



BRIDGING THE GAP

Advancing Colorectal Cancer Care in Serbia

EXECUTIVE SUMMARY

Serbia has made notable progress in colorectal cancer (CRC) care, with organized screening programs in several regions, access to surgery and chemotherapy in major hospitals, and growing use of advanced diagnostics. However, challenges remain in ensuring nationwide screening participation, equitable access to molecular testing, and consistent integration of multidisciplinary care approaches.

With a **Level 3 – Advanced** maturity, Serbia is well-positioned to further improve outcomes through expanded coverage, investment in regional services, and continuous quality monitoring.

INTRODUCTION

Building on a Strong Foundation for Colorectal Cancer Care

Colorectal cancer is among the most common cancers in Serbian men and women. Over the last decade, Serbia has strengthened its healthcare infrastructure for CRC, implementing pilot and regional screening programs, expanding surgical capacity, and adopting evidence-based treatment protocols in leading centers.

Despite this progress, participation in screening remains below optimal levels, and disparities persist between urban and rural areas in access to diagnostics, biomarker testing, and palliative care. Sustaining and scaling current initiatives is key to moving toward optimal outcomes.





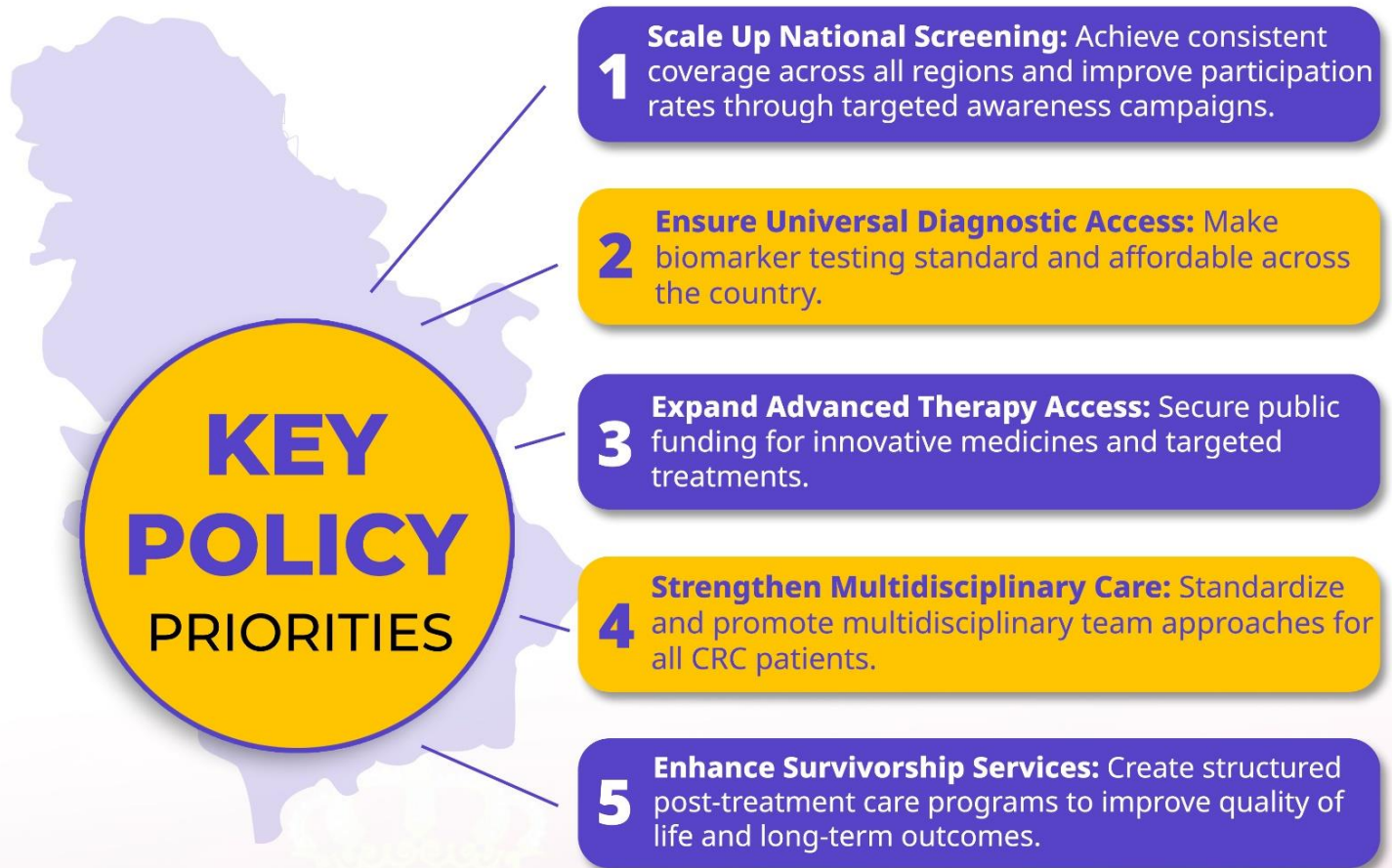
COLORECTAL CANCER IN SERBIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organized screening programs exist in certain regions using FIT and colonoscopy follow-up, but participation rates vary.	Established infrastructure for FIT testing and colonoscopy in urban centers.	Expand national screening program to achieve uniform coverage, strengthen outreach to increase participation, especially in rural areas.
Biomarker & Molecular Testing	KRAS, NRAS, and BRAF testing available in leading oncology centers; not uniformly accessible in smaller hospitals.	Strong molecular diagnostics capacity in major urban cancer centers.	Ensure equitable biomarker testing access nationwide and include costs under public insurance schemes.
Treatment Access	Surgery, chemotherapy, and radiotherapy widely available in tertiary centers; access to targeted therapies increasing but still limited by cost.	Well-trained surgical and oncology teams.	Improve access to advanced therapies by negotiating lower prices and expanding inclusion in reimbursement lists.
Clinical Guidelines & Quality Standards	National treatment guidelines align with European Society for Medical Oncology (ESMO) standards; implementation is consistent in major centers.	Strong adherence to evidence-based protocols in top hospitals.	Monitor guideline implementation in all regions and provide continuous education to healthcare providers.
Palliative & Survivorship Care	Palliative services available in major oncology centers; survivorship support programs are limited and not systematized.	Integration of palliative care within oncology units.	Develop structured survivorship programs, including rehabilitation, dietary support, and psychological counseling.

CONCLUSION & Call to Action

Serbia's colorectal cancer care system has a strong foundation, but national-level coordination, equitable biomarker access, and enhanced survivorship care are needed to sustain progress and close gaps between regions.



CONCLUSION

With **Level 3 – Advanced maturity**, Serbia is on a strong trajectory in colorectal cancer care. By expanding screening participation, ensuring equitable access to cutting-edge diagnostics and treatments, and strengthening survivorship and palliative care, the country can further reduce mortality and improve patient quality of life. Sustained investment, policy alignment, and robust public engagement will be critical to maintaining momentum and achieving world-class standards in colorectal cancer management.