



THAILAND

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Thailand

EXECUTIVE SUMMARY

Thailand has taken important first steps to address colorectal cancer: FIT-based screening has been introduced in public benefits in many settings, and tertiary centres deliver good surgical and oncology care. Yet significant gaps persist — incomplete screening uptake and follow-up, constrained colonoscopy and pathology capacity, uneven access to molecular diagnostics, and patchy palliative and survivorship services outside major cities.

With **Level 2** maturity the priority is to convert pilots and pockets of capacity into an actionable, phased national programme that guarantees diagnostic follow-up, expands essential diagnostics and treatment access, and embeds palliative and survivorship care.

INTRODUCTION

Building on early gains amid structural gaps

Thailand's universal insurance arrangements and strong primary-care network provide a favourable platform for CRC scale-up. Early policy moves (FIT coverage in government schemes, pilot programmes) create momentum — but system bottlenecks (low FIT uptake in some groups, long waits for colonoscopy, limited pathology/molecular capacity and uneven survivorship care) limit population impact.

A focused, short-term programme of guaranteed diagnostic follow-up, lab hub operationalisation, workforce training and financing reform will rapidly increase early detection and equity.



COLORECTAL CANCER IN THAILAND

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	FIT included in benefits in many areas but uptake and colonoscopy follow-up are inconsistent; many patients still present symptomatically.	Existing FIT pilots and primary-care outreach infrastructure.	Scale phased, risk-stratified FIT invitations (target 50–70); guarantee timely diagnostic colonoscopy for all FIT positives; monitor time-to-colonoscopy.
Biomarker & Molecular Testing	MSI/KRAS and other molecular tests available in tertiary/private labs but underused in public pathways.	Academic molecular labs and private sector capacity to act as hubs.	Define essential tests (MSI, KRAS) for advanced CRC; implement hub-and-spoke lab model with QA and subsidised access for public patients.
Treatment Access	High-quality surgery and basic chemotherapy concentrated in urban tertiary centres; radiotherapy and advanced systemic agents less available provincially.	Strong surgical/endoscopy expertise at teaching hospitals.	Ensure essential chemotherapy availability at regional hospitals; negotiate pooled procurement/managed-access for high-cost agents; expand tele-mentoring and referral networks.
Clinical Guidelines & Quality Standards	International guidelines inform practice in centres but no uniformly implemented national CRC pathway with audited outcomes.	Active professional societies and guideline expertise.	Adopt resource-tiered national CRC guidelines; roll out clinician training and routine audits (stage at diagnosis, time-to-treatment).
Palliative & Survivorship Care	Palliative and survivorship services inconsistent across provinces; community capacity limited.	NGO and hospital initiatives providing models to scale.	Integrate palliative care into primary and oncology services; secure opioid access and training; implement survivorship care plans (stoma care, rehab, psychosocial support).

CONCLUSION & Call to Action

Thailand has the policy building blocks to reduce CRC mortality, but converting pilots into population impact requires removing immediate bottlenecks: ensure FIT leads to guaranteed, timely colonoscopy and diagnosis; expand colonoscopy/pathology capacity; operationalise molecular testing hubs for advanced disease; and scale palliative and survivorship services. This is a call to action for the **Ministry of Public Health, NHSO, provincial health offices, academic centres, professional societies and civil society** to adopt a phased national CRC roadmap focused on screening scale-up, diagnostic guaranteed follow-up, workforce strengthening and equitable financing.



KEY POLICY PRIORITIES

- 1 Scale phased FIT screening :** expand invitations, outreach and monitoring; guarantee diagnostic colonoscopy for all FIT positives.
- 2 Operationalise lab hub-and-spoke for molecular tests :** prioritise MSI/KRAS testing for advanced CRC with QA and subsidised access.
- 3 Guarantee diagnostic follow-up :** fund/guarantee colonoscopy for FIT positives and expand colonoscopy capacity.
- 4 Standardise treatment access :** ensure essential chemotherapy in regional hospitals; use pooled procurement/managed access for high-cost drugs.
- 5 Embed palliative & survivorship care :** integrate palliative services into primary care, secure opioid training and supply, and roll out survivorship clinics.

CONCLUSION

At **Level 2**, Thailand can deliver rapid, visible wins by ensuring FIT screening translates into timely diagnosis and treatment. Prioritise guaranteed diagnostic follow-up, lab hub operationalisation, workforce scale-up and financing reforms — these actions will drive measurable improvements in stage at diagnosis and equity of outcomes