International Cancer Patient Coalition

Morocco

Colorectal Cancer Factsheet: Insights & Key Developments

Key Insights on Colorectal Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Colorectal Cancer Screening

Colorectal cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

This factsheet provides a comprehensive overview of key pillars shaping colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Colorectal cancer is among the top 6–7 male cancers.
- Incidence rate: Around 8–9 per 100,000 men per year.
- Total new cases (2022): Approximately 2,000 men.
- Daily diagnoses (2022): About 5–6 men per day.
- Deaths (2022): Around 1,500 men.
- 5-year survival rate: Likely 35–40%.
- Most affected age group: Men aged 60 and above.
- Screening participation: No national screening; access is uneven and often delayed.

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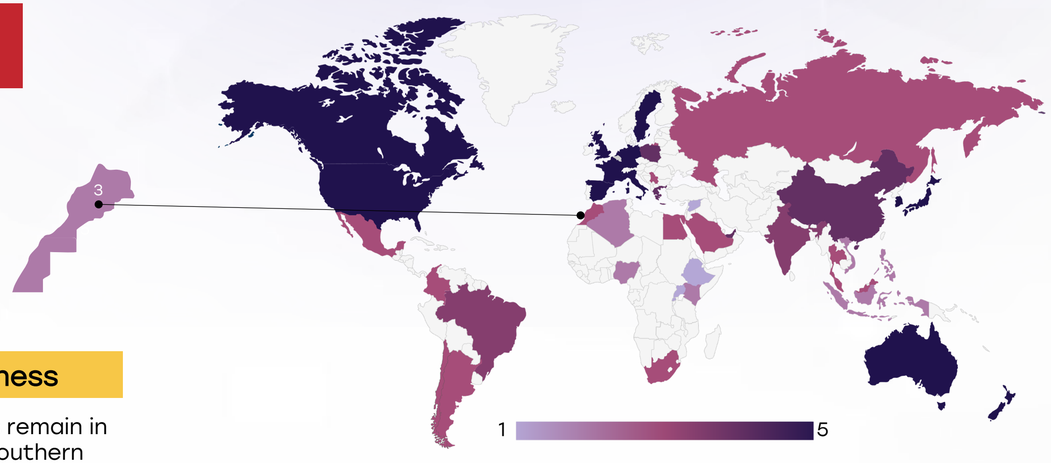
Infrastructure



Strengths

- National Cancer Plan established a network of regional oncology centers (e.g., Casablanca, Rabat, Marrakesh), improving access to core services.
- Presence of university hospitals offering surgery, chemotherapy, and pathology services.

Weakness

- Major gaps remain in rural and southern regions, with limited access to endoscopy and trained oncologists.
- Radiotherapy units are insufficient and mostly concentrated in urban centers.

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Opportunity

- Public-private partnerships could accelerate infrastructure expansion.
- Investments in mobile clinics and telemedicine to reach underserved populations.

Threats

- Rapid urbanization and growing cancer incidence may outstrip current infrastructure.
- High dependency on external funding limits long-term sustainability of cancer infrastructure expansion.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	1	2
Nigeria	1	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	3
Spain	4	3
Poland	4	3
Mexico	2	4
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	4
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	3
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	3
Syria	1	1
Indonesia	2	2
Vietnam	3	4
Philippines	2	2
Russia	3	3
Malaysia	3	3

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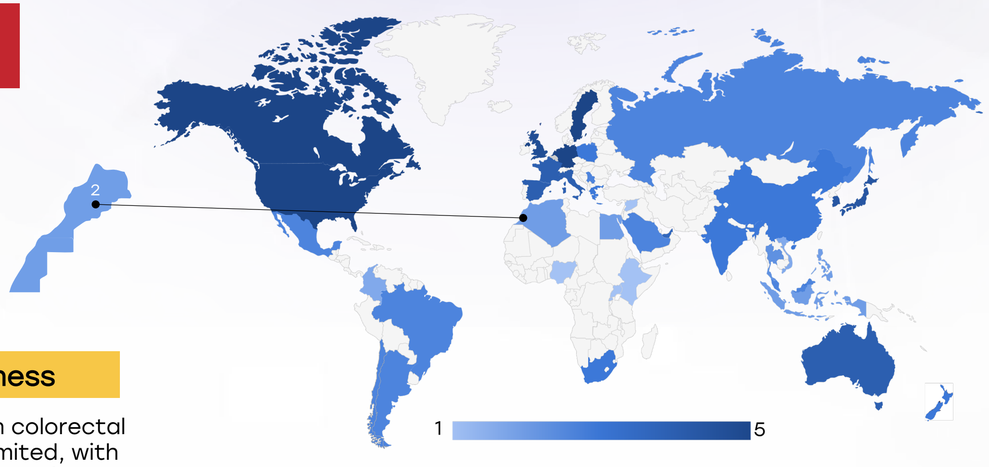
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- The Lalla Salma Foundation for Cancer Prevention has mobilized awareness and built public-private support for treatment access.
- Public hospitals offer subsidized or free access to chemotherapy and surgery for registered patients.

Weakness

- Research in colorectal cancer is limited, with low investment in clinical trials or biomarker research.
- Awareness campaigns often focus more on breast or cervical cancer; CRC receives less attention.

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Opportunity

- Strong community networks and mosques can be leveraged for health education.
- Morocco's increasing investment in health research could expand to CRC through university collaborations.

Threats

- Regional disparities and bureaucratic processes limit timely access to specialized treatment.
- Political shifts could deprioritize cancer research and public education budgets.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	5
South Korea	4	4	5
China	3	3	3
Thailand	2	3	2
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	3
Brazil	2	3	3
Argentina	2	3	3
Chile	2	3	3
Colombia	1	2	2
United States	5	5	5
Canada	5	5	5
Australia	4	4	4
New Zealand	3	3	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	3
Saudi Arabia	3	2	3
UAE	4	3	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	1	2
Philippines	3	2	2
Russia	3	3	2
Malaysia	3	3	3

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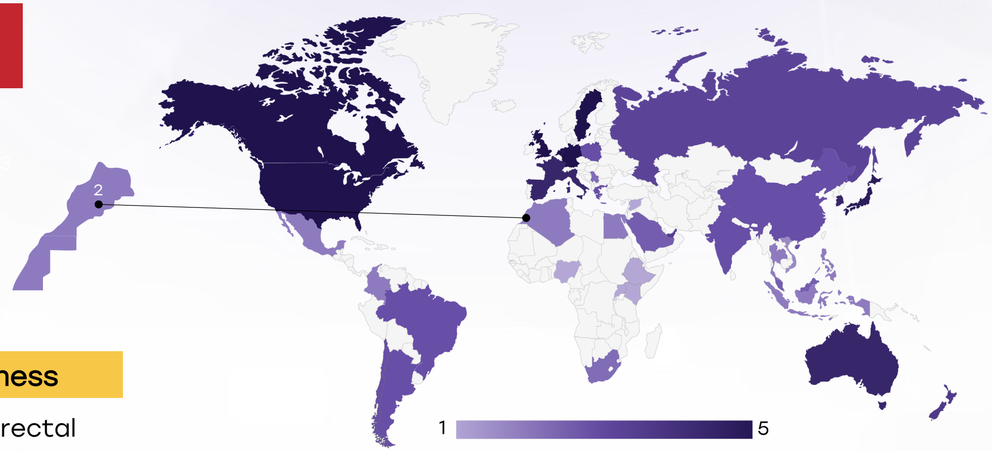
Survival Rates, Early Detection and Palliative Care



Strengths

- Survival is improving for early-stage CRC cases treated in urban oncology centers.
- Palliative care pilot programs and pain management have begun to take root in tertiary hospitals.

Weakness

- Most colorectal cancers are detected at late stages, especially outside major cities.
- Cultural stigma and limited knowledge of symptoms delay help-seeking behavior.

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Opportunity

- Scaling FIT-based early detection through primary care centers could improve outcomes.
- More integration of palliative care into oncology curricula and hospital practice.

Threats

- Low cancer literacy and healthcare avoidance behaviors in remote areas.
- Inadequate home-based care and palliative support for terminal patients.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	2	3	2
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	5
China	3	3	4
Thailand	2	2	2
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	5
Spain	5	4	5
Poland	3	3	4
Mexico	2	2	2
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	2	2
United States	5	5	5
Canada	5	5	5
Australia	5	4	4
New Zealand	4	4	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	2
Saudi Arabia	3	2	3
UAE	4	3	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	1	2
Philippines	2	3	2
Russia	4	3	3
Malaysia	3	2	3

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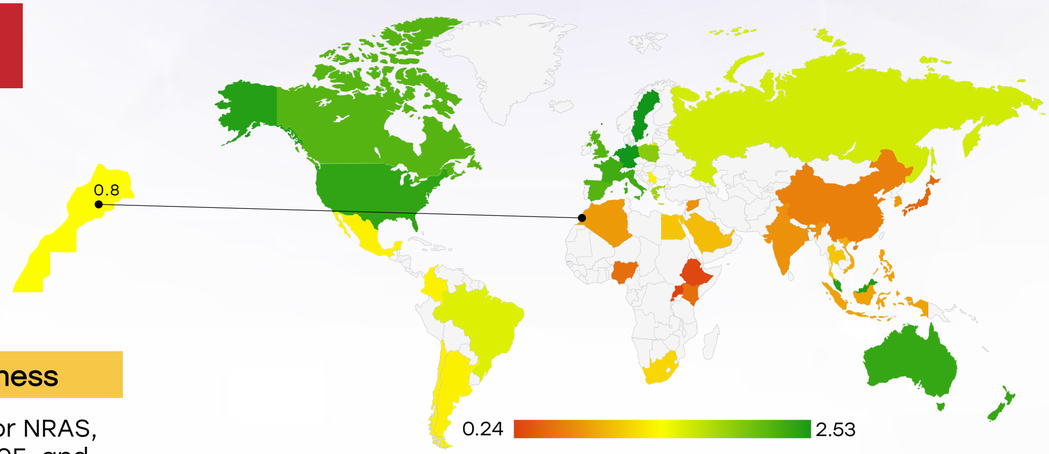
Utilization of Biomarkers



Strengths

- In university centers like CHU Rabat and Casablanca, KRAS and MSI/dMMR testing is available for select patients.
- Participation in international collaborative research has introduced limited biomarker use.

Weakness

- Testing for NRAS, BRAF V600E, and PIK3CA is not standardized or widely available.
- Most patients in public hospitals lack access to personalized therapy based on biomarker status.

Opportunity

- Partnerships with European research institutions can help integrate affordable testing.
- National cancer registries could track biomarker data to inform future polic

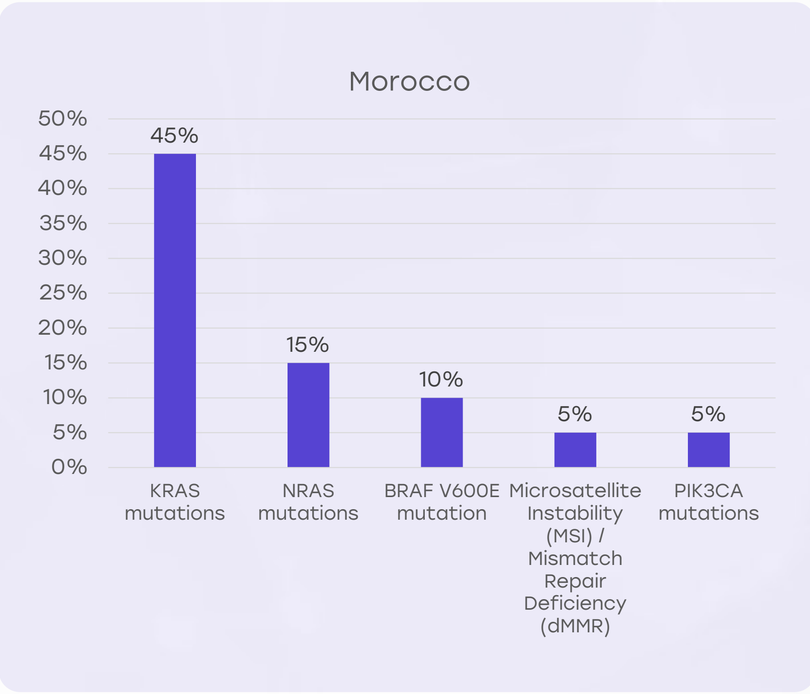
Threats

- High costs and lack of trained molecular pathologists limit test availability.
- Inconsistent quality and absence of national testing protocols reduce clinical trust in results.

Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



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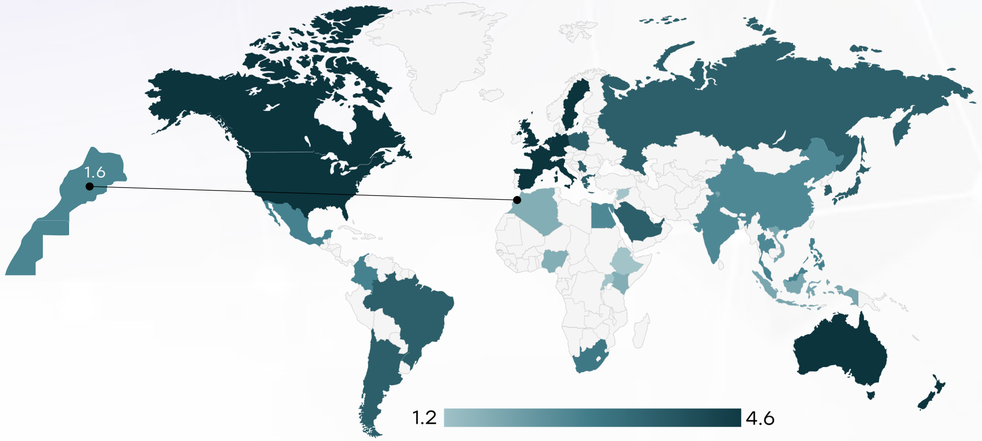
Clinical Guidelines



Strengths

- Morocco aligns with WHO and ESMO guidelines for cancer management in tertiary centers.
- National Oncology Plan provides a general framework for cancer care.

Weakness

- There are no Morocco-specific colorectal cancer guidelines; reliance on foreign protocols may not reflect local resource limitations.
- Dissemination of existing guidelines to regional and primary centers is inadequate.

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Opportunity

- Development of localized, tiered treatment guidelines tailored to Morocco's capacity and epidemiology.
- Digital platforms could aid guideline access for rural practitioners.

Threats

- Variability in adherence due to institutional autonomy and uneven clinician training.
- Delays in adapting international updates to the Moroccan context.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	✖	O	✖
Feasibility of Integration	✖	✖	✖	O	✖
Adoption of International Guidelines	✖	✖	✖	O	✖
Engagement with Updates	✖	✖	✖	O	✖
ESMO Guidelines Implementation	✖	✖	✖	✖	O

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Reimbursement

Strengths

- RAMED (public health coverage program) subsidizes care for low-income patients.
- Essential chemotherapy drugs are generally included in hospital formularies.

Weakness

- Targeted therapies and advanced diagnostics, including biomarker tests, are not covered under RAMED.
- Patients often face delays due to reimbursement bureaucracy.

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Opportunity

- Expanding the national insurance system to include genetic/molecular diagnostics.
- Pooling procurement of oncology drugs can reduce costs and improve coverage.

Threats

- Economic constraints may stall expansion of reimbursement schemes.
- Informal sector and undocumented populations remain outside reimbursement systems.

● A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

● A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

○ No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement Framework	No-cost Access
United States	●	○
United Kingdom	●	●
Canada	●	●
Australia	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy	●	●
Spain	●	●
Poland	●	●
Japan	●	●
South Korea	●	●
China	●	●
India	○	○
Singapore	●	●
Thailand	●	●
South Africa	○	○
Kenya	○	○
Nigeria	○	○
Egypt	○	○
Morocco	○	○
Algeria	●	●
Ethiopia	○	○
Mexico	●	●
Brazil	●	●
Argentina	●	●
Chile	●	●
Colombia	●	●
New Zealand	●	●
Greece	●	●
Rwanda	○	○
Uganda	○	○
Serbia	●	●
Saudi Arabia	●	●
UAE	●	●
Syria	○	○
Indonesia	●	○
Vietnam	●	○
Philippines	○	○
Russia	●	●
Malaysia	●	●

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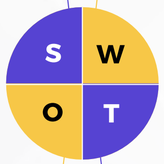
Colorectal Cancer Screening

Strengths

- FIT-based pilot screening programs have been tested in select urban districts with good initial response.
- Growing attention from public health authorities regarding early detection.

Weakness

- National screening programs are still in pilot or planning stages; coverage is low.
- Lack of endoscopy capacity limits follow-up for positive FIT cases.



Opportunity

- Community-based screening through health centers could significantly boost early detection.
- School and workplace campaigns can enhance awareness among younger populations.

Threats

- Cultural taboos around colon health and cancer prevent engagement.
- Overloaded diagnostic infrastructure may be unable to handle increased screening demand.

Country	Colorectal Cancer Screening
United States	Annual LDCT (50-80 years, high-risk smokers)
United Kingdom	LDCT for high-risk individuals (55-74 years)
Canada	LDCT for high-risk individuals (55-74 years)
Australia	No national program, high-risk groups advised LDCT
Germany	No national program, under evaluation
France	No national LDCT screening
Netherlands	Participating in European screening studies
Sweden	No national LDCT screening
Italy	Regional pilot LDCT screening
Spain	No national LDCT program
Poland	No national program
Japan	No national LDCT program
South Korea	LDCT for high-risk individuals (50-74 years)
China	No national LDCT program
India	No national LDCT program
Singapore	No national LDCT program
Saudi Arabia	No national LDCT program; some hospital-based opportunistic screening
UAE	No national LDCT program; early-stage pilot studies ongoing in select hospitals
Syria	No national LDCT program; screening not prioritized due to conflict
Malaysia	No program; high-risk CT pilots

Country	Colorectal Cancer Screening
Thailand	No national LDCT program
South Africa	No national LDCT program
Kenya	No national LDCT program
Nigeria	No national LDCT program
Egypt	No national LDCT program
Morocco	No national LDCT program
Algeria	No national LDCT program
Ethiopia	No national LDCT program
Mexico	No national LDCT program
Brazil	No national LDCT program
Argentina	No national LDCT program
Chile	No national LDCT program
Colombia	No national LDCT program
New Zealand	No national LDCT program
Greece	No national LDCT program
Rwanda	No national LDCT program
Uganda	No national LDCT program
Serbia	No national LDCT program
Indonesia	No national LDCT program; opportunistic screening in private sector
Vietnam	No national LDCT program; early pilot screening studies in Hanoi and Ho Chi Minh
Philippines	No national LDCT program; feasibility and awareness programs under discussion
Russia	No formal national LDCT program; regional pilot screening programs in large cities