

**POLAND**



# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Poland

### EXECUTIVE SUMMARY

**Poland's** colorectal cancer (CRC) system has made progress with a national screening programme, expanding access to colonoscopy, and improved surgical quality. However, uptake of screening remains below optimal levels, geographic disparities in diagnostic and treatment capacity persist, and integration of molecular testing into routine care is incomplete.

At **Level 3**, Poland has the foundations of a comprehensive CRC pathway but must strengthen screening participation, standardise quality across regions, and ensure equitable access to innovative therapies.

### INTRODUCTION

#### Building on solid foundations while addressing systemic bottlenecks

CRC is the second most common cancer in Poland. National policy has established organised screening, oncology centres, and insurance coverage for standard therapies, yet late-stage diagnosis rates remain high and molecular-guided treatment is not universal.

A focus on quality assurance, patient navigation, and equitable access—especially outside major urban areas—will accelerate Poland's progression towards a mature, fully integrated CRC care system.





# COLORECTAL CANCER IN POLAND

## Current Landscape and Strategic Gaps

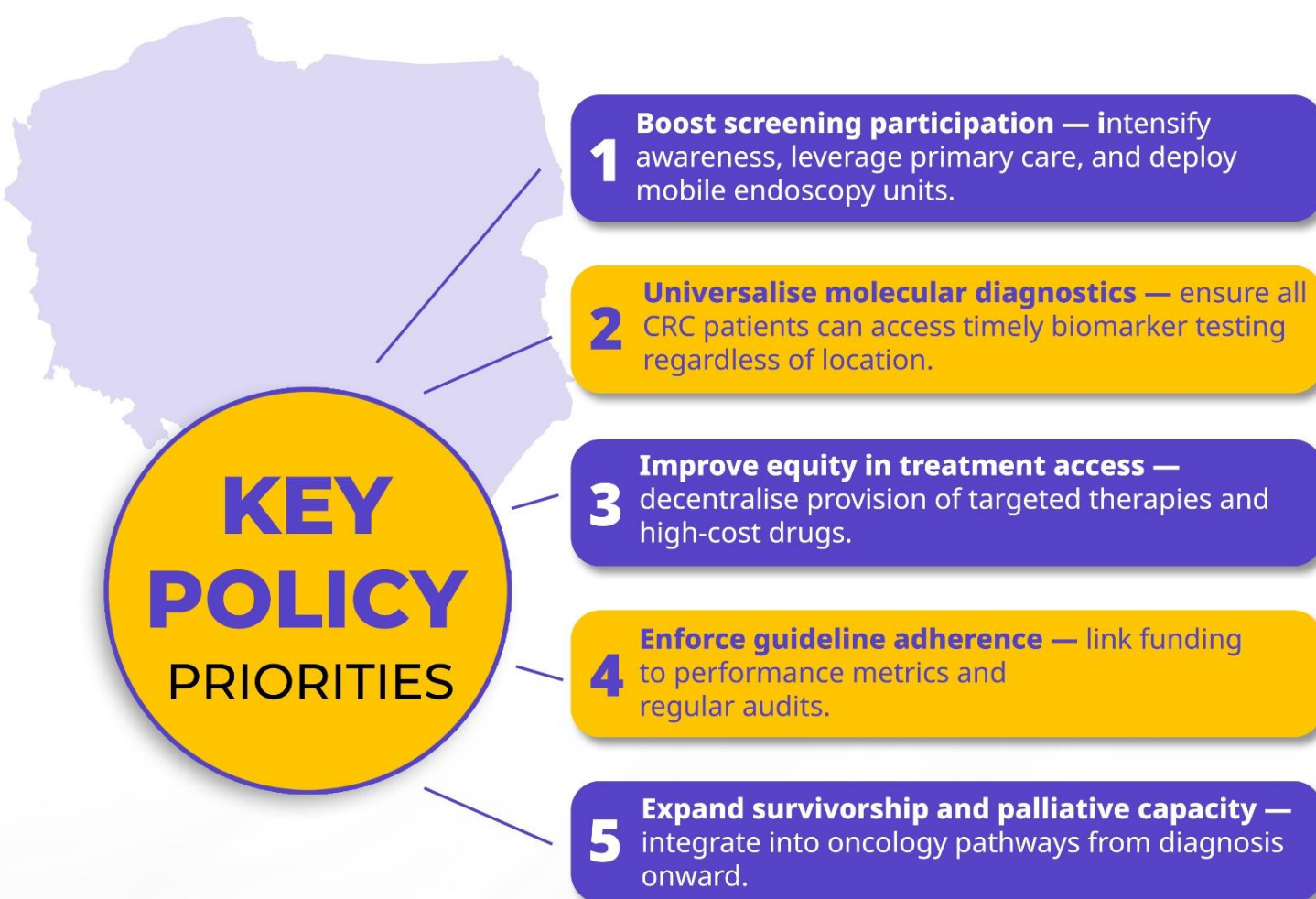
Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Organised national screening programme offering colonoscopy for target age groups; uptake remains modest (~20–30%).	Nationally funded and free to participants.	Increase participation through targeted awareness campaigns, primary care engagement, and mobile screening units for rural areas.
Biomarker & Molecular Testing	MSI/MMR and RAS/BRAF testing available in major oncology centres but limited in smaller hospitals.	Presence of reference molecular labs and some integration into national oncology pathways.	Expand capacity and reimbursement for molecular testing in all regional centres; develop centralised reporting and quality standards.
Treatment Access	Standard surgery, radiotherapy, and chemotherapy widely available; access to targeted agents and immunotherapy improving but often concentrated in academic hospitals.	Universal health coverage and designated oncology centres.	Streamline reimbursement approvals for novel therapies; expand distribution of high-cost drugs to regional centres.
Clinical Guidelines & Quality Standards	National CRC guidelines exist but implementation is inconsistent; limited audit of adherence.	Guidelines aligned with ESMO recommendations.	Establish mandatory quality audits, link funding to compliance, and integrate guidelines into electronic health records.
Palliative & Survivorship Care	Palliative care services established but variable in capacity; survivorship care not systematically integrated.	Network of hospices and specialist palliative units.	Scale community-based palliative services; develop structured survivorship programmes focusing on rehabilitation and long-term monitoring.





## CONCLUSION & Call to Action

Poland's CRC system is poised to move from basic implementation to high-quality, equitable delivery. Priorities include improving screening uptake, universalising access to molecular testing, ensuring consistent guideline adherence, and expanding survivorship services. Coordinated national leadership and investment in regional equity will be key to improving outcomes.



## CONCLUSION

At maturity **level 3**, Poland's colorectal cancer system has strong foundations but uneven performance. Strategic reforms that focus on equity, quality, and integration will help Poland advance towards an optimised, patient-centred CRC care system.