



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Australia

EXECUTIVE SUMMARY

Australia has well-developed cancer services, strong diagnostic and surgical capacity, and robust universal coverage mechanisms that support access to guideline-based gastric cancer (GC) care. Molecular diagnostics and targeted therapies are widely available in tertiary centres, and clinical governance (MDTs, national guidelines) is mature. Remaining challenges are geographic equity (remote and regional communities), timely endoscopy access in some areas, consistent survivorship services, and ensuring affordability/accessibility of newer high-cost therapies for all patients.

Priority reforms focus on extending diagnostic and molecular testing reach, standardizing pathways for rapid diagnosis and referral, securing equitable access to targeted and systemic therapies, and strengthening survivorship and palliative integration across regions.

INTRODUCTION

Building on Strong Foundations Amid Equity Gaps

Australia's universal health system, strong cancer frameworks, and high-quality tertiary oncology centres provide a solid foundation for GC care. With a **Level 4 – Advanced** maturity, the country has established standards, rapid uptake of innovation, and comprehensive registries and quality programs.

The policy focus now must be on reducing rural-urban disparities, embedding standardized rapid diagnostic pathways, and making advances in molecular-driven care and survivorship uniformly available.





GASTRIC CANCER IN AUSTRALIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population screening; diagnosis is mostly symptom-driven. Endoscopy capacity is excellent in metropolitan centres but wait-times and access can be longer in rural/remote areas.	Strong primary care referral pathways in many areas and high-quality endoscopy services in tertiary centres.	Implement rapid diagnostic pathways with alarm-symptom triage and maximum time-to-endoscopy targets; fund outreach endoscopy and telehealth triage for rural/remote communities.
Biomarker & Molecular Testing	HER2, MSI, PD-L1 and broader molecular profiling available in tertiary and reference labs; coverage is high but logistics and TAT can vary by region.	Accredited national lab networks, established molecular pathology services, and integration into MDT decision-making.	Standardize testing protocols and TAT targets nationally; fund hub-and-spoke sample logistics and telepathology; support national external quality assurance and rapid reporting into clinical workflows.
Treatment Access	High-quality centralized surgery and peri-operative chemotherapy available in major centres; targeted agents and immunotherapies are accessible through public and private reimbursement pathways, though cost and approvals can delay access for some novel agents.	Strong clinical trial ecosystem and mechanisms (PBS, private insurance, compassionate access) to enable innovation uptake.	Streamline reimbursement pathways and risk-sharing agreements for high-value targeted therapies; expand outreach oncology clinics and shared-care models to deliver systemic therapy closer to home.
Clinical Guidelines	National clinical guidelines and MDT processes are comprehensive and widely used; adherence is strong in specialist centres but variable in smaller hospitals.	Well-developed guideline bodies and quality-improvement frameworks.	Strengthen implementation support for regional hospitals via virtual MDTs, outreach education, and audit-linked quality improvement incentives.
Palliative & Survivorship Care	Palliative care services are established and integrated in many centres, but survivorship programs (nutrition, psychosocial rehabilitation, long-term follow-up) are inconsistently available across regions.	Growing survivorship initiatives and established community palliative models.	Expand standardized survivorship pathways (rehab, nutrition, psychosocial support) and ensure palliative care integration from diagnosis; fund community-based survivorship coordinators in underserved regions.



CONCLUSION & Call to Action

Australia's gastric cancer system is advanced — with strong diagnostics, centralized surgery, molecular testing and guideline-based care — but persistent rural-urban disparities and patchy survivorship services limit equitable outcomes. Immediate priorities should be: implement rapid diagnostic pathways with enforceable time targets; expand hub-and-spoke molecular testing and sample logistics; negotiate timely, affordable access to new targeted and immunotherapies; extend specialist outreach and shared-care models for regional patients; and build standardized survivorship programs. These actions should be coordinated at national and state levels with measurable milestones and published performance dashboards to ensure progress and equity.

KEY POLICY PRIORITIES

1 Rapid Diagnostic Pathways: Implement alarm-symptom triage, fast-track referrals, and endoscopy time targets.

2 Molecular Testing: Standardize and fund nationwide HER2 testing with hub-and-spoke networks, sample transport, TATs, and QA.

3 Therapy Access: Ensure equitable access to targeted drugs via faster reimbursement, risk-sharing, and patient-assistance programs.

4 Specialist Outreach: Expand rural oncology clinics, telehealth MDTs, and local chemotherapy delivery.

5 Survivorship Programs: Establish national standards for nutrition, psychosocial support, rehabilitation, and community coordinators.

CONCLUSION

With committed national-state collaboration and targeted investment, Australia can consolidate its advanced gastric cancer capacities into a uniformly accessible, patient-centred system. Prioritizing equity (rural reach, affordable access to innovation), standardized rapid diagnostics, and comprehensive survivorship support will secure high-quality outcomes for all Australians living with gastric cancer.