



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Mexico

EXECUTIVE SUMMARY

Mexico's colorectal cancer (CRC) system is developing, with progress in public health awareness and tertiary hospital treatment capabilities, but persistent gaps in early detection, diagnostic access, and equitable treatment availability limit outcomes. Screening is largely opportunistic, molecular testing is inconsistent, and advanced therapies are available mainly in urban centres or the private sector.

With a **Level 2 maturity**, the priority is to transition from fragmented services to coordinated national strategies for screening, diagnostics, and treatment, ensuring affordability and equity across the country.

INTRODUCTION

Building on awareness gains while expanding structured care

Mexico is experiencing a rising CRC burden, reflecting both ageing demographics and lifestyle factors. Public campaigns have improved general cancer awareness, but CRC-specific education, risk-based screening, and integrated care pathways remain limited.

High out-of-pocket costs, geographic disparities in access to colonoscopy and oncology services, and limited availability of targeted agents in the public system hinder outcomes. Strengthening primary care engagement, national guidelines, and financing mechanisms will be essential to move to a higher maturity level.





COLORECTAL CANCER IN MEXICO

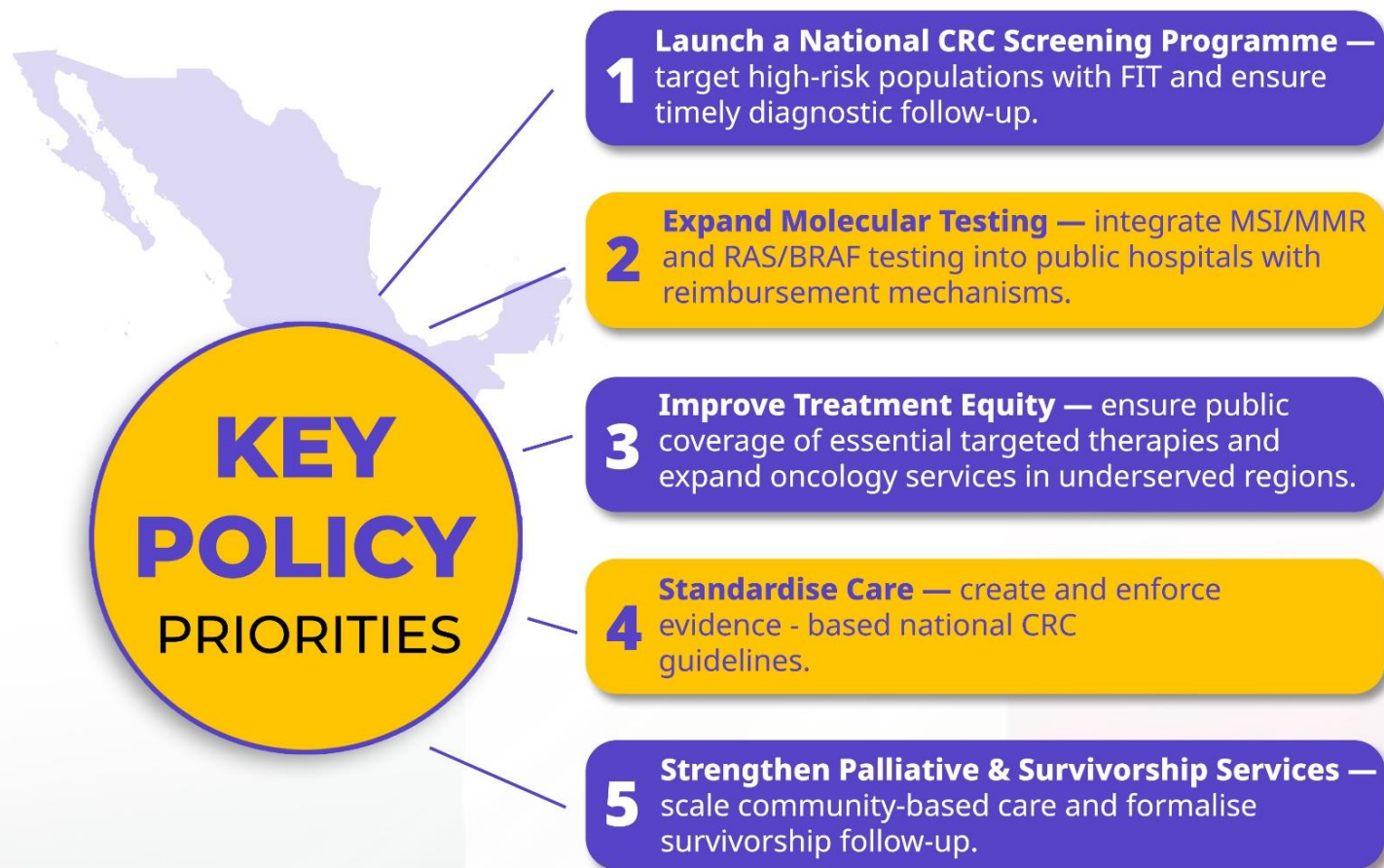
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organised national CRC screening; detection often occurs at advanced stages. Colonoscopy capacity limited in rural areas.	Growing network of tertiary hospitals; some FIT use in pilot programmes.	Implement national risk-based CRC screening using FIT, build regional colonoscopy hubs, and integrate screening data into national registries.
Biomarker & Molecular Testing	MSI/MMR, RAS/BRAF testing available in select urban tertiary centres; not routine in public hospitals.	Academic cancer centres with trained pathologists.	Expand public-sector molecular testing capacity; partner with pharma and diagnostic labs for infrastructure support.
Treatment Access	Standard surgery and chemotherapy available in public hospitals; advanced therapies (biologics, immunotherapy) mostly in private sector due to cost.	Universal health coverage framework (INSABI) offers partial protection.	Include essential targeted therapies on national formulary, negotiate bulk procurement, and reduce geographic access gaps.
Clinical Guidelines & Quality Standards	No unified national CRC treatment guideline; practices vary between regions and institutions.	Some hospitals follow international protocols.	Develop and implement national CRC guidelines aligned with global best practices; provide clinician training nationwide.
Palliative & Survivorship Care	Palliative care is available in select urban centres; community-based support limited. Survivorship planning uncommon.	Growing hospice movement, led by NGOs.	Integrate palliative care into CRC pathways, train regional teams, and establish survivorship follow-up protocols.



CONCLUSION & Call to Action

Mexico's CRC care is at a pivotal moment. While there is a foundation of specialist capacity in major cities, access remains uneven, and early detection is rare. A national CRC strategy—integrating screening, equitable diagnostic and treatment access, and palliative care—would significantly improve survival and quality of life.



CONCLUSION

By building on existing tertiary care capacity, expanding screening, and ensuring equitable access to modern diagnostics and treatments, Mexico can progress from a fragmented **Level 2** system to a more integrated, equitable, and outcomes-driven colorectal cancer care model.