



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in South Korea

EXECUTIVE SUMMARY

South Korea is a global exemplar for gastric cancer (GC) control: long-standing, organized screening; high rates of early detection; advanced diagnostics (including routine biomarker and molecular testing); broad access to curative surgery, multimodality therapy, and targeted/immunotherapies; and well-developed survivorship and palliative care services. Strong health system governance, universal health insurance coverage, and robust data systems underpin consistent outcomes and rapid adoption of innovation. Remaining priorities focus on equity (rural/elderly access), antibiotic stewardship for *H. pylori* management, optimizing personalized medicine pathways, survivorship quality-of-life issues, and cost-containment for high-priced therapies.

With maturity at **Level 5**, the system's role shifts from basic expansion to refinement, equity, and long-term sustainability.

INTRODUCTION

Building on Awareness Gains Amid Structural Strengths

South Korea benefits from a cohesive national approach to cancer prevention and care. A widespread culture of screening, high public awareness, and centralized quality assurance have driven a sustained decline in GC mortality and high proportions of early-stage diagnoses. The system combines strong public financing, advanced academic centres, integrated cancer registries, and active clinical research — enabling rapid translation of evidence into practice.

At **Level 5 maturity**, priorities are refinement, ensuring equitable access across demographics and regions, and stewarding high-value innovation.





GASTRIC CANCER IN SOUTH KOREA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Nationwide, organized screening programmes (population-targeted endoscopy/UGI series) yield high early-detection rates; most cancers detected at early stages.	Strong public uptake of screening, efficient referral systems, and high-quality endoscopy capacity across regional centres.	Maintain screening quality and coverage; refine risk-stratified screening intervals (age/comorbidity /H. pylori status); target outreach to under-screened populations (elderly, remote areas) and incorporate AI-assisted endoscopy QA where proven.
Biomarker & Molecular Testing	Routine access to molecular profiling for advanced disease (HER2, MSI/MMR, PD-L1, NGS panels) informs targeted and immunotherapy decisions; fast turnaround times.	Well-developed reference labs, established reimbursement pathways, and integrated reporting into clinical workflows.	Continue integration of comprehensive genomic profiling into standard pathways where clinically actionable; standardize reporting, increase access to NGS in non-tertiary hospitals via hub-and-spoke models, and ensure equitable reimbursement for validated tests.
Treatment Access	Full-spectrum treatment available widely: high-volume curative gastrectomy with standardized surgical quality, peri-operative/adjuvant chemotherapy, targeted agents and immunotherapies, and advanced palliative interventions.	High surgical volumes with quality standards, strong oncology workforce, universal health insurance covering core treatments, and active clinical research networks.	Sustain surgical quality through volume/credentialing and national audits; ensure pathways for rapid adoption of high-value therapies while negotiating pricing/managed entry agreements; support clinical trial participation and real-world evidence generation.
Clinical Guidelines	National and specialty guidelines are well-established and regularly updated, with high clinician adherence and multidisciplinary team workflows embedded in care pathways.	Strong professional societies, guideline infrastructure, and routine MDTs across tertiary centres.	Continue guideline updates with real-world data; embed patient-centered decision aids, shared decision-making frameworks, and care-standard audits across hospitals; harmonize guidelines with reimbursement policy to reduce practice variation.
Palliative & Survivorship Care	Mature palliative care networks, survivorship programs, and rehabilitation services; psychosocial and nutritional support widely available; structured follow-up systems.	Integrated supportive-care models within cancer centres and community services; training and workforce in palliative medicine.	Focus on survivorship quality-of-life metrics (functional recovery, nutrition, mental health), scale community-based survivorship services for rural patients, and ensure palliative interventions remain accessible and timely.

CONCLUSION & Call to Action

South Korea's gastric cancer system exemplifies high maturity: organized screening, early detection, universal treatment access, advanced diagnostics, and integrated data systems. At Level 5, the policy focus should shift from expansion to refinement and sustainability: closing residual equity gaps, optimizing personalized care pathways, stewarding antibiotic use, ensuring affordability of novel therapies, and centering survivorship quality-of-life. Continued investment in data-driven policy, targeted outreach, and value-based financing will preserve excellence while making care more equitable and sustainable.



KEY POLICY PRIORITIES

1 Risk-Based Screening: Tailor screening by risk factors while ensuring high coverage.

2 Equity Outreach: Use mobile units, subsidies, and telehealth to reach underserved populations.

3 Genomic Profiling: Standardize and expand genomic testing beyond tertiary centres.

4 Sustainable Therapies: Balance access and cost through HTA, pricing models, and local evidence.

5 H. pylori Stewardship: Monitor resistance and guide treatment alongside screening..

CONCLUSION

At **maturity level 5**, South Korea's gastric cancer system is positioned to lead on precision, prevention, and equitable delivery. The next phase emphasizes closing the last-mile equity gaps, ensuring affordability of innovation, and deepening survivorship support — all achievable by aligning policy, financing, and data-driven practice. If you'd like, I can convert this into a PowerPoint or Word brief that follows the exact visual layout of your Morocco document for direct comparison.