



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in Singapore

EXECUTIVE SUMMARY

Singapore has one of the most advanced national CRC systems in the region: organised, government-led screening, widely available high-quality diagnostics (endoscopy, pathology, molecular testing), comprehensive multidisciplinary treatment across public and private sectors, and robust registry and research capacity. CRC remains the top cancer by incidence, but high screening penetration and advanced care have substantially improved stage-specific outcomes.

At **Level 5** the policy focus shifts from building basic services to optimising value, closing small remaining equity gaps, embedding precision oncology into routine pathways, and sustaining affordability of high-cost innovations.

INTRODUCTION

Consolidating excellence while addressing residual gaps

Singapore's national colorectal cancer screening programme and strong hospital networks provide excellent early-detection and treatment coverage. The country's cancer registries and clinical networks support rapid evidence generation and guideline updates.

Remaining system priorities are operational (closing follow-up delays, reducing geographic or socio-economic inequities), policy (value-based financing for novel agents) and innovation (systematic integration of comprehensive genomic profiling and real-world data into routine care).





COLORECTAL CANCER IN SINGAPORE

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National organised screening (FIT) embedded in integrated screening programmes with defined workflows; high uptake but follow-up timeliness for FIT-positives can improve.	National programmes, clear screening workflows, strong primary care-hospital links.	Optimise timeliness metrics (time-to-colonoscopy \leq 12 weeks), target under-screened populations, pilot risk-based personalised screening intervals.
Biomarker & Molecular Testing	Routine MSI/MMR, RAS/BRAF testing, and broad NGS panel access at tertiary centres; integrated into care pathways for advanced disease.	Strong molecular lab infrastructure and experienced pathology networks.	Standardise genomic reporting, ensure equitable access to NGS, link results to national cancer registry, and fund clinical-utility studies.
Treatment Access	High-quality surgery, radiotherapy, targeted agents, and immunotherapies available under universal coverage; multidisciplinary care is routine.	Robust tertiary centres, tumour boards, clinical trials.	Use value-based pricing and managed-entry agreements for new agents; expand tele-MDTs for regional equity.
Clinical Guidelines & Quality Standards	National guidelines updated regularly and implemented widely with audits.	Well-organised professional networks.	Maintain rapid guideline updates for emerging evidence; link key quality metrics to system performance monitoring.
Palliative & Survivorship Care	Comprehensive palliative and survivorship services with increasing focus on rehabilitation; needs scaling for growing survivor population.	Established hospice, rehab, and survivorship programmes.	Expand survivorship clinics, integrate early palliative care, strengthen community-based follow-up capacity.



CONCLUSION & Call to Action

Singapore's CRC system is mature and high-performing, with challenges centred on optimisation, equity, and sustainability. Priorities include ensuring timely follow-up after positive screening results, integrating genomics and real-world data into standard care, sustainably financing innovation, and scaling survivorship services. A coordinated approach between health authorities, hospitals, and primary care will preserve equity while enabling innovation adoption.



KEY POLICY PRIORITIES

1 Eliminate follow-up delays — ensure colonoscopy for FIT-positive patients within target timelines.

2 Embed genomics into routine care — standardise NGS reporting, link data to registries, and evaluate impact.

3 Sustainably finance innovation — deploy HTA and value-based contracts for high-cost therapies.

4 Close equity gaps — targeted outreach to under-screened groups and tele-MDT access for all hospitals.

5 Scale survivorship & geriatric oncology — expand rehab and long-term follow-up programmes.

CONCLUSION

At **Level 5**, Singapore's task is not to build basic CRC services but to **optimise, integrate, and sustain** high-value innovations while removing the last operational and equity barriers. Focusing on these goals will keep Singapore at the forefront of colorectal cancer care globally.