



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Australia

EXECUTIVE SUMMARY

Australia has a mature CRC system: organised population screening (national FIT programmes), broad diagnostic and treatment capacity, routine access to molecular testing in many centres, and strong clinical and registry infrastructure. Outcomes are good overall, but persistent issues remain — geographic and Indigenous inequities, variable timeliness of follow-up after screening, workforce maldistribution in regional and remote areas, and affordability/sustainable access to the newest precision therapies.

At **Level 4**, priorities shift from establishing services to optimisation, equity, data integration and sustainable financing of high-value innovations.

INTRODUCTION

Consolidating strengths while closing remaining gaps

Australia's integrated screening programmes, robust tertiary oncology networks and well-developed pathology/molecular-lab capacity provide the backbone for strong CRC outcomes. The system must now tackle inequities in access (rural, remote and Indigenous populations), ensure rapid follow-up and diagnosis after positive screening, embed genomic testing into routine pathways equitably, and manage the fiscal and operational implications of novel high-cost therapies. Policy focus should be on value, equity and system integration.





COLORECTAL CANCER IN AUSTRALIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National FIT screening is established with good coverage in many populations, but follow-up colonoscopy delays and lower uptake in remote/Indigenous communities persist.	National screening infrastructure and established primary-secondary care referral pathways.	Optimise follow-up timeliness (reduce time-to-colonoscopy), deploy targeted outreach to under-screened groups (Indigenous, remote), and pilot risk-stratified screening intervals.
Biomarker & Molecular Testing	MSI/MMR, RAS/BRAF and broad genomic profiling widely available in tertiary centres and many public labs; access is uneven outside metropolitan areas.	Strong molecular-lab networks and clinical-genomics expertise.	Standardise access pathways and reporting, create regional hub-and-spoke lab models with subsidised access, and integrate genomic results into clinical decision support and registries.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy including targeted agents and immunotherapies are available broadly but access to the newest agents can be constrained by funding and reimbursement cycles.	Excellent multidisciplinary care in major centres and established clinical-trial networks.	Use HTA and managed-entry/value-based agreements to enable timely access to high-value agents; fund outreach MDTs and tele-surgery/tele-oncology to support regional clinicians.
Clinical Guidelines & Quality Standards	National guidelines exist and are well used, with quality registries in place — but variation remains in some regional services and guideline uptake.	Strong professional bodies and national clinical registries enabling benchmarking.	Tighten guideline implementation through targeted support for lagging regions, link registry feedback to continuous quality improvement, and accelerate guideline updates for
Palliative & Survivorship Care	Palliative and survivorship services growing but regional access and community-based survivorship support (rehab, psychosocial, vocational) need scaling to meet growing survivor needs.	Established hospice/palliative networks and rehabilitation services in major cities.	Expand survivorship programmes (rehab, long-term toxicity clinics, return-to-work supports), integrate early palliative care in pathways and fund community capacity-building for rural/remote areas.



CONCLUSION & Call to Action

Australia's CRC system is advanced and delivers strong outcomes overall, but maturity brings a new set of priorities: closing geographic and Indigenous inequities, ensuring rapid diagnostic follow-up for screen positives, integrating genomics equitably into routine care, and sustainably financing high-cost innovations. Turning excellence into equitable national impact will require coordinated action across federal and state governments, primary and tertiary care, Indigenous health services and industry partners.

KEY POLICY PRIORITIES

1 Eliminate diagnostic delays after positive screening — target maximal reduction in time-to-colonoscopy and publish performance metrics.

2 Close equity gaps — intensive outreach and culturally appropriate programmes for Indigenous & remote populations; mobile endoscopy & targeted navigation services.

3 Operationalise regional genomic hubs — hub-and-spoke molecular testing with funded access and standardised reporting to inform therapy.

4 Scale survivorship & community palliative care — rehabilitative services, long-term toxicity clinics and community palliative teams prioritised for regional roll-out.

5 Strengthen workforce & telehealth — scale endoscopy/pathology training pipelines, tele-MDTs and tele-oncology to support regional clinicians.

CONCLUSION

At **Level 4**, Australia's strategic objective should be to preserve high performance while removing remaining equity and operational frictions: make screening effective for every community, ensure genomic-informed care is available where it's clinically indicated, and finance innovation in ways that protect access and sustainability. Coordinated national and state-level leadership, targeted investment in regional capacity, and smarter procurement and data systems will convert advanced capability into universally equitable outcomes.