#99 - GASTRIC CANCER GLOBAL ACTION PREPAREDNESS (GC-GAP) INDEX: A GLOBAL EXPERT CONSENSUS USING DELPHI TECHNIQUE TO EVALUATE THE IMPLEMENTATION OF PUBLIC POLICIES AGAINST GASTRIC CANCER.

[https://doi.org/10.46613/congastro2023-99](https://doi.org/10.46613/congastro2023-99)


1Departamento de Gastroenterología, Pontificia Universidad Católica de Chile, Santiago, Chile 2Departamento de Gastroenterología, Hospital Clínico de Barcelona, Barcelona, España 3Biomedical Research Institute INCLIVA, Hospital Clínico Universitario de Valencia / Departamento de Oncología Médica, Hospital Clínico Universitario de Valencia, Valencia, España 4Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, MD, Estados Unidos (EEUU) 5Division of Gastroenterology, University of California San Diego, San Diego, CA, Estados Unidos (EEUU) 6Division of Gastroenterology and Hepatology, Stanford University, Stanford, CA, Estados Unidos (EEUU)

**Background:** Gastric cancer (GC) is the fourth leading cause of cancer-related death worldwide. GC is more common in countries in East Asia, Eastern Europe, and South and Central America than in the United States and other Western countries. There are differences in the rate of reduction in the incidence and mortality of GC among regions of the world. Part of this heterogeneity may be due to the different public health actions implemented by countries, but there are no validated instruments to evaluate the implementation of public policies (PP) at a global level.

**Aim:** To develop a preparedness index for PP against GC implemented worldwide.

**Methods:** A three-round Delphi panel was conducted with the participation of clinicians, scientists, and public health experts, achieving >70% agreement. The objectives of each round were to define the domains (1st round), to determine the indicators (2nd round), and to refine and reach a consensus on the final index (3rd round). The index comprises domains of PP and their respective actions to classify countries into low-, intermediate-, and high-levels of preparation.

**Results:** Twenty-one, fifty-three, and seventy-one experts participated respectively in each round, with representation from all continents (Figure 1A). Nine domains of preparedness were identified (Figure 1B), each containing between four to 14 actions. The domains concerning treatment of *Helicobacter pylori* infection (94%), tobacco mitigation (91%), safe water access (83%), diet and lifestyle modification (83%), and GC treatment (82%) achieved >80% agreement. By contrast, the domains concerning alcohol use reduction (72%), obesity control (77%), establishing screening programs (74%), and increase GC awareness (78%) achieved <80% agreement. Low-, intermediate-, and high-levels of preparedness were defined according to the implementation status of the items included in each domain.

**Conclusions:** The preparedness index will be a valuable tool for a standardized evaluation of PP against GC in the world.