COLOMBIA

International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

Colombia has clinical capacity for colorectal cancer in major cities and growing awareness of early detection, but services remain fragmented and inequitable. National screening is not yet fully implemented at scale, colonoscopy and pathology capacity are uneven across regions, molecular testing is largely concentrated in private/academic centres, and palliative and survivorship services are inconsistent outside urban hubs.

At **Level 2** the immediate priority is to convert pilots and institutional strengths into a phased national programme that guarantees diagnostic follow-up, expands essential diagnostics and treatment capacity regionally, and embeds palliative/survivorship care into routine services.

INTRODUCTION

Building on clinical assets amid system gaps

Colombia's health system (with contributory and subsidized schemes) and network of tertiary hospitals provide a basis for rapid, phased scale-up. However, persistent regional disparities, gaps in diagnostic follow-up for screening positives, variable pathology turnaround and limited public access to molecular diagnostics impede impact.

Focused policy, operational and financing actions can move Colombia from pockets of capability to broader, equitable CRC coverage.

Colombia 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	No fully scaled national organised screening; screening activity is opportunistic or pilot-based; many cases still present symptomatically at late stages.	Primary-care network, public health programmes and some regional screening pilots.	Launch phased FIT-based screening pilots in selected departments, ensure clear referral pathways and guarantee diagnostic colonoscopy for FIT positives.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing available in private and academic labs; public-sector access limited and inconsistent.	University and private molecular labs that can act as regional hubs.	Define essential molecular tests for advanced CRC; implement hub-and-spoke lab networks with subsidised access and QA for public patients.
Treatment Access	Surgical and chemotherapy services concentrated in major cities; radiotherapy and advanced systemic therapies less accessible outside urban centres.	Skilled surgical and oncology teams in tertiary hospitals; existing referral pathways.	Standardise essential chemotherapy availability across regional hospitals; negotiate pooled procurement / managed-access for high-cost agents; expand tele-mentoring and outreach surgical programs.
Clinical Guidelines & Quality Standards	International guidelines used in some centres but no uniformly adopted, audited national CRC pathway.	National professional societies and academic centres provide expertise for guideline adaptation.	Develop resource-tiered national CRC guidelines, roll out clinician training and implement routine audits (stage distribution, time-to-treatment).
Palliative & Survivorship Care	Palliative and survivorship services limited and unevenly distributed; community-based palliative care patchy.	Hospices, NGOs and some hospital-based palliative programs present in urban areas.	Integrate palliative care into primary and oncology services, ensure opioid availability and training, and establish survivorship (stoma care, rehab, psychosocial) programs at regional centres.

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CONCLUSION & Call to Action

Colombia has the clinical strengths to build a coordinated national CRC response. Key priorities include scaling screening with follow-up, creating lab hubs for molecular testing, ensuring treatment access across regions, expanding workforce and pathology capacity, and integrating palliative and survivorship care. The Ministry of Health, EPS/IPS networks, regional authorities, academic centres, societies, and civil groups should work together on a roadmap that combines quick wins with long-term investments to enhance equity and outcomes.

KEY POLICY PRIORITIES

1. **Phase FIT-based screening pilots —** select high-capacity departments for initial rollout; track uptake and ensure colonoscopy follow-up.
2. **Guarantee diagnostic follow-up —** fund and prioritise colonoscopy for all FIT positives; expand colonoscopy capacity in regional hospitals.
3. **Operationalise molecular lab hubs —** provide MSI/RAS/BRAF testing through subsidised hub-and-spoke networks with QA.
4. **Standardise treatment availability —** ensure essential chemotherapy and surgical capacity regionally; pursue pooled procurement / managed-entry for high-cost drugs.
5. **Embed palliative & survivorship care —** integrate palliative care in primary and oncology services; develop survivorship pathways (stoma care, rehab).

CONCLUSION

With coordinated policy, operational and financing steps, Colombia can move from fragmented services toward an equitable, evidence-driven CRC system. Prioritising guaranteed diagnostic follow-up, lab-network development, workforce scale-up and financing reforms will deliver measurable improvements in early detection and access to quality care across the country.