



SWEDEN

BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Sweden

EXECUTIVE SUMMARY

Sweden has a highly developed colorectal cancer (CRC) system with organised screening, comprehensive diagnostics, widespread molecular testing, and strong multidisciplinary treatment integrated into universal health coverage. Excellent registry infrastructure and a mature health-technology assessment and reimbursement system support evidence-based adoption of innovations.

Remaining priorities focus on optimising equity (geographic and socio-economic), shortening time-to-diagnosis and treatment in bottleneck areas, integrating precision diagnostics and real-world data into routine care at scale, and ensuring sustainable financing of high-cost therapies while preserving access.

INTRODUCTION

Consolidating excellence while addressing residual frictions

Sweden's health system combines high screening coverage, robust endoscopy and pathology capacity, near-universal access to core treatments, and mature cancer registries.

As an advanced system **Level 5**, the emphasis shifts from establishing basic services to optimisation: reducing remaining disparities, improving timeliness and patient navigation, embedding genomics and registries into care pathways, and maintaining affordability for novel targeted and immunotherapies. Policy action should prioritise equity, value-based adoption, and system learning.





COLORECTAL CANCER IN SWEDEN

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National/regional organised screening programmes are well established with high participation; diagnostic pathways are generally efficient but occasional regional bottlenecks in rapid access colonoscopy persist.	Strong public health infrastructure, well-coordinated screening invitations, and high public awareness.	Further reduce time-to-colonoscopy for positives (target shorter wait times), adopt risk-stratified screening intervals where appropriate, and target outreach to under-screened populations (immigrants, lower-income areas).
Biomarker & Molecular Testing	Routine access to MSI/MMR, RAS/BRAF testing and extensive NGS panels at tertiary centres; molecular diagnostics are integrated into treatment decision pathways.	Robust molecular-lab capacity, national lab networks, and clinical-genomics expertise.	Standardise national reporting and result interpretation, ensure uniform turnaround times across regions, link molecular results to national registries for real-world evidence, and expand access to comprehensive profiling where clinically indicated.
Treatment Access	Comprehensive access to high-quality surgery, radiotherapy and systemic therapies including targeted agents and immunotherapies under universal coverage; multidisciplinary care is standard.	Strong surgical and oncology workforce, centralised expertise, and routine multidisciplinary tumour boards.	Use health-technology assessment and value-based procurement to sustainably adopt new therapies; support regional surgical hubs and tele-MDTs to ensure consistent specialist input nationwide.
Clinical Guidelines & Quality Standards	National guidelines and quality registries drive guideline-adherent care and continuous audit; outcome benchmarking occurs regularly.	Mature professional networks and long-standing quality registries.	Continue rapid guideline updates for new evidence (biomarkers, combinations), tie audit metrics to continuous improvement programmes, and provide targeted support to units with outlying performance.
Palliative & Survivorship Care	Palliative care and survivorship services are well integrated but demand is rising with better survival; community-based follow-up and rehabilitation services vary regionally.	Established palliative networks, rehabilitation services and social care linkages.	Scale survivorship clinics (rehab, late-effect clinics), strengthen community-based palliative services, and ensure pathways for return-to-work and psychosocial support are consistently available.

CONCLUSION & Call to Action

Sweden's CRC care is advanced but must now focus on optimisation and equity—removing diagnostic delays, linking molecular tests with care, adopting new treatments through value-based approaches, and expanding survivorship and palliative care. Health authorities, societies, hospitals, and patient groups must work together on a national roadmap that ensures equity while supporting innovation.



KEY POLICY PRIORITIES

- 1 Eliminate diagnostic bottlenecks :** ensure rapid colonoscopy and diagnostic work-up for screen-positives and symptomatic patients; set and monitor wait-time targets.
- 2 Sustainably finance innovation :** expand HTA/value-based procurement, managed-entry agreements and risk-sharing to maintain access without unsustainable budget impacts.
- 3 Close equity gaps :** targeted outreach and navigation for under-screened groups; resource support for regions with lower performance.
- 4 Scale survivorship & community care :** enlarge rehabilitation, late-effect clinics, psychosocial services and community palliative capacity; integrate return-to-work programmes.
- 5 Embed genomics and registries :** standardise molecular reporting, integrate genomic data with national registries and clinical decision support, and use real-world data to inform reimbursement and guideline updates.

CONCLUSION

At **Level 5**, Sweden's strategic aim should be refining and sustaining excellence: making high-quality CRC care more timely, equitable and data-driven while ensuring innovations are adopted in a way that protects affordability and access. Coordinated national leadership, robust data linkage, and value-based policy tools will keep Sweden at the forefront of CRC outcomes and system performance.