WHO Western Pacific Region

Summary

- Gastric cancer is still the most common in East Asian regions, including China,
 Japan, and the Republic of Korea. However, there are vast geographical and
 ethnic differences in the prevalence of *H. pylori* infection and in gastric cancer
 incidence within the Western Pacific Region, which affect the efforts on gastric
 cancer screening in different countries.
- In China, national gastric cancer screening programmes target high-risk regions, and challenges remain to expand the screening programme across the country, because of the huge population and vast territory. Future directions include developing more targeted prevention strategies based on risk prediction and advancing a comprehensive tiered prevention system for gastric cancer in China.
- Population-based gastric cancer screening programmes have been implemented in Japan and the Republic of Korea, which have high background incidence of gastric cancer, by endoscopy or barium studies. Screening with a 2-year interval is recommended in individuals aged ≥ 50 years or ≥ 40 years. Clinical trials have also been conducted to determine the role of *H. pylori* eradication in preventing metachronous gastric cancer and reducing risk of gastric cancer in first-degree relatives of patients with gastric cancer as well as at the population level in the Republic of Korea.
- An H. pylori screen-and-treat programme, as an alternative to a population-based endoscopy screening programme, has been implemented in the Matsu Islands in the East China Sea. The programme was initially a pilot programme, which was subsequently proven to have a positive impact. H. pylori eradication was associated with reduced rates of gastric cancer. Experiences gained from this pilot programme contributed to the expansion of the H. pylori screen-and-treat programme to the broader populations with varying gastric cancer risk levels.

Aotearoa New Zealand is characterized by stark ethnic differences in *H. pylori* prevalence and gastric cancer incidence; for example, rates are higher in Māori people, Pacific people, and Asian people than in European people. Research into the stratification of the prevalence of *H. pylori* infection in the community by ethnicity, the feasibility of a screen-and-treat strategy, and the level of treatment resistance is expected to support the design of a future screen-and-treat pilot programme in New Zealand.