



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Gastric Cancer Care in Greece

### EXECUTIVE SUMMARY

**Greece** has developed strong oncology expertise, particularly in major urban centres, but gastric cancer (GC) outcomes remain constrained by late diagnosis, uneven molecular testing, and variability in access to innovative therapies. Universal coverage through the national health system provides a baseline of care, but regional disparities, diagnostic delays, and limited survivorship services hinder equity.

This brief outlines opportunities to strengthen Greece's gastric cancer system, focusing on early detection, diagnostic integration, and equitable treatment pathways.

### INTRODUCTION

#### Building on Oncology Strengths Amid Fragmented Care

Greece benefits from established oncology centres, advanced surgical expertise, and participation in European research networks. However, GC is often diagnosed late, endoscopy access varies across regions, and reimbursement pathways for targeted therapies remain complex.

With a **Level 3 – Emerging** gastric cancer maturity, Greece can achieve significant gains by strengthening diagnostic pathways, embedding molecular testing into routine care, expanding treatment access, and enhancing palliative and survivorship services nationwide.



**Greece Ranks at Level 3 – Gastric Cancer Care Maturity Framework**



# GASTRIC CANCER IN GREECE

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-based screening; late-stage presentation is common. Endoscopy access varies, with longer waits in rural and island regions.	Well-established endoscopy services in tertiary hospitals in Athens and Thessaloniki.	Define fast-track referral criteria for alarm symptoms; expand endoscopy capacity in underserved areas through mobile units and sessional lists; strengthen GP-to-specialist referral systems.
Biomarker & Molecular Testing	HER2 and MSI testing available in tertiary centres but not systematically applied; coverage gaps exist.	Advanced pathology labs in academic centres with capability for molecular testing.	Make HER2/MSI testing routine in advanced GC; subsidize testing in the public system; create regional hub labs to serve smaller hospitals.
Treatment Access	Surgery and peri-operative chemotherapy widely available, but targeted therapies (trastuzumab, immunotherapies) are inconsistently reimbursed or delayed.	High surgical expertise and strong oncology departments in major centres.	Simplify reimbursement for targeted agents; ensure equitable access across all regions; invest in referral networks to high-volume centres.
Clinical Guidelines	National guidelines exist but implementation varies across hospitals; adherence monitoring is limited.	Alignment with European Society of Medical Oncology (ESMO) guidelines provides strong reference.	Update national guidelines regularly; mandate MDT reviews for advanced cases; establish audits and monitoring systems.
Palliative & Survivorship Care	Palliative care services limited and unevenly distributed; survivorship programs underdeveloped, especially outside large cities.	Growing NGO involvement and pilot programs in psychosocial support and nutrition.	Integrate early palliative referral into care pathways; expand opioid access and prescriber training; formalize survivorship services (nutrition, mental health, rehabilitation).





## CONCLUSION & Call to Action

Greece has strong oncology expertise but faces fragmentation and regional inequities in gastric cancer care. Key priorities include establishing fast-track diagnostic pathways with expanded endoscopy access, ensuring publicly funded HER2/MSI testing through regional hubs, improving access to targeted therapies via simplified reimbursement and referral networks, integrating palliative and survivorship care into national policy, and strengthening registries and data systems for better planning and accountability. These measures can help Greece move toward a standardized, equitable gastric cancer system.



### KEY POLICY PRIORITIES

- 1 Launch a **national fast-track GC pathway** with referral and diagnostic time targets.
- 2 Make **HER2/MSI testing routine** in public hospitals through hub-and-spoke networks.
- 3 **Harmonize reimbursement** for targeted therapies and ensure equitable nationwide access.
- 4 Expand **endoscopy and diagnostic** capacity in rural and island regions.
- 5 Integrate **palliative and survivorship care** into national oncology programs.
- 6 Improve **data quality** with GC-specific indicators and regular public reporting.

## CONCLUSION

With targeted reforms, Greece can leverage its oncology strengths to deliver timely, equitable gastric cancer care. By prioritizing early detection, equitable molecular and therapeutic access, and supportive care integration, Greece has the opportunity to advance from an emerging maturity level to a more robust, patient-centred gastric cancer system.