International Cancer Patient Coalition

Rwanda

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.

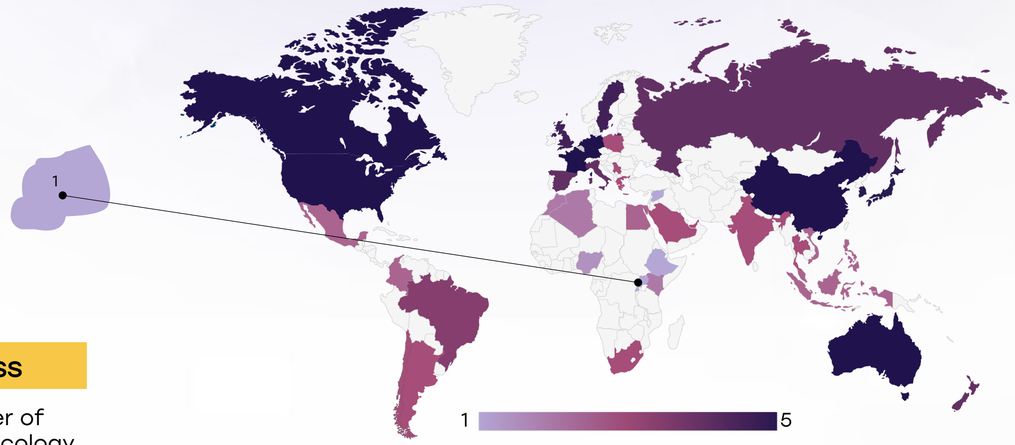
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is not among top 10 male cancers, but growing in prevalence.
- Incidence rate: Around 5 per 100,000 men per year.
- Total new cases (2022): Roughly 500–600 men.
- Daily diagnoses: Around 1–2 men per day.
- Deaths (2022): About 500 men.
- 5-year survival rate: Likely under 30%, due to diagnostic delays and access issues.
- Most affected age group: Typically men 60 and older.
- Screening participation: No program; diagnosis is usually at advanced stages.

International Cancer Patient Coalition

Rwanda

Infrastructure



Strengths

- Rwanda has developed a tiered referral healthcare system, with cancer services concentrated at tertiary facilities like King Faisal Hospital and Butaro Cancer Center.
- The Rwanda Biomedical Center supports the central coordination of national health programs, including cancer initiatives.

Weakness

- Limited number of specialized oncology centers with endoscopy services across the country.
- Shortage of trained gastrointestinal oncologists, radiologists, and specialized nurses.

S W O T

Opportunity

- Ongoing government commitment to improving tertiary care can increase investment in cancer-specific infrastructure.
- International NGO partnerships (e.g., Partners In Health) have shown success in building rural cancer capacity—these models can be scaled.

Threats

- Reliance on donor funding makes long-term infrastructure sustainability uncertain.
- Frequent equipment breakdowns and supply chain disruptions can delay diagnosis and treatment.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

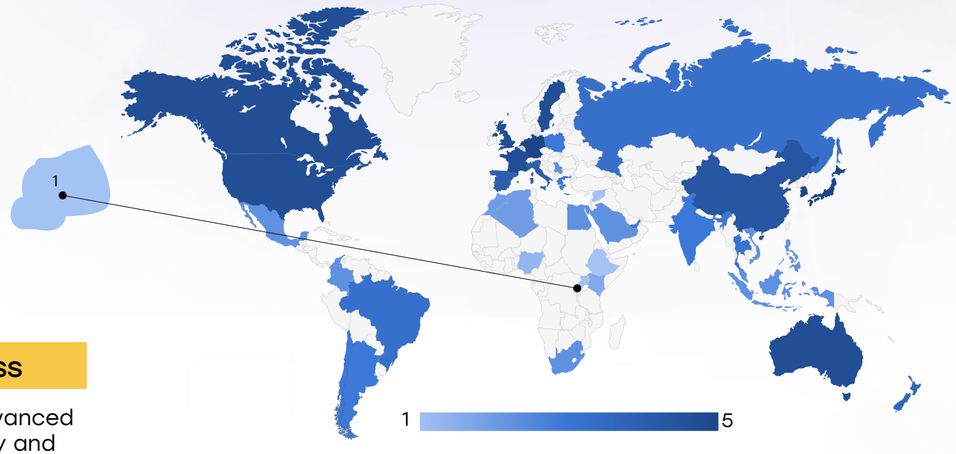
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	4
Spain	4	4
Poland	4	3
Mexico	2	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	4
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	4	3
Malaysia	4	4

International Cancer Patient Coalition

Rwanda

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Butaro Cancer Center provides free cancer treatment for many patients, reducing access barriers.
- Public health campaigns on NCDs are growing and offer a platform to include gastric cancer.

Weakness

- Access to advanced chemotherapy and immunotherapy for gastric cancer is highly limited.
- Very limited local research funding focused on gastric or GI cancers; most cancer funding goes toward cervical and breast cancers.

S W O T

Opportunity

- International research collaborations can help initiate gastric cancer-specific projects and early detection studies.
- Use of mobile outreach programs and community health workers to deliver awareness messages on gastric symptoms and risk factors.

Threats

- Competing priorities like HIV, TB, and malaria limit national cancer research investment.
- Stigma and misinformation about cancer reduce community engagement in awareness programs.

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.

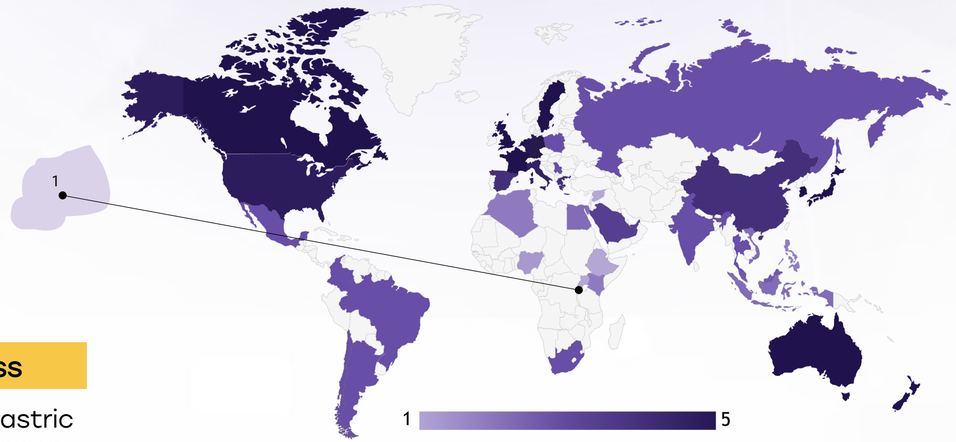
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	2	2
Kenya	2	1	1
Nigeria	2	1	1
Egypt	3	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	5	5
South Korea	5	5	5
China	4	5	4
Thailand	3	3	3
Singapore	5	4	4
United Kingdom	5	5	4
Germany	5	5	5
France	5	4	4
Netherlands	5	5	4
Sweden	5	5	4
Italy	5	4	4
Spain	5	4	4
Poland	3	3	3
Mexico	3	2	2
Brazil	4	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	3	2	2
United States	5	5	4
Canada	5	5	4
Australia	5	5	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	2	2
Saudi Arabia	3	2	2
UAE	3	3	3
Syria	1	1	1
Indonesia	3	2	2
Vietnam	3	2	2
Philippines	2	2	2
Russia	4	3	3
Malaysia	3	2	2

International Cancer Patient Coalition

Rwanda

Survival Rates, Early Detection and Palliative Care



Strengths

- Community-based palliative care services are expanding with support from the Ministry of Health and NGOs.
- Increasing training for general practitioners in symptom recognition and pain management.

Weakness

- Majority of gastric cancer cases are diagnosed at Stage III or IV due to delayed presentation.
- No national early detection program or population-level endoscopy-based screening for high-risk individuals.

Opportunity

- Incorporating gastric cancer detection into NCD screening camps can improve early diagnosis.
- Strengthening the referral and follow-up system through digital health records could improve case tracking.

Threats

- High rates of **H. pylori** infection and chronic gastritis in the population go undetected due to lack of testing.
- Poor access to pathology services causes delays in diagnosis and treatment planning.

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.

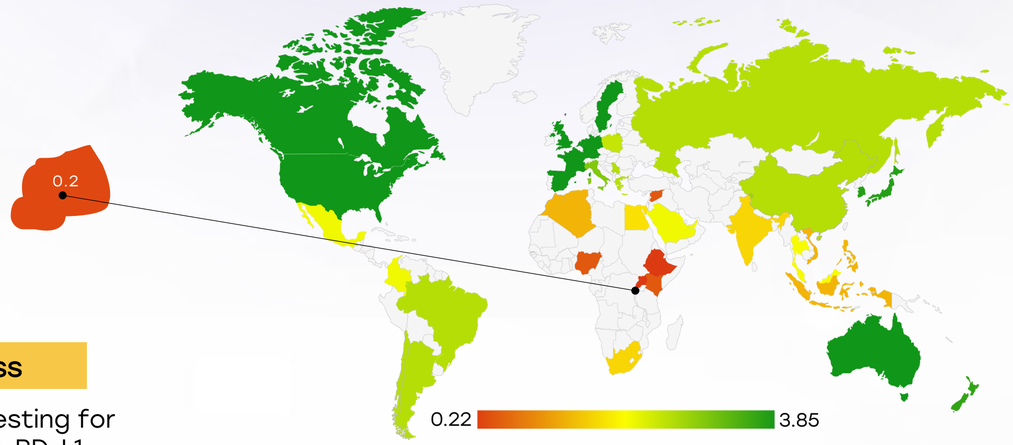
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	1	1
Egypt	3	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	5	5
South Korea	5	5	5
China	4	4	4
Thailand	3	3	3
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	3	3	3
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	3	3	3
United States	5	5	4
Canada	5	5	5
Australia	5	5	5
New Zealand	5	5	5
Greece	4	4	4
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	3	3	3
UAE	3	3	3
Syria	1	1	1
Indonesia	3	2	2
Vietnam	3	2	2
Philippines	3	2	2
Russia	3	3	3
Malaysia	3	2	3

International Cancer Patient Coalition

Rwanda

Utilization of Biomarkers



Strengths

- Basic immunohistochemistry (IHC) testing for HER2 is available at national reference labs in Kigali.
- Growing academic partnerships offer hope for molecular diagnostic capacity building

Weakness

- No routine testing for MSI-H, dMMR, PD-L1, CLDN18.2, or FGFR2b biomarkers in gastric cancer cases.
- Lack of oncologists trained in interpreting and utilizing molecular biomarkers.

S W O T

Opportunity

- Regional collaborations (with East African countries) for centralized molecular testing could make biomarker testing more feasible.
- Capacity-building initiatives by global organizations can train local lab staff in advanced diagnostics.

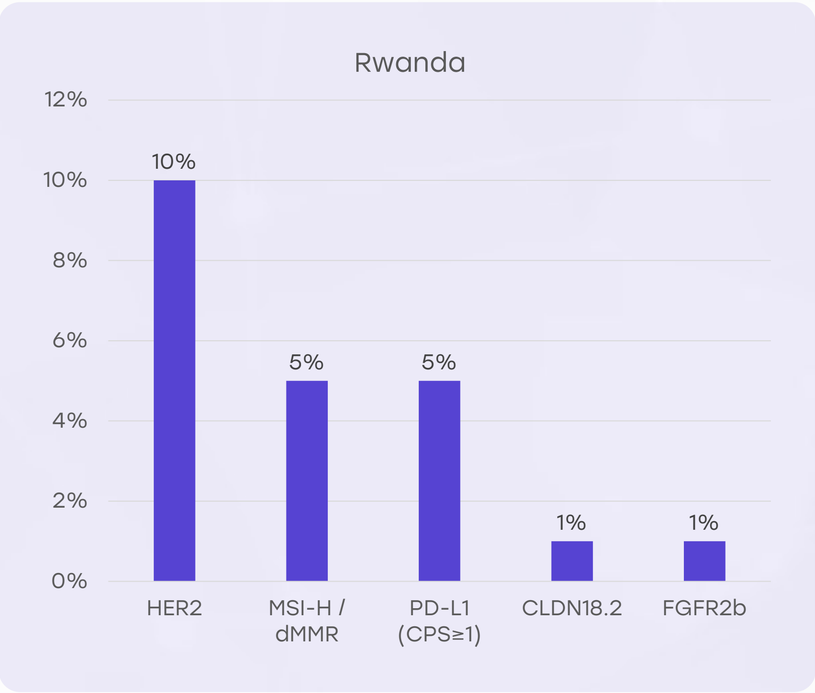
Threats

- High cost and lack of reimbursement for biomarker tests hinder their introduction.
- Without national policies or guidelines requiring biomarker profiling, uptake will remain low.

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.

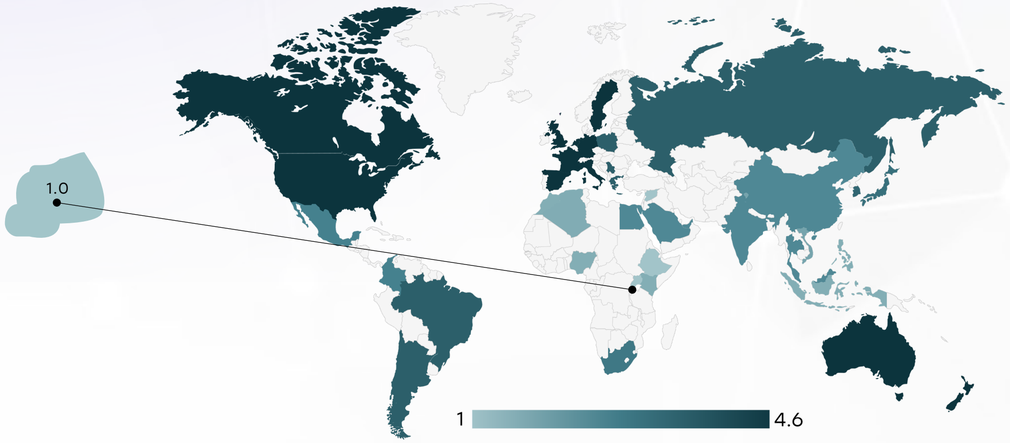
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Rwanda

Clinical Guidelines



Strengths

- Rwanda has a growing focus on clinical standardization through Ministry of Health-led protocols for key diseases.
- Guidelines for certain cancers (e.g., cervical and breast) have laid the foundation for developing more site-specific protocols.

Weakness

- No gastric cancer-specific national clinical guidelines.
- Limited awareness or implementation of international guidelines (like NCCN/ESMO) in peripheral facilities.

S W O T

Opportunity

- Adaptation of simplified, resource-appropriate clinical guidelines for gastric cancer management in Rwanda.
- Guideline implementation can be reinforced through continuous medical education programs.

Threats

- Lack of monitoring and evaluation frameworks can lead to uneven adherence to guidelines even when created.
- Overworked clinicians in rural areas may deprioritize guideline updates in daily practice.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	✖	✖	O
Feasibility of Integration	✖	✖	✖	✖	O
Adoption of International Guidelines	✖	✖	✖	✖	O
Engagement with Updates	✖	✖	✖	✖	O
ESMO Guidelines Implementation	✖	✖	✖	✖	O

International Cancer Patient Coalition

Rwanda

Reimbursement

Strengths

- Rwanda's community-based health insurance system (Mutuelles de Santé) covers basic medical services for a large portion of the population.
- The government and NGO partnerships often subsidize cancer care for low-income patients.

Weakness

- High-cost cancer treatments (targeted therapies, immunotherapies) are not included in the national reimbursement schemes.
- Out-of-pocket expenses for diagnostics and imaging remain a burden, especially for rural patients.

S W O T

Opportunity

- Policy reform to include more cancer-related services in national insurance schemes.
- Expansion of private insurance sector could offer tailored cancer coverage plans.

Threats

- Rising treatment costs may further widen the access gap between urban and rural or insured and uninsured patients.
- Economic shocks and inflation can affect affordability of care and sustainability of insurance programs.

● 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	●	●

International Cancer Patient Coalition

Rwanda

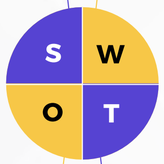
Colorectal Cancer Screening

Strengths

- Rwanda has successfully piloted cancer screening programs (cervical and breast), proving the feasibility of outreach-based models.
- A national NCD plan exists, which includes early detection of cancers as a goal.

Weakness

- No structured or opportunistic screening program for gastric cancer exists.
- Low community-level awareness of **H. pylori**, chronic dyspepsia, and other risk factors hinders demand for screening.



Opportunity

- Integrate gastric cancer risk assessments into general NCD and GI screening efforts at primary care levels.
- Screening programs targeting **H. pylori** eradication could serve dual benefits for gastric cancer prevention.

Threats

- Limited resources make it difficult to prioritize gastric cancer screening over more prevalent cancers.
- Invasive nature of gastroscopy may deter participation in a low-trust healthcare environment.

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