

CHINA



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Colorectal Cancer Care in China

### EXECUTIVE SUMMARY

**China** has substantial clinical capacity for colorectal cancer (CRC), growing organised screening activity in some provinces, and expanding access to molecular diagnostics and novel therapies. However, impact remains uneven: screening coverage and colonoscopy capacity vary by province, molecular testing and targeted therapies are widely available mainly in tertiary/private centres, and palliative-care and survivorship services are not yet uniformly integrated.

Strategic system-level action can convert these strengths into equitable, population-level gains.

### INTRODUCTION

#### Building on Clinical Strengths Amid System Gaps

China's large hospital and research networks, expanding molecular labs, and provincial pilot screening programmes provide a strong foundation. Yet provincial variation in screening uptake, constraints in colonoscopy capacity, uneven access to molecular-guided care, and patchy survivorship/palliative provision mean pockets of excellence have not translated into uniform national impact.

Focused policy, financing and delivery reforms can move China from established yet uneven performance to advanced, equitable coverage.





# COLORECTAL CANCER IN CHINA

## Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organised/provincial FIT pilots exist; national coverage incomplete; colonoscopy capacity is a bottleneck.	Large-scale pilot evidence and provincial programmes.	Phase a national, risk-stratified FIT rollout; map & expand colonoscopy hubs; strengthen referral pathways and endoscopy QA.
Biomarker & Molecular Testing	MSI/MMR, RAS/BRAF and NGS panels available in tertiary/private labs; public access uneven and costs/turnaround vary.	Rapidly expanding molecular infrastructure and local test development.	Set up hub-and-spoke lab networks for MSI/RAS/BRAF, set turnaround/QA standards, and subsidise/reimburse key tests for public patients.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy in major centres; targeted/immunotherapies growing but cost and reimbursement limit uptake regionally.	Strong surgical and oncology expertise in tertiary hospitals.	Standardise access to essential chemo across provinces; adopt pooled procurement/managed entry for high-cost agents; expand tele-MDT referral networks.
Clinical Guidelines & Quality Standards	National/society guidelines exist but implementation and audit vary by province/hospital.	Active professional societies and guideline infrastructure.	Adopt tiered national CRC pathways, link guideline adherence to audits and capacity-building funding for lower-resource provinces.
Palliative & Survivorship Care	Palliative and survivorship services developing but inconsistent across regions; community uptake limited.	Growing hospice/palliative initiatives and academic models.	Integrate palliative care into oncology and primary care, improve opioid access/training, and establish.





## CONCLUSION & Call to Action

China's CRC system is technically strong, but to secure population-level improvements it must address uneven screening coverage, colonoscopy capacity, regional access to molecular-guided care and survivorship/palliative services. A coordinated national roadmap — combining phased screening, lab-network expansion, equitable financing for diagnostics and medicines, workforce scale-up, and stronger registry linkage — will convert centres of excellence into nationwide, equitable outcomes.



## CONCLUSION

At **Level 3**, China has the clinical, laboratory and policy foundations needed to make rapid, equitable advances in CRC outcomes. Turning strong centres and pilots into nationally consistent, evidence-driven programmes — with financing and workforce strategies to close regional gaps — is the priority to ensure timely diagnosis, molecular-guided treatment and comprehensive survivorship care for all provinces.