

**JAPAN**



# BRIDGING THE GAP

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

### EXECUTIVE SUMMARY

**Japan** has one of the most advanced gastric cancer (GC) systems globally: long-standing population-level screening and early-detection programs, widespread H. pylori control efforts, comprehensive endoscopy capacity, mature molecular testing pathways, universal financing for evidence-based therapies, and robust palliative and survivorship services.

Outcomes are among the best internationally due to early-stage detection, standardized care pathways, and tight integration between primary, specialist and community services. The focus now is on innovation diffusion (precision oncology, population-tailored prevention), equity in rural and aging communities, and sustaining value-based financing as new high-cost therapies emerge.

### INTRODUCTION

#### Building on Awareness Gains Amid Structural Strengths

Japan's health system has built decades-long expertise in gastric cancer prevention, diagnosis and treatment. High screening coverage, routine endoscopic surveillance, organized H. pylori management, centralized pathology and rapid molecular profiling have produced consistent early diagnoses and favorable survival.

With a **Level 5 maturity**, Japan's priority is continuous improvement: integrating next-generation diagnostics, ensuring equitable access for older and rural populations, optimizing survivorship care for a growing survivor cohort, and maintaining cost-effective adoption of cutting-edge therapies.





# GASTRIC CANCER IN JAPAN

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Widespread, organized screening and high endoscopy capacity result in many cancers detected at early stages; surveillance systems for high-risk groups are well established.	Nationwide screening infrastructure, high endoscopist density, strong primary care referral pathways, and public familiarity with screening.	Sustain high screening coverage while shifting toward risk-stratified algorithms (age, H. pylori status, family history); integrate AI-assisted endoscopy quality assurance and national performance benchmarking.
Biomarker & Molecular Testing	Comprehensive molecular profiling and biomarker testing are routinely available for advanced disease; rapid lab turnaround and mature central/regional referral networks exist.	Centralized pathology networks, routine HER2, MSI/MMR, PD-L1 testing and access to advanced genomic assays.	Maintain rapid access to evolving molecular tests; implement national standards for genomic reporting, data-sharing for real-world evidence, and pathways to fund validated companion diagnostics.
Treatment Access	Universal coverage ensures timely access to surgery, endoscopic resection for early disease, systemic chemotherapy, targeted therapies and immunotherapy; multidisciplinary care is standard.	High surgical volume centres with standardized D2 dissections, endoscopic submucosal dissection expertise, and integrated oncology networks.	Continue supporting regional centres of excellence while expanding outreach/twinning programs to ensure equivalent quality in rural areas; refine value-assessment for high-cost agents and update treatment sequences based on real-world data.
Clinical Guidelines	National clinical practice guidelines are comprehensive, evidence-based and widely implemented; MDT review and pathway-driven care are routine.	Strong professional societies, guideline dissemination, and audit culture.	Maintain living-guideline processes with rapid incorporation of trial results, produce patient-facing pathway materials, and embed guideline concordance in quality dashboards.
Palliative & Survivorship Care	Well-developed palliative care services and survivorship programs with integrated rehabilitation, nutrition, and psychosocial support; advanced symptom control and hospice care available.	Established community-based palliative networks, geriatric-oncology integration, and coordinated survivorship clinics.	Scale models that integrate geriatric assessment into survivorship, expand home-based oncology/palliative services to meet demographic shifts, and strengthen rehabilitation/return-to-work programs for survivors.





## CONCLUSION & Call to Action

Japan's gastric cancer system is an international exemplar, delivering early detection and high-quality care at scale. The next phase centers on precision prevention, equitable diffusion of innovation, sustainable financing for novel therapies, and system redesign to meet the needs of an ageing population and growing survivor cohort. Continued investment in data infrastructure, AI and real-world evidence generation will ensure care remains high-value and equitable.

### KEY POLICY PRIORITIES

- 1 Risk-Stratified Screening:** Implement age-, H. pylori-, family history-, and biomarker-based screening with AI quality checks.
- 2 Genomic Access:** Ensure equitable molecular testing with standardized reporting and data-sharing.
- 3 Regional Equity:** Strengthen outreach, twinning, and tele-MDT programs for rural and aging populations.
- 4 Value-Based Innovation:** Use HTA and managed-entry agreements for high-cost targeted and cellular therapies.
- 5 Survivorship & Geriatric Care:** Integrate geriatric assessment, rehab, nutrition, psychosocial support, and home-based palliative services.

## CONCLUSION

With mature systems across prevention, diagnostics, treatment and survivorship, Japan's gastric cancer programme should focus its energy on equity, sustainable adoption of new technologies, and system redesign for demographic change. Continued leadership in real-world research and guideline development will both protect past gains and chart the path for future innovation.