UNITED STATES

International Cancer Patient Coalition

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in **Colorectal Cancer Care** in the United States

EXECUTIVE SUMMARY

United States has world-class colorectal cancer (CRC) care: organised screening options, advanced diagnostics and molecular profiling, broad availability of modern therapies (targeted agents, immunotherapy), extensive clinical-trial infrastructure, and sophisticated multidisciplinary care pathways. Nevertheless, persistent challenges limit equitable population impact — fragmented payer rules and high out-of-pocket costs for some patients, geographic and socioeconomic disparities in screening and timely treatment, variable uptake of precision diagnostics in some settings, and rising costs of novel therapies.

At **Level 5** the policy emphasis shifts from creating capacity to optimising value, closing remaining equity gaps, integrating real-world data and genomics at scale, and protecting patients from financial toxicity.

INTRODUCTION

Consolidating excellence while tackling residual inequities

The U.S. CRC ecosystem combines strong public-health programmes, robust hospital systems, leading research centres and well-developed diagnostics and therapeutics markets. These assets deliver excellent outcomes for many patients, but system fragmentation (multiple payers, variable benefit design), inequities by race, income and rurality, and affordability pressures from costly innovations blunt population-level gains.

Priority policy action should focus on ensuring that advanced tools and medicines are accessible equitably, financing models reward value, and data systems accelerate translation of evidence into practice.

United States at Level 5 – Colorectal Cancer Maturity Framework

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Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Multiple organised and opportunistic screening modalities (colonoscopy, FIT, CT colonography); high overall screening rates but substantial gaps remain among underserved, rural and minority populations.	Broad screening infrastructure, experienced endoscopy workforce, multiple validated screening modalities and large primary-care networks.	Intensify targeted outreach/in-reach to under-screened populations; expand community FIT distribution and navigation; reduce time-to-diagnosis for positives; invest in mobile/endoscopy hub models for rural areas.
Biomarker & Molecular Testing	Routine access to MSI/MMR, RAS/BRAF and broad NGS panels in academic, commercial and many community labs; integration into treatment decision-making is widespread.	Leading molecular diagnostics industry, CLIA labs, payer coverage for many tests, and integrated EHR systems in major centres.	Standardise test reporting and clinical-actionability definitions; ensure coverage parity for guideline-recommended tests across payers; accelerate equitable access to tumour and germline genomic testing in community settings.
Treatment Access	Comprehensive access to surgery, radiotherapy, systemic therapy (including latest targeted and immune agents) in most metro areas; clinical-trial access strong in academic centres.	High surgical volumes, advanced radiotherapy platforms, numerous approved systemic options and deep clinical-trial networks.	Expand community access to precision therapies via hub-and-spoke and tele-MDT models; promote equitable trial participation; address delays in prior-authorization and formulary barriers.
Clinical Guidelines & Quality Standards	Robust guideline ecosystem (national societies, pathways) and quality programs (accreditation, registries); implementation varies by setting.	Strong professional societies, quality measurement programs and outcome registries (cancer registries, clinical quality collaboratives).	Harmonise guideline implementation across systems; tie quality measures to incentives that address disparities (e.g., screening completion, stage shift, time-to-treatment); support smaller hospitals in meeting metric targets.
Palliative & Survivorship Care	Palliative and survivorship services established in many centres, but access and integration vary; financial toxicity and long-term survivorship needs increasing.	Mature palliative/hospice networks, survivorship programme models, rehabilitation and social-support services at leading centres.	Scale community-based survivorship and palliative programs, standardise survivorship care plans, expand psychosocial and financial navigation, and include financial-toxicity mitigation in care pathways.

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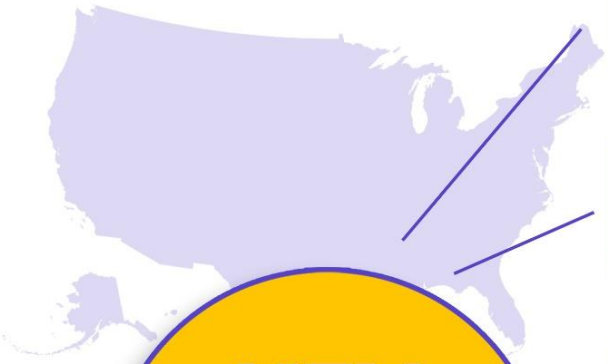
CONCLUSION & Call to Action

The U.S. leads in CRC care but must now address equity, affordability, and system efficiency. Key priorities include closing screening gaps, ensuring equal access to tests and therapies, adopting value-based financing, reducing authorization barriers, and supporting patients to lower financial burden. Federal and state agencies, payers, providers, and partners must work together to ensure access, control costs, and focus on outcomes that matter.



KEY POLICY PRIORITIES

1. **Close screening and diagnostic equity gaps :** invest in targeted outreach, navigation, mobile endoscopy and community FIT programmes for under-served populations.
2. **Ensure equitable access to precision diagnostics :** standardise coverage for guideline -recommended molecular tests and expand community lab capacity.
3. **Make innovation affordable and value-focused :** expand HTA/value-based purchasing, outcomes -based contracting and indication-based pricing for high-cost agents.
4. **Streamline access pathways :** reduce administrative barriers (prior authorization delays), enable rapid molecular result reporting and fast-start treatment pathways.
5. **Scale survivorship & financial navigation :** embed financial navigators, rescue funds, long -term survivorship clinics, and mental-health/rehab supports into routine care.

CONCLUSION

At Level 5, the United States should pivot from building capacity to **ensuring every advancement benefits all populations** — closing equity gaps, protecting patients from financial harm, embedding precision care across community settings, and using data and payment innovation to sustain high-value CRC care. Coordinated policy and system action will preserve leadership while delivering equitable, patient-centred outcomes nationwide.