliative integration and fund survivorship services.

CONCLUSION

The United States has the infrastructure, expertise, and innovation to lead globally in gastric cancer outcomes. By prioritizing equity, affordability, and early detection, the U.S. can ensure that the benefits of precision oncology reach all populations—moving from world-class innovation to world-class outcomes for every patient, regardless of income, insurance, or geography.