

Germany

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

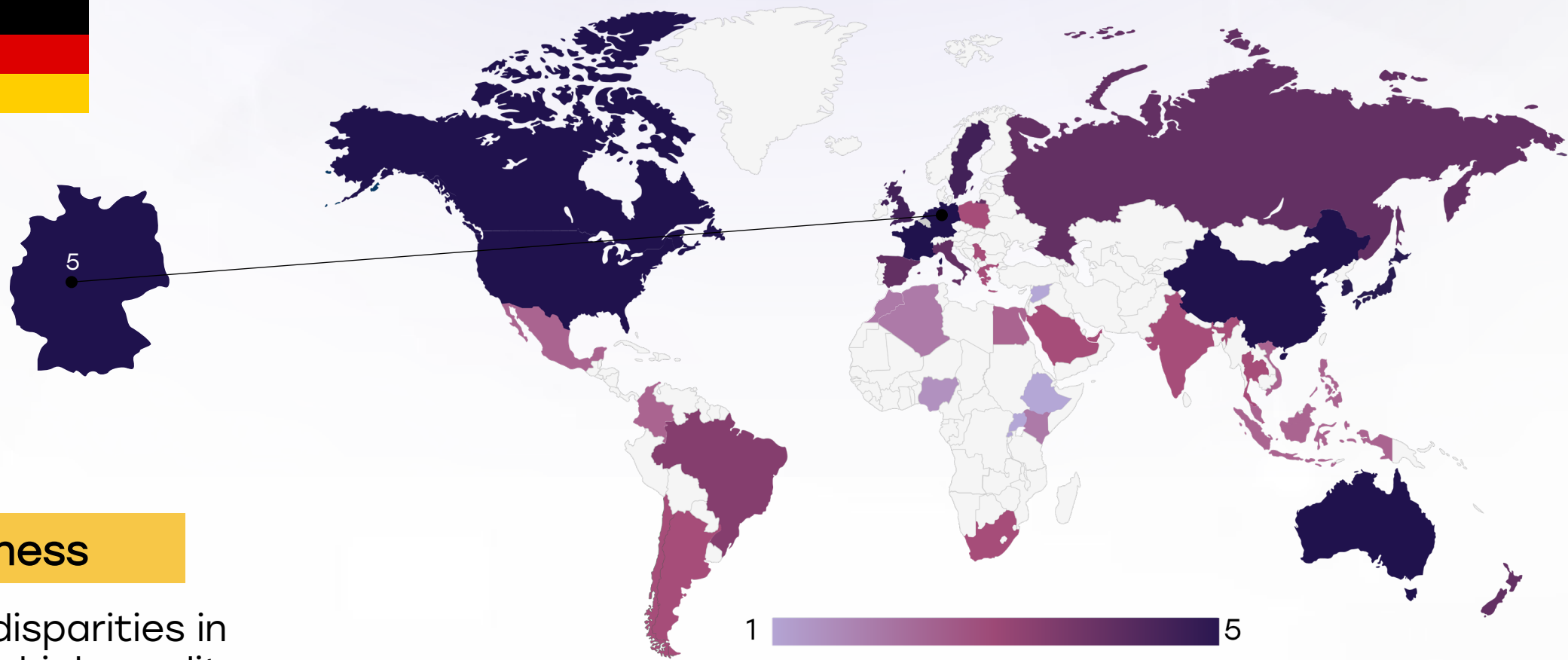
Gastric cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

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 not a leading male cancer.
- Incidence rate: Around 14 per 100,000 men per year.
- Total new cases (2022): Approximately 14,088 men.
- Daily diagnoses (2022): About 39 men per day.
- Deaths (2022): Around 5,500 men.
- 5-year survival rate: Estimated 30–40%.
- Most affected age group: Mostly men aged 70 and above.
- Screening participation: No structured program; detection occurs mainly when symptoms arise.

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Infrastructure



Strengths

- Well-established oncology centers and specialized gastric cancer units across major cities like Berlin, Munich, and Hamburg.
- Integration of advanced diagnostic tools like endoscopic ultrasound and PET-CT for staging.

Weakness

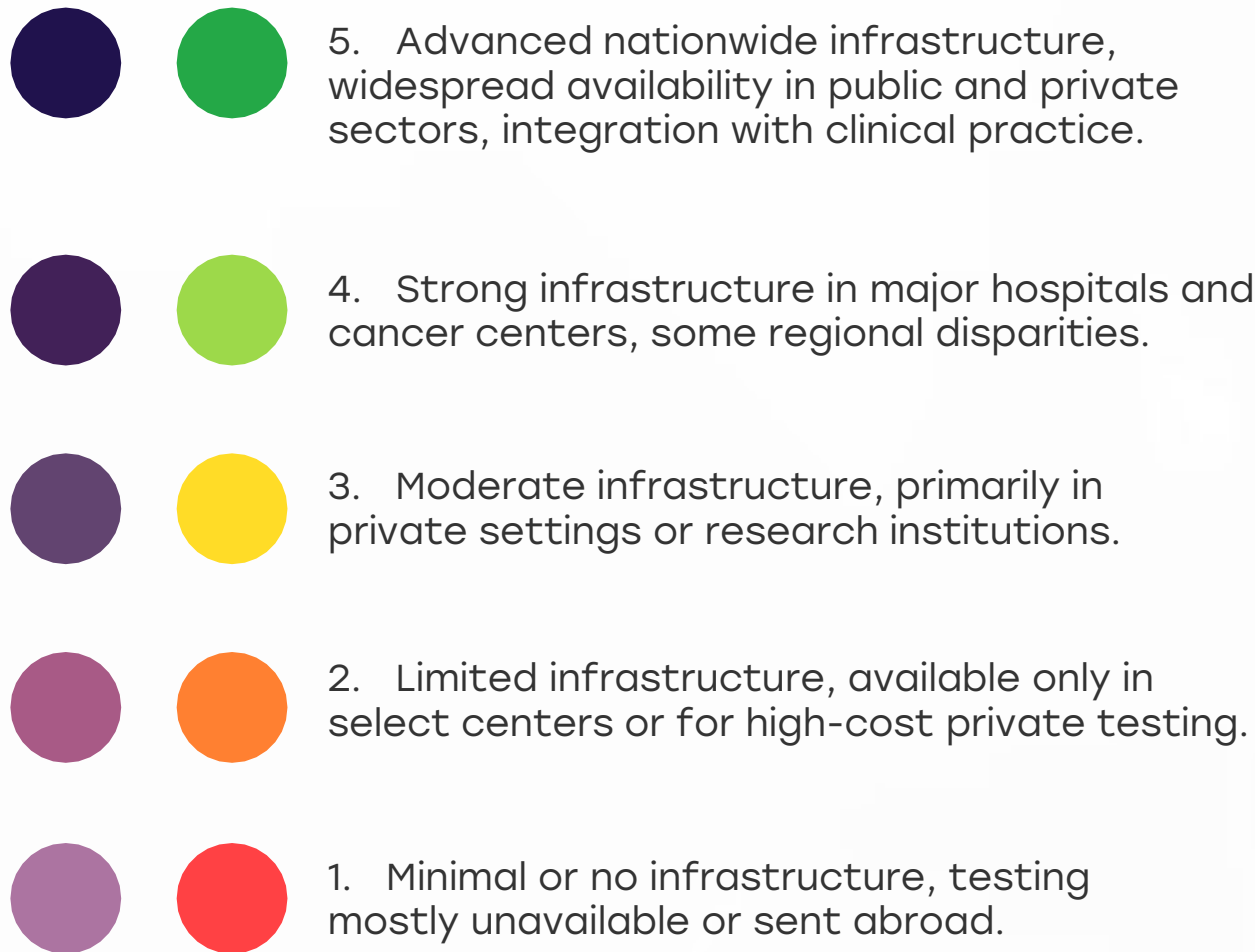
- Regional disparities in access to high-quality oncology services, especially in Eastern Germany.
- Long waiting times in public hospitals despite good infrastructure.

Opportunity

- Expansion of digital health infrastructure and AI-based diagnostics in oncology.
- Investment in mobile diagnostic vans for rural outreach.

Threats

- Aging hospital infrastructure in some areas may hinder the adoption of newer technologies.
- Potential healthcare workforce shortages due to retirements in rural regions.

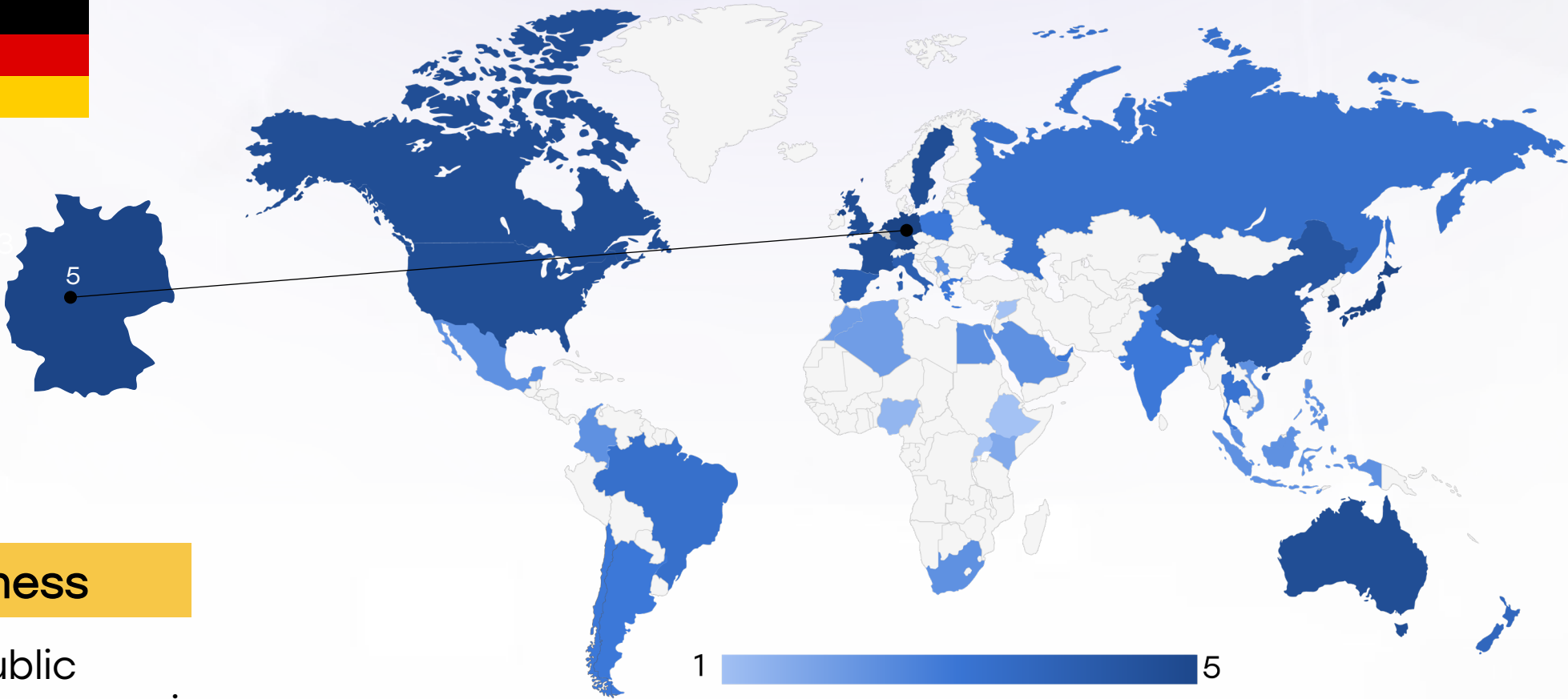


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
Algeria	<div></div>	<div></div>
Ethiopia	<div></div>	<div></div>
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Vietnam	<div></div>	<div></div>
Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>

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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to the latest immunotherapies and targeted therapies under national health insurance.
- Active participation in European gastric cancer clinical trials and EU research grants.

Weakness

- Limited public awareness campaigns specifically for gastric cancer; overshadowed by breast and colon cancer efforts.
- Disparity in early treatment initiation between private and public systems.

Opportunity

- Collaborations with pharma companies for national awareness campaigns.
- Increased public-private partnerships for gastric cancer research.

Threats

- Rising drug costs may strain reimbursement capacity.
- Competing focus from more prevalent cancers like lung and colorectal in research priorities.

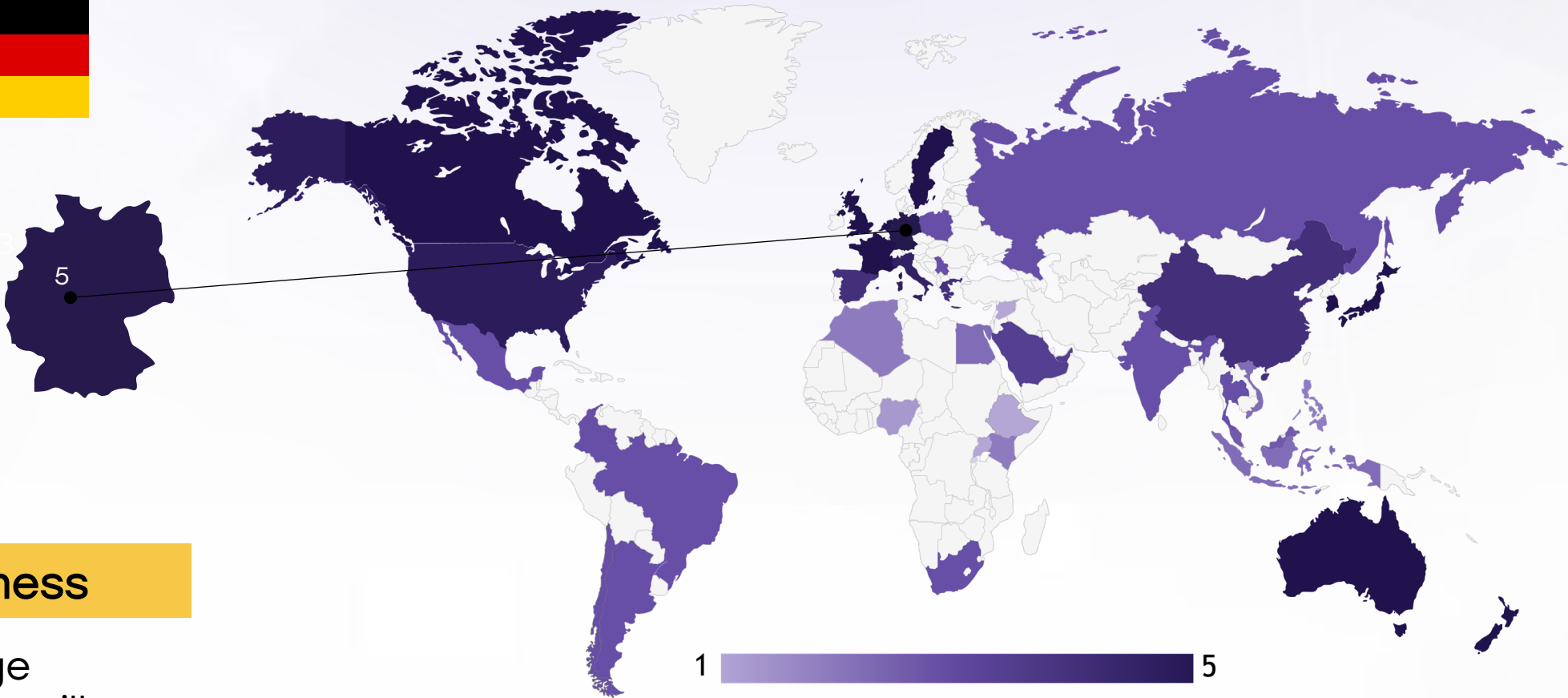
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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			
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Netherlands			
Sweden			
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Vietnam			
Philippines			
Russia			
Malaysia			

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Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate for localized gastric cancer in Germany is over 60% when detected early.
- Well-structured palliative care networks, especially for elderly gastric cancer patients

Weakness

- Late-stage diagnoses still common due to asymptomatic early disease.
- Gaps in continuity of care after hospital discharge.

Opportunity

- Introducing routine gastric cancer risk assessments for high-risk populations (e.g., *Helicobacter pylori* carriers).
- Expansion of tele-palliative care services in under-covered areas.

Threats

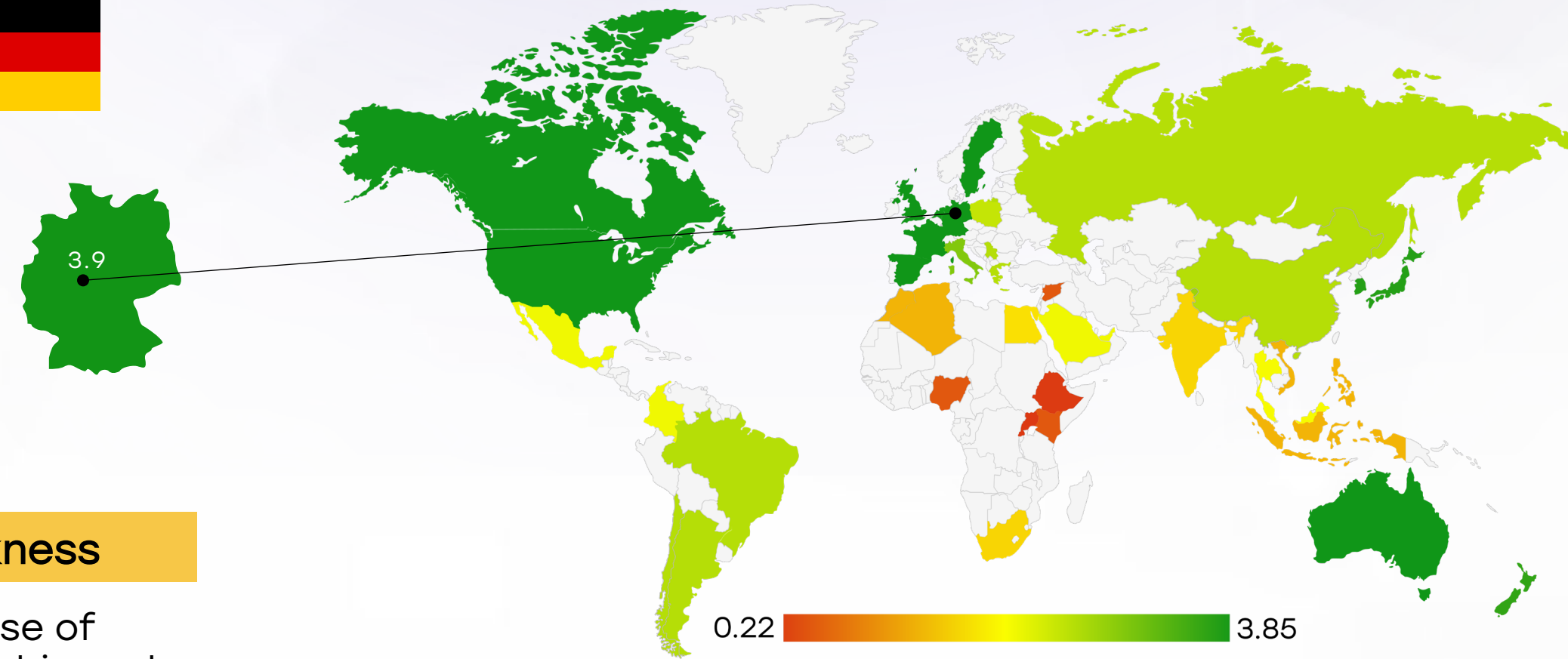
- Increasing gastric cancer incidence in aging male populations.
- Limited early detection in migrant and low-income populations.

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	●	●	●

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Utilization of Biomarkers



Strengths

- HER2 testing is standardized before trastuzumab therapy.
- Immunotherapy decisions based on PD-L1 (CPS ≥ 1) and MSI-H status are increasingly routine.

Weakness

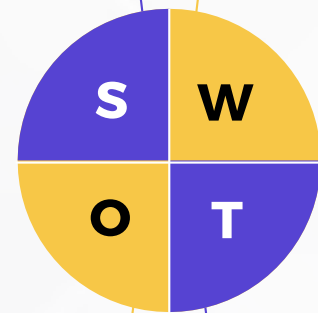
- Limited use of emerging biomarkers like CLDN18.2 and FGFR2b outside clinical trials.
- Variation in biomarker testing uptake across institutions.

Opportunity

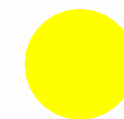
- Nationwide implementation of next-generation sequencing (NGS) panels in treatment planning.
- Pharma partnerships to subsidize advanced biomarker tests.

Threats

- Delays in biomarker reporting due to lab capacity.
- Budget constraints for full molecular profiling in all patients.



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.

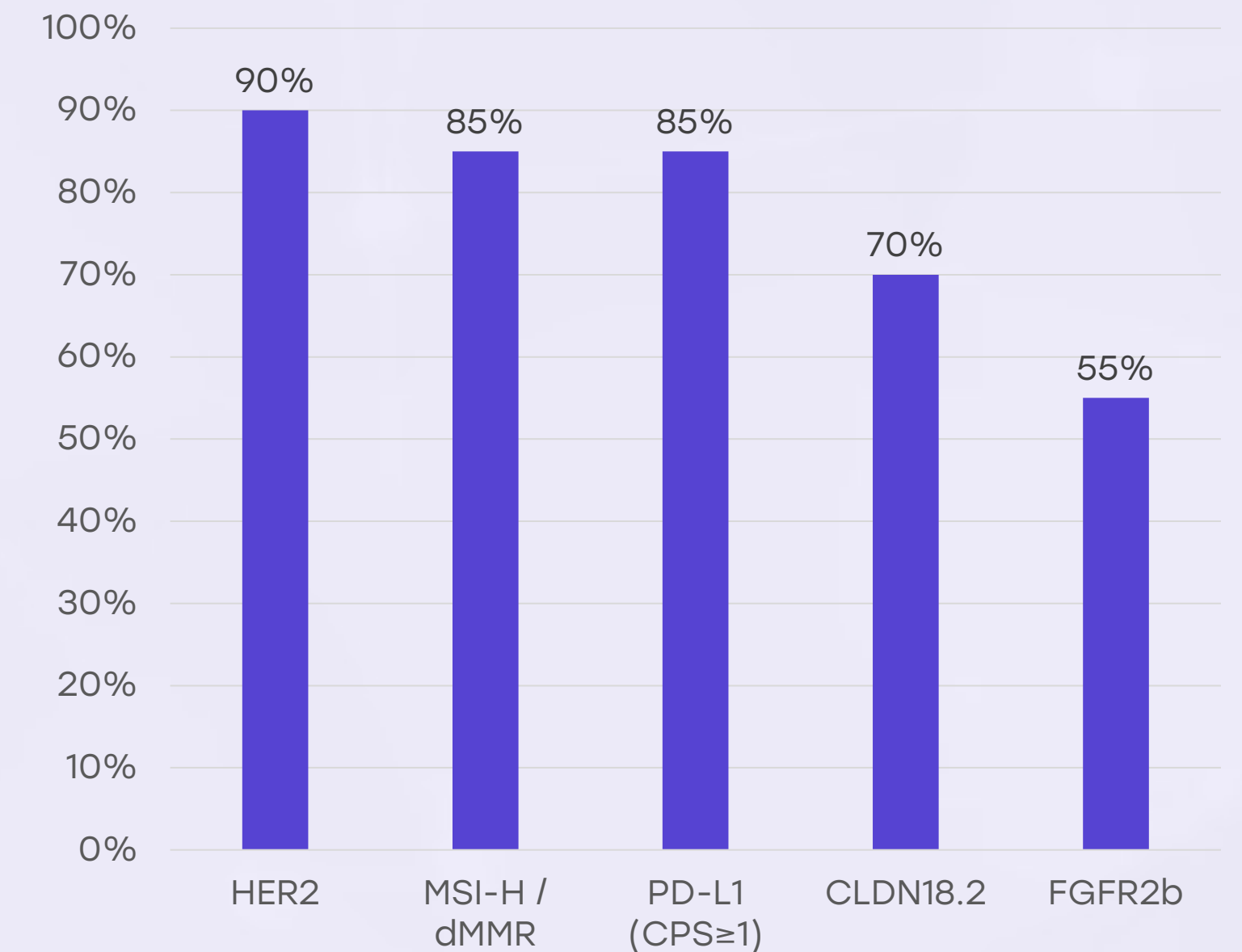


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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.

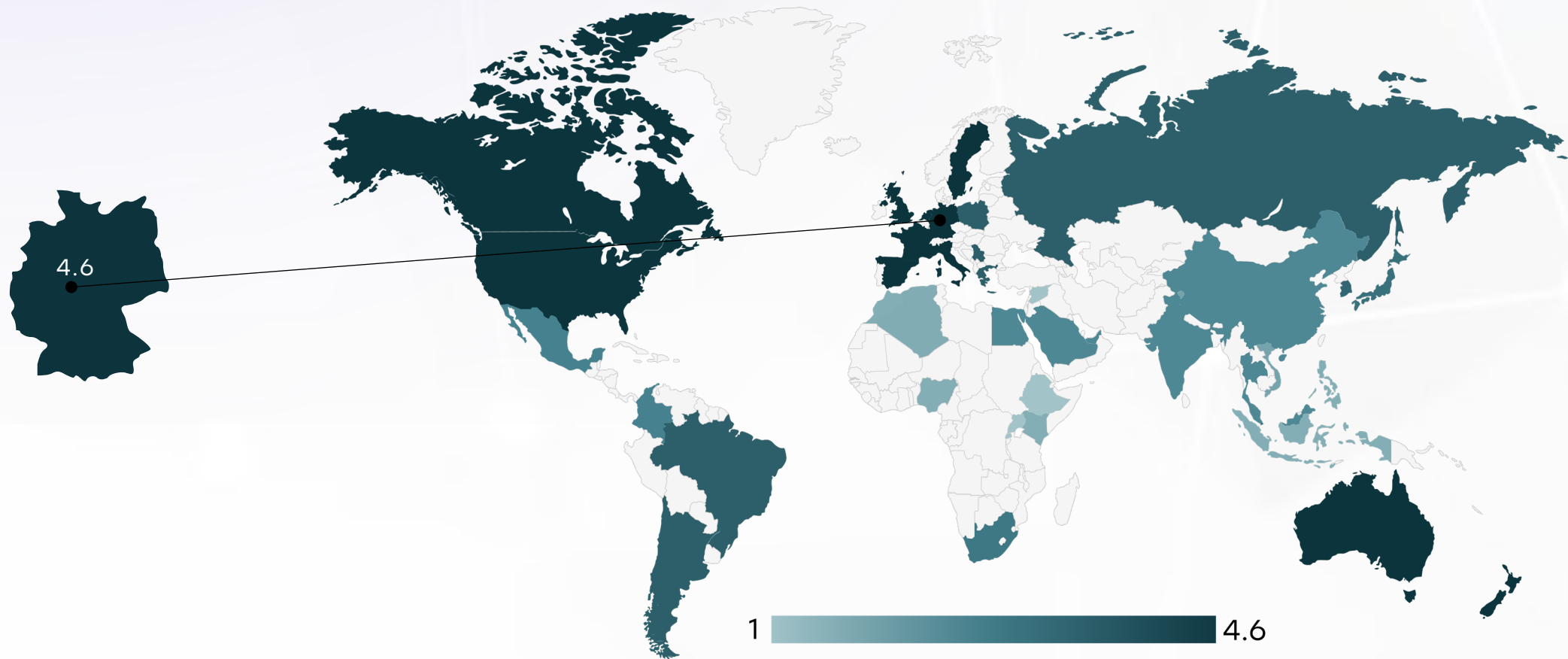
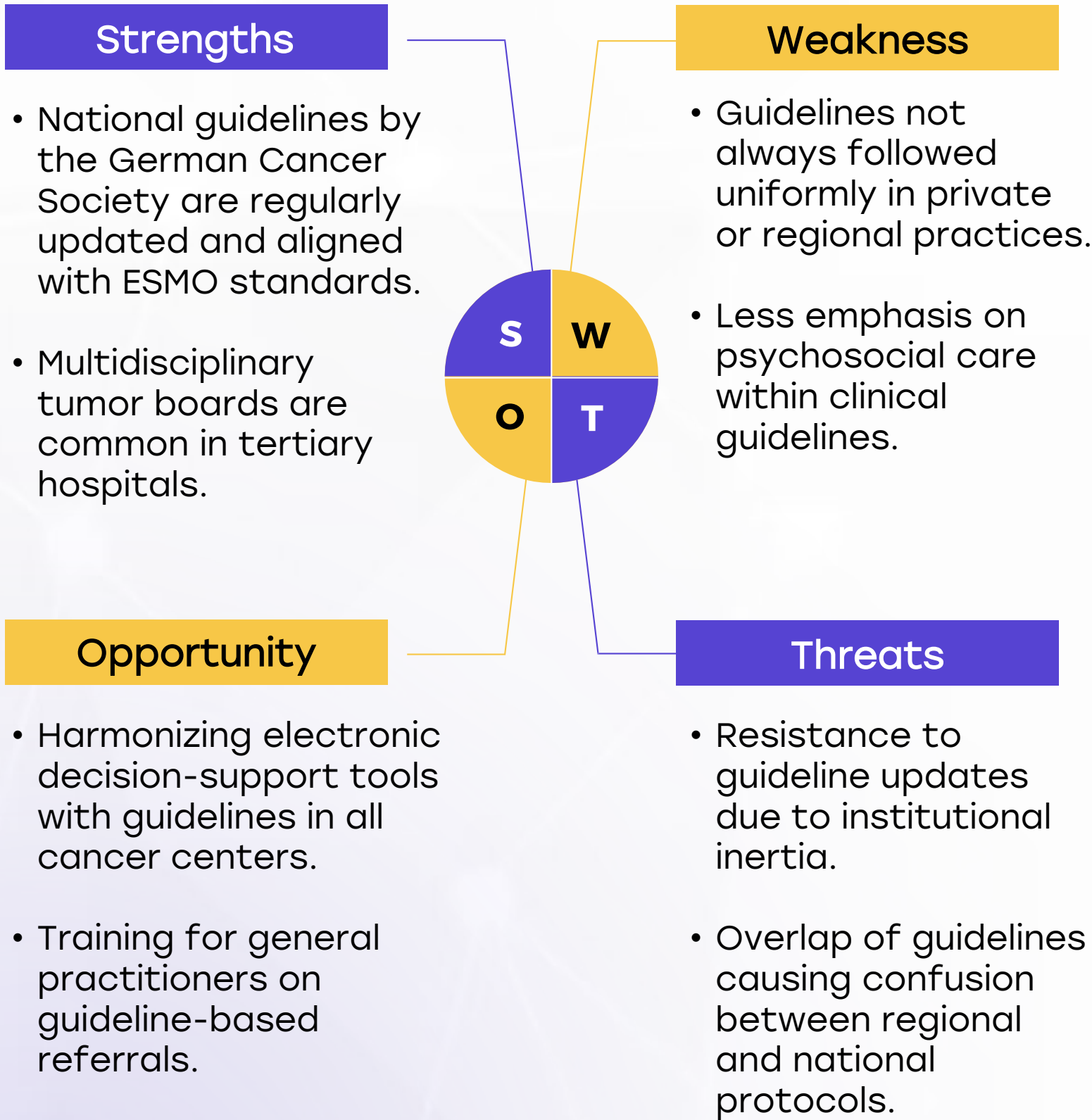
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Clinical Guidelines



	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

Strengths

- Comprehensive cancer treatment, including surgery, chemo, and radiotherapy, is covered under statutory health insurance.
- High-cost drugs like trastuzumab and nivolumab reimbursed with minimal patient burden.

Opportunity

- Policy reforms enabling faster access to EMA-approved therapies.
- Inclusion of biomarker testing in bundled reimbursement models.

Weakness

- New therapies may face initial reimbursement delays pending HTA review.
- Inconsistent reimbursement for certain biomarker-driven therapies in smaller hospitals.

Threats

- Economic pressure may limit reimbursement for very high-cost targeted agents.
- Bureaucratic hurdles in coverage for off-label but clinically accepted treatments.

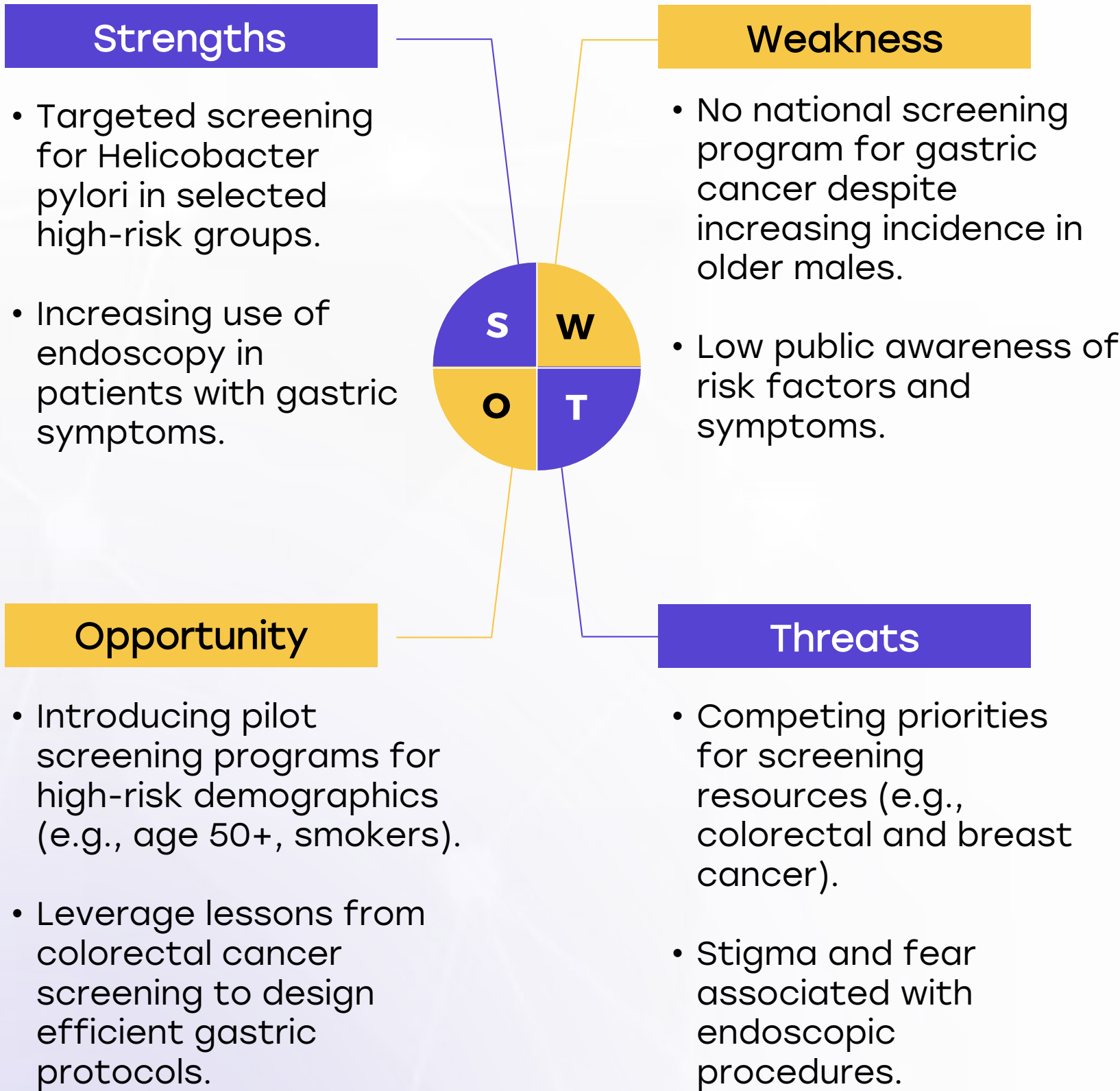


- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
- A reimbursement framework is in place, but patients may still have out-of-pocket expenses such 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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Gastric 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