

NEW ZEALAND

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in New Zealand

EXECUTIVE SUMMARY

New Zealand has strong oncology services, universal health coverage, and advanced cancer infrastructure. Gastric cancer outcomes are supported by robust surgical care, access to molecular diagnostics, and availability of modern systemic therapies. However, inequities remain, particularly among Māori and Pacific peoples, and across rural communities, where late diagnosis and variable access to specialized services reduce equity.

This brief outlines strategies to consolidate strengths and address persistent disparities in gastric cancer care.

INTRODUCTION

Strong System Foundations with Equity Gaps

New Zealand's cancer system benefits from a well-integrated public health framework and comprehensive coverage under the national health service. Gastric cancer care is supported by well-trained specialists, high-quality surgery, and access to advanced treatments. Yet survival outcomes lag for priority populations due to later stage at diagnosis, uneven service delivery, and gaps in survivorship and palliative integration.

With a **Level 4 – Advanced maturity**, New Zealand is well-positioned to move towards equitable, patient-centered gastric cancer care by focusing on access, cultural responsiveness, and early detection.



New Zealand Ranks at Level 4 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN NEW ZEALAND

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national population-based screening for GC; detection relies on symptomatic presentation. Māori and Pacific peoples face later diagnoses and higher mortality.	Universal healthcare coverage ensures financial protection; established endoscopy services in tertiary centres.	Develop targeted early detection strategies for high-risk populations; expand endoscopy access and outreach in rural and underserved communities; strengthen GP referral criteria for alarm symptoms.
Biomarker & Molecular Testing	HER2, MSI, and PD-L1 testing are widely available but not uniformly used across all centres.	National testing infrastructure and accredited labs provide strong baseline capacity.	Mandate routine biomarker testing for advanced GC; standardize turnaround times; ensure equitable funding and access across all regions.
Treatment Access	High-quality surgery and peri-operative chemotherapy widely available; targeted therapies and immunotherapies accessible but uptake can be inconsistent.	Universal coverage reduces financial burden; specialist multidisciplinary teams in major cancer centres.	Standardize equitable access to targeted and immunotherapies nationwide; strengthen referral pathways to high-volume surgical centres; continue workforce training to ensure best practice delivery.
Clinical Guidelines	National guidelines exist and align with international standards, but implementation varies by centre and region.	New Zealand Cancer Control Agency and professional societies support guideline development and updates.	Enhance adherence through regular audits, training, and performance dashboards; integrate guidelines into electronic health records to standardize care delivery.
Palliative & Survivorship Care	Strong palliative care infrastructure, but integration into GC pathways is inconsistent; survivorship care less developed for nutrition, psychosocial, and long-term follow-up.	National palliative networks and strong NGO partnerships.	Ensure early integration of palliative care into treatment pathways; expand survivorship programs focused on nutrition, psychosocial support, and cultural responsiveness for Māori and Pacific peoples.

CONCLUSION & Call to Action

New Zealand has the capacity for world-class gastric cancer care, but inequities limit outcomes. Priorities include targeted early detection for high-risk groups with culturally tailored outreach, routine molecular testing with equitable funding, standardized access to modern therapies, integration of survivorship and palliative care with nutrition and psychosocial support, and equity-focused data systems that publish timely, disaggregated information to guide improvements and accountability.



KEY POLICY PRIORITIES

1 Develop targeted **GC early detection programs** for Māori, Pacific, and rural populations.

2 Mandate **HER2, MSI, and PD-L1 testing** as standard of care for advanced GC.

3 Guarantee equitable **access to targeted therapies** and immunotherapies nationwide.

4 Expand **survivorship and culturally** responsive palliative care programs.

5 Strengthen **cancer registry reporting** timeliness and publish equity dashboards.



CONCLUSION

With robust infrastructure, universal health coverage, and advanced oncology services, New Zealand is positioned to lead in equitable gastric cancer care. By focusing on early detection, biomarker access, and culturally tailored support for underserved populations, the country can ensure that every patient—regardless of ethnicity or geography—benefits from the latest innovations in gastric cancer treatment and survivorship.