



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Greece

EXECUTIVE SUMMARY

Greece has substantial clinical capacity for colorectal cancer (CRC): tertiary centres offer high-quality surgery, endoscopy and oncology care, and molecular diagnostics and novel systemic therapies are available in specialist centres. However, services are unevenly distributed across regions, screening uptake and follow-up are variable, and patients can face affordability and access barriers for some diagnostics and high-cost medicines.

At maturity **Level 3**, Greece is well positioned to scale organised screening, widen public access to molecular testing and targeted treatments, and embed consistent quality measurement to convert strengths into equitable, population-level improvements.

INTRODUCTION

Building on clinical strengths amid geographic and system gaps

Greece's hospital network, specialist workforce and evolving diagnostic capacity create a strong foundation for CRC control. The priority is shifting from building basic services to extending existing capabilities more evenly across regions, closing financial and operational bottlenecks, and embedding data-driven quality improvement. With targeted policy and financing action, Greece can move from centre-based excellence to consistent national performance.





COLORECTAL CANCER IN GREECE

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Opportunistic screening and some organised activity exist; participation and follow-up are inconsistent and some regions have limited colonoscopy access.	Strong endoscopy expertise in tertiary hospitals and primary-care touchpoints that can support outreach.	Phase a national, FIT-based screening rollout with clear referral guarantees to colonoscopy hubs; strengthen primary-care awareness and tracking of invitations/uptake.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing and broader NGS panels are available in academic and private labs; public access is variable by region and setting.	Established molecular-lab capacity in university hospitals and private labs.	Implement hub-and-spoke laboratory networks to ensure timely MSI/RAS/BRAF testing for advanced cases; set QA and turnaround benchmarks and widen public reimbursement.
Treatment Access	High-quality surgery, radiotherapy and systemic therapy available in major centres; access to very high-cost targeted/immunotherapies may be limited by reimbursement, regional availability or patient costs.	Experienced multidisciplinary teams and clinical-trial infrastructure in specialised centres.	Standardise availability of essential chemotherapy regimens across public hospitals; negotiate value-based procurement/managed access for high-cost agents and expand tele-MDTs for remote hospitals.
Clinical Guidelines & Quality Standards	National and society guidelines exist but uptake and audited implementation vary between hospitals and regions.	Professional societies and academic centres with guideline-adaptation capability.	Adopt and enforce a national CRC clinical pathway with tiered recommendations; implement routine audits (stage at diagnosis, time-to-treatment, outcomes) and link feedback to quality improvement funding.
Palliative & Survivorship Care	Palliative and survivorship services are available but uneven; community and rehabilitation services vary across islands and rural areas.	Existing hospice, palliative and rehabilitation models in urban centres.	Integrate palliative care into standard oncology and primary-care services, ensure opioid/pain-management access and training nationwide, and establish survivorship programmes (stoma care, rehab, psychosocial) regionally.



CONCLUSION & Call to Action

Greece has strong clinical and lab foundations, but regional gaps in screening, diagnostics, and treatment limit impact. The priority is to expand excellence nationwide with organised screening, lab networks, innovative financing, workforce distribution, and quality tracking. The Ministry of Health, insurers, regions, academic centres, societies, and civil groups should collaborate on a phased strategy that advances scale, equity, and value.



KEY POLICY PRIORITIES

- 1 Roll out organised FIT screening nationally —** risk-stratified phasing, guaranteed colonoscopy for positives, and active outreach to under-served regions.
- 2 Operationalise hub-and-spoke molecular labs —** routine MSI/RAS/BRAF & targeted panel testing for advanced disease with public reimbursement & QA.
- 3 Enforce national clinical pathways & audits —** adopt resource-tiered guidelines, monitor stage distribution, time-to-treatment and survival metrics.
- 4 Standardise treatment availability —** ensure essential chemo regimens are available in all public hospitals; pursue pooled procurement/managed access for high-cost agents.
- 5 Expand palliative & survivorship services —** integrate community palliative teams, strengthen rehab/stoma services and ensure equitable access across islands and rural areas.

CONCLUSION

At **Level 3**, Greece can achieve measurable gains by scaling organised screening, operationalising lab networks for molecular-guided care, standardising treatment availability, and tracking outcomes. Focused policy, financing and operational reforms will help convert clinical strengths into consistent, equitable colorectal cancer outcomes for all regions.