



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Spain

EXECUTIVE SUMMARY

Spain has robust oncology expertise and a universal health system, but gastric cancer care faces significant gaps. Diagnosis often occurs late due to the absence of systematic early detection programs, and access to molecular testing and innovative therapies is inconsistent across autonomous regions. While public insurance reduces out-of-pocket costs, regional fragmentation, variable adoption of clinical guidelines, and uneven survivorship services hinder equitable outcomes.

This brief highlights Spain's progress and outlines reforms needed to raise gastric cancer maturity toward a more integrated, patient-centered system.

INTRODUCTION

Building on Strengths Amid Structural Variability

Spain's healthcare system is universal and supported by strong cancer centers, but decentralization has created disparities in gastric cancer care across regions. High-level clinical capacity is concentrated in urban tertiary hospitals, while patients in less-resourced areas face delays in diagnosis, treatment, and follow-up.

With a **Level 3 – Emerging** gastric cancer maturity, Spain is well-positioned to standardize care, strengthen early detection, and ensure equity in diagnostics, treatment, and survivorship nationwide.



Spain Ranks at Level 3 – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN SPAIN

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening; most GC cases diagnosed at advanced stages. Endoscopy availability varies across regions, with delays in rural areas.	Strong endoscopic expertise and capacity in tertiary centers.	Implement structured referral pathways for alarm symptoms; expand endoscopy access in underserved regions; explore pilot risk-based H. pylori screening.
Biomarker & Molecular Testing	HER2 and MSI testing available in tertiary centers, but uneven across the country. Turnaround times differ between labs.	Strong academic and research centers with advanced molecular facilities.	Standardize biomarker testing across all hospitals; create regional lab networks to guarantee equity and faster turnaround.
Treatment Access	Surgery and peri-operative chemotherapy are standard; HER2-targeted therapies accessible but immunotherapy adoption varies by region and reimbursement.	Strong surgical expertise and oncology MDTs in leading hospitals.	Ensure national-level reimbursement of innovative therapies; strengthen referral to high-volume surgical centers.
Clinical Guidelines	National guidelines exist but regional variability in adherence and implementation persists.	Spanish oncology societies support guideline development and dissemination.	Enforce guideline adherence through monitoring and audits; align regional protocols with national standards.
Palliative & Survivorship Care	Palliative care available but patchy integration into cancer pathways; survivorship services (nutrition, psychosocial care) remain inconsistent.	Growing national emphasis on palliative services; strong NGOs provide support.	Expand community-based palliative teams nationwide; integrate survivorship services as part of standard cancer care.



CONCLUSION & Call to Action

Spain has the expertise, infrastructure, and universal health coverage to deliver equitable gastric cancer care, but disparities between regions limit patient outcomes. A national strategy is needed to standardize pathways, guarantee equitable access to molecular diagnostics and innovative therapies, and strengthen survivorship and palliative integration. By addressing regional inequities and embedding quality monitoring, Spain can transition from fragmented services to a cohesive, patient-centered gastric cancer system.



KEY POLICY PRIORITIES

1 Launch structured national GC referral and diagnostic pathways with faster access to endoscopy.

2 Guarantee universal access to biomarker testing through regional lab networks.

3 Harmonize treatment access for innovative therapies via national reimbursement frameworks.

4 Strengthen guideline adherence across all regions through monitoring and audits.

5 Expand survivorship and palliative services as integral components of GC care.

6 Harmonize and expand national registry coverage with uniform indicators for diagnosis, biomarker testing, and outcomes.

CONCLUSION

With the right reforms, Spain can move from an uneven, region-dependent system toward a cohesive gastric cancer care model. By leveraging its strong medical expertise, universal coverage, and registry tradition—while closing regional gaps in diagnostics, treatment, and survivorship—Spain can significantly improve survival and quality of life for gastric cancer patients nationwide.