

Australia

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.

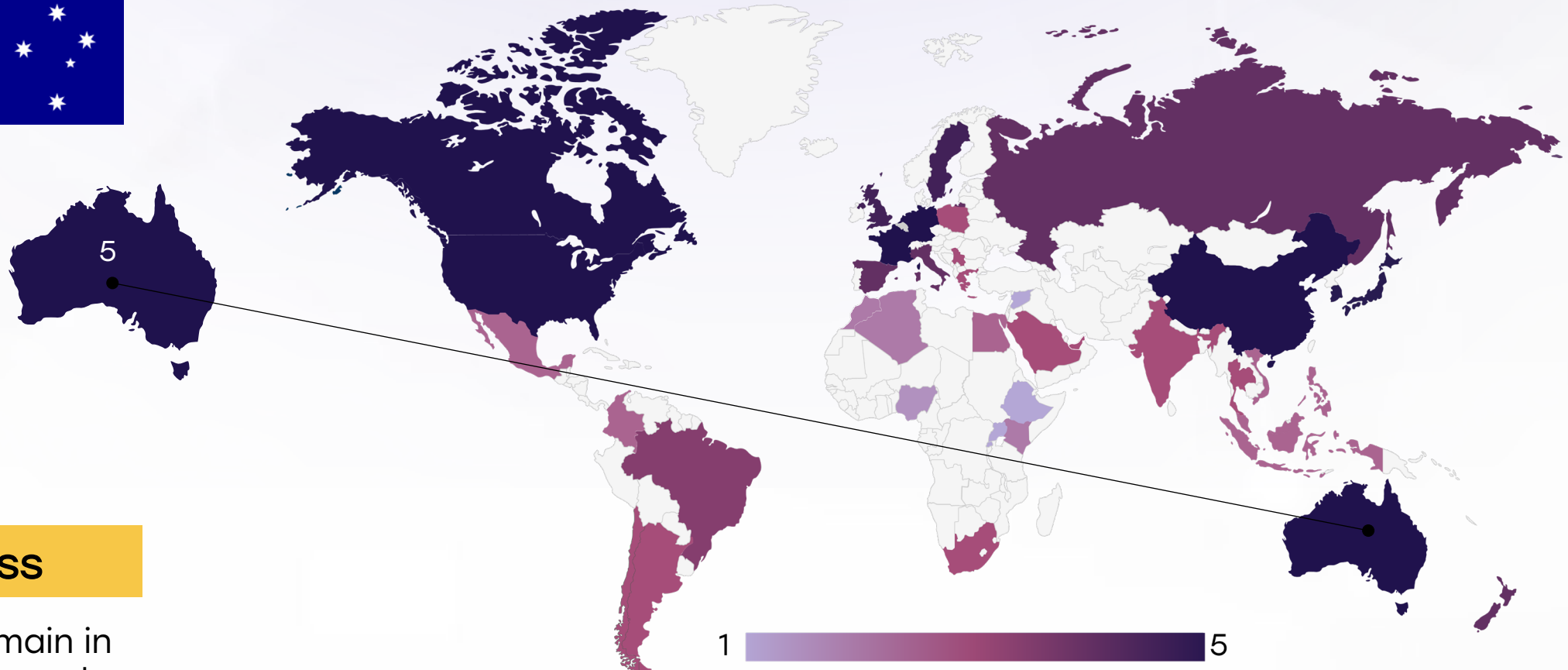
This factsheet provides a comprehensive overview of key pillars shaping Gastric cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Gastric cancer ranks around the 15th–20th most common in men.
- Incidence rate: Approximately 3 per 100,000 men per year.
- Total new cases (2022): Estimated ~2,800–3,300 cases (both sexes).
- Daily diagnoses: ~7–9 people per day.
- Deaths (2022): Around ~1,300 deaths.
- 5-year survival rate: Estimated 40–50%, reflecting moderate-stage diagnosis.
- Most affected age group: Incidence highest in men aged 70+.
- Screening participation: No national screening; detection is often incidental or symptom-based.

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Infrastructure



Strengths

- World-class cancer centres like Peter MacCallum Cancer Centre and Chris O'Brien Lifehouse offer advanced diagnostics, molecular testing, and surgical oncology.
- Tele-oncology and remote specialist consultations improve access in rural and Indigenous communities.

Weakness

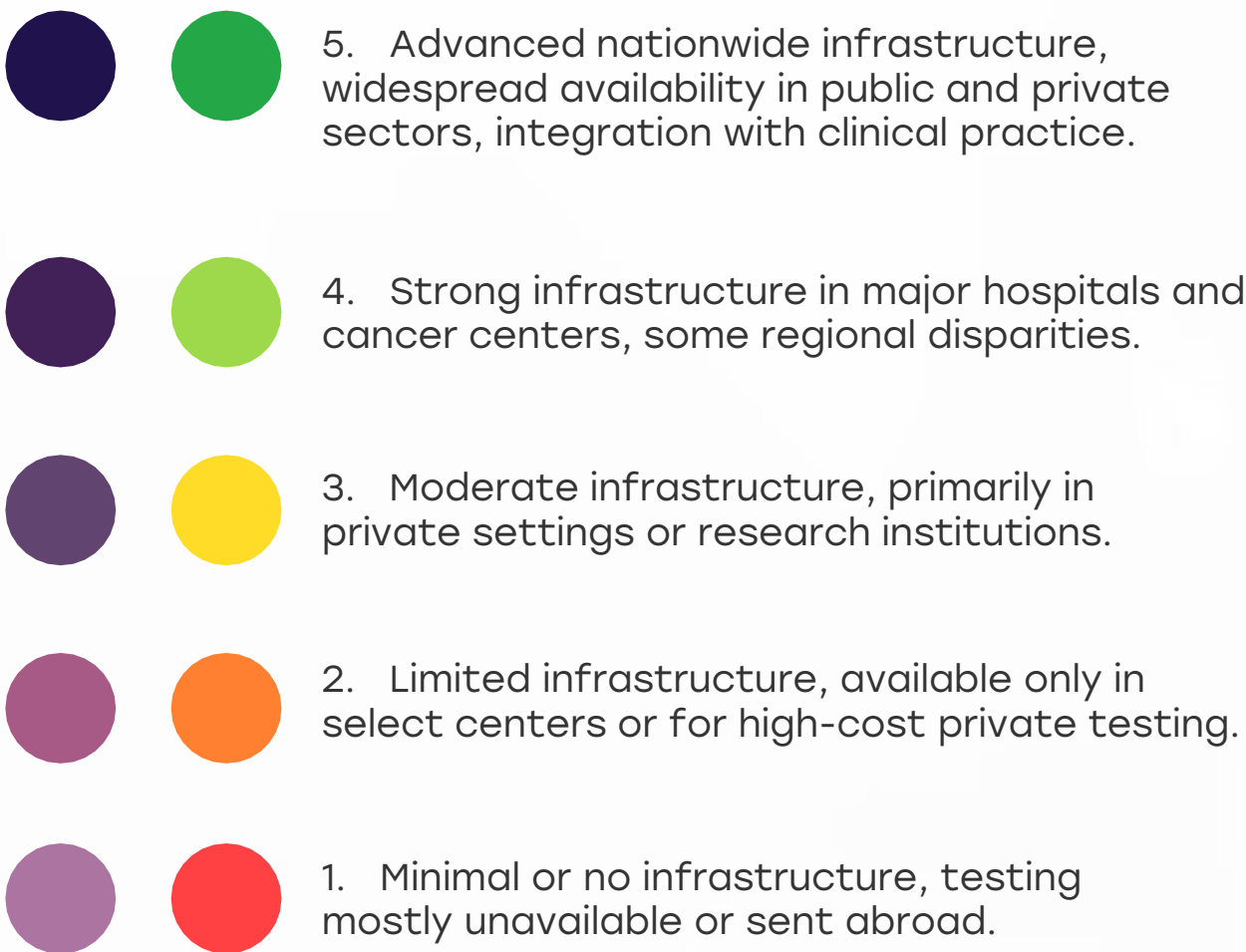
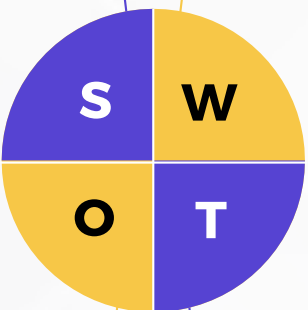
- Disparities remain in access to GI oncology infrastructure across rural and Indigenous populations.
- Some regional hospitals lack full molecular pathology services and advanced endoscopic techniques.

Opportunity

- Expansion of digital health platforms and remote diagnostic capabilities.
- Government investments in regional cancer centres (e.g., Regional Cancer Centre Initiative).

Threats

- Workforce shortages in rural regions limit access to timely gastric cancer care.
- Rising cancer burden may strain high-volume oncology centres.

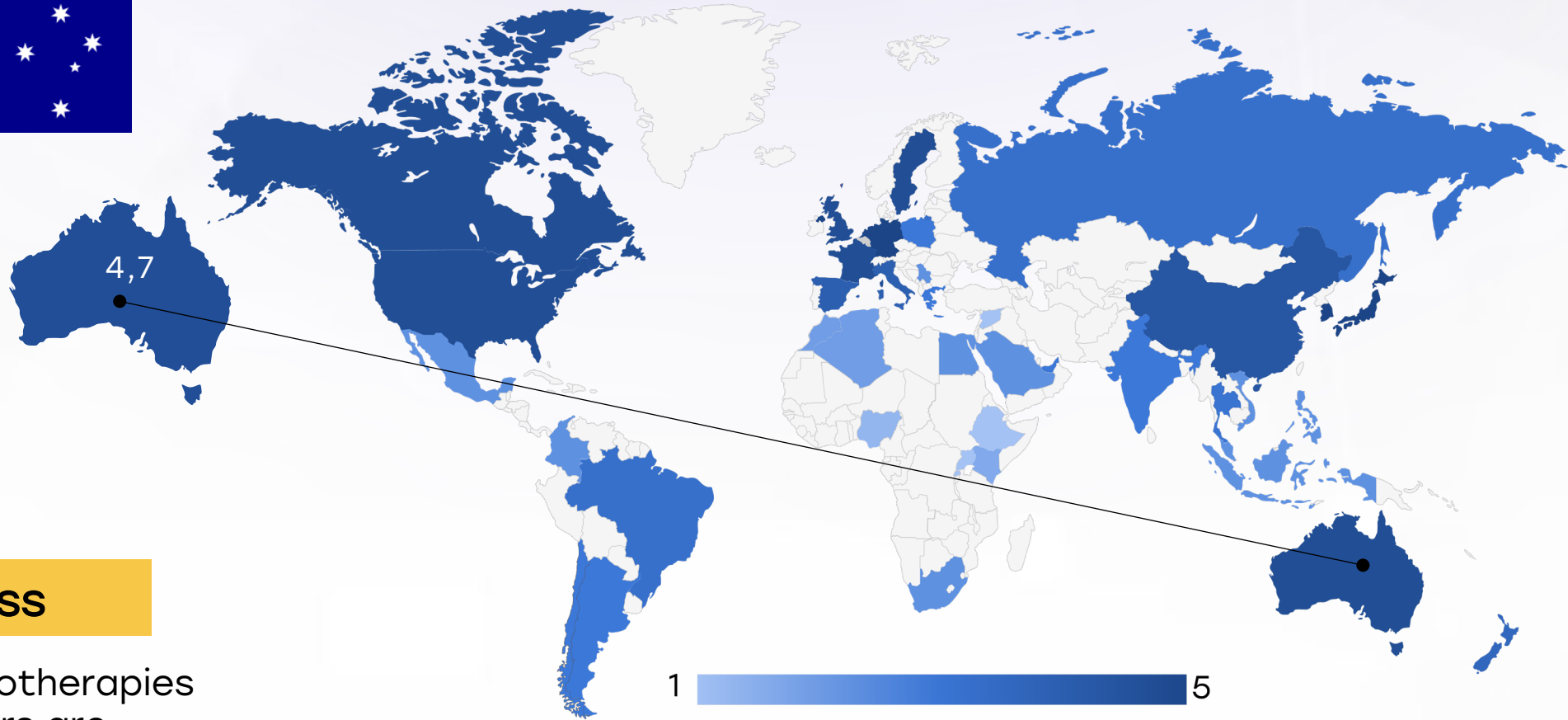


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- High public funding for cancer treatment through Medicare ensures equitable access to chemotherapy and targeted therapies.
- Australia participates in global clinical trials for gastric cancer (e.g., HER2 and FGFR2b inhibitor studies).

Weakness

- Newer immunotherapies and biomarkers are subject to delayed approval and limited public access.
- Gastric cancer receives lower awareness and research funding compared to colorectal, breast, and prostate cancers.

Opportunity

- National Cancer Research Centres and cooperative groups can drive biomarker-specific trials.
- Targeted awareness campaigns can be developed for high-risk groups such as East Asian immigrants.

Threats

- Budget constraints in the Pharmaceutical Benefits Scheme (PBS) delay listing of high-cost immunotherapies.
- Low public awareness hinders early detection.



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.



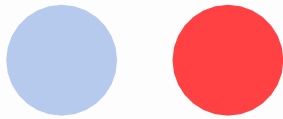
4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.



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.

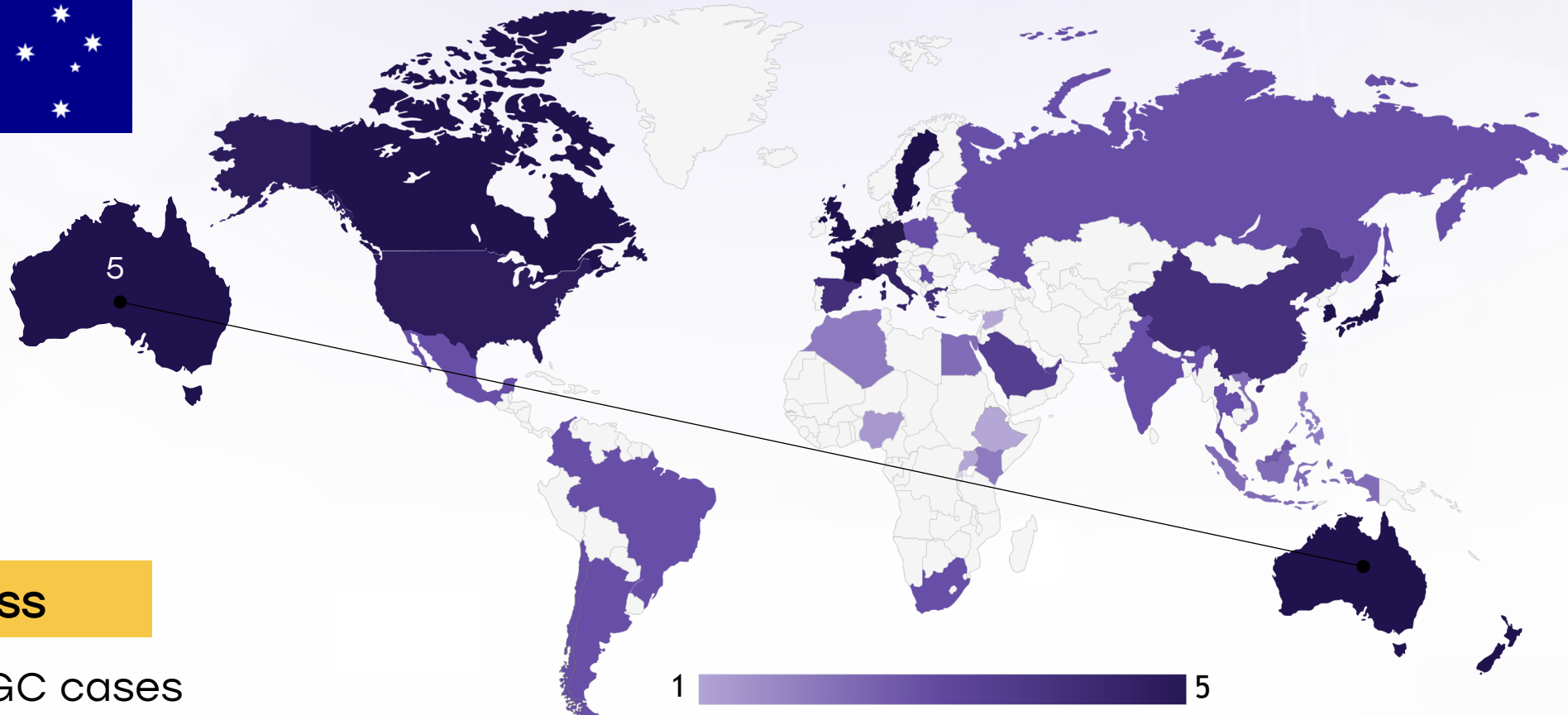


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			

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Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate for gastric cancer in Australia is around 31%, higher than the global average due to better access to care.
- Robust palliative care networks supported by national policy guidelines.

Opportunity

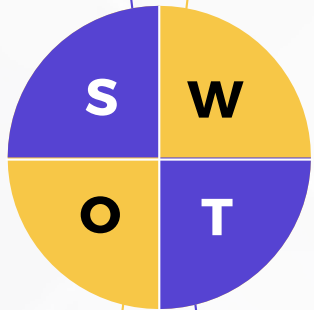
- Integration of AI and digital tools in primary care to prompt early referral based on GI symptoms.
- Expansion of nurse-led symptom triage in rural and remote areas.











Weakness




























































































































- Majority of GC cases are still diagnosed at advanced stages due to absence of routine screening.
- Indigenous populations face worse survival outcomes due to late presentation and access issues.

Threats

- Delayed diagnosis from overlapping symptoms with other gastrointestinal conditions.
- Aging population may increase incidence of advanced cases with comorbidities.



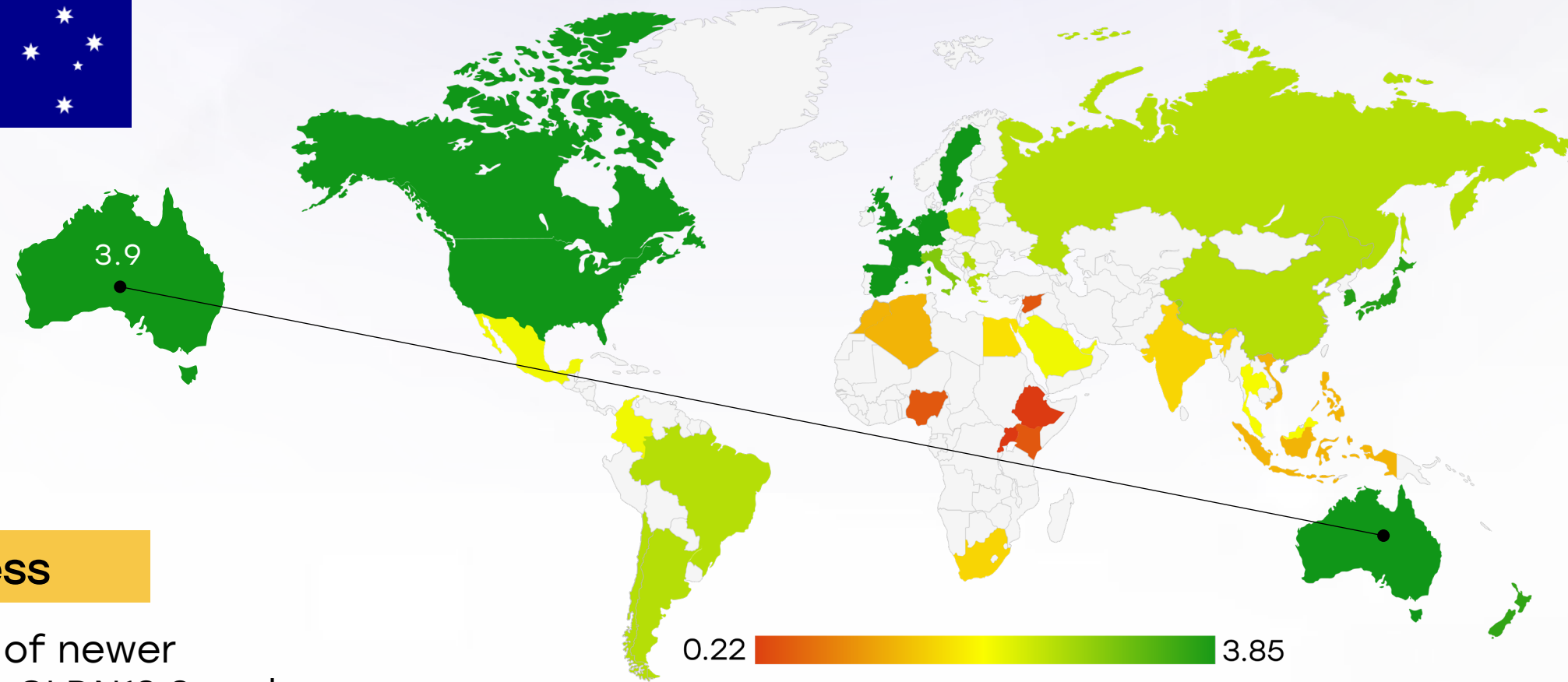
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5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
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4. 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.
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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			
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Malaysia			

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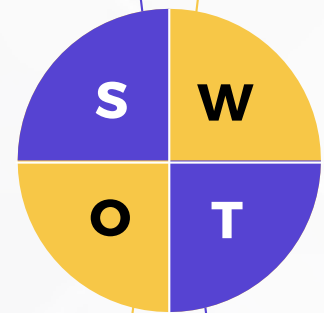


Utilization of Biomarkers



Strengths

- HER2 and MSI testing are routinely performed in advanced GC cases in tertiary centres.
- PD-L1 CPS testing is increasingly available in research and select clinical practice settings



Weakness

- Limited use of newer markers like CLDN18.2 and FGFR2b outside research trials.
- Regional pathology labs may lack capacity for NGS or IHC biomarker panels.

Opportunity

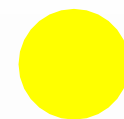
- Government support for precision oncology through programs like the Genomic Cancer Medicine Program.
- Increased use of national cancer genomics networks to guide biomarker-driven treatment.

Threats

- High cost of comprehensive biomarker profiling may limit uptake in public settings.
- Disparities in testing turnaround time between metro and regional centres.



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.

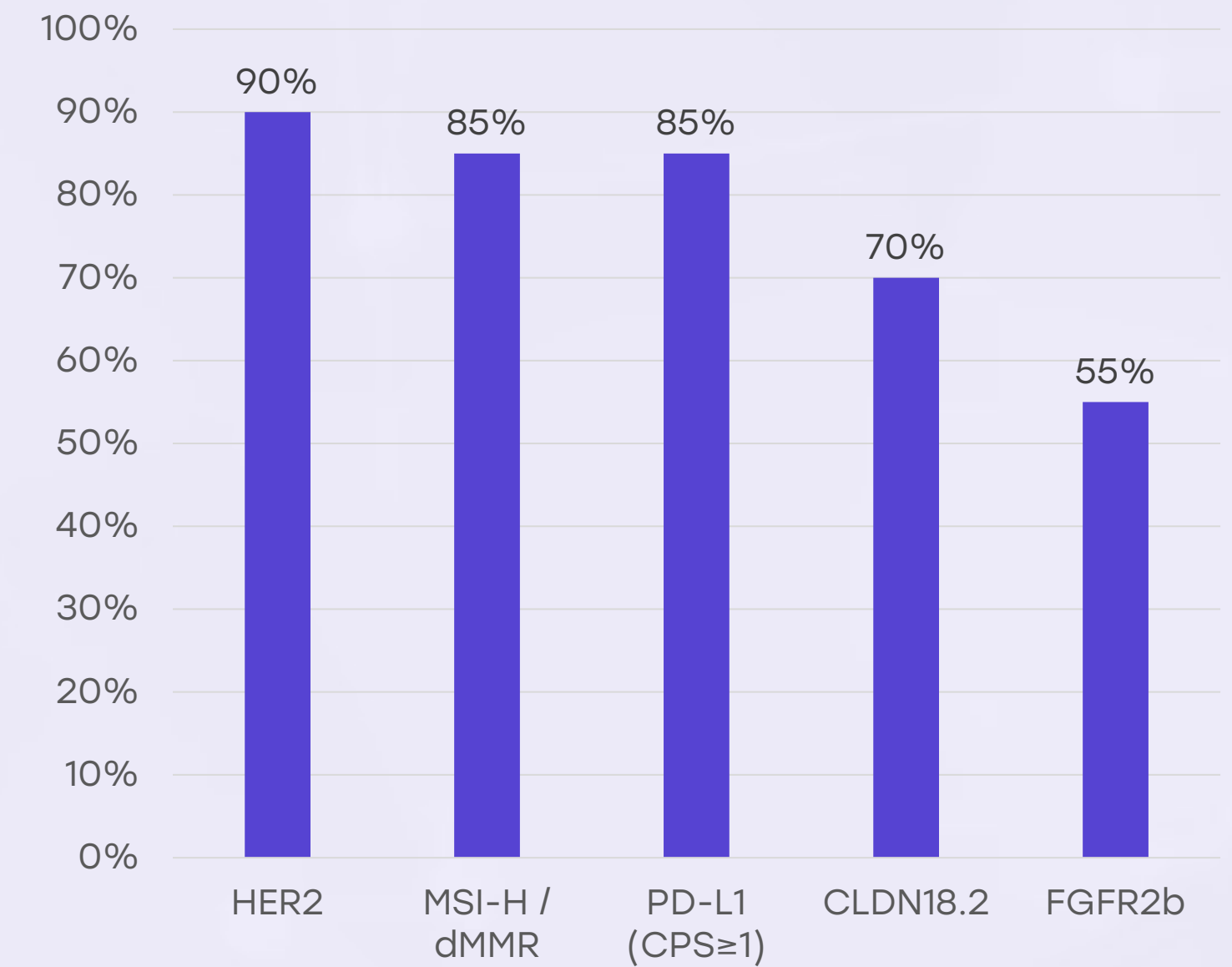


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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.

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Clinical Guidelines

Strengths

- National guidelines by Cancer Council Australia and eviQ provide standardized, evidence-based GC care protocols.
- Guidelines include biomarker testing (HER2, MSI) and outline immunotherapy use in refractory GC

Weakness

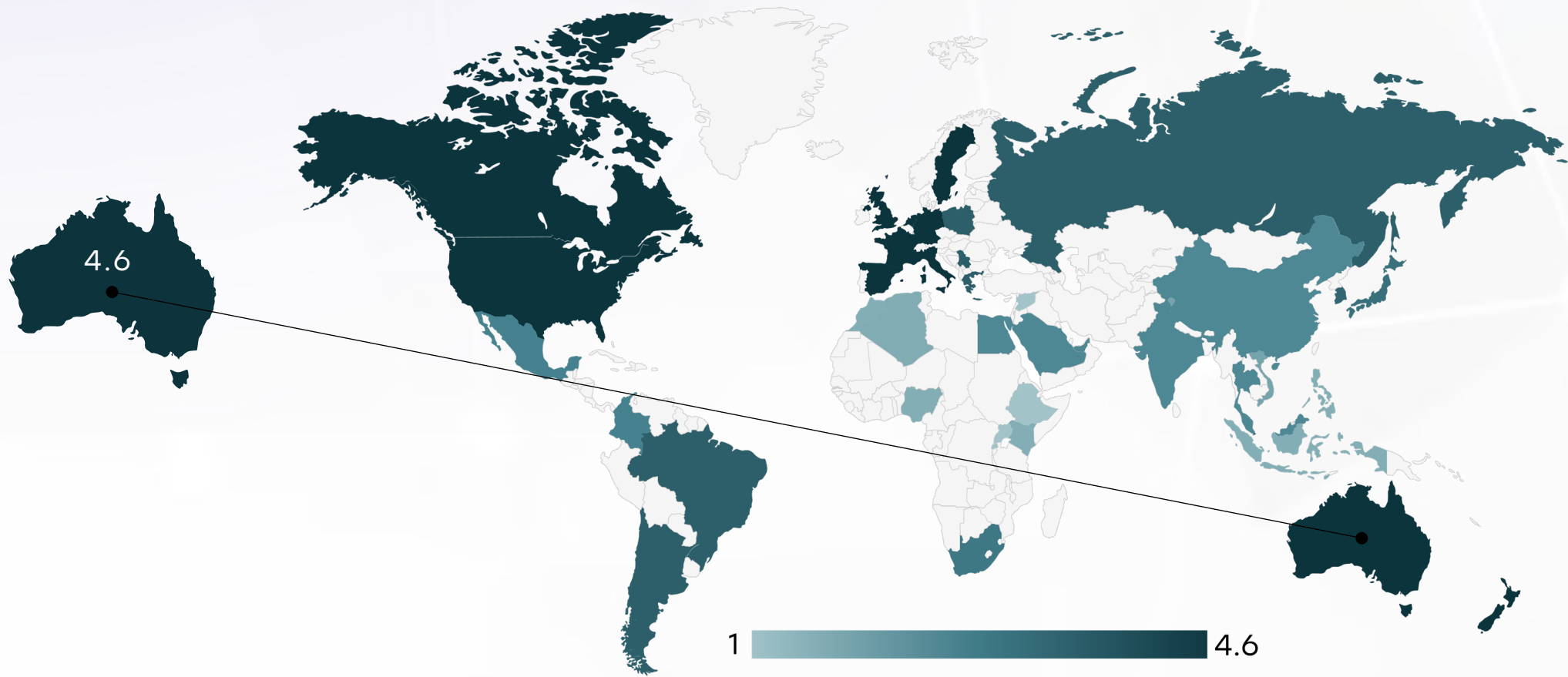
- Guidelines not always updated rapidly with emerging biomarker-targeted treatments.
- Limited adaptability for multicultural populations with different GC risk profiles.

Opportunity

- Incorporation of new therapies (e.g., zolbetuximab for CLDN18.2) into future guideline iterations.
- Culturally sensitive care models embedded into clinical protocols for immigrant populations.

Threats

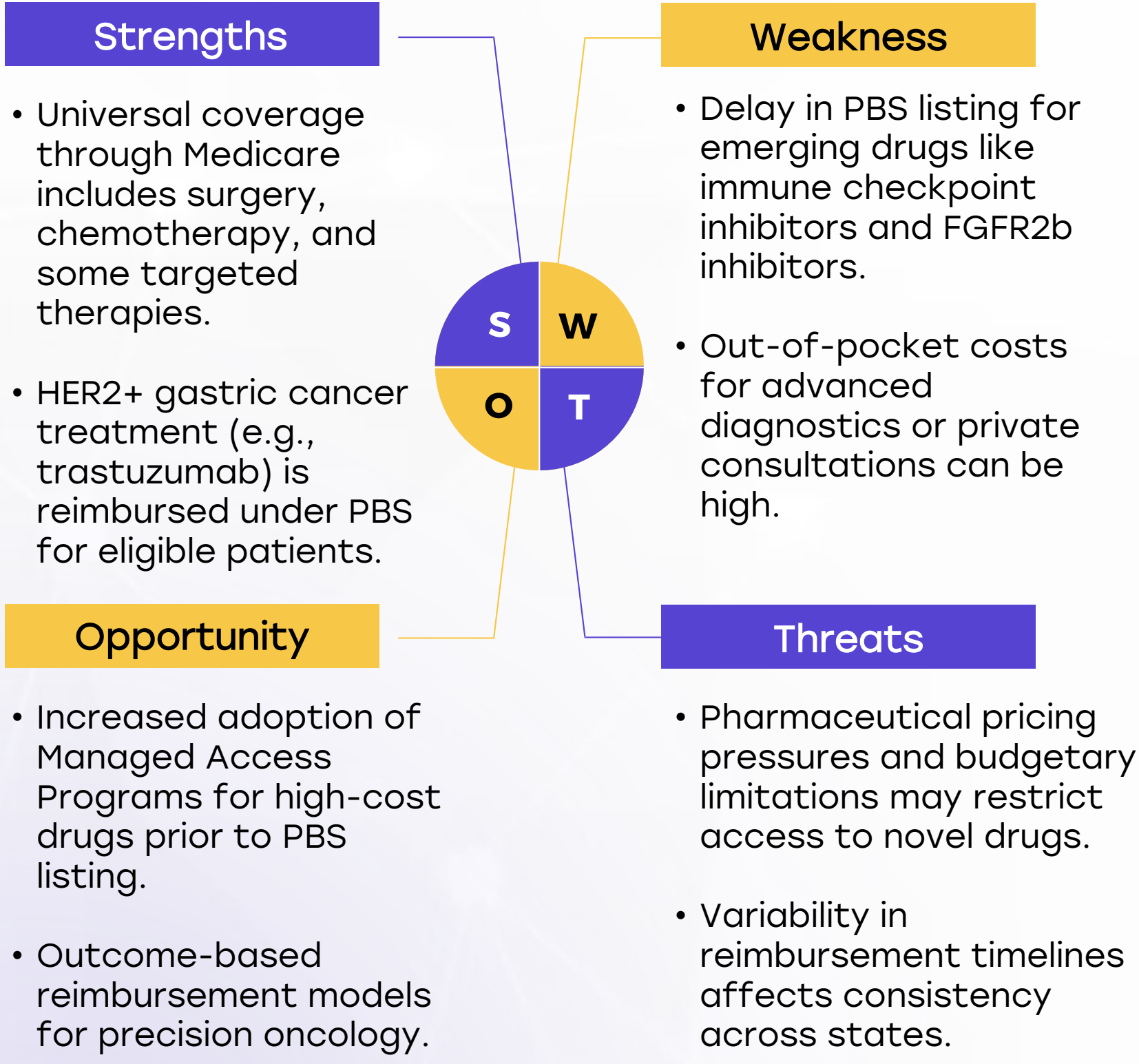
- Clinical inertia in low-volume centres may limit implementation of evolving best practices.
- Disparities in clinician familiarity with novel biomarkers outside academic centres.



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

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Reimbursement



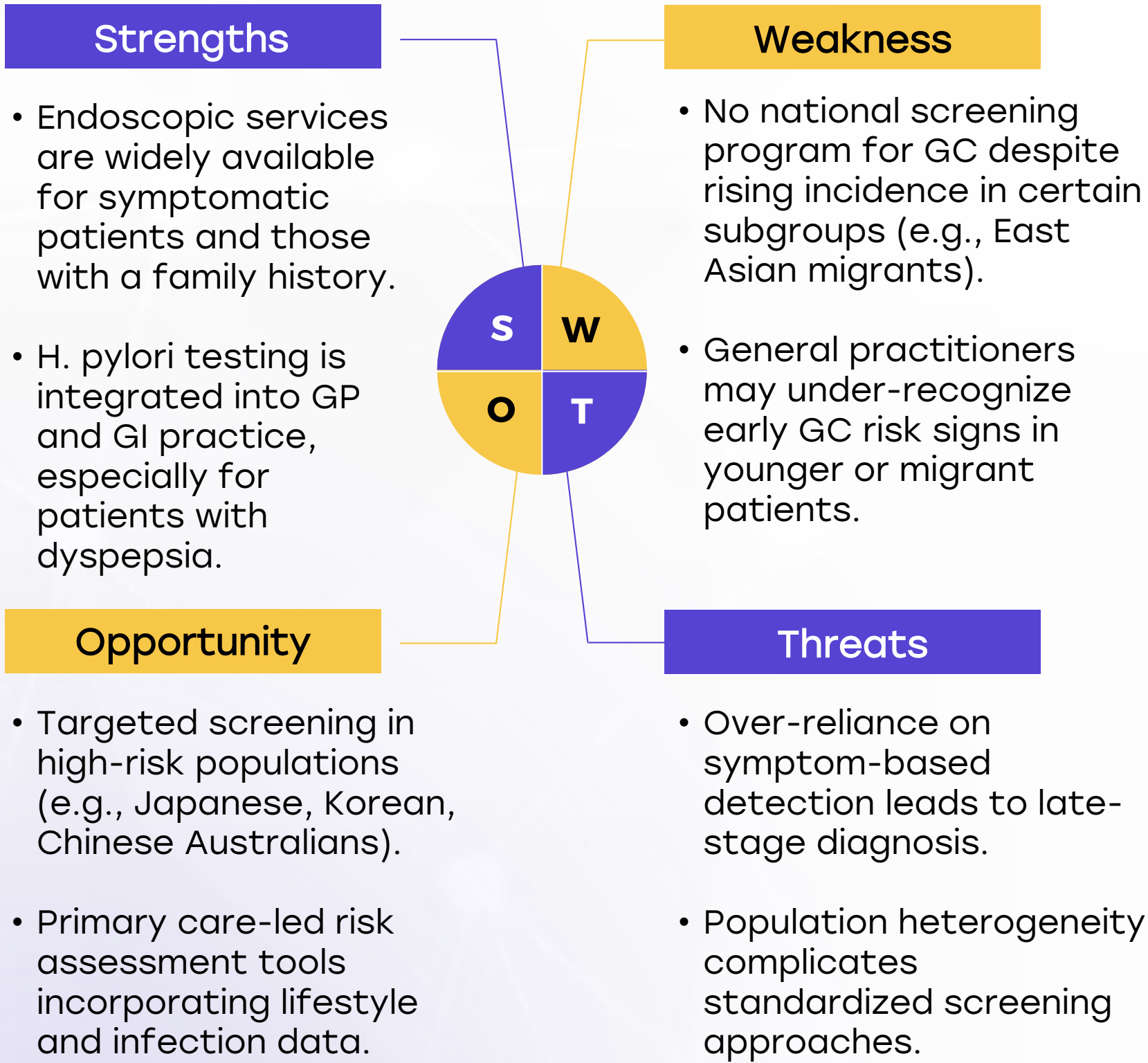
- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
- A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.
- No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States	●	●
United Kingdom	●	●
Canada	●	●
Australia	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy	●	●
Spain	●	●
Poland	●	●
Japan	●	●
South Korea	●	●
China	●	●
India	●	●
Singapore	●	●
Thailand	●	●
South Africa	●	●
Kenya	●	●
Nigeria	●	●
Egypt	●	●
Morocco	●	●
Algeria	●	●
Ethiopia	●	●
Mexico	●	●
Brazil	●	●
Argentina	●	●
Chile	●	●
Colombia	●	●
New Zealand	●	●
Greece	●	●
Rwanda	●	●
Uganda	●	●
Serbia	●	●
Saudi Arabia	●	●
UAE	●	●
Syria	●	●
Indonesia	●	●
Vietnam	●	●
Philippines	●	●
Russia	●	●
Malaysia	●	●

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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