



# BRIDGING THE GAP

# Enhancing Equitable Access & Innovation in **Gastric Cancer Care** in Serbia

#### **EXECUTIVE SUMMARY**

# **Serbia** has made progress in oncology infrastructure and access to surgical and systemic treatment, yet gastric cancer (GC) outcomes remain challenged by late diagnosis, regional disparities, and uneven integration of molecular testing. While national insurance provides broad coverage, delays in diagnostics, limited availability of targeted therapies, and underdeveloped survivorship services restrict equity.

This policy brief outlines reforms to advance Serbia's gastric cancer maturity.

#### INTRODUCTION

#### Leveraging Oncology Strengths Amid Fragmentation

Gastric cancer continues to be diagnosed late in Serbia, with significant mortality linked to delayed detection and regional access barriers. Major oncology institutes in Belgrade and Novi Sad anchor treatment capacity, but surrounding regions face delays in referral and diagnostics.

With a **Level 3 – Emerging** gastric cancer maturity, Serbia can strengthen outcomes by embedding standardized care pathways, expanding diagnostic infrastructure, and ensuring equitable access to innovative therapies.









# **GASTRIC CANCER IN SERBIA**

# **Current Landscape and Strategic Gaps**

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening; GC often diagnosed late. Access to endoscopy varies, with longer wait times outside major cities.	Major oncology centres with strong diagnostic capacity in Belgrade and Novi Sad.	Expand endoscopy capacity in secondary hospitals; introduce fast-track referral for alarm symptoms; establish national criteria for urgent GI referrals.
Biomarker & Molecular Testing	HER2 and MSI testing available in tertiary centres but inconsistent across the system; long turnaround times.	Academic centres provide advanced pathology and molecular testing.	Integrate HER2/MSI testing into standard GC pathway; expand testing reimbursement; establish regional lab networks to reduce delays.
Treatment Access	Standard surgery and peri-operative chemotherapy available; access to HER2-targeted therapy and immunotherapy limited due to cost and slow adoption.	High-quality surgical expertise at oncology institutes.	Expand reimbursement for targeted therapies; negotiate pricing agreements; ensure peri-operative chemotherapy is consistently available across networks.
Clinical Guidelines	Guidelines exist but implementation is variable; not all hospitals adhere uniformly.	Professional societies and oncology institutes drive guideline development.	Formalize a national GC clinical guideline aligned with international standards; ensure MDT review for all advanced cases.
Palliative & Survivorship Care	Palliative care is growing but limited in rural areas; survivorship support (nutrition, psychosocial care) remains underdeveloped.	Existing palliative programs in urban centres; NGOs supporting patient care.	Expand community-based palliative teams; ensure access to opioids; integrate survivorship programs focusing on nutrition, psychosocial and rehabilitation.





## **CONCLUSION** & Call to Action

Serbia's strong oncology foundations offer a solid base for advancing gastric cancer care, but gaps in early diagnosis, biomarker access, and palliative support remain. Priority actions include establishing a national care pathway with fast-track diagnostics, embedding publicly funded HER2/MSI testing, expanding equitable access to targeted therapies and peri-operative chemotherapy, integrating survivorship and palliative services nationwide, and strengthening data systems to monitor diagnosis, treatment equity, and outcomes.



- 1 Launch a national GC diagnostic and referral pathway with defined time targets.
- 2 Guarantee **routine HER2 and MSI testing** through regional lab networks and reimbursement.
- Harmonize **access to innovative therapies**, including HER2-targeted and immunotherapy, through pricing negotiations and policy reform.
- 4 Expand **endoscopy and diagnostic access** in regional hospitals to reduce delays.
- Scale **palliative and survivorship services**, especially community-based programs in underserved regions.

## CONCLUSION

With targeted reforms, Serbia can shift from fragmented gastric cancer services to a more coordinated, equitable, and patient-centred system. Leveraging its strong oncology hubs while addressing diagnostic delays, treatment access gaps, and palliative inequities will be key to advancing gastric cancer maturity and ensuring improved outcomes nationwide.