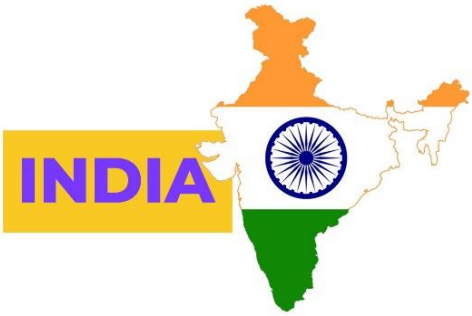


International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

India has substantial clinical capacity for colorectal cancer (CRC) in tertiary centres and growing capabilities in diagnostics and treatment. Yet care remains uneven: screening is largely opportunistic, advanced molecular diagnostics and targeted/immunotherapies are available but concentrated in urban/private settings, and outcomes vary by state and socio-economic status.

With an overall maturity of **Level 3**, India has the institutional foundations to scale organised screening, broaden public access to molecular testing and therapies, and embed quality measurement — but coordinated policy, financing and delivery actions are needed to drive equitable, population-level impact.

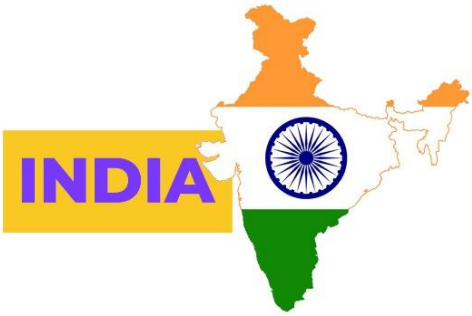
INTRODUCTION

Building on Clinical Strengths Amid System Gaps

India's expanding oncology infrastructure and growing oncology workforce provide a platform for improving CRC outcomes. Academic cancer centres and private hospitals demonstrate high quality care, but most patients still present at later stages outside centres of excellence.

To move from pockets of excellence to broad, equitable coverage, priorities include phased screening rollout, public-sector molecular diagnostic access, standardised clinical pathways, and strengthened palliative and survivorship services.

India at Level 3 – Colorectal Cancer Maturity Framework



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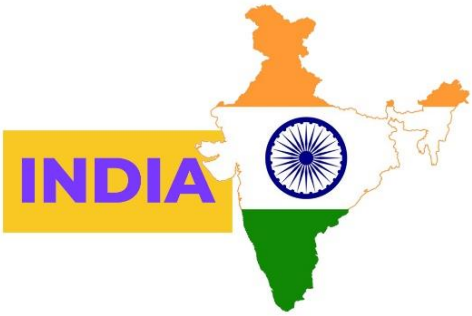
COLORECTAL CANCER IN INDIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Predominantly opportunistic / symptom-driven diagnosis; no nationwide organised FIT programme; stage at diagnosis often late outside tertiary centres.	Large primary-care network, digital health platforms and prior NCD screening initiatives can be leveraged.	Pilot and phase a FIT-based national screening programme (target 50–74, earlier for high-risk groups); strengthen primary-to-colonoscopy referral pathways; run targeted awareness campaigns about CRC symptoms and risk factors.
Biomarker & Molecular Testing	MSI/MMR, RAS/BRAF and other profiling available in private/academic labs; access in public hospitals inconsistent and regionally variable.	Robust private and academic molecular lab capacity and emerging public lab networks.	Integrate essential molecular tests into public sector reimbursement/coverage via hub-and-spoke labs; set QA/turnaround standards; subsidise testing for public patients to guide therapy.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy in tertiary centres; targeted agents and immunotherapies are available but often unaffordable in public sector without special programs.	Strong surgical oncology and radiation oncology expertise concentrated in academic centres.	Standardise availability of essential chemo regimens across public hospitals; enable pooled procurement/price negotiations or managed-access arrangements for high-cost agents; expand tele-mentoring and regional surgical networks.
Clinical Guidelines & Quality Standards	National and society guidelines exist but implementation and adherence are variable across states and care settings.	Professional societies and academic centres already practice guideline-based care — a foundation for national standardisation.	Adopt/adapt national CRC clinical pathways with tiered recommendations; roll out clinician training, accreditation for CRC services and routine audit of outcomes.
Palliative & Survivorship Care	Palliative care and survivorship services are unevenly distributed — stronger in some states and cities, weaker in rural and underserved areas.	Existing palliative networks, community health workers and NGOs provide scalable models.	Integrate palliative care into oncology and primary care; ensure opioid availability and prescriber training nationwide; develop survivorship programmes (stoma care, rehabilitation, psychosocial support) linked to regional centres.



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CONCLUSION & Call to Action

India's CRC care is clinically strong but limited by inequities in screening, diagnostics, and treatment access. To progress, the focus should be on scaled, equitable screening, affordable molecular tests and medicines, guideline implementation with audits, and expanded palliative and survivorship services. The Ministry of Health, state departments, academic centres, societies, civil groups, and industry should work together on a roadmap combining quick pilots with long-term investments to advance care.

KEY POLICY PRIORITIES

1. **Pilot and Phase a National FIT Screening Programme —** target ages 50–74 with risk-stratified approaches, starting in high-capacity states & scaling nationally.
2. **Make Essential Molecular Diagnostics Publicly Accessible —** implement hub-and-spoke lab networks for MSI/MMR and RAS/BRAF with financing mechanisms for public patients.
3. **Adopt and Implement National Clinical Pathways —** adapt international protocols into resource-tiered national guidelines, with clinician training and mandatory audits.
4. **Scale Palliative & Survivorship Care —** integrate palliative services into primary and oncology care, secure opioid access and create survivorship clinics regionally.
5. **Ensure Equitable Treatment Access —** standardise core chemotherapy availability across public hospitals; deploy pooled procurement, price negotiation or managed-access schemes for targeted/immunotherapies.

CONCLUSION

With coordinated leadership, phased implementation and targeted investment, India can convert clinical capacity into national, equitable CRC care. Prioritising organised screening, public access to diagnostics and medicines, and measurable quality improvement will improve early detection and survival — ensuring timely, affordable, patient-centred colorectal cancer care across the country.