International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

Japan has a well-developed colorectal cancer (CRC) system with organised screening programmes, broad diagnostic and treatment capacity, widespread availability of molecular diagnostics and an extensive cancer-care workforce. Universal health coverage supports access to core treatments and many targeted agents. Yet challenges remain: adapting screening and care to an ageing population, ensuring equitable rural access, sustainably financing high-cost precision therapies, integrating real-world data and genomics into care, and strengthening survivorship and rehabilitation services.

This brief outlines strategic reforms to consolidate gains, drive innovation responsibly, and ensure equitable, high-value CRC care nationwide.

INTRODUCTION

Consolidating Excellence Amid New Challenges

Japan's clinical and public-health strengths — organised screening, robust hospital networks, advanced pathology and molecular labs, and a strong research ecosystem — provide a platform for world-class CRC outcomes.

As the system matures **Level 4**, priorities shift from establishing basic services to optimising value, closing remaining equity gaps, integrating precision diagnostics and data systems, and preparing the health system for demographic pressures. Policy action should focus on sustainability, personalised prevention, and scalable innovations that preserve equity.

Japan at Level 4 – Colorectal Cancer Maturity Framework

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Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organised, population-level screening programmes exist and are embedded in public health practice; endoscopy capacity is widespread.	Strong primary-care linkages, high-quality endoscopy services and experience with screening delivery.	Optimise screening (risk-stratified pathways, FIT thresholds, interval strategies); expand quality assurance and endoscopy wait-time management; pilot personalised screening using risk algorithms and genomics.
Biomarker & Molecular Testing	Routine access to molecular and genomic testing for advanced CRC in major centres; genomic profiling increasingly used to guide treatment.	Extensive molecular-lab infrastructure, diagnostic reimbursement mechanisms and academic-industry partnerships.	Standardise access pathways and reporting; integrate multi-gene panel results into national registries and clinical decision-support; ensure equitable access to testing in regional hospitals.
Treatment Access	Broad availability of surgery, radiotherapy, systemic therapies (including targeted agents and immunotherapies) under universal coverage; strong multidisciplinary care models.	High surgical and oncology expertise, clinical-trial capacity, and established referral networks.	Manage cost and value of high-cost agents (health technology assessment, value-based pricing, risk-sharing agreements); expand geriatric oncology programmes and frailty-guided treatment protocols.
Clinical Guidelines & Quality Standards	National and society guidelines widely adopted; quality measurement systems exist though variation persists across some regional providers.	Strong professional societies and guideline development infrastructure.	Harmonise guideline implementation nationwide; tie audit metrics to quality improvement incentives; accelerate guideline updates for new evidence (genomics, minimally invasive surgery).
Palliative & Survivorship Care	Palliative and survivorship services available but need scaling for an ageing survivor population (rehab, long-term toxicity management, social support).	Mature palliative care programmes and community health networks.	Expand survivorship pathways (rehab, long-term surveillance, employment/social support); integrate palliative care earlier in treatment pathways and strengthen community -based services.

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CONCLUSION & Call to Action

Japan's CRC care is advanced, but must now focus on optimising screening, personalised prevention, equitable access to diagnostics and therapies, cost management, and expanded survivorship services. The priority is on value, equity, and integration using data-driven care while ensuring universal access. The Ministry of Health, societies, prefectures, academic centres, insurers, and industry should work together on policies that balance innovation with sustainability and fairness.

KEY POLICY PRIORITIES

1. **Optimise screening using risk-stratified approaches :** refine FIT programmes with personalised intervals & incorporate validated risk algorithms.
2. **Integrate genomics & real-world data :** standardise multi-gene testing access, connect genomic results to registries, and use RWD to inform reimbursement and guideline updates.
3. **Sustainably finance innovation —** expand HTA, negotiate value-based agreements, and consider managed-entry schemes for high-cost agents.
4. **Scale geriatric oncology & survivorship care —** implement frailty-based treatment pathways, rehabilitation, long-term toxicity clinics and social reintegration supports.
5. **Ensure equitable regional access —** strengthen hub-and-spoke models so regional hospitals can deliver diagnostics and standard treatments; telemedicine & outreach endoscopy programmes.

CONCLUSION

At **Level 4**, Japan's CRC system should pivot from building capacity to optimising value and equity. By aligning screening optimisation, precision diagnostics, sustainable financing and expanded survivorship and geriatric care, Japan can continue to lead in outcomes while ensuring that advances benefit all populations and remain affordable for the health system.