

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Sweden

EXECUTIVE SUMMARY

Sweden has one of the most advanced and equitable healthcare systems globally, with gastric cancer (GC) care integrated into a comprehensive national cancer strategy. Centralization of complex surgery, strong use of multidisciplinary teams (MDTs), and nationwide cancer registries ensure high-quality care and continuous improvement. Biomarker testing, access to modern therapies, and guideline-driven care are widely available, while survivorship and palliative services are increasingly patient-centered. Remaining gaps include modest regional variation in time to diagnosis, ensuring equitable access to molecular innovations as they expand, and sustaining workforce capacity.

This policy brief assesses Sweden's gastric cancer maturity and outlines policy actions to maintain its leadership while addressing areas for improvement.

INTRODUCTION

Building on Strong National Cancer Frameworks

Sweden's universal healthcare system, regionalized cancer centres, and national cancer plans provide a solid foundation for advanced GC care. Outcomes are significantly improved through centralization of gastric surgery and structured pathways from primary care to tertiary oncology services.

With a **Level 4 - Advanced maturity**, Sweden demonstrates strong system integration, but continued focus is required on early detection strategies, patient-centered survivorship, and equitable roll-out of novel treatments.



Sweden Ranks at Level 4 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN SWEDEN

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No routine national GC screening; diagnosis is symptom-driven, though access to endoscopy is high with short waiting times.	Strong referral systems from primary care and robust diagnostic infrastructure across all regions.	Evaluate potential for risk-based early detection (e.g., H. pylori test-and-treat or targeted endoscopy in subgroups); ensure sustained reduction of diagnostic delays.
Biomarker & Molecular Testing	HER2, MSI, PD-L1 and other key biomarkers are widely tested and funded; advanced molecular testing expanding.	Comprehensive national lab networks and standardized testing protocols.	Ensure uniform adoption of emerging biomarkers across all regions; integrate molecular results into registry data for monitoring and quality improvement.
Treatment Access	Centralized high-volume surgical centres; peri-operative chemotherapy and HER2-targeted therapy standard; immunotherapy available under national guidelines.	Strong universal insurance and rapid HTA-driven adoption of innovative therapies.	Maintain affordability while integrating new drugs; monitor regional variation in access and continue investment in surgical and oncology workforce.
Clinical Guidelines	National guidelines regularly updated, aligned with international standards, and universally implemented.	High clinician adherence, MDTs embedded across cancer centres.	Continue regular updates, integrate new evidence promptly, and maintain outcome-linked audits tied to guideline compliance.
Palliative & Survivorship Care	Palliative care is well integrated into cancer pathways; survivorship programs (nutrition, psychosocial, rehabilitation) are available but variable across municipalities.	Well-established palliative services with community integration.	Expand survivorship services consistently nationwide; strengthen long-term psychosocial and nutritional support.

CONCLUSION & Call to Action

Sweden's coordinated system has achieved strong gastric cancer outcomes, but continued efforts are needed to address diagnostic delays, support survivors, and ensure equal access to innovations. A national agenda should integrate risk-based early detection, guarantee equitable molecular testing, maintain affordable therapies, and expand survivorship and palliative care. These steps will help Sweden build on its strengths and lead the way in patient-centered, equitable cancer care.



KEY POLICY PRIORITIES

- 1 Advance risk-based early detection:** Assess cost-effectiveness of targeted H. pylori screening and endoscopy for high-risk groups.
- 2 Guarantee molecular testing equity:** Standardize adoption of new biomarkers across all centres and link to registry monitoring.
- 3 Ensure equitable therapy access:** Continue rapid HTA for new drugs while protecting universal access and affordability.
- 4 Strengthen survivorship support:** Expand consistent psychosocial, nutritional, and rehabilitation programs across municipalities.
- 5 Sustain palliative capacity:** Ensure integration between hospital and community-based palliative services across all regions..

CONCLUSION

Sweden's gastric cancer care system reflects advanced maturity, built on strong national strategies, universal coverage, and data-driven quality improvement. With centralized surgery, guideline adherence, and access to cutting-edge therapies, Sweden has set a high standard in Europe. Remaining challenges lie in harmonizing survivorship services, ensuring rapid and equitable uptake of molecular innovations, and sustaining workforce capacity. By addressing these areas while leveraging its world-class registry infrastructure, Sweden can strengthen its position as a global leader in equitable and innovative gastric cancer care.