EGYPT

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Colorectal Cancer Care** in Egypt

EXECUTIVE SUMMARY

Egypt is making initial strides to strengthen colorectal cancer (CRC) care through concentrated clinical capacity in major academic and tertiary centres and growing interest in early detection. Yet important gaps remain in organised screening, timely diagnosis outside large cities, routine access to molecular diagnostics, and equitable availability of newer therapies. Concentration of services in urban hospitals, variable data systems, and affordability barriers limit population-level impact.

This policy brief assesses current conditions and proposes strategic reforms to advance Egypt's CRC maturity from nascent pilots toward broader system development.

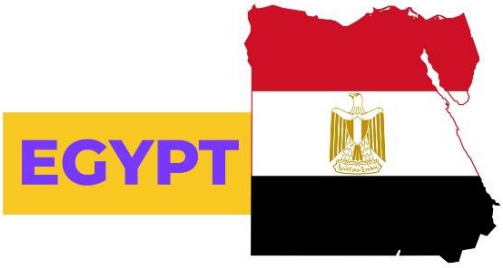
INTRODUCTION

Building on Clinical Strengths Amid System Gaps

As Egypt continues to address rising non-communicable disease burden, CRC has begun to attract attention from health authorities and academic institutions. Existing tertiary centres provide a foundation of surgical, endoscopy and oncology expertise, but these strengths are not yet translated into a consistent, country-wide approach to early detection, guideline-based treatment and survivorship.

With a **Level 2 — Developing** CRC maturity, Egypt can capitalise on current assets to expand organised detection pilots, strengthen diagnostics in the public sector, and begin to reduce inequities through targeted policy and financing measures.

Egypt at Level 2 – Colorectal Cancer Maturity Framework



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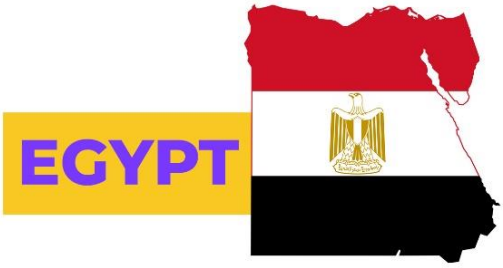
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organised, population-level CRC screening is not routine; many cases still present symptomatically; some pilot screening and opportunistic colonoscopy activity in urban centres.	Tertiary hospitals and specialist clinics provide endoscopy capacity and training hubs.	Launch phased FIT-based screening pilots in selected governorates, build primary-care referral pathways to colonoscopy hubs, and scale public awareness campaigns focused on early symptoms and high-risk groups.
Biomarker & Molecular Testing	Molecular testing (MSI/MMR, RAS/BRAF) is available in private and some academic labs but is inconsistent in the public system; turnaround and coverage vary.	Academic molecular labs and private providers can serve as initial hubs for broader access.	Formalise a hub-and-spoke laboratory model to expand MSI/MMR and RAS/BRAF testing to public hospitals, establish public reimbursement or subsidy mechanisms, and implement quality-assurance programmes.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy concentrated in major urban hospitals; access to targeted agents and immunotherapies limited in the public sector due to cost and procurement constraints.	Strong surgical and oncology expertise in teaching hospitals and cancer centres.	Standardise availability of core chemotherapy regimens across public tertiary and regional hospitals; negotiate pooled procurement or managed-access arrangements for high-cost targeted therapies; strengthen surgical networks and tele-mentoring to reach regional centres.
Clinical Guidelines & Quality Standards	Some centres follow international guidance but there is no uniformly implemented national CRC clinical pathway across public and private sectors.	Presence of academic centres that already apply ESMO/NCCN-based protocols provides a foundation for national adaptation.	Adopt national CRC clinical guidelines adapted to resource tiers, roll out clinician training, and establish routine audit/registry-based outcome monitoring.
Palliative & Survivorship Care	Palliative and survivorship services vary by region; community-level palliative coverage and survivorship programmes are limited outside major cities.	Existing oncology centres and some NGOs provide models for palliative and stoma-care services.	Integrate palliative care into oncology and primary-care services, ensure opioid and pain-management availability and training, and develop survivorship/rehabilitation programmes (nutrition, stoma care, psychosocial support).



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CONCLUSION & Call to Action

Egypt's CRC care is growing, with clinical and lab strengths in cities, but needs deliberate action to ensure equitable, nationwide impact. Priorities include expanding screening pilots, improving access to diagnostics, standardising treatment, and integrating palliative and survivorship care. The Ministry of Health, governorates, hospitals, labs, civil society, and private partners should align on a roadmap that balances short-term pilots with long-term financing and procurement reforms.

KEY POLICY PRIORITIES

1. **Scale Phased Screening Pilots —** implement FIT-based pilots in selected governorates (target ages 50–74 and higher-risk groups), with clear referral pathways to colonoscopy hubs.
2. **Make Molecular Testing Accessible —** adopt a hub-and-spoke model for MSI/MMR and RAS/BRAF testing with public subsidisation and QA to inform treatment for advanced CRC.
3. **Formalise National Clinical Guidelines —** adapt international CRC guidelines into resource-tiered national protocols, accompanied by training and audit mechanisms.
4. **Expand Palliative & Survivorship Services —** integrate palliative care into primary and oncology services, ensure opioid access and training, and establish survivorship clinics in regional centres.
5. **Improve Treatment Equity —** ensure core chemotherapy regimens and essential surgical services are available across public tertiary and regional hospitals; pursue pooled procurement or managed access for targeted agents.

CONCLUSION

With focused leadership and targeted investments, Egypt can move from **Level 2** toward higher CRC maturity by converting clinical strengths in urban centres into structured, equitable services nationwide. Prioritising phased screening, expanding publicly accessible diagnostics, standardising treatment pathways and strengthening palliative care will improve early detection and outcomes — ensuring timely, affordable, and quality colorectal cancer care for all Egyptians.