

# 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 in the top 5 digestive cancers, but not among the top male cancers.
- Incidence rate: Approximately 12 per 100,000 total population.
- Total new cases (2022): Estimated ~3,355 cases in both sexes.
- Daily diagnoses: About 9 people per day.
- Deaths (2022): Around ~1,900 deaths.
- 5-year survival rate: Estimated < 40%.
- Most affected age group: Primarily individuals aged 60+.
- Screening participation: Virtually none; most diagnosis at advanced stages.



# Chile



## Infrastructure

### Strengths

- Public and private healthcare sectors offer access to cancer care, including oncology units in urban tertiary hospitals.
- National Cancer Institute and regional oncology centers are equipped with pathology and endoscopic services.

### Opportunity

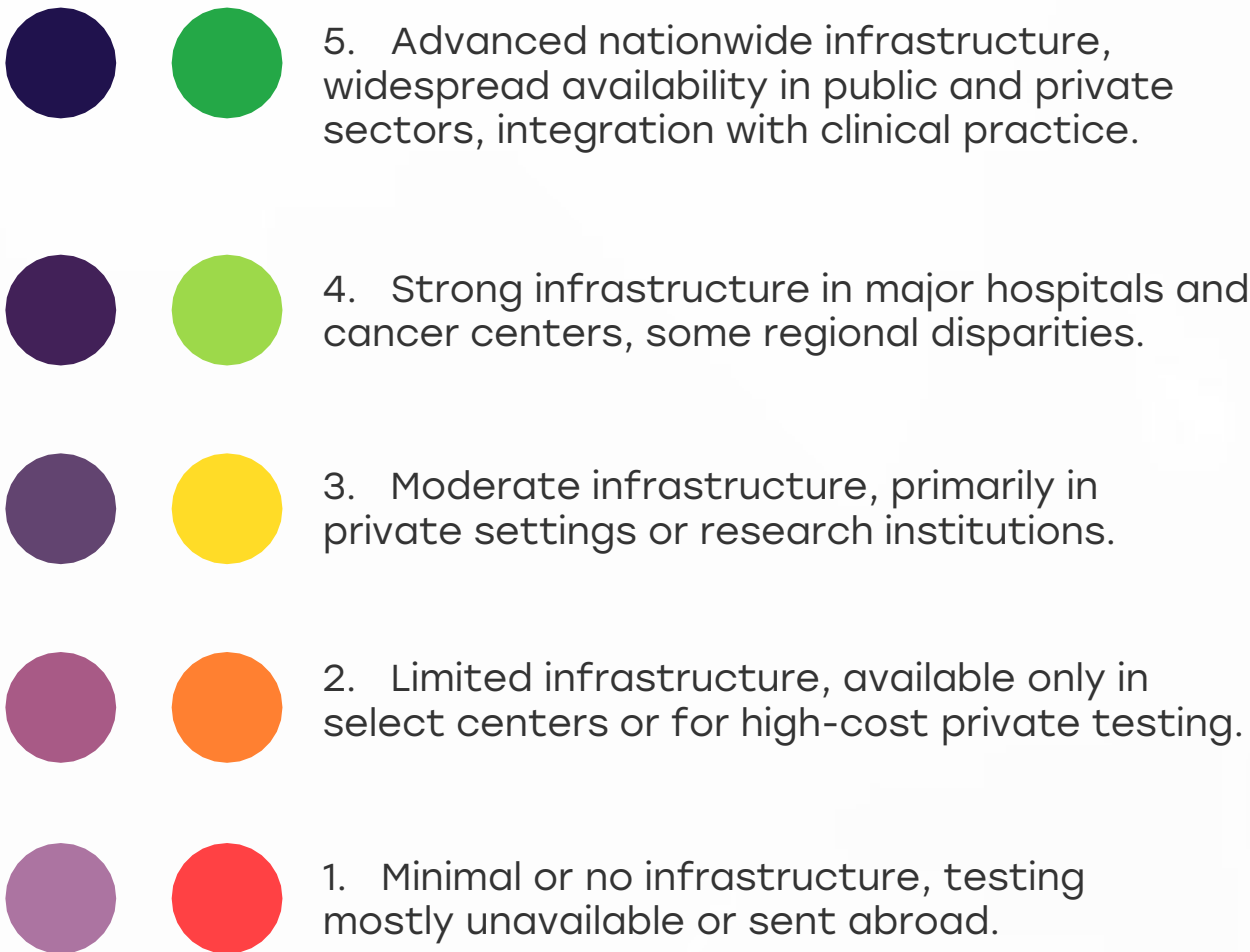
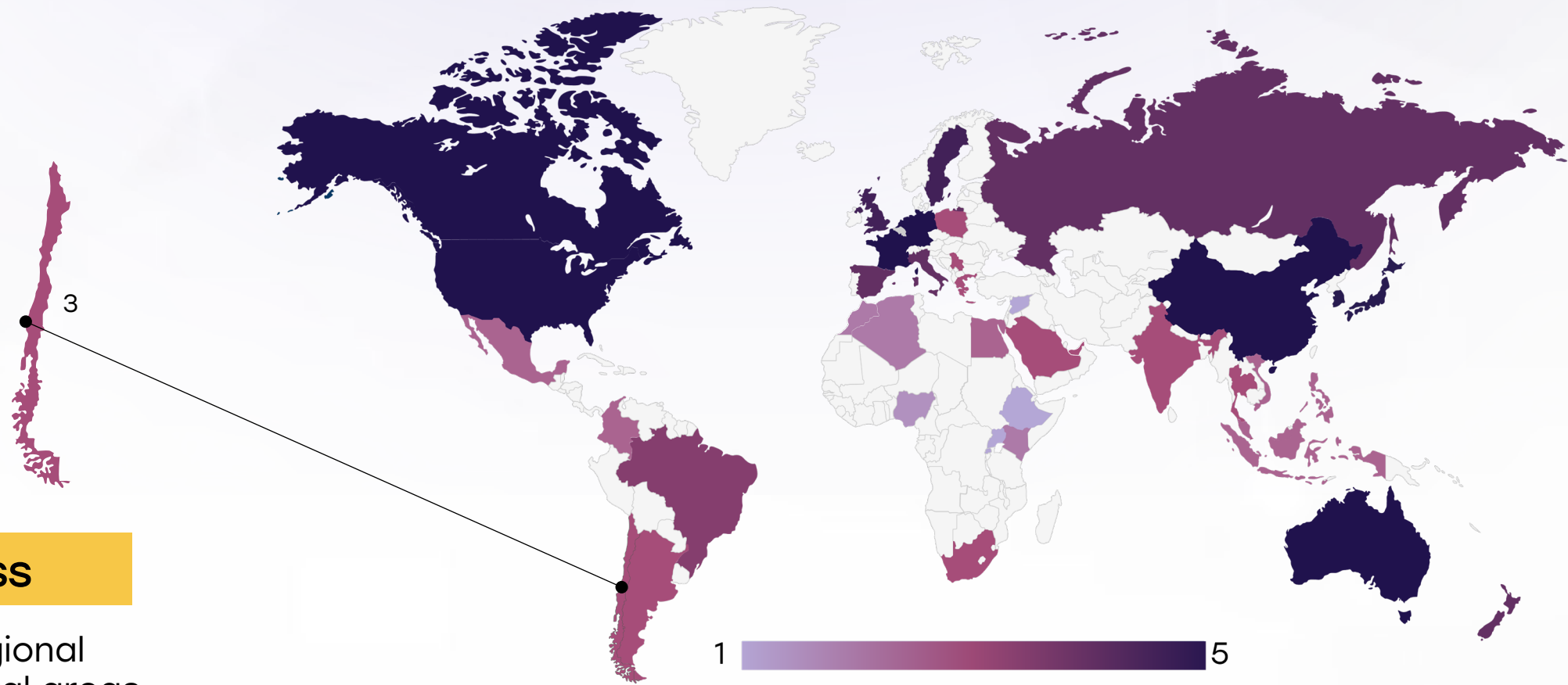
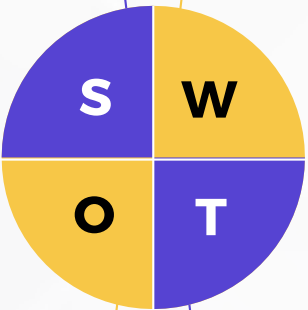
- Investment in regional cancer centers under the National Cancer Plan.
- Telemedicine expansion could bridge gaps in pathology and follow-up for remote patients.

### Weakness

- Significant regional disparities: rural areas lack consistent access to diagnostic imaging and endoscopy.
- Infrastructure strain in public hospitals leads to delays in care for lower-income patients.

### Threats

- Earthquake-prone zones threaten hospital resilience and medical equipment sustainability.
- Overreliance on urban centers for specialized care creates bottlenecks.

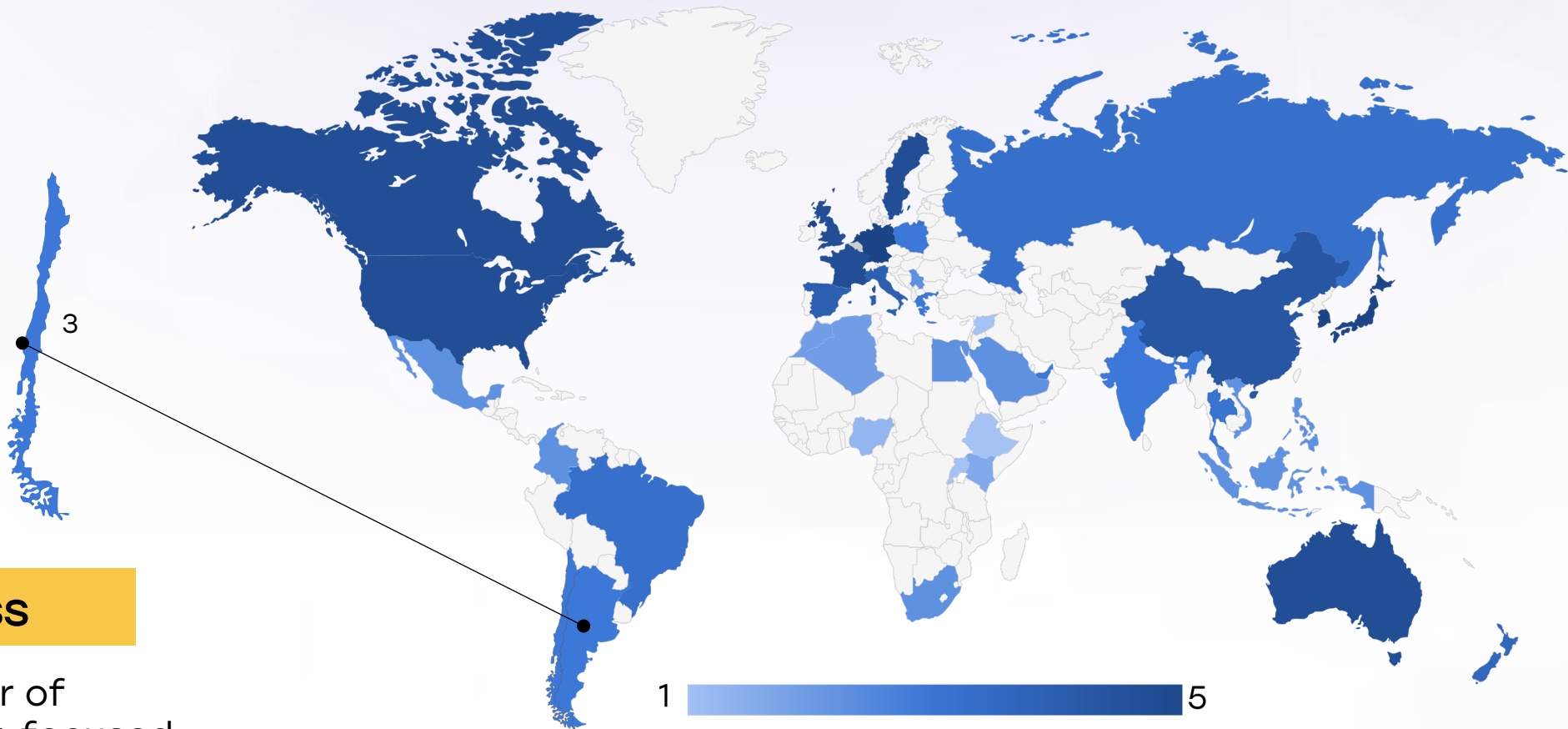


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

# Chile



## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- GC is included in the country's Explicit Health Guarantees Plan (GES), mandating treatment access regardless of income.
- Awareness campaigns about H. pylori and stomach cancer are periodically supported by the Ministry of Health.

### Weakness

- Limited number of gastric cancer-focused clinical trials or research compared to other cancers.
- Public awareness still low regarding early GC symptoms and the link with H. pylori.

### Opportunity

- Boosting national research funding could position Chile as a trial site for targeted therapies.
- Partnering with local NGOs for culturally relevant awareness drives in indigenous communities (e.g., Mapuche).

### Threats

- Inequity in drug access between private and public insurance holders.
- Competing priorities (e.g., COVID-19 recovery) may dilute focus on GC-specific initiatives.

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.

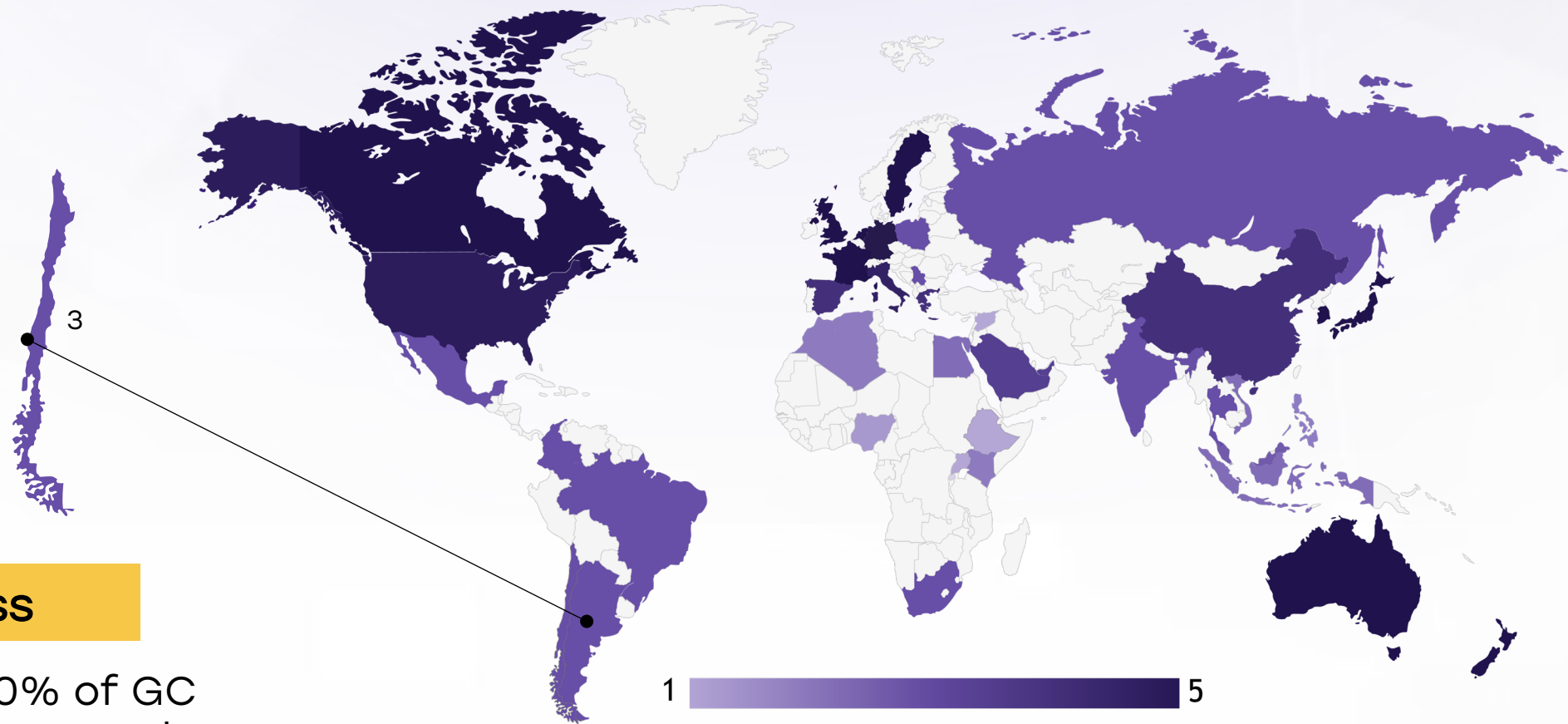
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			



# Chile



## Survival Rates, Early Detection and Palliative Care



### Strengths

- Chile has one of the highest gastric cancer burdens in Latin America, which prompted earlier government response.
- Palliative care services are well-integrated into cancer hospitals in Santiago and other major cities.

### Weakness

- Around 65–70% of GC cases are diagnosed at advanced or metastatic stages.
- 5-year survival remains low (~20–25%) due to late presentation and limited access to advanced therapies in public systems.

### Opportunity

- Early detection programs targeting high-risk groups in central and southern Chile.
- Expanding H. pylori eradication programs can reduce GC incidence significantly.

### Threats

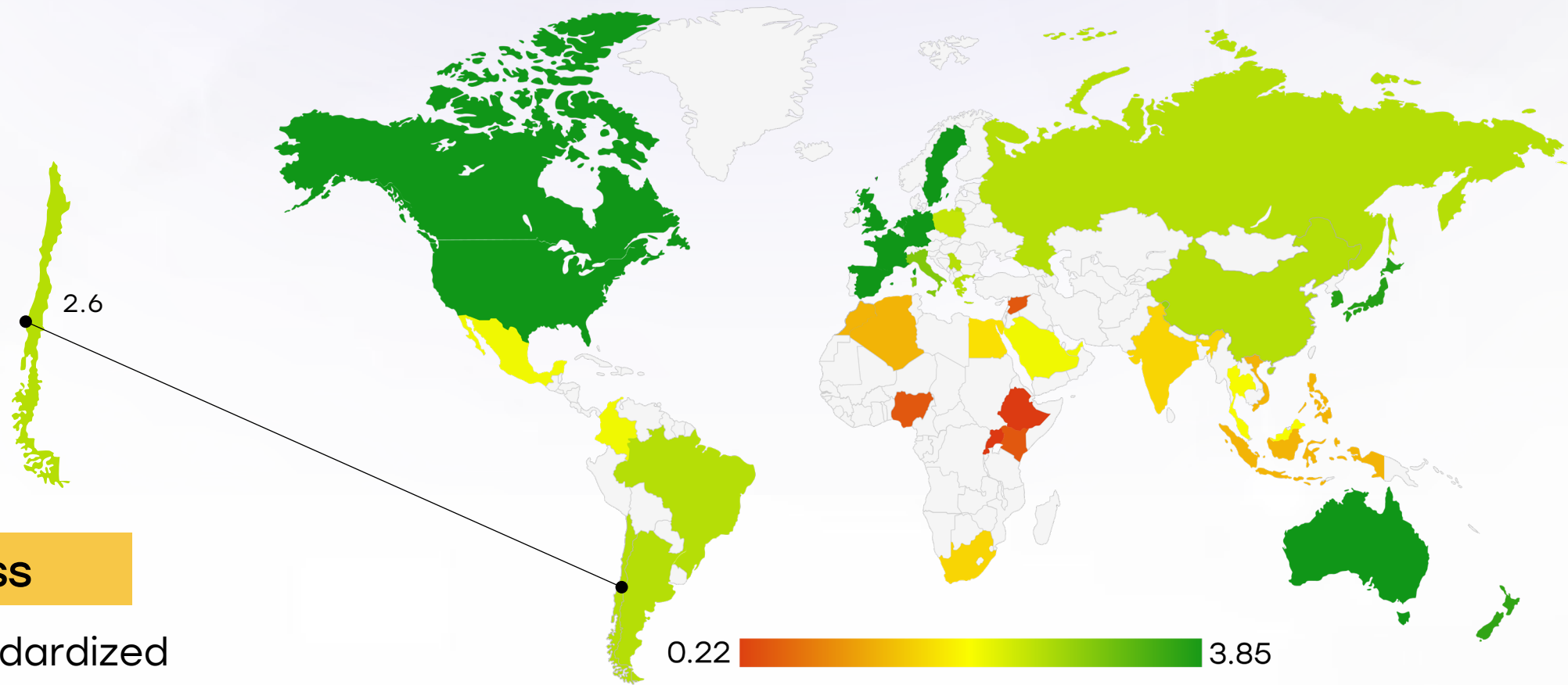
- Cultural stigmas and fear of cancer diagnosis delay patient presentation.
- Gaps in general practitioner awareness about referral criteria for endoscopy.

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			

# Chile

Utilization of Biomarkers



## Strengths

- HER2 testing is available in major oncology centers for advanced GC patients.
- Growing oncologist awareness of PD-L1 testing and immunotherapy pathways.

## Weakness

- Lack of standardized access to newer biomarkers like CLDN18.2 and FGFR2b.
- MSI and dMMR testing is still not routine in most public hospitals.

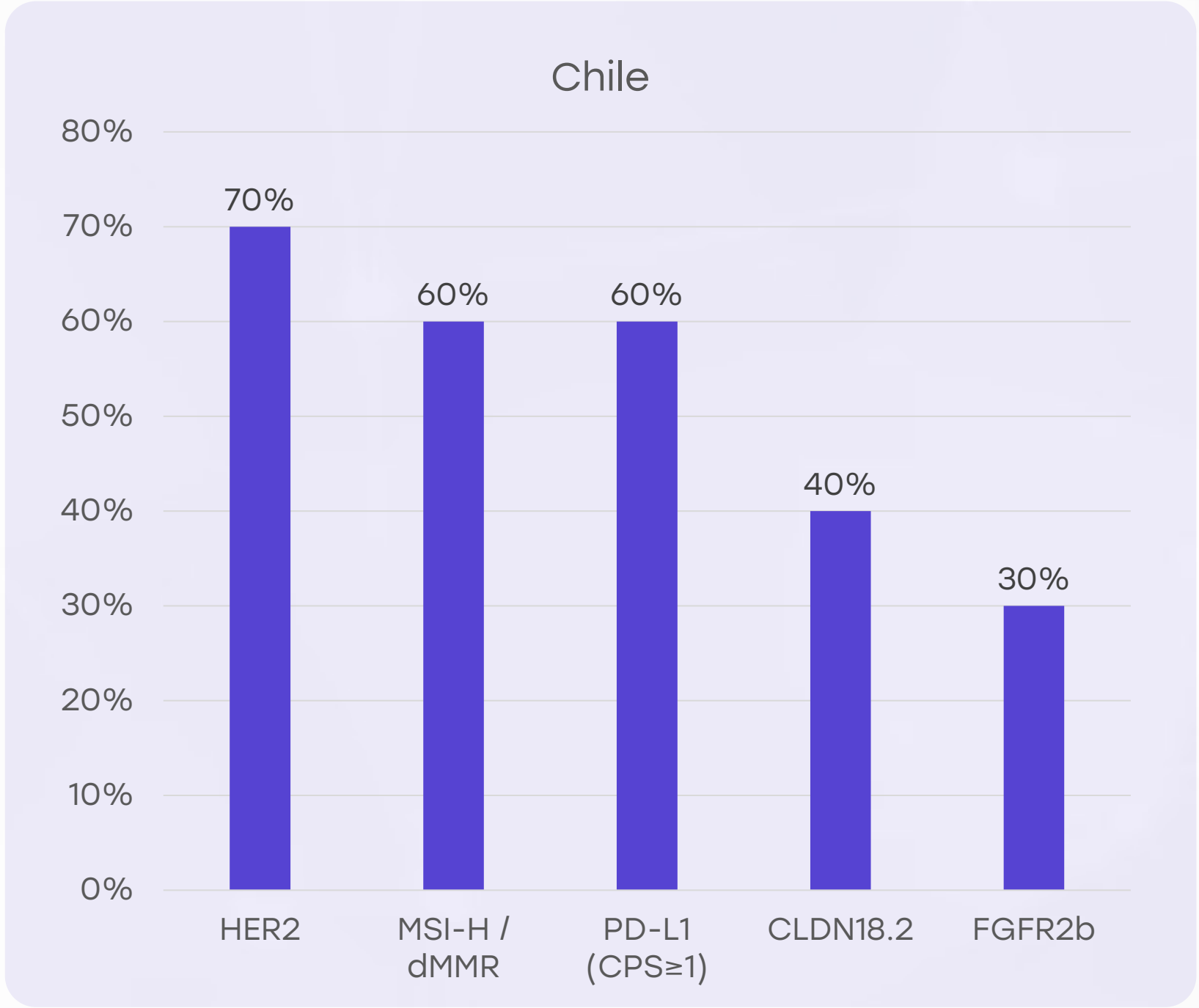
## Opportunity

- Biomarker-based personalized treatment can reduce costs from ineffective therapy in the long term.
- Introduction of national guidelines for biomarker use would promote consistency.

## Threats

- High costs and lack of reimbursement prevent biomarker uptake in many public settings.
- Shortage of molecular pathology labs and specialists outside major cities.

- 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.

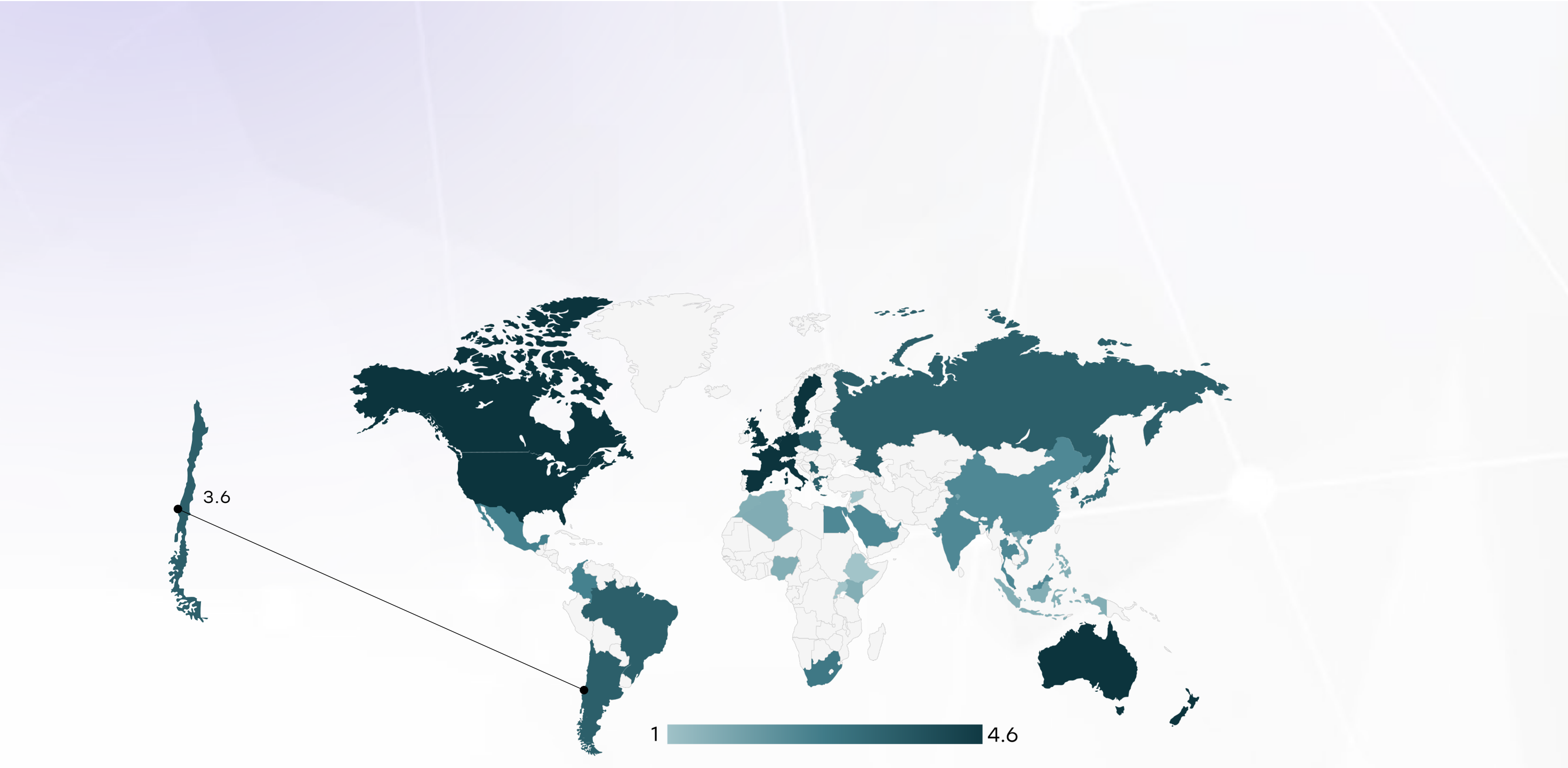
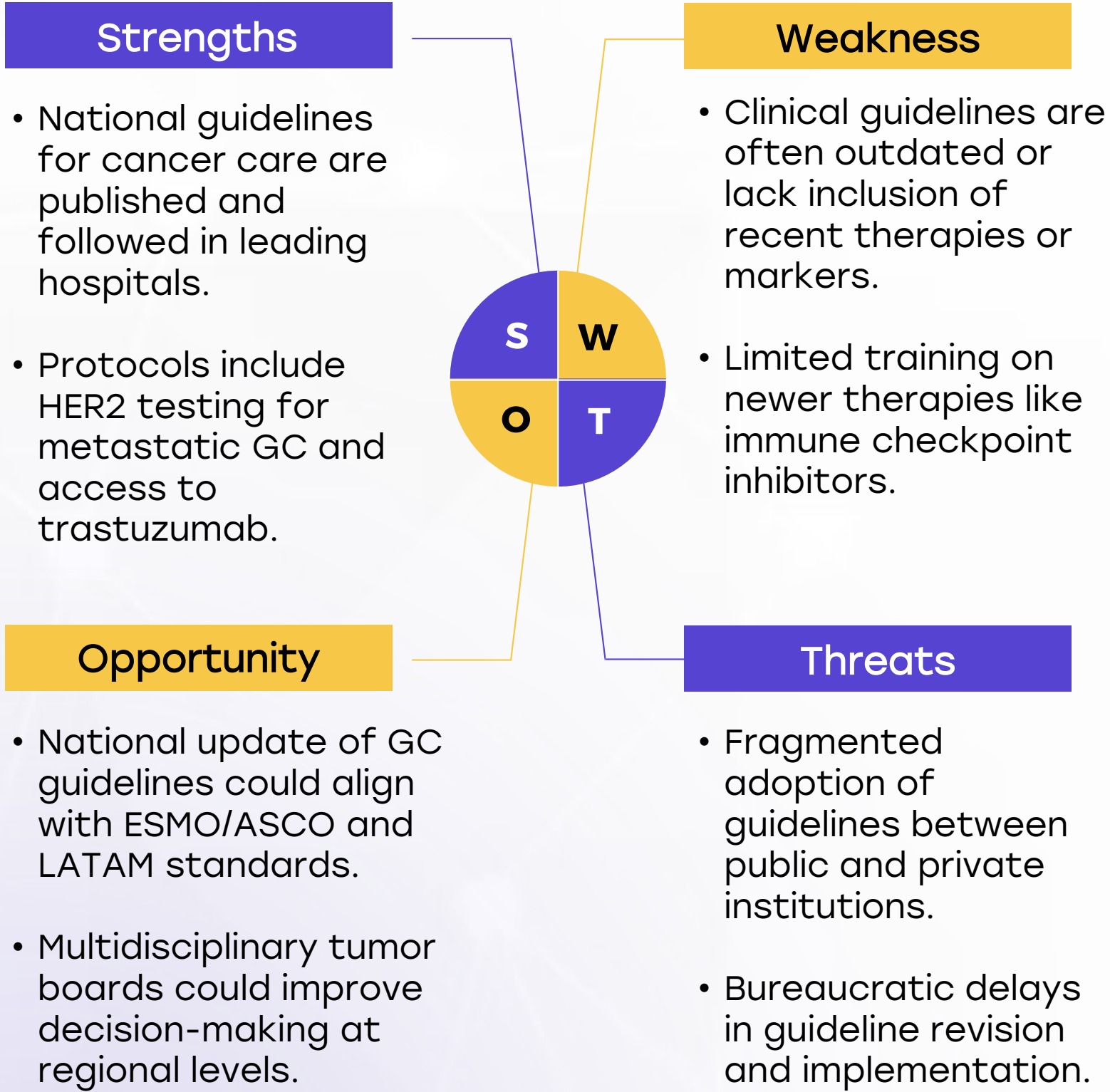




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## Clinical Guidelines



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

# Chile



## Reimbursement



### Strengths

- GES coverage ensures GC treatment is a guaranteed benefit, including surgery and chemotherapy.
- Trastuzumab is reimbursed for HER2+ advanced GC under certain clinical indications.

### Weakness

- Newer targeted therapies and advanced diagnostics (e.g., PD-L1, CLDN18.2 testing) often not reimbursed.
- Public insurance patients face more limitations in access than those with private ISAPRE coverage.

### Opportunity

- Health economics studies can demonstrate cost-effectiveness of biomarker testing and targeted drugs.
- Expand GES coverage to include newer drugs for advanced GC.

### Threats

- Budget constraints and prioritization of more prevalent cancers reduce funding flexibility.
- Rising treatment costs could lead to tighter reimbursement controls.























































































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.

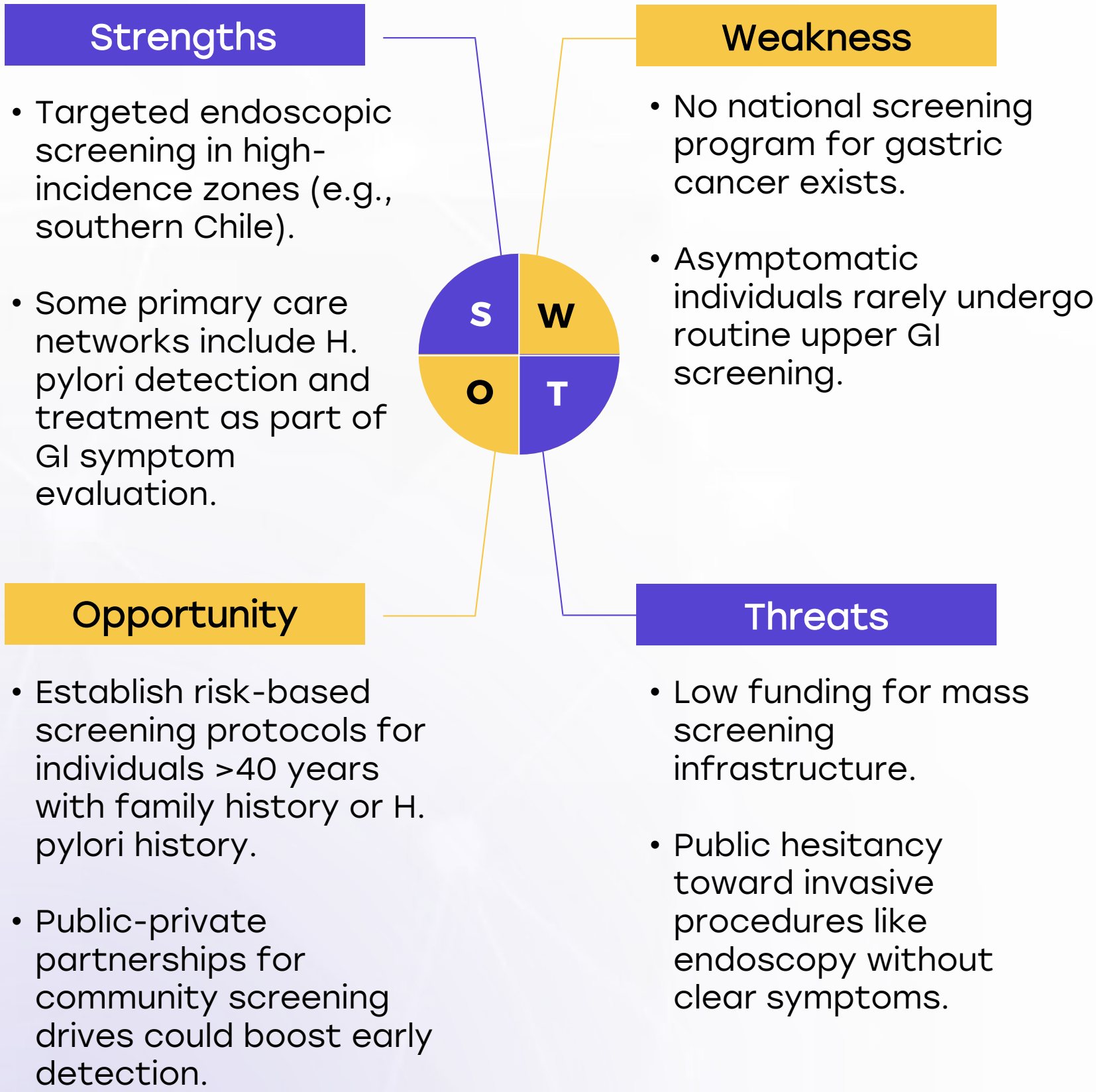
Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		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



# Chile



## 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