

# 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.

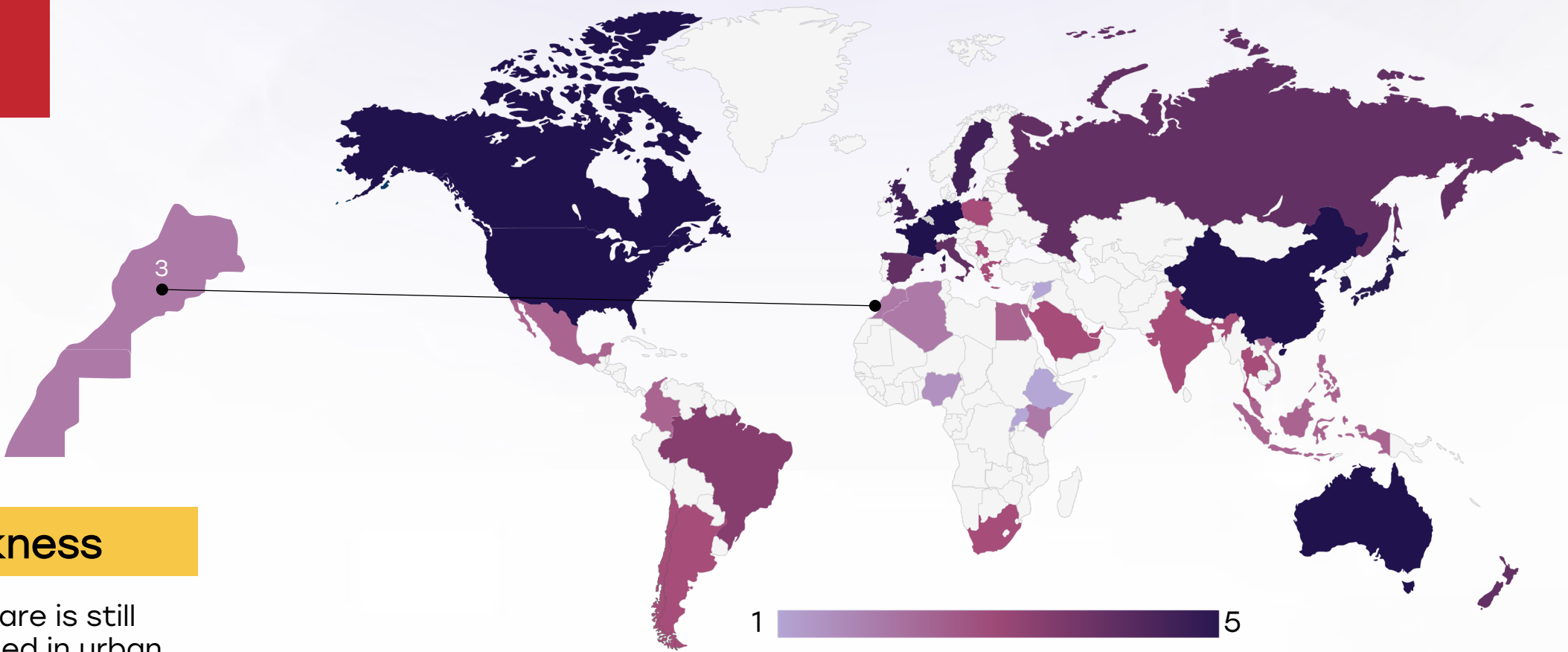
- Incidence share: Gastric cancer is relatively common among digestive cancers in men.
- Incidence rate: Around 7 per 100,000 men per year.
- Total new cases (2022): Estimated ~2,000 men.
- Daily diagnoses: Approximately 5–6 men per day.
- Deaths (2022): Around 1,400 men.
- 5-year survival rate: Likely < 40%, reflecting late detection.
- Most affected age group: Predominantly men aged 60 and older.
- Screening participation: No organized screening; diagnosis is generally symptom-based.



# Morocco



## Infrastructure



### Strengths

- Morocco has a decentralized cancer care model, with regional oncology centers like the National Institute of Oncology (INO) in Rabat and others in Marrakech, Fez, and Casablanca.
- Investments in cancer care infrastructure have improved over the last decade under the National Cancer Prevention and Control Plan (PNPCC).

### Weakness

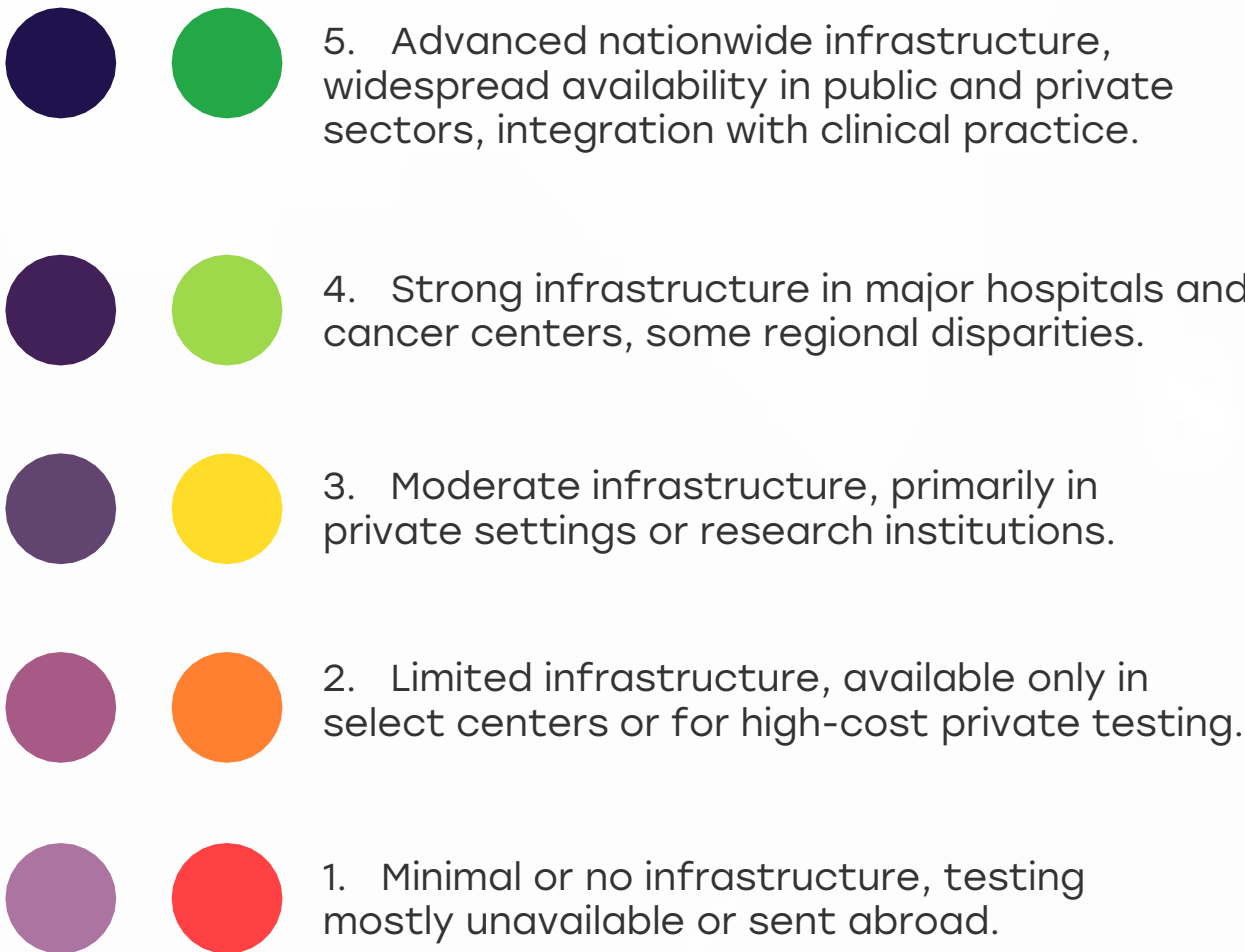
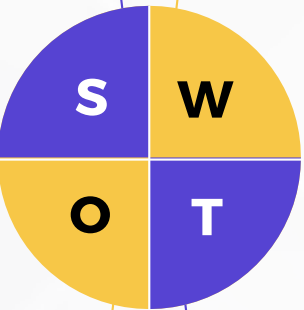
- Oncology care is still concentrated in urban areas; rural and peripheral regions face long delays and travel distances.
- Limited capacity in pathology labs slows diagnosis and staging processes—leading to treatment delays.

### Opportunity

- Expansion of tele-oncology and regional cancer centers can bridge rural gaps.
- Potential to leverage existing infrastructure for screening and early detection pilot programs.

### Threats

- Infrastructure expansion may be hampered by limited healthcare funding and trained personnel, particularly for advanced diagnostic tools.
- Urban-rural health disparity may worsen if new projects aren't equitably distributed.

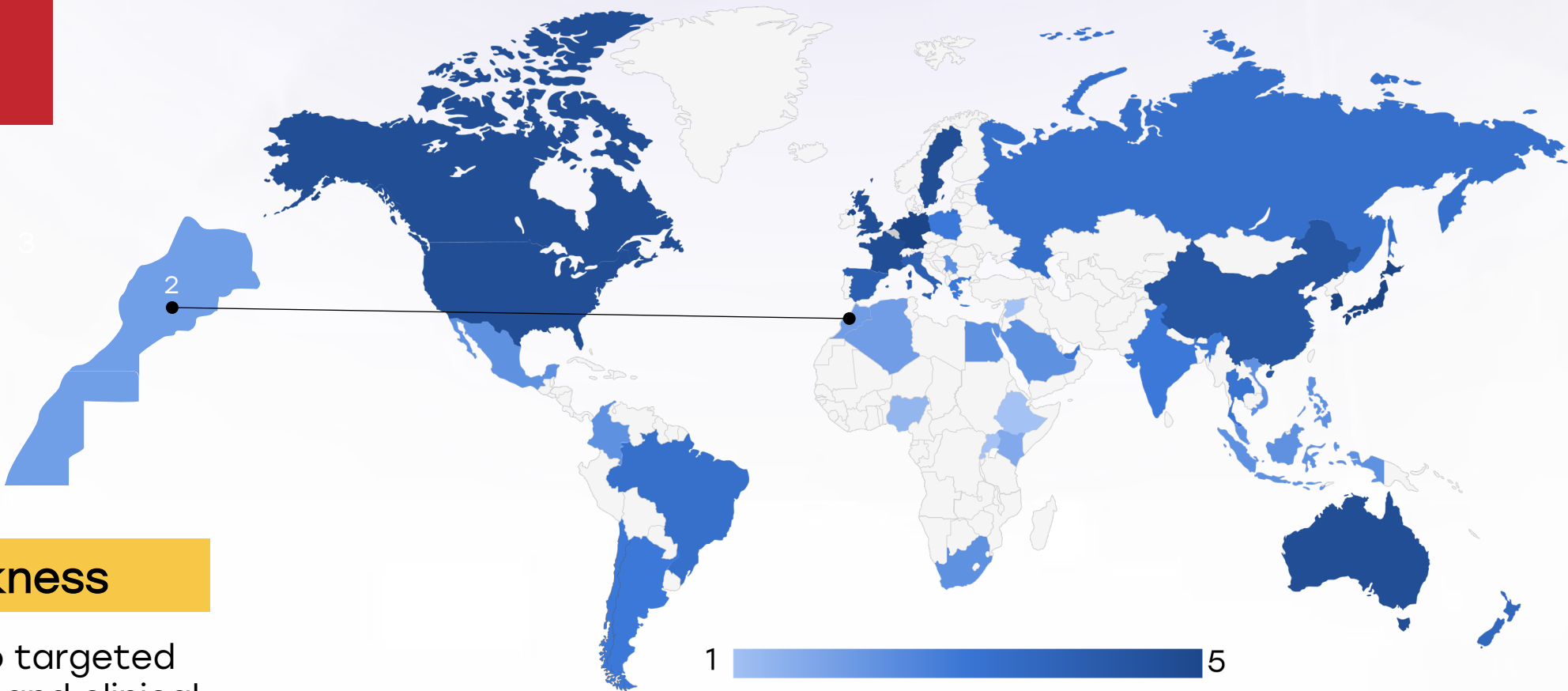


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

# Morocco



## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Morocco has a well-defined National Cancer Control Strategy, which includes gastric and digestive tract cancers in its scope.
- Strong partnerships with Lalla Salma Foundation and international institutions (e.g., WHO, IARC) in cancer awareness and funding.

### Weakness

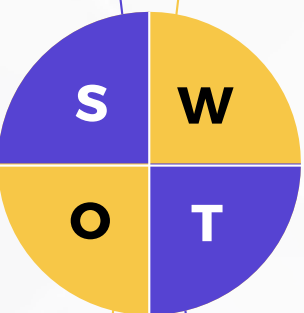
- Access to targeted therapies and clinical trials remains limited to select private centers or elite public hospitals.
- Public awareness of gastric cancer remains low compared to breast or cervical cancers, leading to late presentations.

### Opportunity

- Expand government and NGO-led awareness programs focused on dietary risk factors and H. pylori infection.
- International research collaborations to study North African-specific risk factors and genomics.

### Threats

- Cancer research remains underfunded and donor-dependent.
- Inflation and economic challenges may lead to reduced government spending on non-communicable diseases.



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.

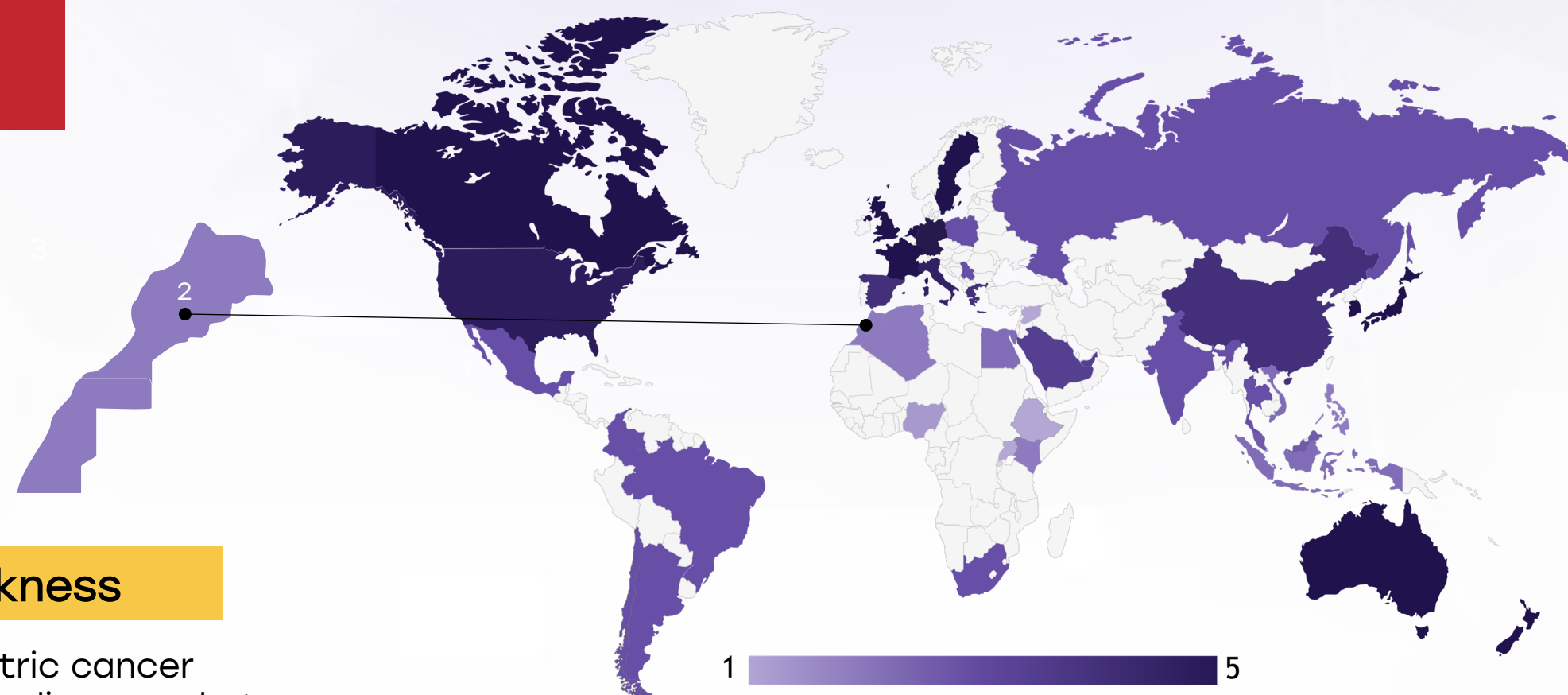
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
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Philippines			
Russia			
Malaysia			



# Morocco



## Survival Rates, Early Detection and Palliative Care



### Strengths

- National training programs on palliative care are expanding, with many cancer centers now integrating pain management and end-of-life services.
- Morocco has established multidisciplinary cancer care units, which help improve patient outcomes in early-stage cases.

### Weakness

- Most gastric cancer cases are diagnosed at Stage III or IV, leading to poor survival outcomes (estimated <20%).
- No formal early detection or screening program for gastric cancer; endoscopy usage is mainly diagnostic.

### Opportunity

- Initiating risk-based screening programs targeting high-H. pylori and high-salt diet regions (e.g., Northern Rif Mountains).
- Scale up community education to improve symptom recognition and early health-seeking behavior.

### Threats

- Late presentation remains the norm, driven by health system delays and cultural stigma.
- Limited access to second-line and palliative chemotherapy regimens, especially outside major centers.

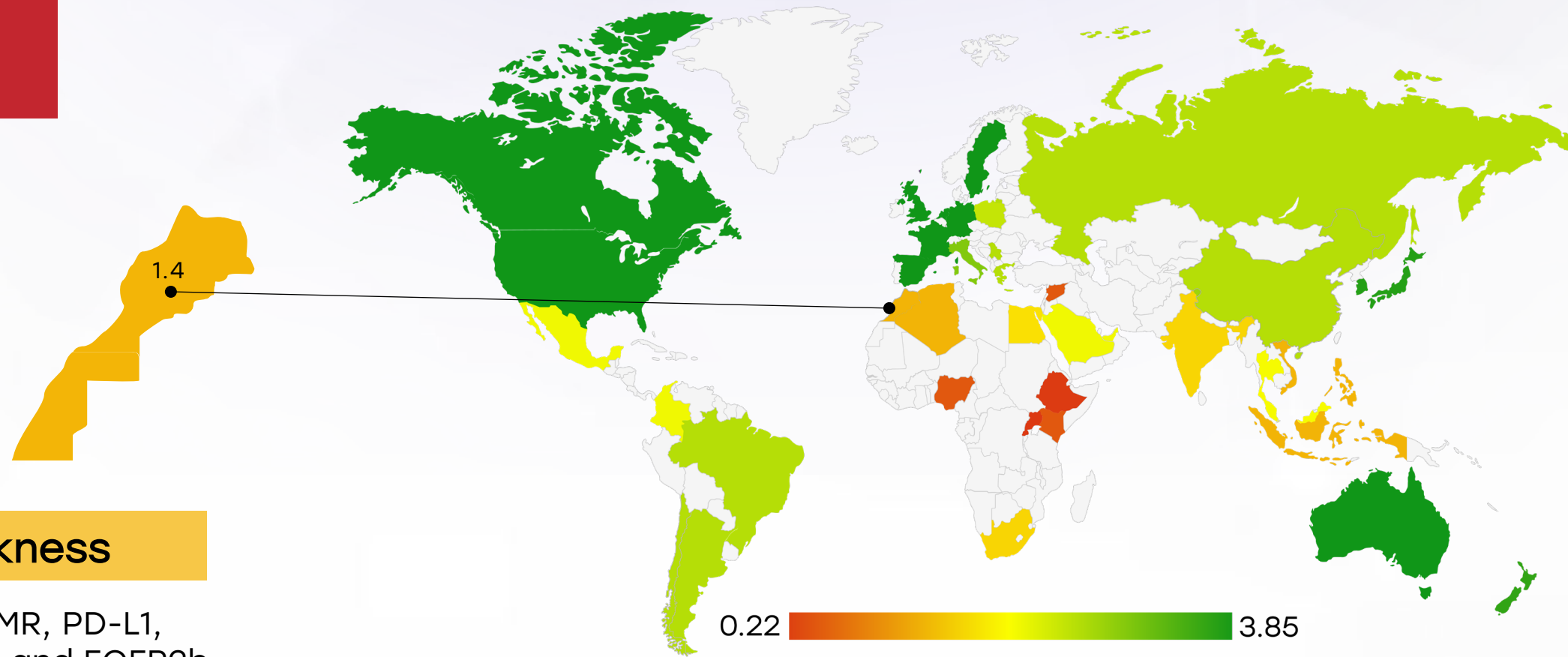
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
New Zealand	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

# Morocco



## Utilization of Biomarkers



### Strengths

- HER2 testing is available at select public and private laboratories (e.g., Ibn Sina Hospital, Casablanca Oncology Center).
- Some HER2-positive gastric cancer patients receive trastuzumab when covered under social insurance.

### Weakness

- MSI-H/dMMR, PD-L1, CLDN18.2, and FGFR2b testing are generally unavailable or restricted to academic research settings.
- Biomarker use is not standardized, and oncologists often lack updated molecular pathology training.

### Opportunity

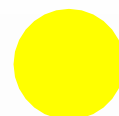
- National cancer centers could integrate companion diagnostics into clinical pathways with support from pharmaceutical partnerships.
- Capacity-building grants can enable molecular labs in Rabat and Casablanca to offer more comprehensive biomarker panels.

### Threats

- High costs of testing and reagents, coupled with absence of reimbursement, limit widespread use.
- Delayed adoption of global innovations may widen the treatment gap between Morocco and higher-income countries.



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.

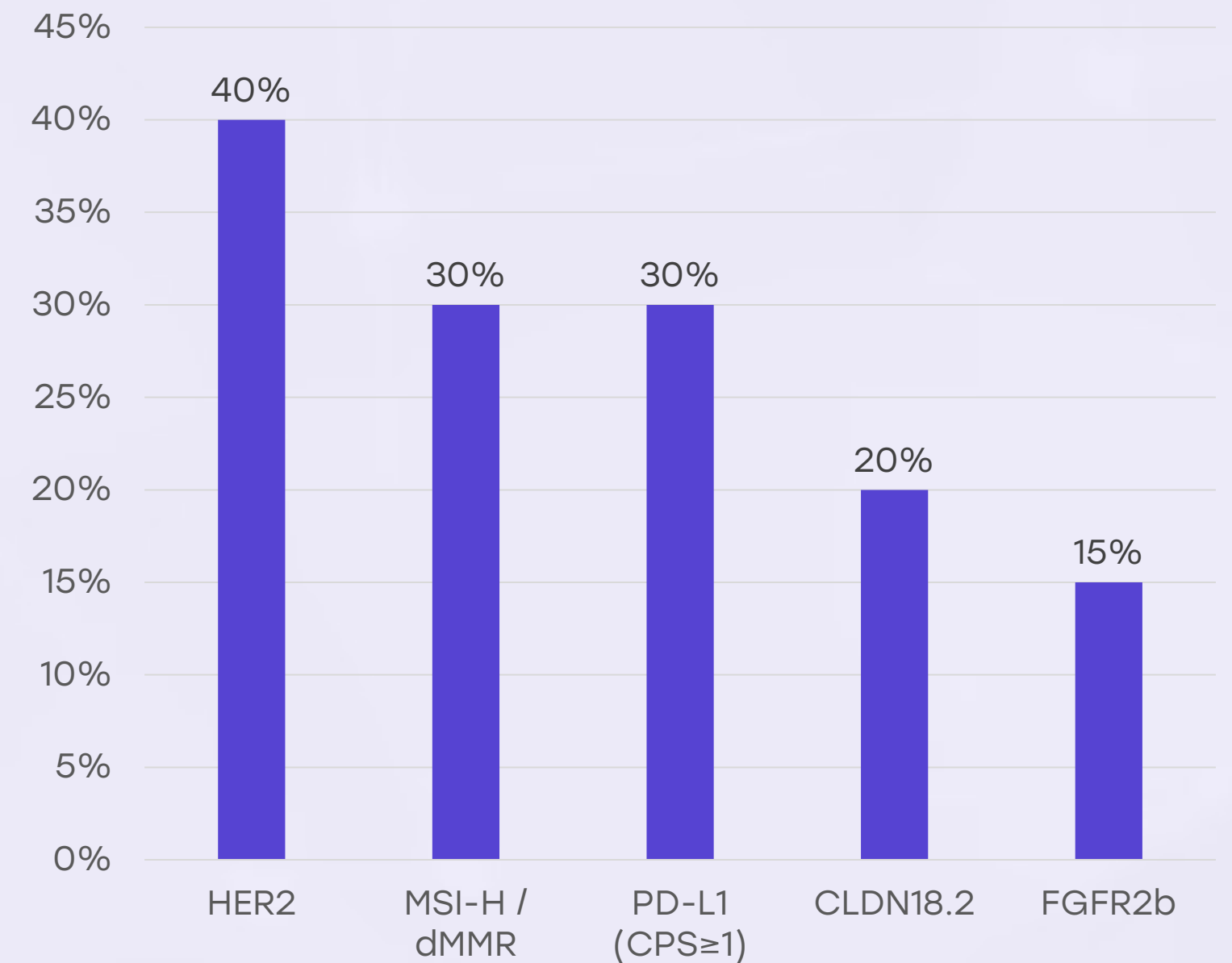


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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.

Morocco





# Morocco



## Clinical Guidelines

### Strengths

- Morocco has national cancer treatment protocols aligned with WHO and NCCN guidance, adapted for local needs.
- Oncologists are trained in European Society for Medical Oncology (ESMO)-inspired guidelines.

### Opportunity

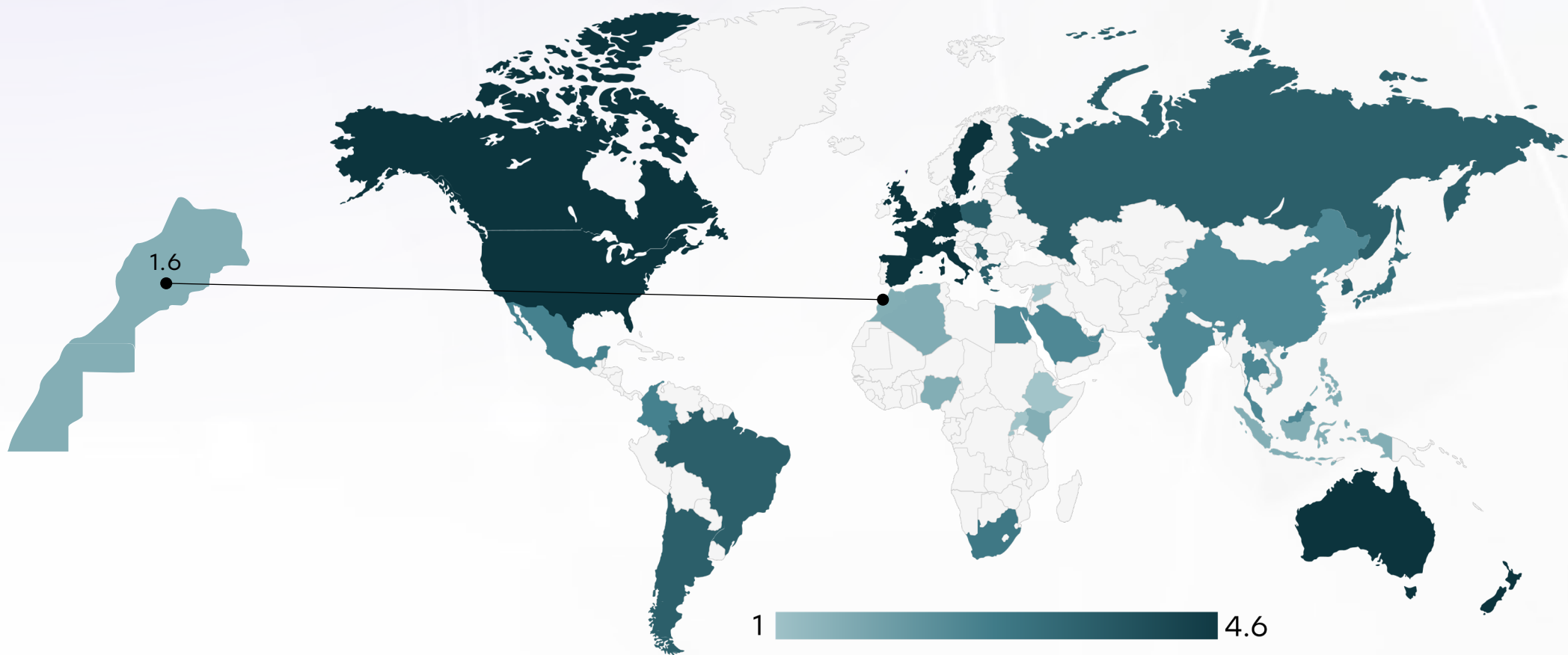
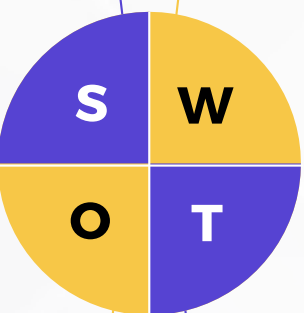
- Develop gastric cancer-specific clinical guidelines incorporating HER2, MSI, and immunotherapy.
- Host national training workshops for guideline implementation in provincial centers

### Weakness

- Guidelines are often generic and may not reflect the latest biomarker-based or immunotherapy advancements.
- Limited guideline dissemination and adoption at the district hospital level.

### Threats

- Non-uniform clinical practice across the public and private sectors leads to inconsistent care quality.
- Rapid evolution of therapies globally may outpace local updates, risking outdated practice.

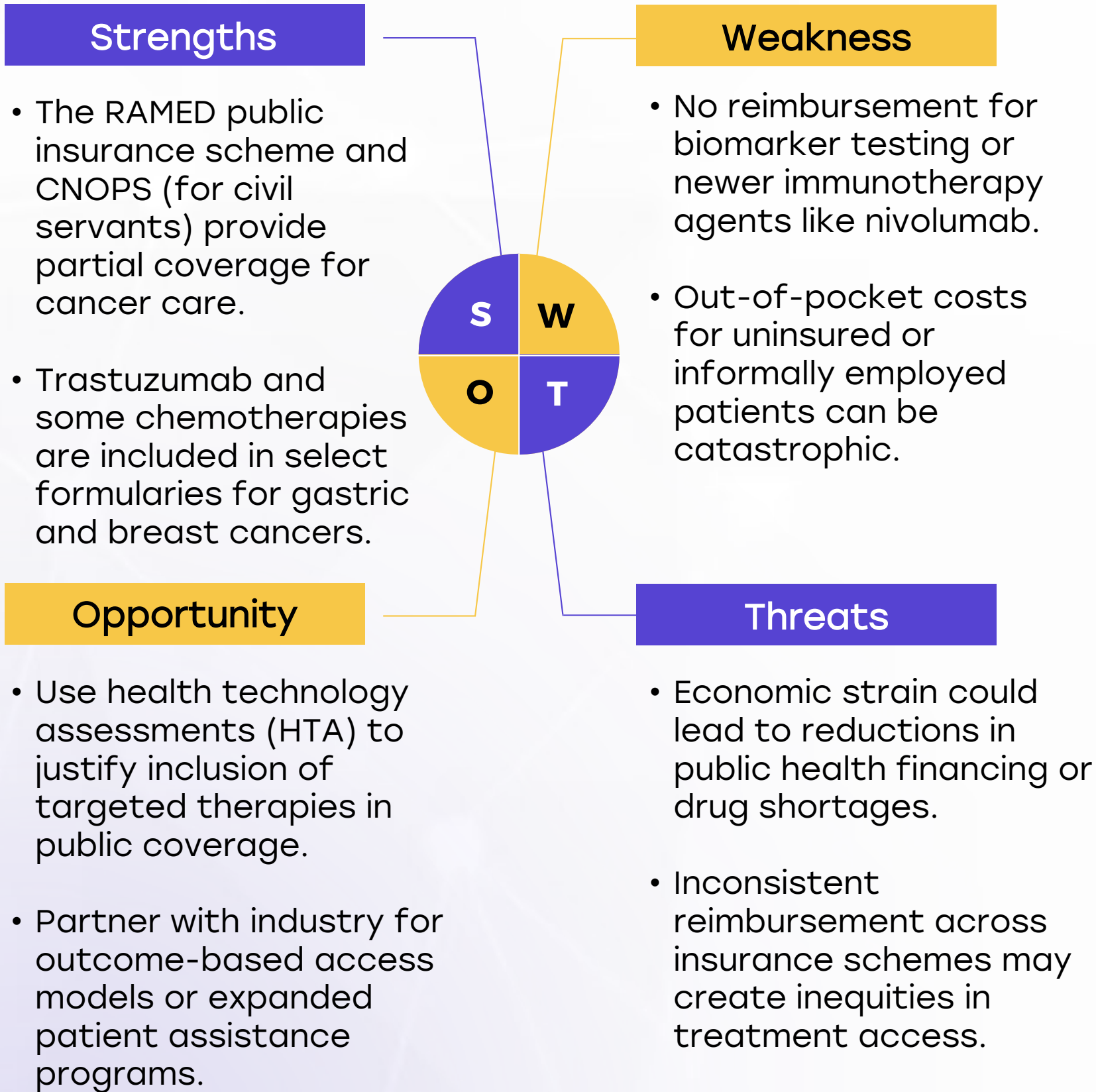


	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✗	✗	✗	○	✗
Feasibility of Integration	✗	✗	✗	○	✗
Adoption of International Guidelines	✗	✗	✗	○	✗
Engagement with Updates	✗	✗	✗	✗	○
ESMO Guidelines Implementation	✗	✗	✗	✗	○

# Morocco



## Reimbursement




- 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.

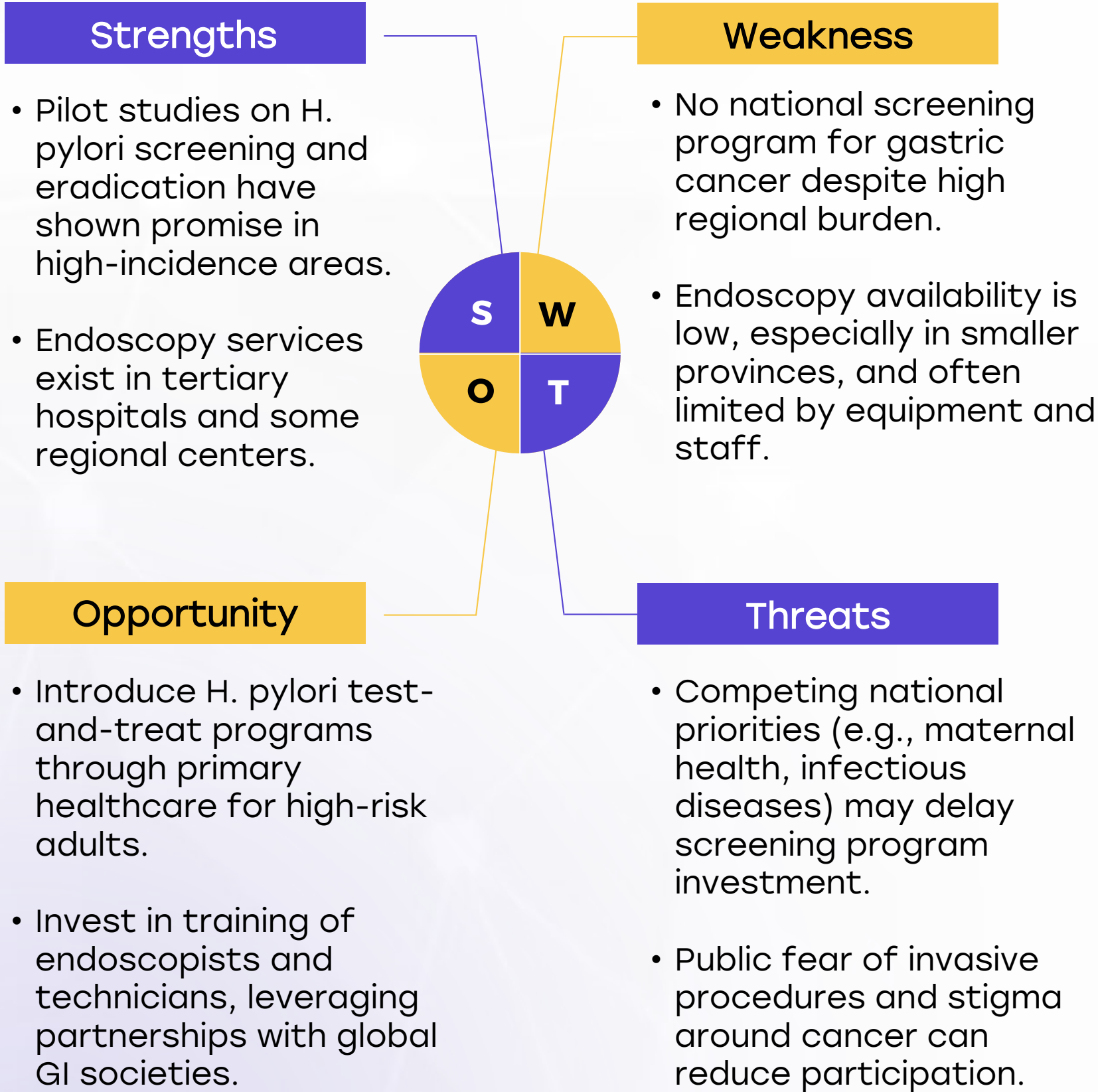
Country	Reimbursement Framework	No-cost Access
United States	<div></div>	<div></div>
United Kingdom	<div></div>	<div></div>
Canada	<div></div>	<div></div>
Australia	<div></div>	<div></div>
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South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
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Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>



# Morocco



## Gastric Cancer Screening



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