International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

India has substantial clinical capacity for gastric cancer (GC) across major tertiary centres, with expanding diagnostic, surgical, medical oncology and radiotherapy services. Yet substantial inequities persist by geography and socio-economic status: many patients still present late; endoscopy and molecular testing access vary across districts; and high-cost targeted agents and immunotherapies remain financially challenging for large swathes of the population. National health programmes and insurance schemes provide an entry point to scale equitable access, but coordinated policy action is needed to standardize care pathways, broaden diagnostic coverage (including HER2 testing), ensure affordable access to essential systemic therapies, and strengthen palliative and survivorship services.

With a **Level 4 maturity**, India is positioned to consolidate gains and move toward consistent, high-quality, equitable GC care if priorities below are implemented.

INTRODUCTION

Building on Awareness Gains Amid Structural Gaps

India's cancer ecosystem includes world-class centres of excellence, growing oncology workforces, and national programmes aimed at non-communicable disease control — all valuable assets for GC. However, health system fragmentation, state-level variability, out-of-pocket costs, and rural diagnostic gaps limit nationwide outcomes.

Elevating overall GC maturity from pockets of excellence to broadly available, guideline-driven care requires targeted investments in early diagnosis, molecular pathology, financing for high-impact therapies, and expansion of palliative care and survivorship services.

India Ranks at Level 4 – Gastric Cancer Care Maturity Framework

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GASTRIC CANCER IN INDIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population screening; most detection is symptom-driven; endoscopy access is strong in urban tertiary centres but patchy in many districts and rural areas.	Large network of tertiary hospitals and endoscopy units; trained endoscopists and growing private-public service delivery models.	Implement a national GC referral pathway with alarm-symptom triage and time-to-endoscopy targets; expand sessional endoscopy lists in district hospitals, deploy mobile endoscopy units in underserved regions, and incentivize endoscopy training posts.
Biomarker & Molecular Testing	HER2 testing and other biomarkers are available in major urban labs; however, routine access across the public sector is inconsistent and turnaround times vary.	Well-equipped molecular pathology labs in academic and private centres that can serve as hubs.	Create hub-and-spoke molecular diagnostic networks (HER2, mismatch repair, PD-L1 where relevant) with specimen transport, standardized TAT targets, and subsidised testing for public patients under national insurance schemes.
Treatment Access	Curative gastrectomy, peri-operative chemotherapy and multimodal care are available at tertiary centres; targeted agents and immunotherapies are available but their high cost limits universal uptake.	High surgical and oncologic expertise in centres of excellence; competitive generics/biosimilars market that can lower drug costs.	Ensure peri-operative chemotherapy protocols are implemented widely; negotiate national procurement/pricing and inclusion of key GC systemic therapies (including biosimilars) within public insurance/benefit packages to reduce financial barriers.
Clinical Guidelines & Quality Standards	Clinical practice largely follows international evidence but adoption at scale is uneven; MDT culture exists in higher-level centres but needs broader enforcement.	Strong professional societies and existing guideline development mechanisms.	Issue a national GC clinical pathway aligned to best evidence (diagnostics, staging, peri-op chemo, metastatic algorithms, palliation), mandate MDT review for complex cases, and integrate pathway adherence into quality metrics for accredited centres.
Palliative & Survivorship Care	Palliative care services and survivorship programs are improving but access is inconsistent; opioid availability and community palliative teams vary by state.	Growing palliative care training programs and NGO networks; models of community palliative delivery exist.	Expand community palliative teams, standardize opioid access and prescribing practices nationally, embed nutrition and psychosocial support in GC care pathways, and develop survivorship clinics in tertiary and regional centres.

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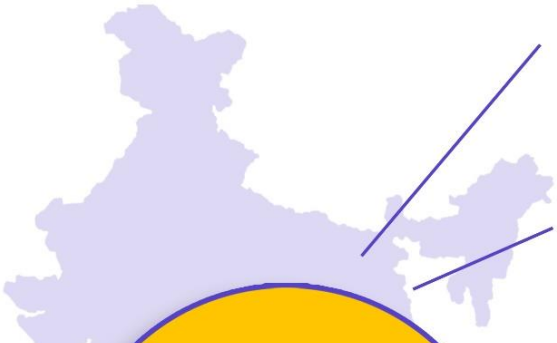
CONCLUSION & Call to Action

India has the clinical workforce, institutional capacity and market mechanisms to offer high-quality gastric cancer care — but only if policy accelerates equitable access and systems-level standardization. Priorities should focus on expanding diagnostic reach, operationalising molecular testing nationally, ensuring affordable access to high-value systemic therapies, strengthening palliative and survivorship care, and making data-driven performance management central to GC policy. With coordinated action, measurable improvements in survival and patient experience can be achieved within a 3–5 year timeframe.



KEY POLICY PRIORITIES

1. **National GC Pathway:** Implement a unified pathway with symptom criteria, referral timelines, staging, MDT reviews, treatment protocols & targets.
2. **Diagnostic Reach:** Expand district endoscopy services, pathology turnaround, and specimen transport to hubs.
3. **Molecular Testing:** Build lab networks for HER2 and other markers with defined TATs and insurance-funded testing.
4. **Affordable Therapies:** Use pooled procurement & insurance inclusion to improve access to chemo, HER2 agents, and essential medicines.
5. **Palliative & Survivorship Care:** Standardize opioid access, expand community teams, and integrate rehab and nutrition support.

CONCLUSION

With **maturity level 4**, India is uniquely positioned to move from heterogeneous excellence to consistent, equitable gastric cancer care nationally. The combination of strong clinical capacity, a growing diagnostics sector, public insurance levers and an active generics/biosimilars market provides the policy tools needed implementing the priorities above can convert capability into outcomes for patients across the country.