

COLOMBIA



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Gastric Cancer Care in Colombia

EXECUTIVE SUMMARY

Colombia has made significant investments in oncology through its universal health coverage model, yet gastric cancer outcomes remain constrained by late diagnosis, geographic inequities in access to care, and limited integration of molecular testing into routine practice. Major urban cancer centres offer advanced treatment and surgical expertise, but patients in rural and peripheral regions often face delays and limited access to endoscopy, biomarker testing, and novel therapies.

This brief highlights gaps and policy priorities to elevate Colombia's gastric cancer maturity.

INTRODUCTION

Building on Oncology Progress Amid Regional Disparities

Gastric cancer continues to be a leading cancer burden in Colombia, with high incidence in Andean regions. While the country's health reforms have broadened coverage, structural gaps persist: diagnostic delays, fragmented referral systems, and unequal access to specialized oncology services.

With a **Level 3 – Emerging** gastric cancer maturity, Colombia can consolidate its progress by ensuring timely detection, equitable treatment access, standardized pathways, and integrated survivorship support.



Colombia Ranks at **Level 3** – Gastric Cancer Care Maturity Framework



GASTRIC CANCER IN COLOMBIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No population-based screening; most cases diagnosed late. Endoscopy access is limited outside major cities, with long wait times.	Urban cancer centres have advanced diagnostic endoscopy and pathology services.	Introduce high-risk population screening programs in endemic areas (Andean regions); expand diagnostic capacity through regional hospitals and mobile units; enforce referral SLAs for alarm symptoms.
Biomarker & Molecular Testing	HER2 and MSI testing are inconsistently available and mostly limited to tertiary hospitals in Bogotá, Medellín, and Cali.	Research hospitals and collaborations with academic labs provide a foundation.	Integrate HER2/MSI testing into public sector services; establish regional molecular testing hubs with guaranteed turnaround times; reimburse testing within national insurance.
Treatment Access	Gastrectomy and peri-operative chemotherapy available in tertiary centres; limited and uneven access to HER2-targeted therapy and immunotherapy due to reimbursement and cost barriers.	Strong surgical and oncology expertise in high-volume hospitals.	Expand reimbursement for targeted therapies; improve procurement and price negotiations; ensure referral pathways to high-volume centres for surgical care.
Clinical Guidelines	National cancer guidelines exist but gastric cancer pathways are inconsistently applied across institutions.	National Cancer Institute provides leadership in guideline development.	Update and enforce gastric cancer guidelines aligned with international standards; ensure multidisciplinary team (MDT) reviews for all complex cases; monitor compliance through audits.
Palliative & Survivorship Care	Palliative care coverage is growing but access remains fragmented, particularly in rural areas; survivorship services (nutrition, psychological support) are limited.	National policy recognizes palliative care as part of comprehensive oncology services.	Integrate early palliative referral into the gastric cancer pathway; expand community-based palliative care; scale survivorship programs in nutrition, psychosocial support, and rehabilitation.



CONCLUSION & Call to Action

Colombia has a strong foundation for cancer care but faces gaps in gastric cancer detection, diagnostics, and treatment access. Priorities include expanding endoscopy and risk-based screening in underserved areas, ensuring publicly funded HER2/MSI testing, improving access to modern therapies through reimbursement and pooled procurement, enforcing national guidelines with MDT oversight, integrating palliative and survivorship care with rural outreach, and strengthening data systems to monitor diagnosis, equity, and outcomes nationwide.



KEY POLICY PRIORITIES

- 1 Launch high-risk GC screening and diagnostic programs** with focus on Andean regions.
- 2 Expand biomarker testing capacity** through regional hubs and insurance reimbursement.
- 3 Improve equitable access to surgery and novel therapies** by aligning reimbursement and strengthening referral systems.
- 4 Standardize national clinical guidelines** and monitor adherence through audits.
- 5 Integrate palliative and survivorship care** into standard GC pathways.
- 6 Strengthen registries and transparency** by publishing regional dashboards with GC-specific indicators.

CONCLUSION

With coordinated reforms, Colombia can transition from an uneven system to an integrated, patient-centred model of gastric cancer care. Building on its universal coverage framework and strong oncology centres, the country must prioritize early detection, equitable diagnostics, and access to innovative therapies. By embedding survivorship and palliative care and reinforcing data-driven accountability, Colombia can significantly improve outcomes and raise its gastric cancer maturity level in the coming years.