

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Germany

EXECUTIVE SUMMARY

Germany provides one of the most advanced gastric cancer (GC) care systems globally, with universal health coverage, widespread endoscopy availability, standardized clinical pathways, and strong integration of biomarker testing and targeted therapies. Survival outcomes benefit from timely diagnosis and access to multidisciplinary treatment. However, challenges remain in ensuring uniform quality across regions, improving survivorship and palliative services outside tertiary centers, and addressing inequities for elderly and rural patients.

This policy brief highlights Germany's current state and outlines targeted actions to consolidate leadership in gastric cancer care while closing persistent equity gaps.

INTRODUCTION

Building on a Strong Foundation Amid Residual Gaps

Germany's healthcare system combines universal insurance, advanced infrastructure, and world-leading academic oncology. National cancer plans, registries, and evidence-based guidelines drive standardization. With gastric cancer maturity assessed at **Level 4**, Germany has already embedded screening pathways for high-risk patients, robust molecular testing, and broad treatment access.

Future progress requires refining survivorship care, ensuring consistent regional quality, supporting research integration, and securing equity for aging and underserved populations.



GASTRIC CANCER IN GERMANY

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-level GC screening; however, opportunistic endoscopy is widely available, and high-risk individuals (e.g., family history, alarm symptoms) are rapidly referred. H. pylori management is incorporated into practice.	Extensive endoscopy capacity across hospitals; strong GP referral networks.	Explore risk-based screening initiatives for defined high-risk groups; expand H. pylori test-and-treat strategies; strengthen public awareness for earlier presentation.
Biomarker & Molecular Testing	HER2, PD-L1, MSI/MMR and NGS panels are standard in tertiary centers and reimbursed; smaller hospitals may have variable turnaround.	Strong laboratory and pathology infrastructure; established EQA programs.	Ensure universal access to molecular testing by funding hub-and-spoke referral systems; expand NGS reimbursement for advanced GC cases; monitor equity across regions.
Treatment Access	Gastrectomy, perioperative chemotherapy, radiotherapy, HER2-targeted therapy, and immunotherapies are all available and reimbursed. Access is generally equitable, but smaller hospitals may lack complex multidisciplinary setups.	Universal insurance guarantees affordability; strong surgical oncology expertise.	Consolidate complex surgery in accredited high-volume centers; expand outreach/tele-MDT support for smaller hospitals; sustain rapid approval/reimbursement for new therapies.
Clinical Guidelines	Evidence-based guidelines are updated regularly (e.g., German S3 guideline); adherence is high in certified cancer centers.	Mature guideline ecosystem and certification system for cancer centers.	Enhance guideline implementation monitoring; extend guideline-linked certification to smaller regional hospitals; integrate real-world evidence into updates.
Palliative & Survivorship Care	Well-developed palliative infrastructure; however, survivorship (nutrition, psychosocial, return-to-work) is variable by region.	National palliative networks, coverage for pain relief, and psychosocial care.	Scale survivorship programs across all cancer centers; ensure systematic integration of nutritionists, psychologists, and rehab services; improve coordination with primary care.

CONCLUSION & Call to Action

Germany is a global leader in gastric cancer care, with comprehensive diagnostic and treatment infrastructure, universal access, and strong guideline adherence. To maintain leadership and further improve outcomes, Germany must now focus on equity — ensuring consistent regional quality, scaling survivorship support, consolidating complex surgery in high-volume centers, and using registry-linked data to drive continuous improvement.



KEY POLICY PRIORITIES

1 Explore Targeted Screening Models: Assess feasibility of risk-based GC screening in defined high-risk groups, integrate H. pylori eradication strategies into preventive care.

2 Universalize Molecular Testing: Guarantee HER2/PD-L1/MSI/NGS testing access across all centers through funding and hub-and-spoke logistics.

3 Strengthen Equity in Treatment Access: Consolidate high-complexity care in accredited centers; expand tele-MDT support to smaller hospitals.

4 Advance Survivorship and Rehabilitation: Standardize survivorship care (nutrition, psychosocial, vocational rehab) across cancer centers and integrate with primary care.

5 Optimize Data Use: Harmonize registry timeliness across states; link registries with molecular and outcomes data for real-world insights.

CONCLUSION

With a **Level 4** maturity, Germany exemplifies advanced gastric cancer care. Strategic focus on equity, survivorship, and continuous quality improvement will allow the system to deliver not just high survival rates, but also better long-term quality of life and uniform care standards for all patients across the country.