In this article, we summarise a paper by **Alejandro Noguez-Ramos et al.**, published in the **OncoDaily Medical Journal**, outlining Mexico's GI-oncology landscape, epidemiology, health-system structure, treatment availability, training, and near-term opportunities.

Title: *Gastrointestinal oncology in Mexico*
Authors: Alejandro Noguez-Ramos et al.
DOI: 10.69690/ODMJ-002-0425-340
Full article

Mexico's gastrointestinal (GI) oncology profile differs from regional and global patterns. Compared with Latin America and the world, **incidence of oesophageal and gastric cancer is lower in Mexico**, yet **gastric-cancer mortality remains similar**, pointing to late detection and care gaps. Across GI sites, **colorectal and liver cancers** are leading causes of death (Mexican mortality rank: colorectal 4th, liver 6th, gastric 7th; pancreas 10th; oesophagus 18th). Precision oncology, checkpoint inhibitors, and targeted agents have improved outcomes in colorectal, gastric, biliary, pancreatic, and hepatocellular cancers, but **availability and financing remain uneven**.

The care ecosystem is **fragmented** across social security institutions (IMSS, ISSSTE, ISSEMYM, SEDENA, SEMAR, Pemex), the new **IMSS-Bienestar** network for uninsured populations, and the large private sector. Capacity is concentrated in major cities: **118 cancer units nationwide** (65 public, 48 private, 5 university/social). Workforce is stretched, about 2,202 oncology specialists (≈1 surgical oncologist per 133k people; ≈1 medical oncologist per 136k; ≈1 radiation oncologist per 382k). Advanced diagnostics are scarce: Mexico has ~50 PET/CT scanners (≈10 public), far below the WHO's suggested density.

Cancer intelligence is a core constraint. The **National Cancer Registry** is evolving but lacks full institutional coverage and standardisation; Latin America's registry reach (~6% of the population) pales against North America's (~83%). Consequences include limited survival and quality-of-life data, with only single-centre studies illuminating specific diseases (e.g., colorectal stomas and QoL; surgical gains in pancreatic cancer).

Progress pillars are emerging. **GI-oncology fellowships** now run at the National Institute of Medical Sciences and Nutrition "Salvador Zubirán" (since 2020) and the National Cancer Institute (since 2023), seeding a subspecialty workforce. **Multidisciplinary tumour boards** function in a handful of highly specialised centres and selected private hospitals, with efforts to expand this model nationally. Drug access varies by institution and budget; **COFEPRIS** approvals coexist with real-world formulary and procurement limits (e.g., heterogeneous availability of HCC, gastric, and colorectal biologics/immunotherapies).

Near-term priorities: strengthen and standardise the national registry; scale **H. pylori** test-and-treat and colorectal screening; extend tumour boards beyond the capital; expand PET/CT and radiotherapy coverage; and align formularies/budgets to reduce therapy inequities across systems.

Bottom line: Mexico's GI-oncology is gaining clinical sophistication, training pipelines, tumour boards, and precision drugs, yet **data gaps, system fragmentation, and uneven access** keep outcomes suboptimal. Coordinated registry, capacity, and financing reforms could yield fast, equitable gains.