This article summarises a recent **OncoDaily Medical Journal** report on Mexico's GI-oncology landscape, covering epidemiology, health-system structure, treatment availability, specialist training, and near-term opportunities.

Title: Colorectal Cancer in Latin America: Quick Comment
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Colorectal cancer (CRC) is accelerating across Latin America (LATAM): it now ranks **3rd in incidence** and **2nd in mortality** region-wide (GLOBOCAN 2022). Demographic expansion, longer life expectancy, and fragmented health systems drive rising cases—and, critically, **late presentation**. In several countries, **≥30–54%** of CRC is diagnosed at **stage IV**, sharply contrasting with high-income settings where most patients are treated with curative intent at earlier stages.

Access gaps persist along the pathway: screening programs are inconsistent; FIT uptake varies widely; and real-world care often defaults to **re-exposing prior regimens** in later lines. While biomarker testing (RAS, BRAF, MSI) is growing, **costs, reagent importation, and limited availability of targeted/immunotherapies** blunt impact. Ethnic diversity further complicates pharmacogenetics (e.g., **DPYD** variants), arguing against one-size-fits-all testing strategies. Clinical trial participation remains **low (~3.6% of oncology trials in LATAM)**, with early-phase studies particularly underrepresented, slowing access to innovations.

What to do now (actionable priorities):

- **Scale FIT-based screening** with primary-care training and culturally sensitive education; remove cost/logistical barriers.
- **Guarantee first-line standards** (fluoropyrimidines + oxaliplatin/irinotecan ± anti-VEGF/EGFR) and expand **biomarker testing** for RAS/BRAF/MSI, tied to actual drug access.
- **Grow trial footprint** and harmonize approval timelines to speed inclusion.
- **Adopt ancestry-aware pharmacogenetics** (contextualized DPYD strategies).