



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in South Korea

EXECUTIVE SUMMARY

South Korea has a mature, high-performing colorectal cancer (CRC) system: organised screening, widespread diagnostic and treatment capacity, robust molecular testing, and strong registry and research systems. Outcomes are generally excellent by global standards, driven by high screening coverage, advanced oncology services and universal health coverage.

Remaining challenges are equity across regions and vulnerable groups, sustainable financing of high-cost precision therapies, integration of real-world genomics into care pathways, and scaling survivorship/rehabilitation services for an ageing population. This brief identifies targeted policy steps to consolidate strengths and address these advanced-stage priorities.

INTRODUCTION

Consolidating High Performance While Closing Remaining Gaps

South Korea's public-health infrastructure, high screening uptake and well-developed hospital networks underpin strong CRC outcomes. As an advanced **Level 4** system, priorities shift from building basic capacity to optimising value, ensuring equity, and integrating precision medicine and data-driven care into routine practice.

Policy attention should focus on ensuring regional equity, sustainable access to innovative therapies, data integration, and comprehensive survivorship and geriatric oncology services.





COLORECTAL CANCER IN SOUTH KOREA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organised, population-level screening (national FIT/endoscopy programs) with high participation; rapid diagnostic pathways.	Strong primary care linkages, national screening infrastructure and high public awareness.	Maintain high screening coverage while refining risk-stratified intervals; improve follow-up for screen-positive people in underserved areas; develop precision-risk algorithms to personalise screening frequency.
Biomarker & Molecular Testing	Broad access to MSI/MMR, RAS/BRAF and wider genomic panels within tertiary centres and many community hospitals.	Robust molecular-lab infrastructure, reimbursement pathways, and integration with clinical care.	Standardise reporting and national data linkage of genomic results; ensure equitable access to advanced panels across regions; support evidence generation for novel biomarkers via national registries.
Treatment Access	Comprehensive access to surgery, radiotherapy, systemic therapies, targeted agents and immunotherapies under national insurance; multidisciplinary care common.	High procedural volumes, skilled surgical oncology workforce and integrated cancer centres.	Use HTA and value-based pricing to sustainably finance high-cost agents; expand regional multidisciplinary tumour boards via telehealth; strengthen geriatric oncology pathways for older patients.
Clinical Guidelines & Quality Standards	National and society guidelines widely adopted; quality measurement and accreditation schemes active but variation in some regional providers persists.	Strong professional societies, continuous medical education and guideline development processes.	Tighten implementation of guideline-based care across all hospitals; link outcome audits to quality improvement initiatives and regional resource support.
Palliative & Survivorship Care	Palliative care and survivorship services established, but demand is growing with ageing survivors and long-term treatment effects.	Established hospice/palliative networks and rehabilitation services in larger centres.	Scale survivorship services (rehabilitation, long-term toxicity clinics, vocational reintegration); integrate early palliative care into standard CRC pathways; ensure community

CONCLUSION & Call to Action

South Korea's CRC care is advanced, but must now prioritise equity, cost management, data integration, and expanded survivorship and geriatric services. The focus should shift from building capacity to optimising and fairly deploying innovations. The Ministry of Health, insurers, professional bodies, academic centres, and industry should align on a national roadmap that ensures equitable, value-driven care.

KEY POLICY PRIORITIES

- 1 Optimise Screening with Risk Stratification :** refine national FIT/endoscopy protocols using risk algorithms and ensure follow-up completion for positives in all regions.
- 2 Integrate Genomic Data into National Systems :** standardise genomic reporting, link to registries and clinical decision support, and fund real-world evidence studies to inform policy.
- 3 Sustainably Finance Innovation :** expand HTA use, adopt value-based pricing and managed-entry agreements for expensive targeted and immunotherapies.
- 4 Ensure Regional Equity of Care :** strengthen hub-and-spoke delivery models, tele-MDTs (multidisciplinary teams), and outreach endoscopy services for rural and island populations.
- 5 Scale Survivorship & Geriatric Oncology Services :** develop rehabilitation, long-term toxicity clinics, and frailty-based treatment pathways; bolster community-based survivorship care.

CONCLUSION

At **Level 4**, South Korea's strategic aim should be to preserve and extend high-quality CRC outcomes equitably while responsibly adopting innovations. By aligning screening optimisation, genomic integration, sustainable financing, and expanded survivorship and geriatric care, South Korea can sustain leadership in CRC outcomes and ensure benefits reach all population groups.