The system starts here: Co-designing CRC screening from gaps to action in Selangor

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Track: Research
Theme: Screening and Diagnosis

ABSTRACT

Colorectal cancer (CRC) screening is a public health strategy aimed at reducing late-stage diagnoses and improving survival. Despite a decade of rollout in Malaysia's public sector, its contribution to earlier detection remains limited. A recent evaluation, grounded in a health systems perspective, examined the performance of the CRC programme across 15 states. Key indicators included iFOBT coverage, positivity rates, colonoscopy compliance, and CRC detection yield. Three systems-level challenges were identified. First, while iFOBT coverage has improved over time, by 2022, fewer than 5% of the target population had ever been screened. States with higher population densities, such as Selangor and Johor, demonstrated smaller gains in coverage compared to less densely populated states. Second, colonoscopy compliance among iFOBT-positive individuals decreased nationally from 50.8% to 32.3%, with similar patterns across most states. In Selangor, compliance remained between 33.5% and 39.4% (2020–2022), following an earlier peak of 62.2% (2018). Third, these trends indicate that gains in iFOBT coverage are not consistently supported by corresponding colonoscopy compliance or reflected in CRC detection yield, resulting in missed opportunities for early-stage cancer detection. Collectively, these findings highlight system-level challenges in how different parts of screening pathway interact. Addressing care coordination, inter-facility linkages, and monitoring continuity presents an opportunity to strengthen CRC programme effectiveness. To support this, we are initiating a stakeholder engagement process to co-design a district-based coordination model in one of Selangor's districts. This effort aims to explore how public, private, and community actors might better coordinate CRC screening. The selected district–characterised by a diverse provider landscape, high population density, and active community networks–offers a setting for collaborative design. This preparatory phase focuses on stakeholder engagement, mapping coordination practices, and jointly shaping the proposed delivery model. Findings from this process will inform next steps toward a more integrated and responsive screening system.

Keywords: colorectal cancer, screening, health systems, co-design, stakeholder engagement