

Vietnam

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.

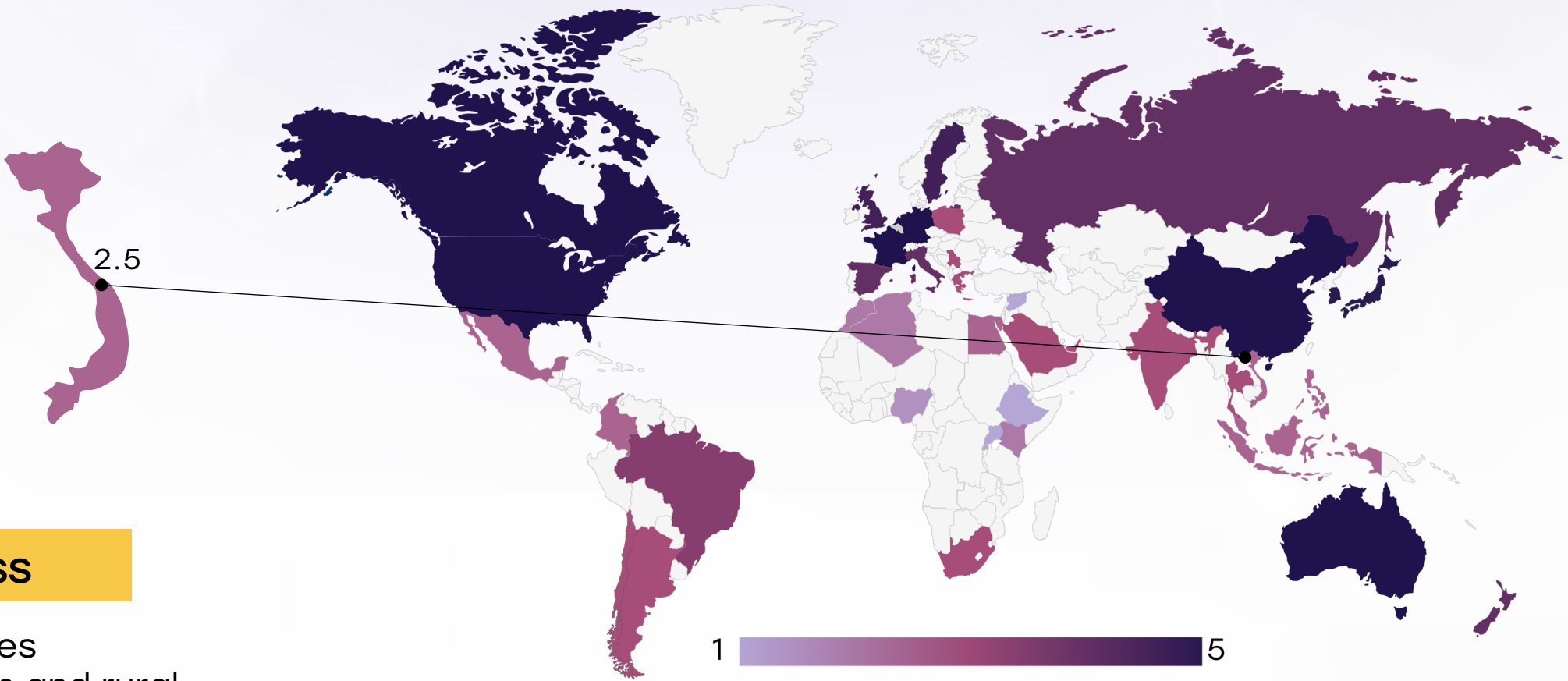
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer is among the top 5 male cancers.
- Incidence rate: Around 17 per 100,000 men per year.
- Total new cases (2022): Around 13,500 men.
- Daily diagnoses: Roughly 37 men per day.
- Deaths (2022): About 10,000 men.
- 5-year survival rate: Estimated 40–50%, with better outcomes in high-volume hospitals.
- Most affected age group: Men aged 60–75.
- Screening participation: No organized national screening; some pilot programs exist in urban areas.

Vietnam



Infrastructure



Strengths

- Central oncology hospitals in Hanoi and Ho Chi Minh City have established surgical and chemotherapy units for gastric cancer.
- Rapid growth in public-private hospital partnerships is enhancing diagnostic and treatment capacities.

Weakness

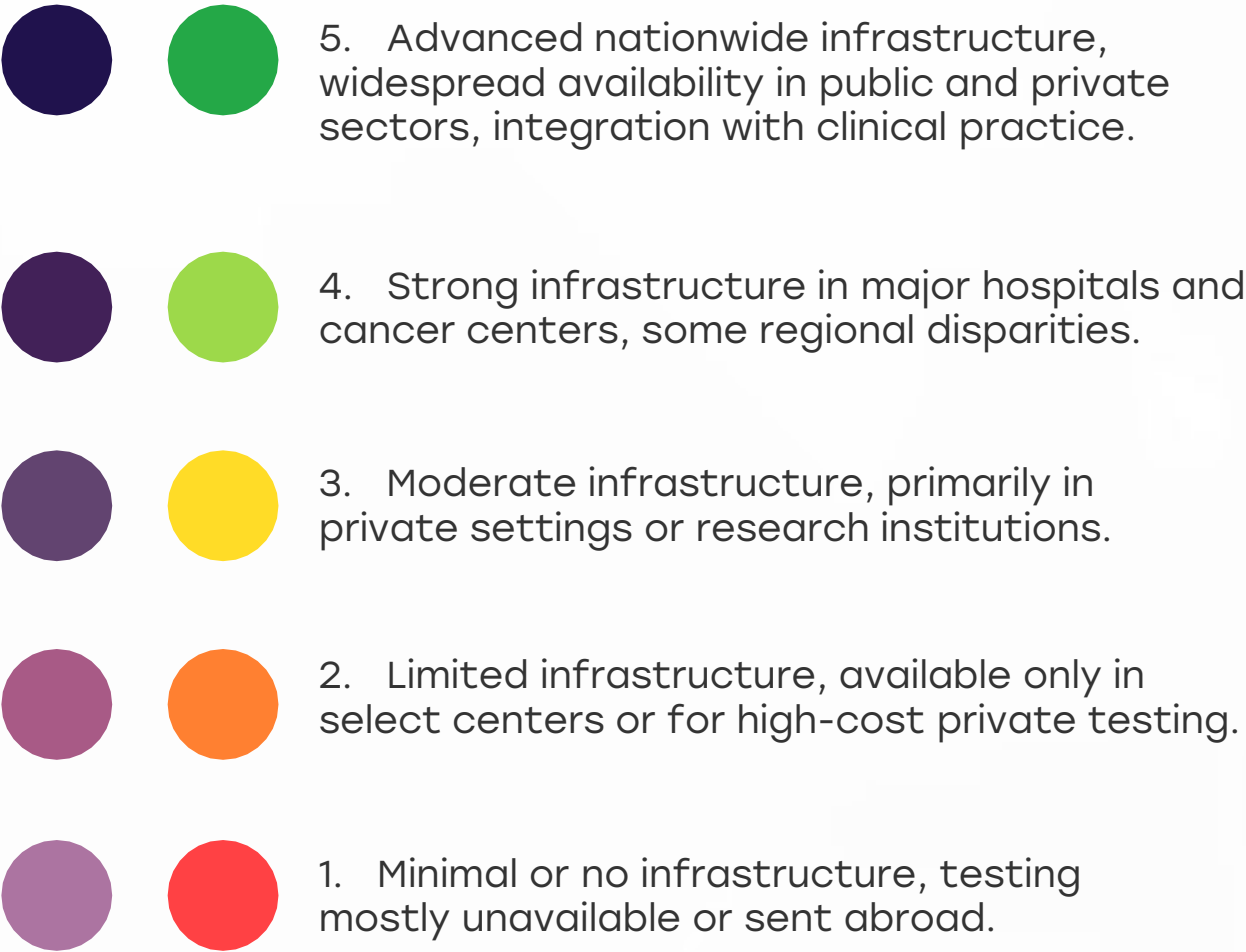
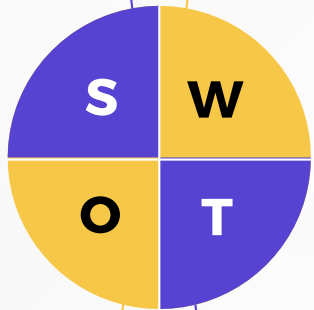
- Major disparities between urban and rural areas in access to diagnostic tools like endoscopy and histopathology.
- Overburdened tertiary hospitals lead to delays in diagnosis and treatment











Opportunity

- Investment in provincial-level oncology centers could decentralize care and reduce travel burdens.
- Mobile health and telemedicine programs can bridge the urban-rural diagnostic gap

Threats

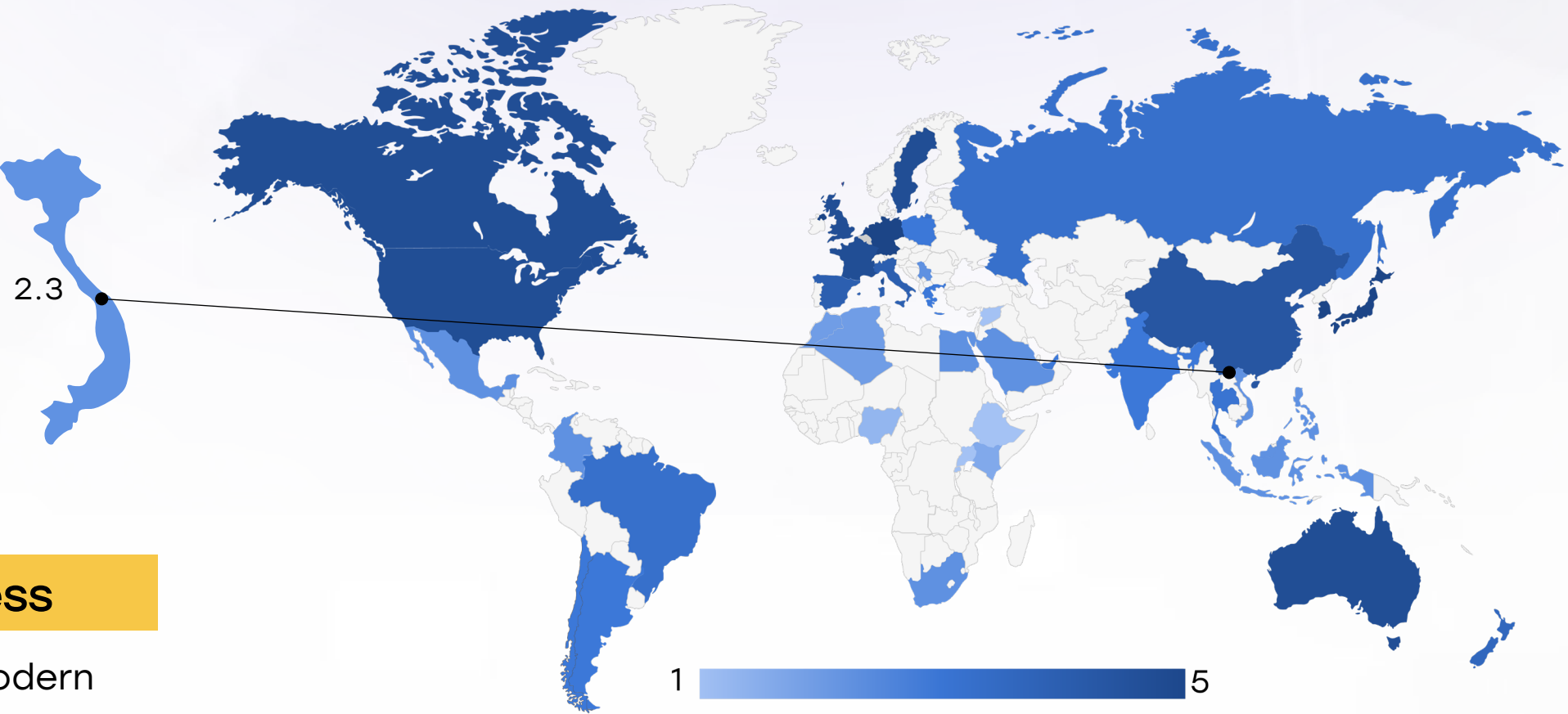
- Limited maintenance and upgrades for existing equipment in rural and district hospitals.
- Workforce shortage in oncology-trained nurses, pathologists, and endoscopists.



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		

Vietnam

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government prioritization of cancer as a non-communicable disease has improved some access to chemotherapy and surgery.
- NGOs and local associations conduct occasional cancer awareness events, especially in cities.

Weakness

- Access to modern therapies like immunotherapy or targeted therapy is limited to elite urban centers.
- Very limited government funding for gastric cancer-specific research.

Opportunity

- International collaborations with Japan and Korea for gastric cancer research and training.
- Awareness campaigns on *H. pylori*, dietary risk factors, and early symptoms could improve early consultation rates.

Threats

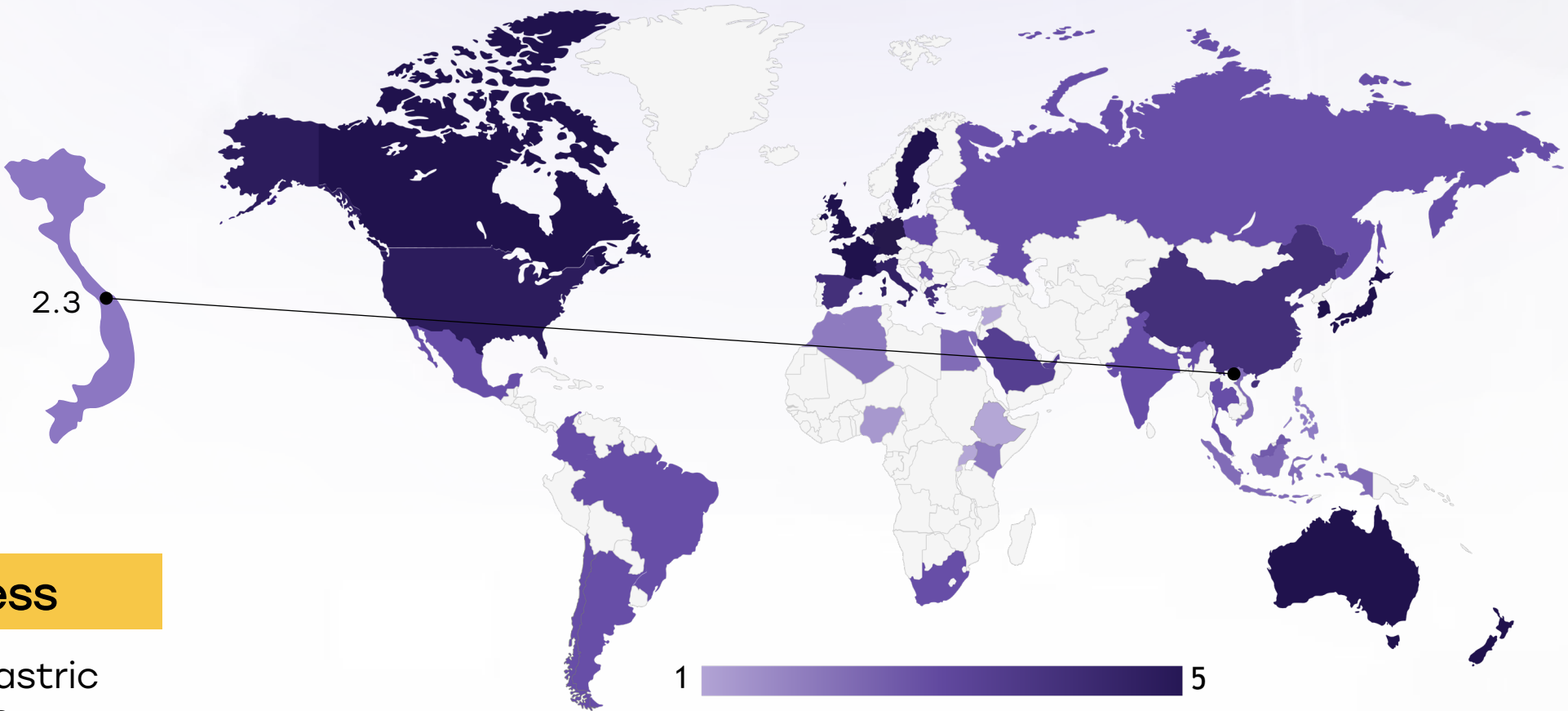
- High out-of-pocket costs prevent many patients from completing treatment.
- Rural populations may rely on traditional medicine or delay seeking help due to stigma or cost.

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			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

Vietnam

Survival Rates, Early Detection and Palliative Care



Strengths

- Improvements in surgical techniques and perioperative care at central hospitals have helped improve short-term survival.
- Growing availability of hospital-based palliative care in major urban hospitals

Weakness

- Majority of gastric cancer cases diagnosed at Stage III or IV, resulting in poor 5-year survival.
- Palliative care is not integrated into the majority of district-level facilities.




















































































































Opportunity

- Scale-up of early detection in high-risk individuals (e.g., family history, chronic gastritis) could shift diagnoses to earlier stages.
- Training more general practitioners and nurses in basic palliative care would enhance end-of-life quality.

Threats

- Continued late-stage presentation due to low awareness and lack of screening.
- Cultural stigma around cancer diagnosis discourages open discussion and early treatment-seeking.

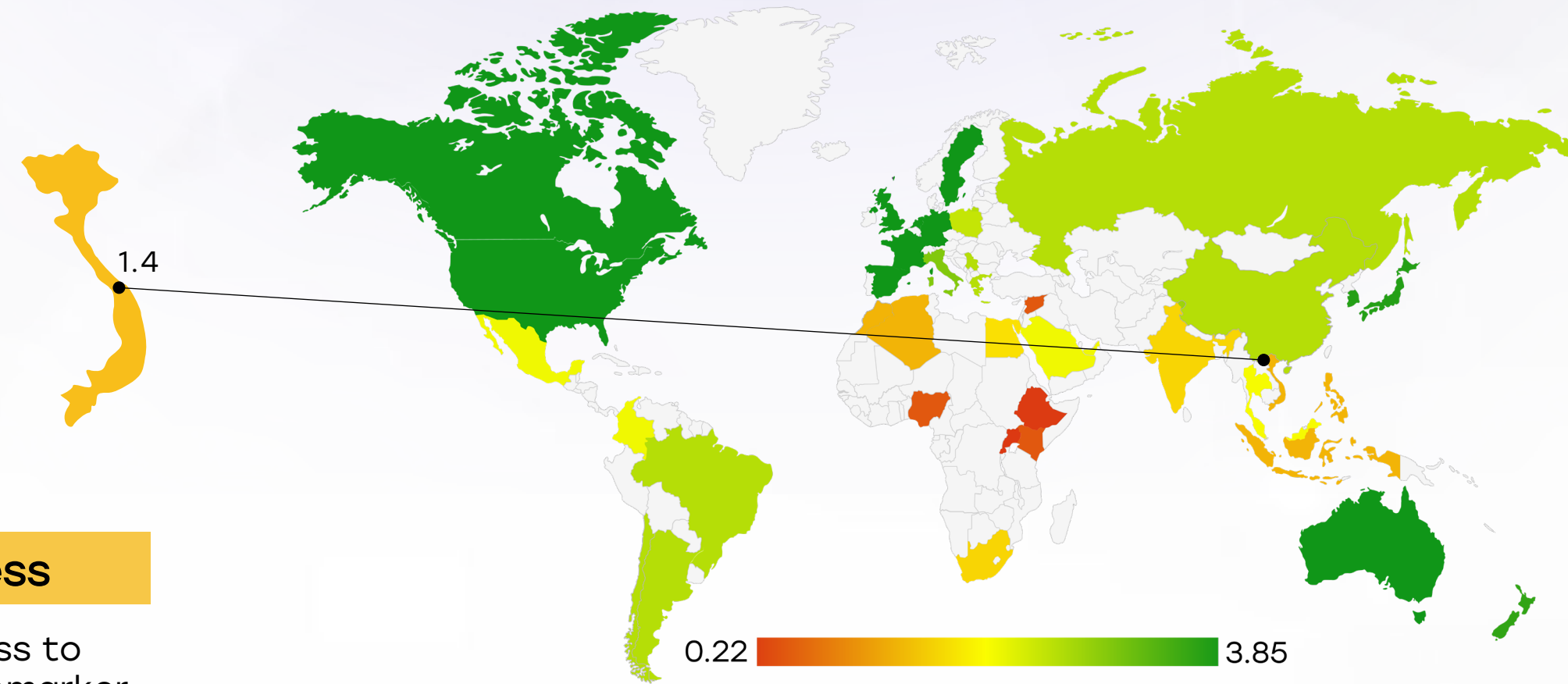
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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			

Vietnam



Utilization of Biomarkers

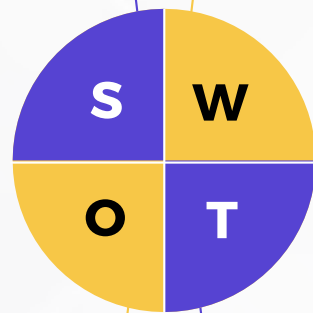


Strengths

- HER2 testing available in some tertiary hospitals and academic centers.
- Growing awareness of the role of PD-L1 and MSI-H in gastric cancer treatment among oncologists.

Weakness

- Limited access to advanced biomarker testing outside Hanoi and Ho Chi Minh City.
- Lack of standardized reimbursement or protocol for HER2, PD-L1, or MSI testing.



Opportunity

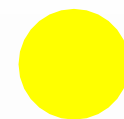
- Introduction of low-cost genomic panels and public-private partnerships could expand access to testing.
- Clinical trials in Vietnam involving immunotherapy and targeted therapy may support wider biomarker testing adoption.

Threats

- High cost of testing and lack of insurance coverage may discourage use even when medically indicated.
- Lack of laboratory quality control and standardization may lead to inaccurate results in non-accredited labs.



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.

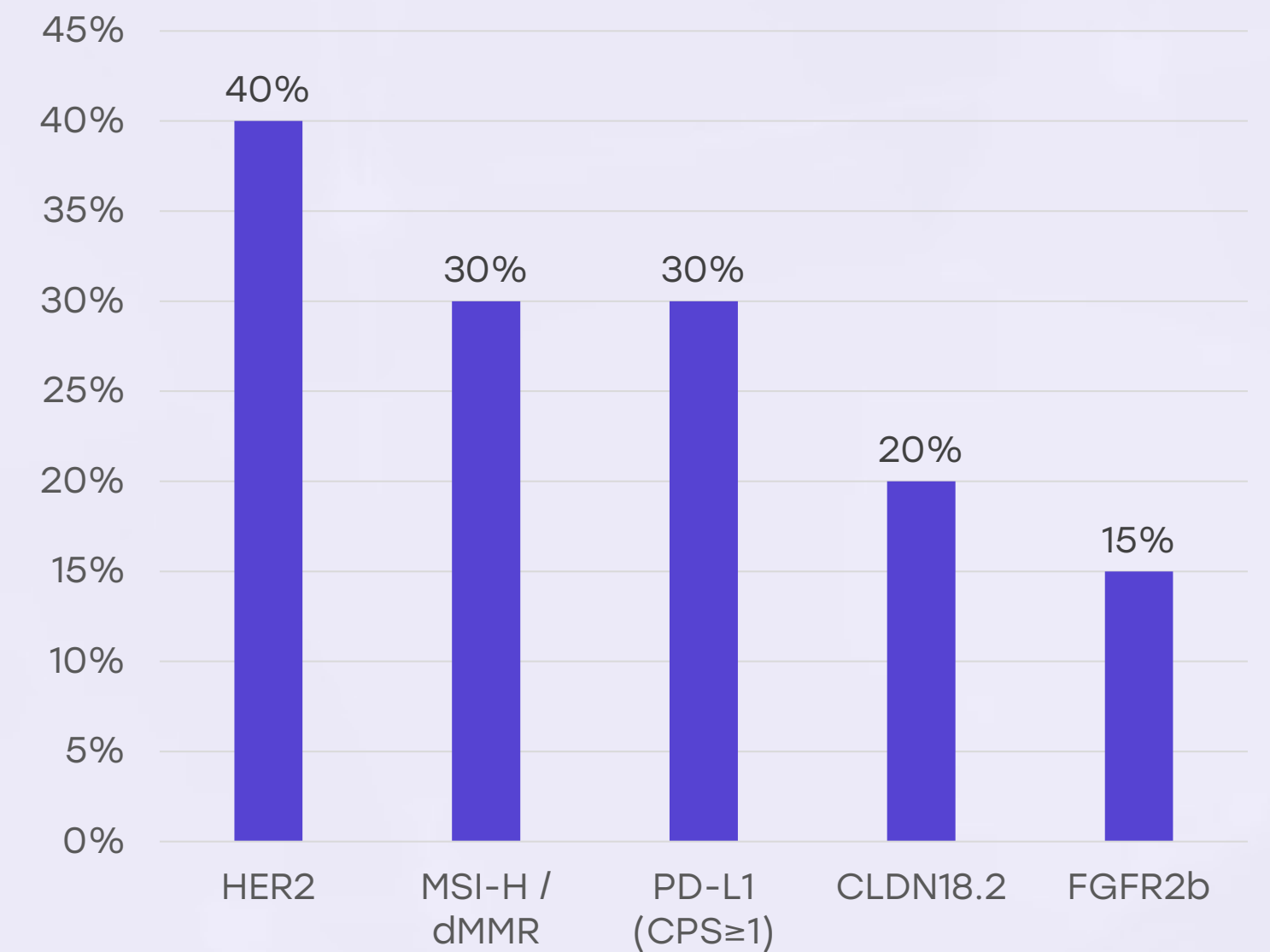


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



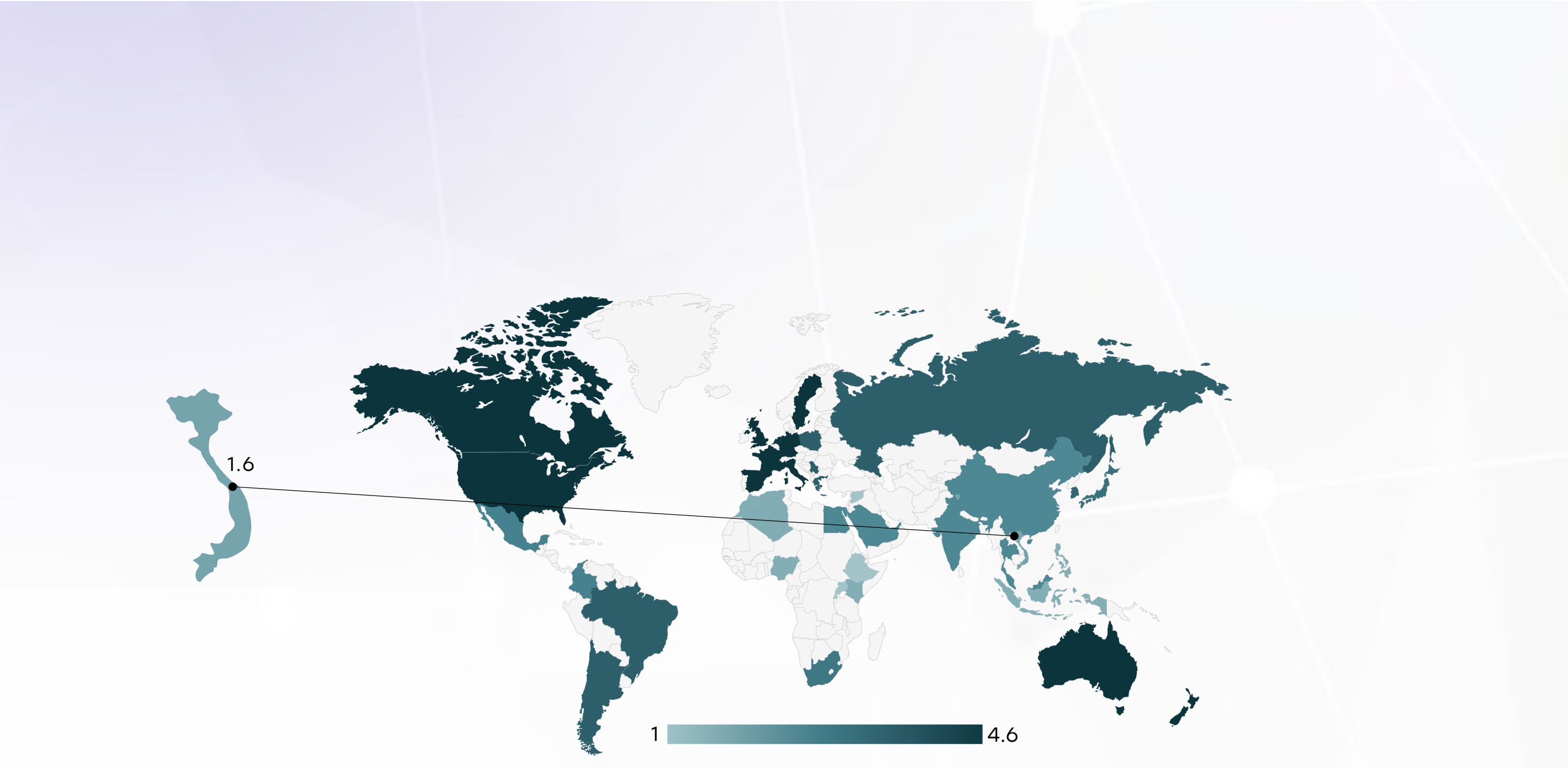
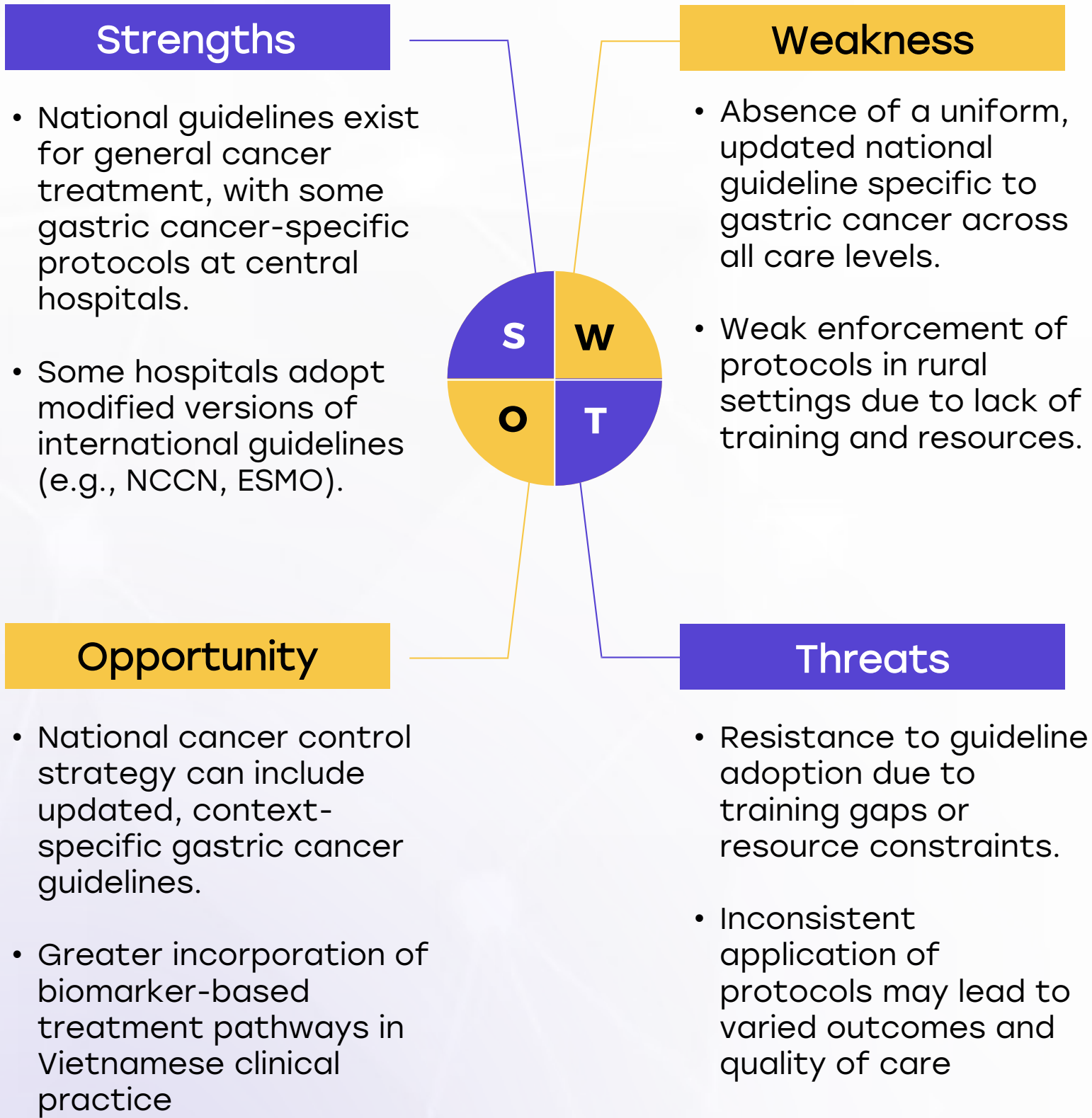
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.

Vietnam



Vietnam

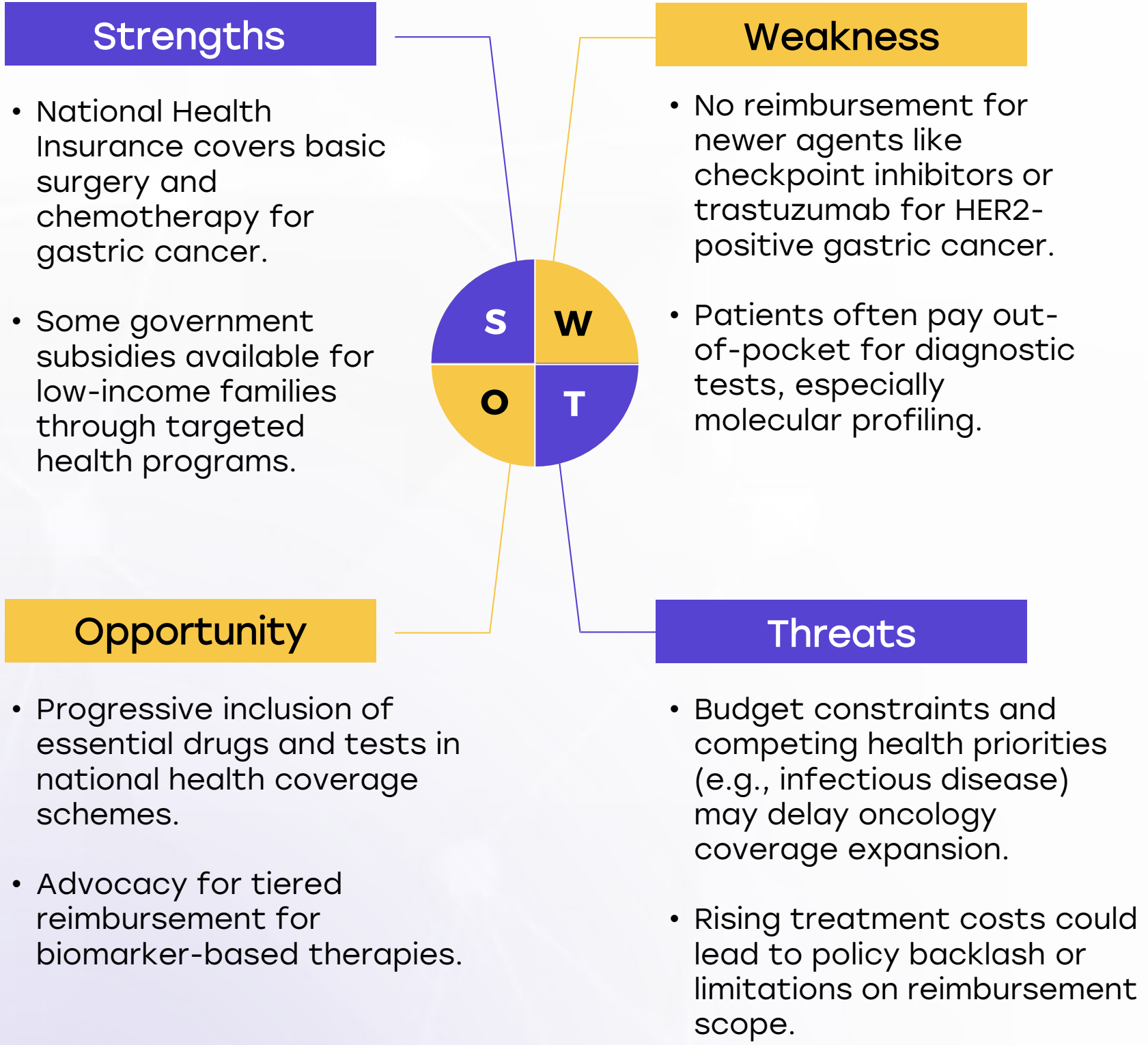
Clinical Guidelines



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

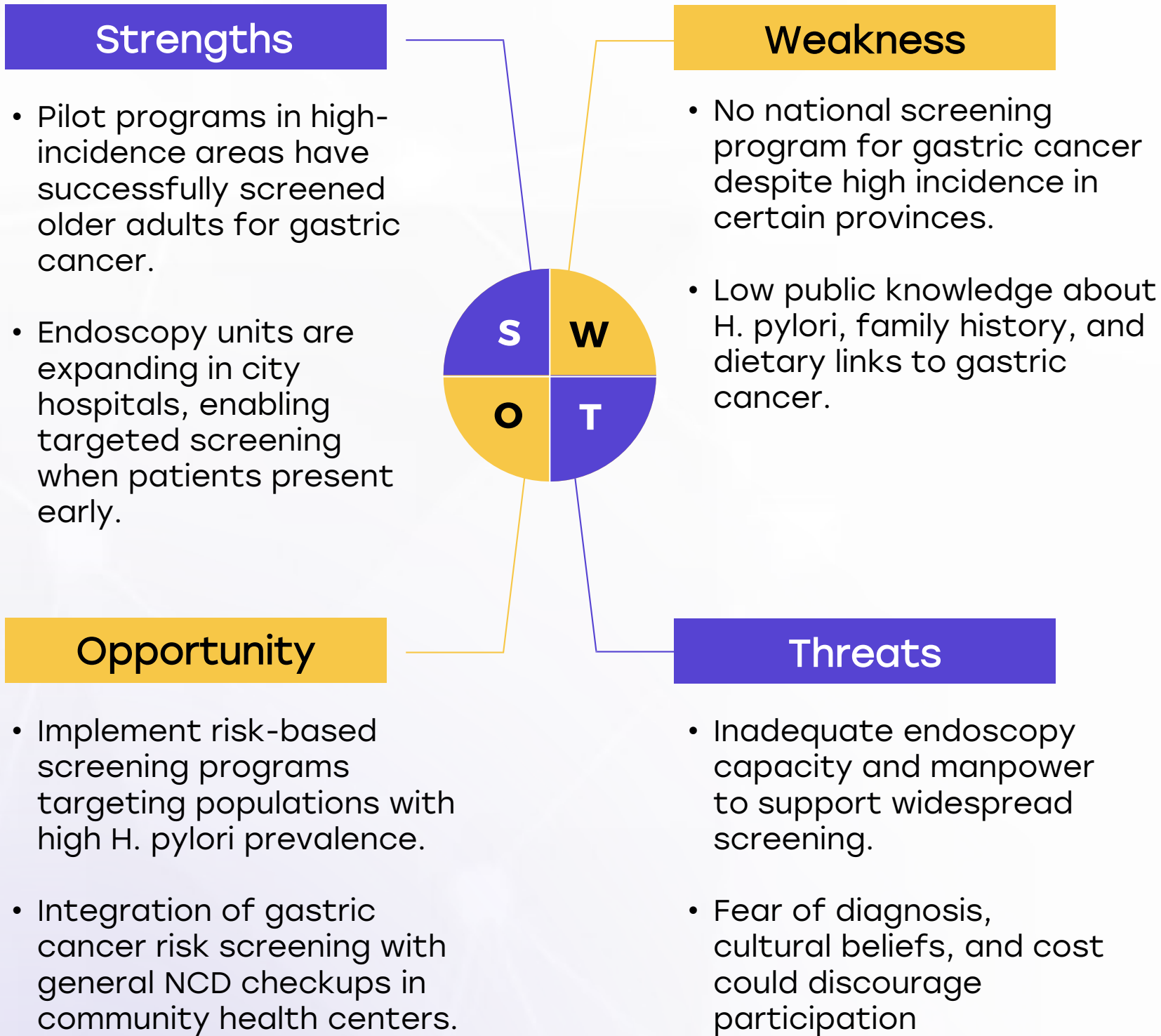
Vietnam

Reimbursement



Vietnam

Colorectal 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