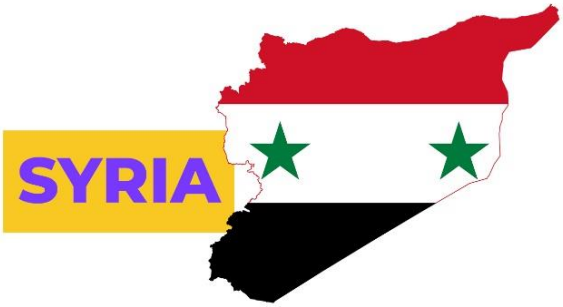


International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

Syria's ongoing conflict has severely weakened its health system, leaving gastric cancer (GC) care fragmented and underdeveloped. Most patients are diagnosed late due to limited screening, scarce diagnostic equipment, and lack of structured referral systems. Access to surgery, chemotherapy, and modern therapies is heavily restricted by resource shortages, sanctions, and out-of-pocket costs. Palliative care and survivorship services are minimal, with NGOs and humanitarian groups filling some gaps.

A national strategy, even at a basic level, is urgently required to build capacity, ensure equitable access, and begin structured data collection.

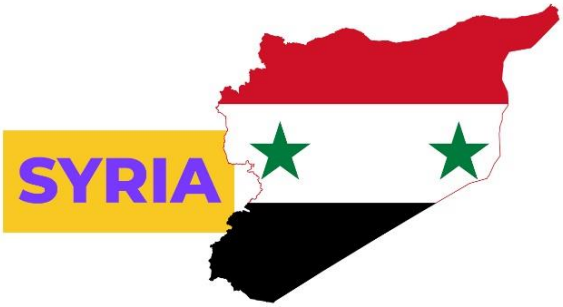
INTRODUCTION

Confronting Cancer Care Amid Crisis

Gastric cancer outcomes in Syria are among the poorest in the region, reflecting systemic disruption and underinvestment in oncology. Basic cancer care infrastructure has been damaged or concentrated in limited urban centres, leaving large sections of the population underserved.

With a **Level 1 – Nascent maturity**, Syria must prioritize foundational actions: ensuring diagnostic access, building referral systems, securing essential medicines, and embedding palliative support into humanitarian health responses.

Syria Ranks at Level 1 – Gastric Cancer Care Maturity Framework

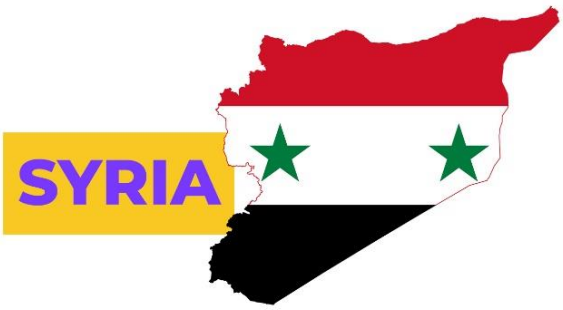


International Cancer Patient Coalition

GASTRIC CANCER IN SYRIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No structured screening; most GC cases diagnosed at advanced stage. Severe shortages of endoscopy equipment and trained staff, especially outside Damascus and Aleppo.	Some diagnostic services still available in select urban tertiary hospitals.	Re-establish basic endoscopy services in regional hospitals; prioritize equipment repair/maintenance; train primary care to identify alarm symptoms; introduce mobile outreach for underserved areas.
Biomarker & Molecular Testing	Virtually absent; HER2/MSI and other biomarker testing unavailable in the public sector.	Limited lab infrastructure in a few academic hospitals could form a nucleus for future capacity.	Establish pilot HER2 testing through humanitarian/academic partnerships; include basic pathology services in aid-supported cancer programs.
Treatment Access	Surgery and chemotherapy capacity severely restricted; modern therapies (targeted therapy, immunotherapy) unavailable or unaffordable. Patients rely on out-of-pocket payment or humanitarian aid.	Skilled surgeons and oncologists still present but under-resourced.	Secure essential chemotherapy drugs through pooled procurement/humanitarian aid; restore surgical oncology capacity in key centres; build stockpiles of essential supportive medicines.
Clinical Guidelines	No national gastric cancer guidelines; practice varies widely depending on physician training and available resources.	Some clinicians follow international protocols where resources permit.	Develop simplified, resource-appropriate national guidelines based on WHO/ESMO frameworks; train clinicians through NGO/university partnerships.
Palliative & Survivorship Care	Palliative care extremely limited; opioid access restricted; survivorship programs absent. Families bear most care burden.	Some NGO and humanitarian programs provide fragmented palliative support.	Expand humanitarian palliative care programs; ensure morphine and other opioids are accessible; build community-based volunteer networks for psychological and nutritional support.



International Cancer Patient Coalition

CONCLUSION & Call to Action

Syria's gastric cancer system is still developing and requires urgent action to save lives. Priorities include restoring diagnostic access through equipment repair and training, securing essential therapies with aid-supported procurement, piloting HER2 testing in central hospitals, creating simplified treatment guidelines, expanding palliative care with opioid access and community support, and rebuilding cancer data systems to track incidence and outcomes for informed recovery planning.

KEY POLICY PRIORITIES

1. Launch a **basic national gastric cancer pathway** focused on alarm-symptom triage, urgent referral, and timely diagnosis.
2. Secure **essential chemotherapy drugs** and surgical supplies through pooled procurement and humanitarian assistance.
3. Introduce **HER2 testing pilots** in tertiary hospitals as a first step toward molecular diagnostics.
4. **Ensure early palliative integration** with opioid access and NGO-supported psychosocial care.
5. **Rebuild a national registry** with international support, starting with core indicators.

CONCLUSION

Syria faces profound barriers to gastric cancer care, but incremental steps—focused on restoring diagnostics, ensuring essential treatments, introducing minimal guidelines, and embedding palliative care—can lay the foundation for gradual improvement. With coordinated humanitarian and governmental support, the country can move from a crisis-driven response toward a structured, patient-centred gastric cancer system over time.