



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Argentina

EXECUTIVE SUMMARY

Argentina has substantial tertiary clinical capacity for colorectal cancer (CRC), with advanced diagnostics and treatment available in major centres and a growing awareness of early detection. Nonetheless, care remains uneven: screening is largely opportunistic rather than uniformly organised, access to molecular diagnostics and high-cost targeted therapies is concentrated in urban/private settings, and outcomes vary across provinces and socio-economic groups.

With **Level 3 maturity**, Argentina is well positioned to scale organised screening, broaden equitable access to molecular-guided care, and strengthen system-wide quality measurement — provided coordinated policy, financing and delivery reforms are implemented.

INTRODUCTION

Building on clinical strengths amid system gaps

Argentina's hospital networks, oncology workforce and laboratory capacity provide a firm foundation for improved CRC care. The challenge is translating centre-level excellence into consistent, nationwide services: organised screening with guaranteed diagnostic follow-up, routine access to essential molecular tests in the public system, reduced geographic treatment inequities, and integrated survivorship and palliative care.

Targeted reforms over 3–5 years can move Argentina from pockets of high performance to broadly equitable CRC outcomes.





COLORECTAL CANCER IN ARGENTINA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Largely opportunistic screening; no fully implemented, nationwide organised FIT programme; many diagnoses still occur symptomatically.	Strong primary-care and hospital networks that can host phased screening and referral systems.	Launch phased, risk-based FIT screening with clear invitation and recall systems; map and expand colonoscopy hubs; strengthen primary-care education and referral pathways.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing and NGS are available in private and academic labs; public-sector access is inconsistent.	Established molecular labs in academic centres that can act as regional hubs.	Implement hub-and-spoke laboratory networks to provide essential molecular tests for advanced CRC (MSI/RAS/BRAF), set QA/turnaround standards, and subsidise tests for public patients.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy exist in major centres; access to latest targeted agents and immunotherapies uneven in the public sector due to cost and procurement barriers.	Skilled surgical and oncology teams and multidisciplinary practice in tertiary hospitals.	Standardise availability of core chemotherapy regimens in public hospitals; use pooled procurement, managed-access or price-negotiation mechanisms for high-cost agents; strengthen regional referral links and tele-mentoring.
Clinical Guidelines & Quality Standards	Clinical practice varies; national or society guidelines exist but uniform implementation and audit are limited.	Professional societies and academic centres that already follow evidence-based protocols.	Adopt/adapt national CRC clinical pathways with tiered recommendations; mandate audits (stage distribution, time-to-treatment, outcomes) and provide capacity-building where gaps exist.
Palliative & Survivorship Care	Palliative care and survivorship services are available but unevenly distributed; community-based survivorship and rehabilitation need expansion.	Existing palliative programmes and NGO models that can be scaled.	Integrate palliative care into oncology and primary care; ensure opioid access and training; develop survivorship programmes (stoma care, rehab, psychosocial support) linked to regional centres.



CONCLUSION & Call to Action

Argentina's CRC care is established but uneven, with strong clinical and lab foundations that need system-level improvements. Priorities include phased screening with follow-up, access to molecular diagnostics, equitable treatment availability, and standardised guidelines with outcome tracking. National and provincial authorities, societies, academic centres, payers, and civil groups should collaborate on a roadmap that balances quick wins with longer-term investments in workforce, registries, and survivorship services.

KEY POLICY PRIORITIES

- 1 Phase a National FIT Screening Programme** — risk-based roll-out with invitations, tracking and guaranteed colonoscopy for positives.
- 2 Operationalise Molecular Lab Hubs** — ensure MSI/MMR and RAS/BRAF testing for advanced CRC with QA and public subsidisation.
- 3 Improve Treatment Equity** — Standardise essential chemotherapy across public hospitals & negotiate access terms for targeted/immunotherapies.
- 4 Adopt National Clinical Pathways & Audits** — implement tiered guidelines & measure key outcomes (stage at diagnosis, time-to-treatment, survival).
- 5 Scale Palliative & Survivorship Services** — integrate palliative care into primary services, ensure opioid availability, & build survivorship clinics for long-term care.

CONCLUSION

With coordinated leadership and targeted investment, Argentina can convert its clinical strengths into equitable, population-level CRC improvements. Prioritising organised screening, accessible diagnostics, standardised care pathways, and strengthened survivorship/palliative services will be central to moving from **Level 3 to higher maturity** — improving early detection, treatment equity and survival for all Argentinians.