International Cancer Patient Coalition

BRIDGING THE GAP

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

EXECUTIVE SUMMARY

Brazil's colorectal cancer (CRC) burden is rising, especially in urban populations, and it is now among the top causes of cancer death. While tertiary centres in major cities deliver high-quality diagnosis and treatment, access is uneven, with rural and lower-income regions facing delayed detection and fragmented care. Screening remains opportunistic in most areas, molecular diagnostics are limited, and treatment access varies between the public Unified Health System (SUS) and the private sector.

At **Level 3**, Brazil's system is evolving, with opportunities to strengthen national screening policy, expand diagnostic and molecular testing capacity, standardise treatment guidelines, and scale palliative and survivorship care.

INTRODUCTION

Progress in capacity, but inequity and fragmentation persist

Brazil's large geographic and socio-economic diversity has created disparities in CRC outcomes. While centres of excellence exist in São Paulo, Rio de Janeiro, and other capitals, many regional hospitals lack advanced diagnostics or oncology specialists. Opportunistic colonoscopy for symptomatic patients is common, but population-based screening is not yet fully implemented.

To improve outcomes, Brazil must expand equitable access to early detection, modern therapies, and guideline-based care across all regions.

Brazil at Level 3 – Colorectal Cancer Maturity Framework

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COLORECTAL CANCER IN BRAZIL

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Opportunistic screening; colonoscopy capacity limited in some regions; high proportion of cases diagnosed at stage III–IV.	Established tertiary endoscopy units in major cities.	Develop a national organised screening programme (FIT/colonoscopy) for target age groups; expand endoscopy services in underserved regions.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing available mainly in large urban centres; limited public coverage.	Academic cancer centres with molecular lab capacity.	Integrate molecular testing into SUS coverage; build regional lab networks and public-private partnerships for testing.
Treatment Access	Surgery, chemotherapy, and targeted agents available in tertiary hospitals; newer agents and immunotherapy mostly limited to private sector or clinical trials.	Surgical expertise and oncology teams in major centres.	Expand SUS formulary to include modern therapies; improve drug procurement and distribution in public hospitals.
Clinical Guidelines & Quality Standards	National guidelines exist but adoption and enforcement vary; audits are limited.	Guidelines supported by Brazilian Society of Clinical Oncology.	Mandate guideline adherence through SUS performance metrics; increase clinician training and multidisciplinary team implementation.
Palliative & Survivorship Care	Palliative care availability growing but uneven; survivorship care is not systematically integrated.	National Palliative Care Policy under development.	Expand palliative services into primary care; establish survivorship clinics in major cancer centres and integrate into care pathways.

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CONCLUSION & Call to Action

Brazil is at a critical inflection point in CRC care. While high-quality services exist in certain hubs, systemic inequities and lack of organised screening limit national outcomes. Building a national CRC strategy with strong early detection, expanded molecular diagnostics, equitable treatment access, and integrated survivorship and palliative care is essential to improve survival rates and quality of life.

KEY POLICY PRIORITIES

1. **Launch a national CRC screening programme —** phased FIT rollout with clear referral pathways to colonoscopy.
2. **Expand molecular diagnostics —** integrate MSI/MMR, RAS/BRAF, and NGS testing into public health coverage.
3. **Increase equitable treatment access —** ensure SUS formulary includes modern targeted therapies and immunotherapies.
4. **Standardise care —** enforce national guidelines with audits, training, and MDT adoption.
5. **Strengthen palliative and survivorship services —** integrate into primary and tertiary care, with region-specific models.

CONCLUSION

At **Level 3**, Brazil's CRC system is functional but uneven. Strategic national policies, combined with equitable resource distribution and strong clinical governance, can move Brazil toward a high-performing, Level 4–5 colorectal cancer care system within the next decade.