

# 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.

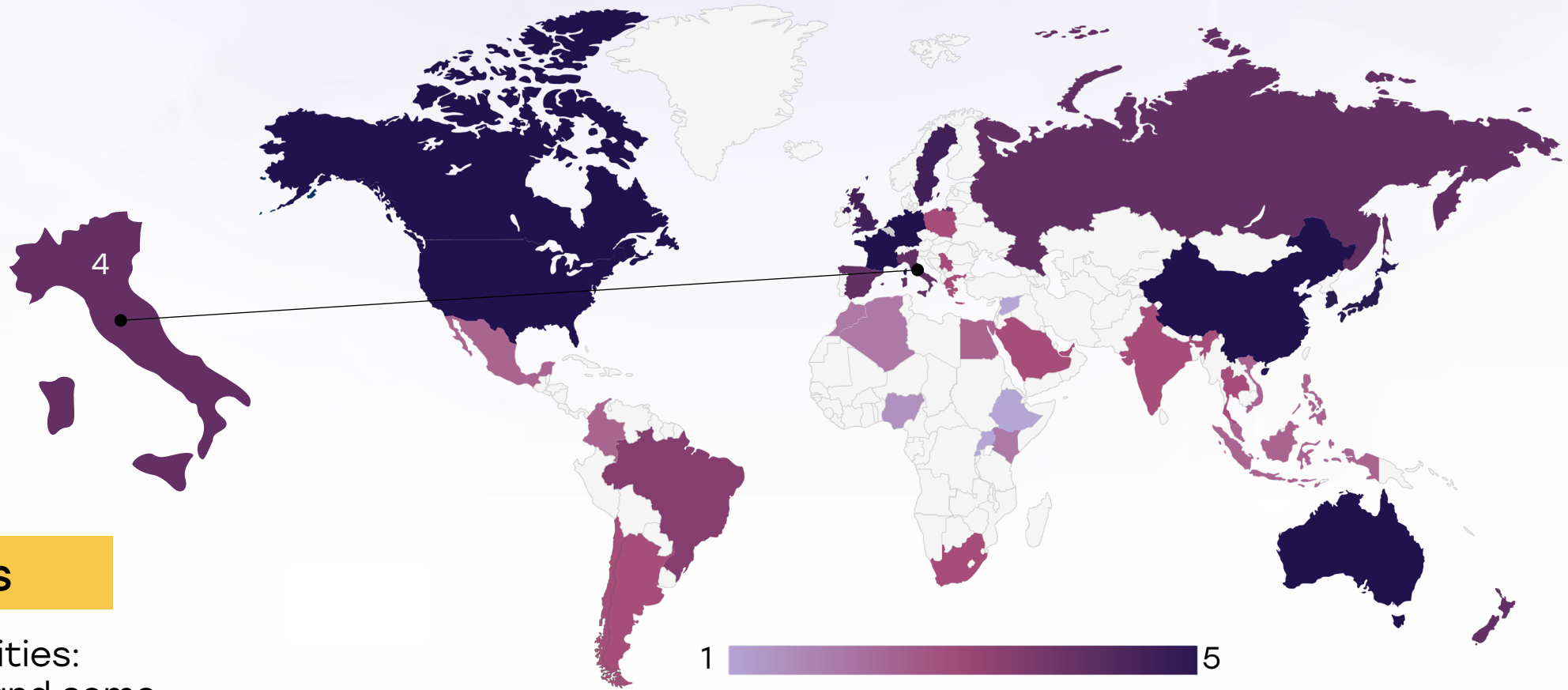
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is not among top male cancers, but still significant in some regions.
- Incidence rate: Approximately 8 per 100,000 men per year.
- Total new cases (2022): Around 4,500–5,000 men.
- Daily diagnoses: Approximately 12–14 men per day.
- Deaths (2022): Roughly 3,000 men.
- 5-year survival rate: Estimated 30–40%; earlier detection improves outcomes.
- Most affected age group: Primarily men aged 70 and older.
- Screening participation: No organized screening; diagnosis based on symptoms or incidental findings.



# Italy

## Infrastructure



### Strengths

- Italy has a well-established national health system (SSN) that supports oncology services across all regions.
- Presence of high-volume gastric cancer centers (e.g., Istituto Nazionale dei Tumori, Milan) ensures specialized surgical and diagnostic care.

### Weakness

- Regional disparities: Southern Italy and some rural areas have less access to advanced oncology infrastructure compared to Northern regions.
- Waiting times for diagnostic endoscopy and staging imaging can still be long in public hospitals.

### Opportunity

- EU-backed funding for cancer care modernization and digitization under Italy's Recovery and Resilience Plan.
- Cross-border collaboration with European cancer networks (e.g., EURACAN) to strengthen expertise sharing and infrastructure scaling.

### Threats

- Increasing healthcare workforce shortages, especially in pathology and oncology.
- Aging hospital infrastructure in certain provinces poses a maintenance and equipment challenge.

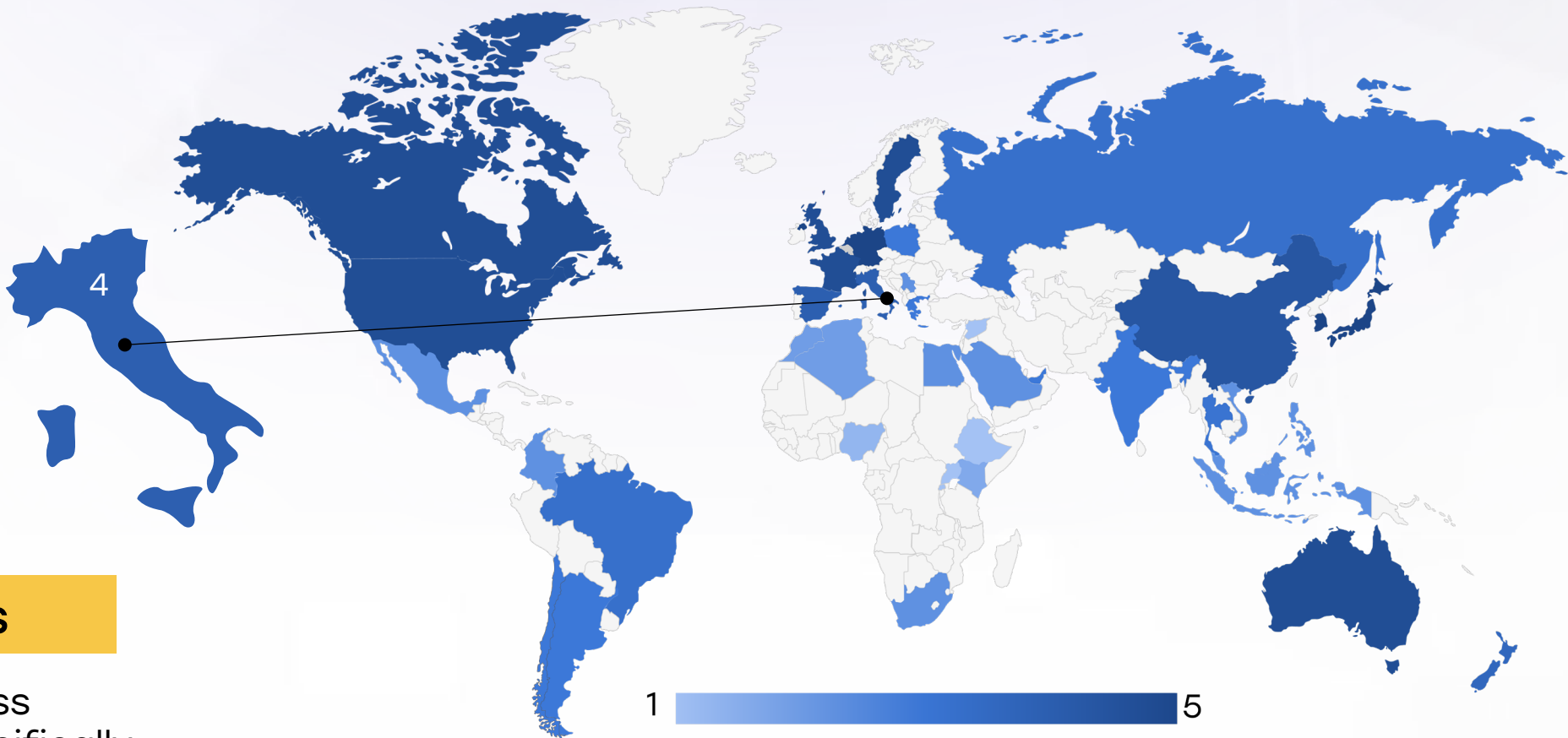


| Country        | Specialized Centers   | Genetic & Molecular Testing Infrastructure  |
|----------------|---|---|
| South Africa   |    |    |
| Kenya          |    |    |
| Nigeria        |    |    |
| Egypt          |    |    |
| Morocco        |    |    |
| Algeria        |    |    |
| Ethiopia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



# Italy

## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- All major treatments (surgery, chemo, immunotherapy, HER2-targeted therapy) are covered by the national health service.
- Italy is active in gastric cancer research, participating in global clinical trials and contributing to biomarker studies.

### Weakness

- Public awareness campaigns specifically about gastric cancer are limited compared to breast or colorectal cancers.
- Limited early education on modifiable risk factors such as H. pylori and dietary habits.





















































































































### Opportunity

- National Cancer Plan 2020–2025 focuses on equity, prevention, and precision oncology – can include targeted gastric cancer actions.
- NGOs and scientific societies (e.g., AIOM) could lead community engagement and risk-based screening education.

### Threats

- Research funding skewed toward more prevalent cancers, leaving gastric cancer underrepresented.
- Rising immigrant populations may not be adequately reached by awareness campaigns due to language and access barriers.

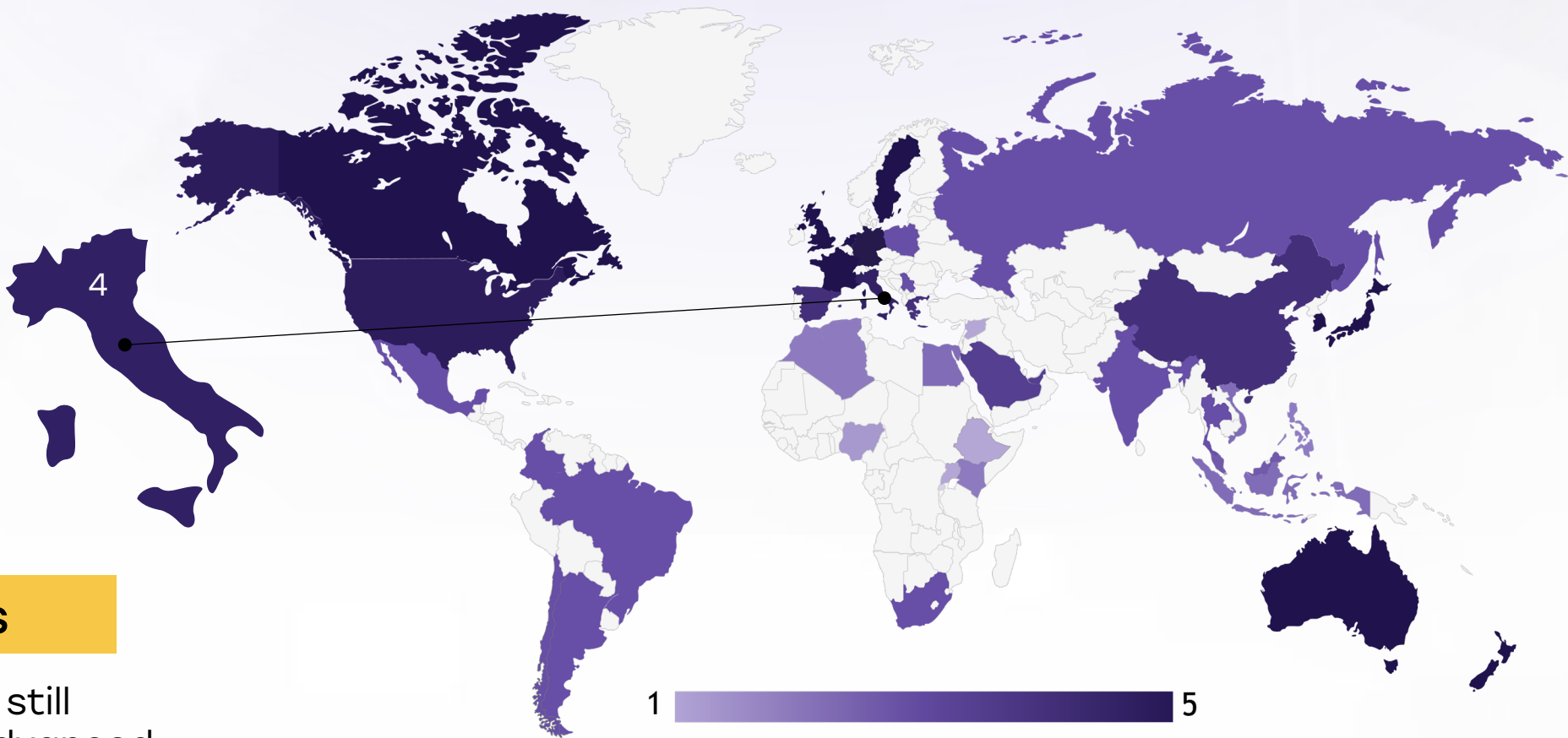
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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   |    |    |    |
| Kenya          |    |    |    |
| Nigeria        |    |    |    |
| Egypt          |    |    |    |
| Morocco        |    |    |    |
| Algeria        |    |    |    |
| Ethiopia       |    |    |    |
| India          |    |    |    |
| Japan          |    |    |    |
| South Korea    |    |    |    |
| China          |    |    |    |
| Thailand       |    |    |    |
| Singapore      |    |    |    |
| United Kingdom |    |    |    |
| Germany        |    |    |    |
| France         |    |    |    |
| Netherlands    |    |    |    |
| Sweden         |    |    |    |
| Italy          |    |    |    |
| Spain          |    |    |    |
| Poland         |  |  |  |
| Mexico         |  |  |  |
| Brazil         |  |  |  |
| Argentina      |  |  |  |
| Chile          |  |  |  |
| Colombia       |  |  |  |
| United States  |  |  |  |
| Canada         |  |  |  |
| Australia      |  |  |  |
| New Zealand    |  |  |  |
| Greece         |  |  |  |
| Rwanda         |  |  |  |
| Uganda         |  |  |  |
| Serbia         |  |  |  |
| Saudi Arabia   |  |  |  |
| UAE            |  |  |  |
| Syria          |  |  |  |
| Indonesia      |  |  |  |
| Vietnam        |  |  |  |
| Philippines    |  |  |  |
| Russia         |  |  |  |
| Malaysia       |  |  |  |



# Italy

## Survival Rates, Early Detection and Palliative Care



### Strengths

- 5-year relative survival for gastric cancer is around 30–35%, above the EU average due to early access and multidisciplinary care.
- Palliative care integration in oncology is advanced, with home-care services and specialized hospices available.

### Weakness

- Most cases are still diagnosed at advanced stages due to lack of organized screening.
- Early symptom misinterpretation, particularly among men over 50, delays diagnosis.

### Opportunity

- Primary care physician education to flag early gastric symptoms and trigger faster diagnostics.
- Regional pilot projects in early detection could be scaled nationally.

### Threats

- Socioeconomic disparities affect early access in poorer and rural communities.
- Growing elderly population increases the palliative care burden.



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.

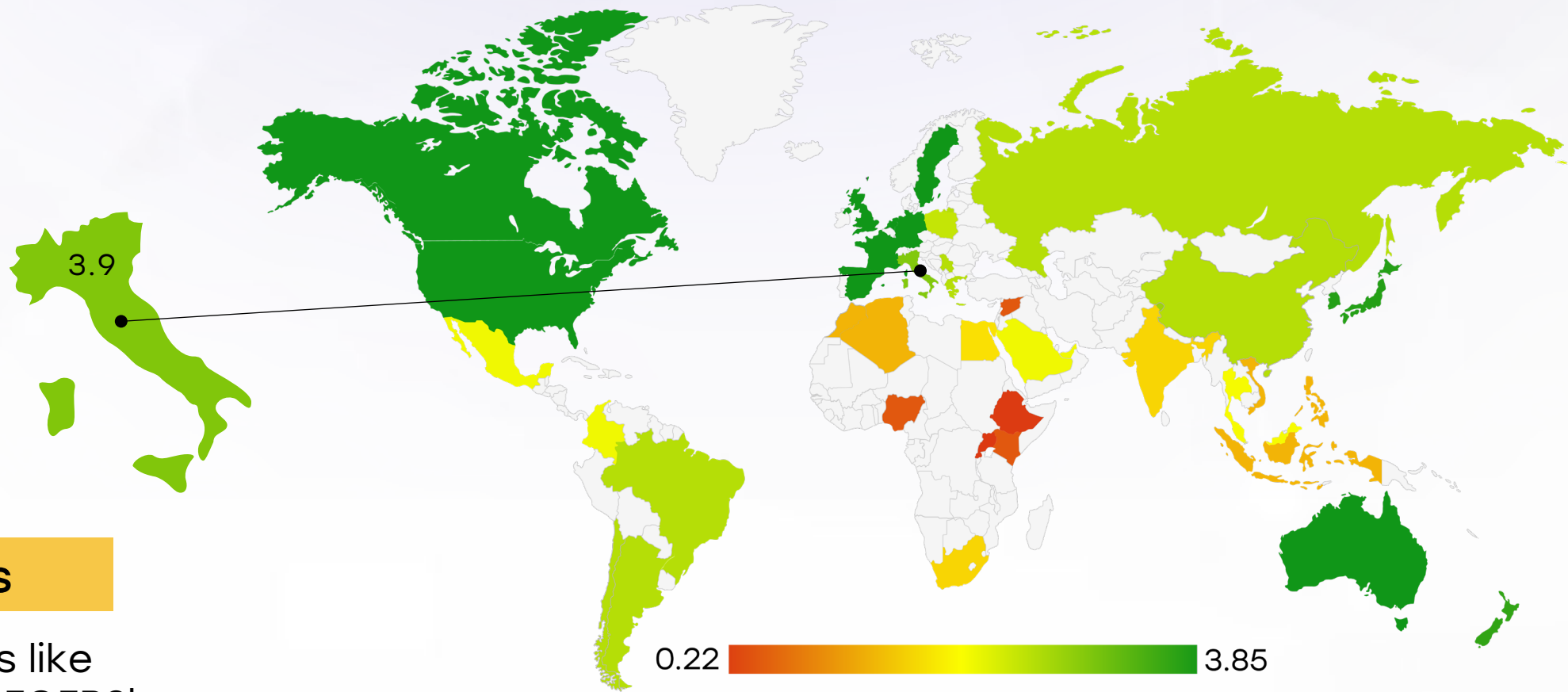


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

| Country        | Survival Rates | Early Detection | Palliative Care |
|----------------|----------------|-----------------|-----------------|
| South Africa   |                |                 |                 |
| Kenya          |                |                 |                 |
| Nigeria        |                |                 |                 |
| Egypt          |                |                 |                 |
| Morocco        |                |                 |                 |
| Algeria        |                |                 |                 |
| Ethiopia       |                |                 |                 |
| India          |                |                 |                 |
| Japan          |                |                 |                 |
| South Korea    |                |                 |                 |
| China          |                |                 |                 |
| Thailand       |                |                 |                 |
| Singapore      |                |                 |                 |
| United Kingdom |                |                 |                 |
| Germany        |                |                 |                 |
| France         |                |                 |                 |
| Netherlands    |                |                 |                 |
| Sweden         |                |                 |                 |
| Italy          |                |                 |                 |
| Spain          |                |                 |                 |
| Poland         |                |                 |                 |
| Mexico         |                |                 |                 |
| Brazil         |                |                 |                 |
| Argentina      |                |                 |                 |
| Chile          |                |                 |                 |
| Colombia       |                |                 |                 |
| United States  |                |                 |                 |
| Canada         |                |                 |                 |
| Australia      |                |                 |                 |
| New Zealand    |                |                 |                 |
| Greece         |                |                 |                 |
| Rwanda         |                |                 |                 |
| Uganda         |                |                 |                 |
| Serbia         |                |                 |                 |
| Saudi Arabia   |                |                 |                 |
| UAE            |                |                 |                 |
| Syria          |                |                 |                 |
| Indonesia      |                |                 |                 |
| Vietnam        |                |                 |                 |
| Philippines    |                |                 |                 |
| Russia         |                |                 |                 |
| Malaysia       |                |                 |                 |

# Italy

Utilization of Biomarkers



## Strengths

- HER2 testing is standardized and widely available for advanced gastric cancer.
- MSI-H/dMMR and PD-L1 testing are reimbursed for metastatic patients eligible for immunotherapy.

## Weakness

- Newer targets like CLDN18.2 and FGFR2b not yet routine, limiting access to trials or off-label therapies.
- Biomarker testing is centralized in high-tier hospitals, causing delays for patients in smaller regions.

## Opportunity

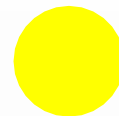
- Increase awareness and funding for real-world biomarker registries and companion diagnostics.
- Establish decentralized molecular diagnostic hubs under AIOM guidance.

## Threats

- Rapid evolution of targeted therapies may outpace reimbursement decisions and local protocol updates.
- Cost of implementing next-generation sequencing in broader practice remains a concern.



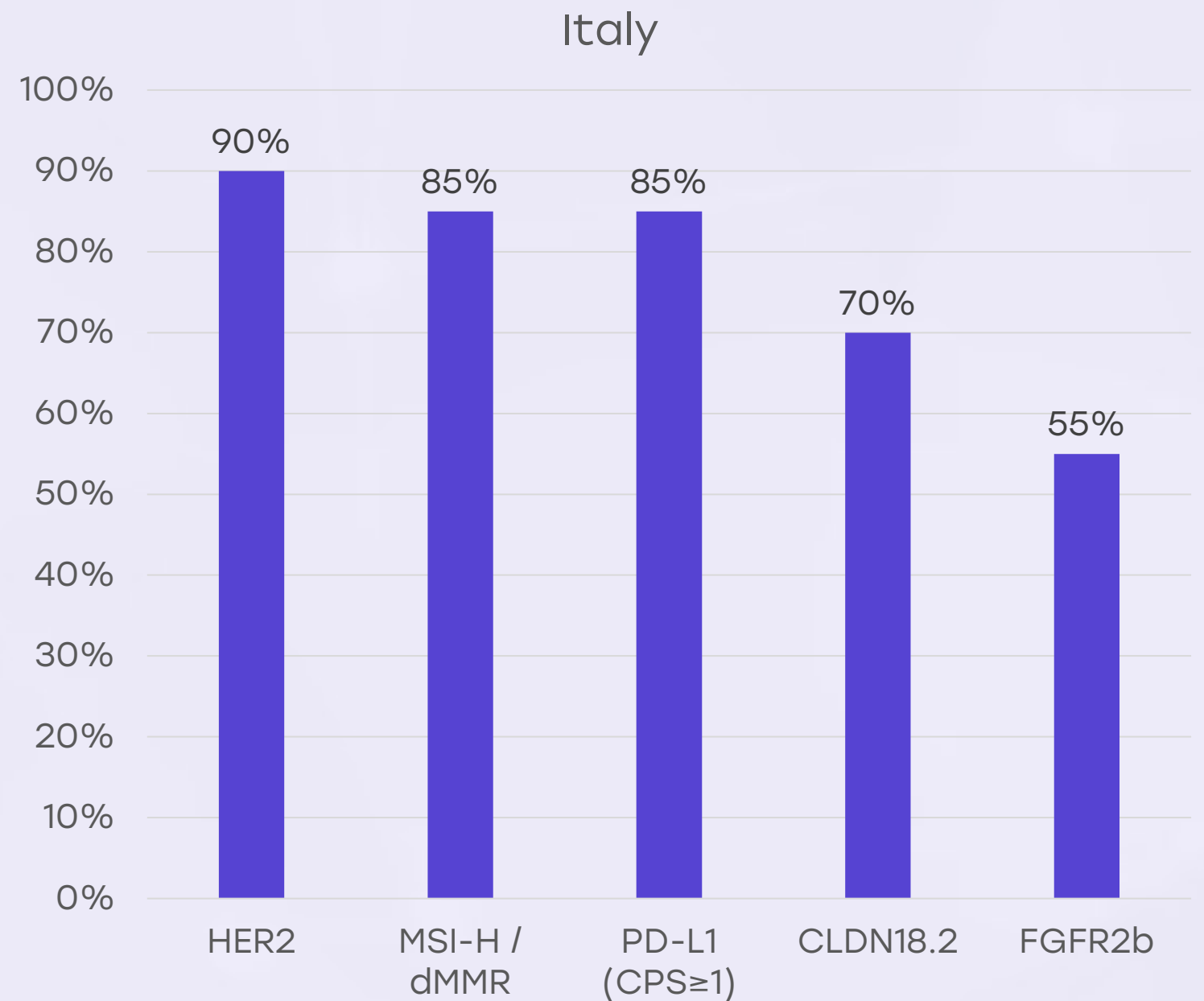
Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.



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.

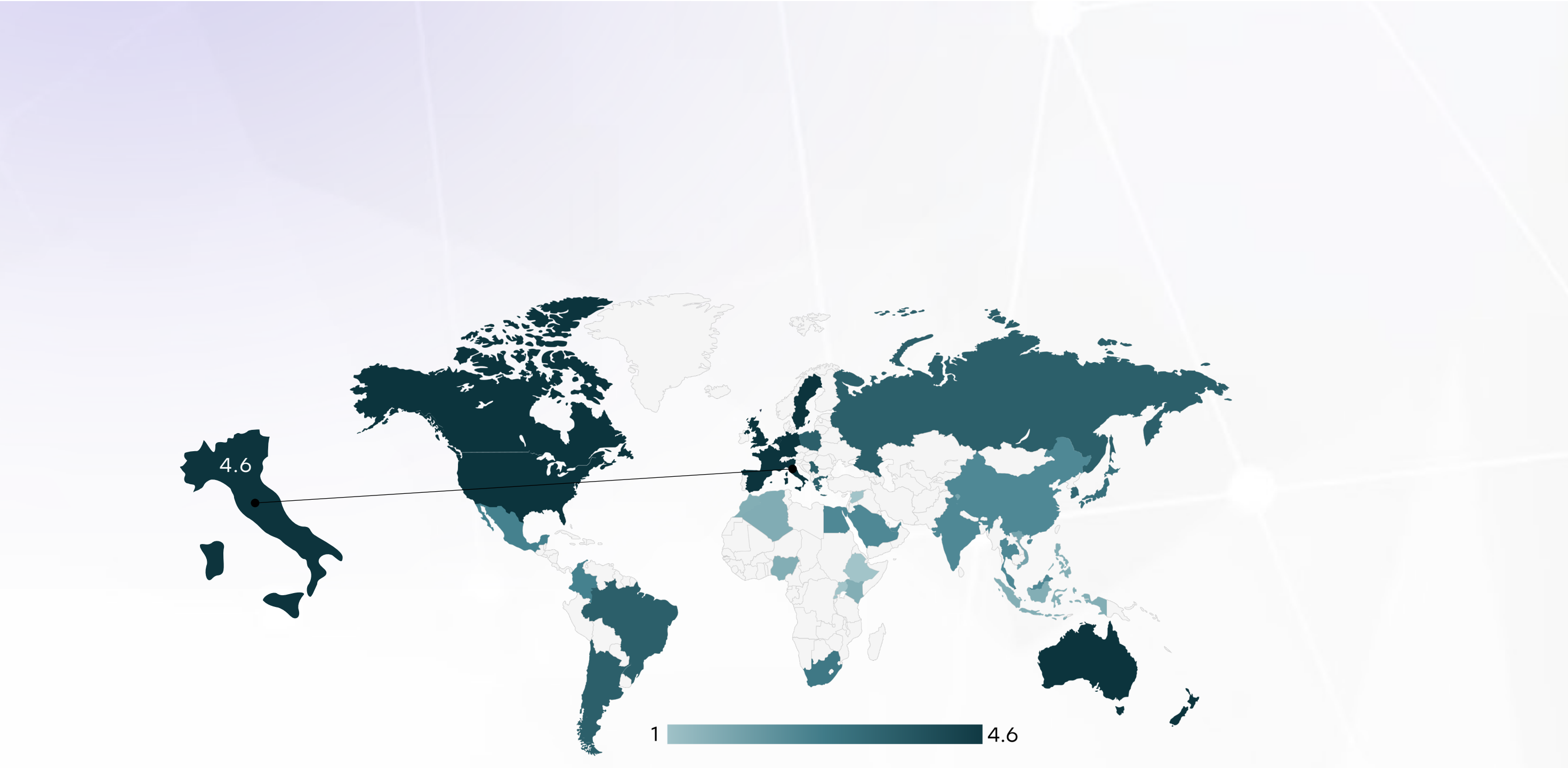
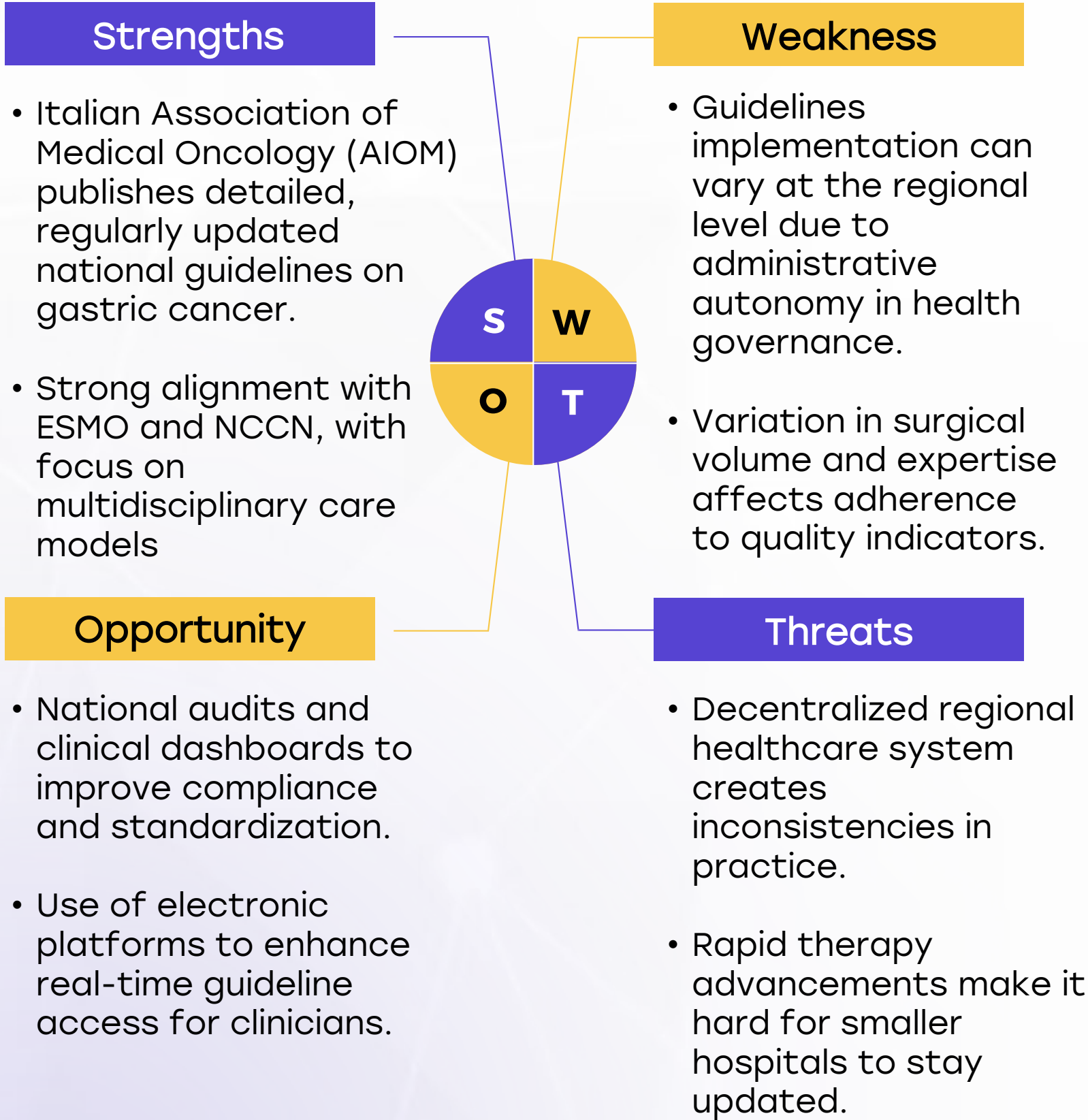




# Italy



## Clinical Guidelines



|                                      | Very High | High | Medium | Low | Very Low |
|--------------------------------------|-----------|------|--------|-----|----------|
| Clinical Guideline Implementation    | ○         | ✗    | ✗      | ✗   | ✗        |
| Feasibility of Integration           | ○         | ✗    | ✗      | ✗   | ✗        |
| Adoption of International Guidelines | ○         | ✗    | ✗      | ✗   | ✗        |
| Engagement with Updates              | ✗         | ○    | ✗      | ✗   | ✗        |
| ESMO Guidelines Implementation       | ○         | ✗    | ✗      | ✗   | ✗        |

# Italy

## Reimbursement



### Strengths

- The SSN provides universal coverage for gastric cancer diagnosis and treatment, including surgery, chemotherapy, radiotherapy, and key biomarkers.
- High-cost drugs (e.g., trastuzumab, nivolumab) reimbursed post-approval by AIFA (Italian Medicines Agency).

### Weakness

- Reimbursement delays for novel agents may affect timely access, especially for off-label biomarker indications.
- Some molecular testing procedures are not fully covered in outpatient settings.

### Opportunity

- Utilize MEAs (Managed Entry Agreements) to bring new biomarker-based therapies to patients faster.
- Expand bundled payments to include comprehensive molecular diagnostics and therapy.

### Threats

- Fiscal pressure on SSN could slow the uptake of newer treatments or testing technologies.
- Regional formularies may exclude drugs approved nationally due to local budget limits.

- 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       | ●                       | ●              |

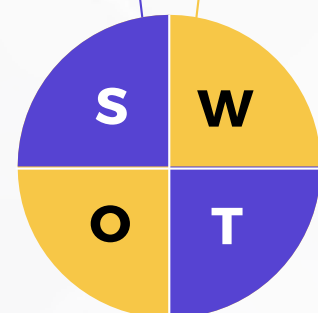


# Italy

## Gastric Cancer Screening

### Strengths

- Opportunistic screening through endoscopy is common in high-risk individuals (family history, H. pylori, dyspepsia).
- Endoscopic expertise in Italy is among the best in Europe.



### Weakness

- No organized national screening program for gastric cancer.
- H. pylori screening and eradication not systematically integrated into primary care.

### Opportunity

- Targeted screening programs in high-incidence areas such as Lombardy, Campania, and Tuscany.
- Combine gastric screening with colorectal or upper GI programs in middle-aged populations.

### Threats

- Lack of population-wide policy limits early diagnosis efforts.
- Competing national screening programs (e.g., colorectal and breast) divert attention and resources.

| 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   |
| Philippines  | No national LDCT program; feasibility and awareness programs under discussion      |
| Russia       | No formal national LDCT program; regional pilot screening programs in large cities |