

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Vietnam

EXECUTIVE SUMMARY

Vietnam faces a growing burden of gastric cancer, driven by high prevalence of *H. pylori* infection, late-stage diagnoses, and gaps in equitable access to advanced treatments. Despite progress in awareness and surgical expertise in major urban centers, the majority of patients are diagnosed too late for curative treatment. Limited molecular diagnostics, fragmented treatment pathways, and uneven palliative care access further restrict outcomes.

This brief outlines the current state of gastric cancer care in Vietnam and priority policy reforms to raise its maturity level.

INTRODUCTION

Building on Emerging Awareness Amid Structural Gaps

While Vietnam has made strides in infectious disease control and broader cancer awareness, gastric cancer remains a challenge due to insufficient screening, high costs of advanced therapies, and limited workforce capacity outside major hospitals.

With a **Level 2 – Developing** gastric cancer maturity, Vietnam can advance by strengthening early detection, standardizing national clinical pathways, and embedding equitable palliative services.





GASTRIC CANCER IN VIETNAM

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Most patients present with advanced disease; no population-level screening program; endoscopy access limited outside major cities.	Urban tertiary hospitals have strong surgical endoscopy units and diagnostic expertise.	Establish risk-based screening (e.g., high-risk groups, H. pylori carriers); expand subsidized endoscopy access in provincial hospitals; strengthen referral triggers in primary care.
Biomarker & Molecular Testing	HER2 and MSI testing rare and concentrated in Hanoi/Ho Chi Minh; not widely reimbursed.	Small number of academic labs provide testing for research/clinical trials.	Integrate HER2/MSI testing into public hospital services; subsidize testing; develop regional lab networks with sample referral systems.
Treatment Access	Curative surgery and perioperative chemotherapy available in urban tertiary hospitals; limited access to targeted therapy and immunotherapy due to cost.	Strong surgical oncology expertise in central referral hospitals.	Expand national reimbursement coverage for trastuzumab and checkpoint inhibitors; negotiate lower prices through bulk procurement; improve access to perioperative chemo protocols across regional centers.
Clinical Guidelines	No unified national guidelines; treatment varies across hospitals.	International protocols adapted by major cancer hospitals.	Develop and disseminate national gastric cancer guidelines aligned with global standards; train clinicians at provincial hospitals to ensure uniformity.
Palliative & Survivorship Care	Palliative care limited, with uneven availability of pain medication and survivorship services.	Growing recognition of palliative care importance; pilot programs exist.	Integrate palliative care into national cancer strategy; expand opioid access; train community health workers for home-based support; develop survivorship support programs (nutrition, psychosocial care).

CONCLUSION & Call to Action

Vietnam's gastric cancer care is hindered by late diagnoses, limited testing, and unequal treatment access. Expanding subsidized screening and molecular testing, improving insurance coverage, standardizing care, enhancing palliative support, and building a national registry are key steps to strengthen outcomes.



KEY POLICY PRIORITIES

1 Launch a **risk-based screening strategy** integrated into provincial and district hospitals.

2 Guarantee **equitable access to molecular diagnostics** through regional lab networks and government subsidies.

3 Expand **treatment coverage** for HER2-targeted therapies and immunotherapies under public insurance.

4 Formalize and disseminate **national gastric cancer guidelines**, ensuring consistent adoption.

5 Scale up **palliative and survivorship programs**, including opioid access and psychosocial support.

6 Establish a **national registry** to track diagnosis, treatment, and outcomes.

CONCLUSION

With strong surgical expertise and growing awareness, Vietnam has the foundation to improve gastric cancer outcomes. Strategic reforms in early detection, diagnostic equity, treatment access, and supportive care can elevate Vietnam from a fragmented system to a more cohesive, patient-centered model. By prioritizing nationwide guidelines, data-driven decision-making, and equitable access, Vietnam can move toward higher maturity and better survival outcomes for gastric cancer patients.