



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.

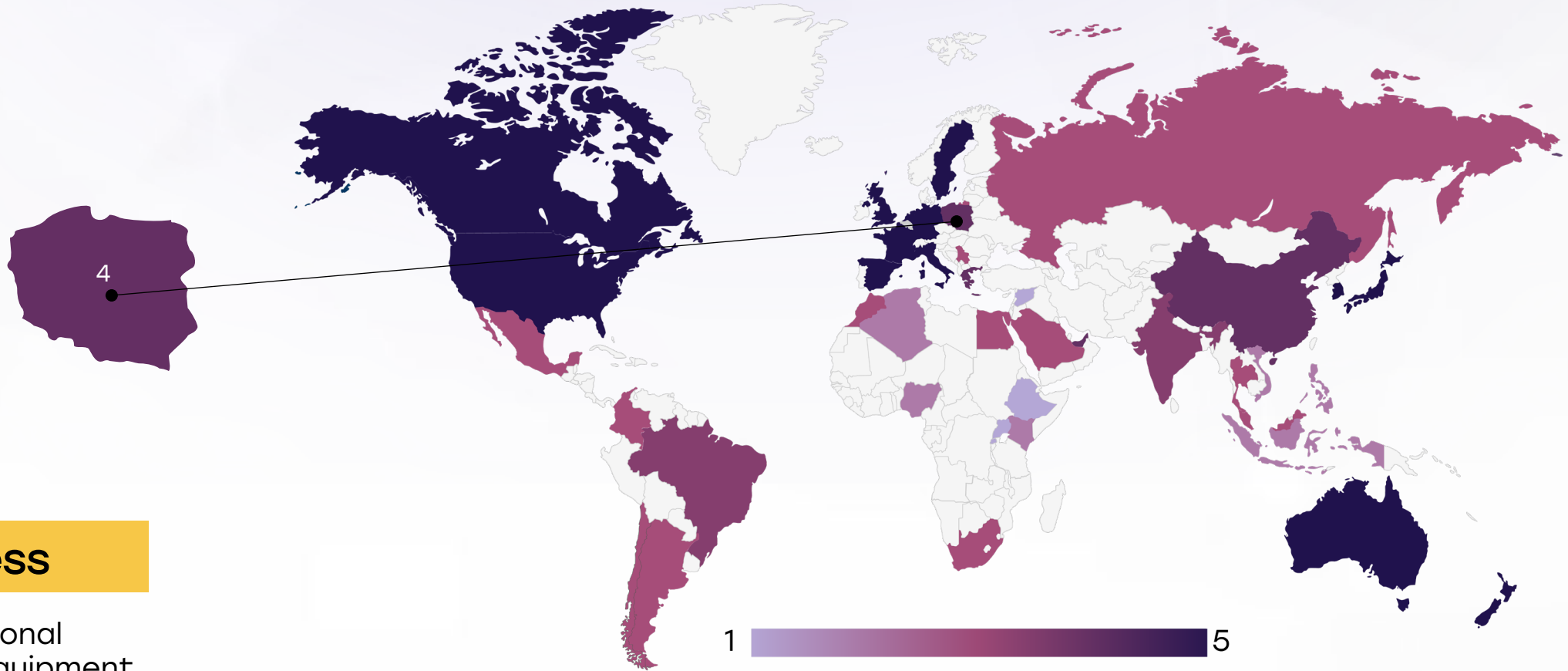
This factsheet provides a comprehensive overview of key pillars shaping colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Colorectal cancer is the second most common cancer in Polish men.
- Incidence rate: Approximately 55 per 100,000 men per year.
- Total new cases (2022): Around 14,800 men.
- Daily diagnoses (2022): About 41 men per day.
- Deaths (2022): Around 9,000 men.
- 5-year survival rate: Estimated 50–55%.
- Most affected age group: Men aged 60–79.
- Screening participation: National FIT-based screening program available, but moderate participation.

Poland



Infrastructure



Strengths

- Poland has a well-developed network of public cancer hospitals, such as the Maria Skłodowska-Curie National Research Institute of Oncology, equipped with modern diagnostics and treatment facilities.
- National Cancer Network (NCN) pilot ensures regional coordination among oncology centers to standardize care pathways.

Weakness

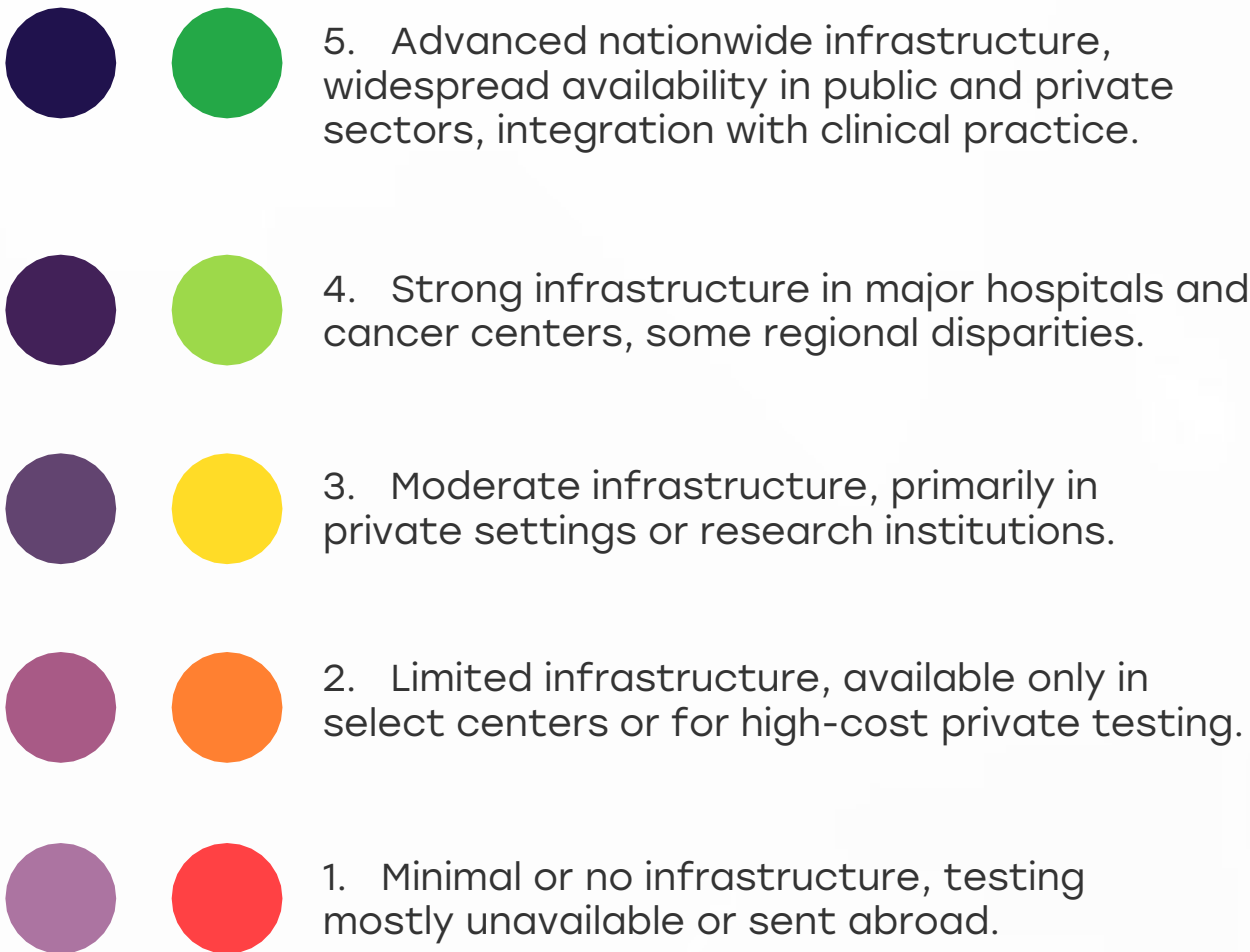
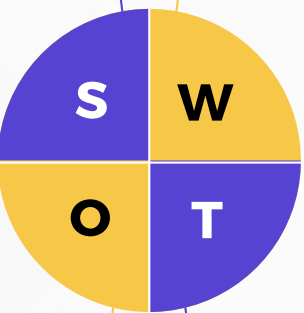
- Significant regional disparities in equipment availability, especially in eastern and rural Poland.
- Delays in diagnostic imaging and pathology turnaround time, especially outside tier-1 centers.

Opportunity

- Ongoing expansion of oncology infrastructure under the **National Oncology Strategy 2020–2030**.
- Integration of AI tools and centralized pathology could streamline diagnostics and reduce disparities.

Threats

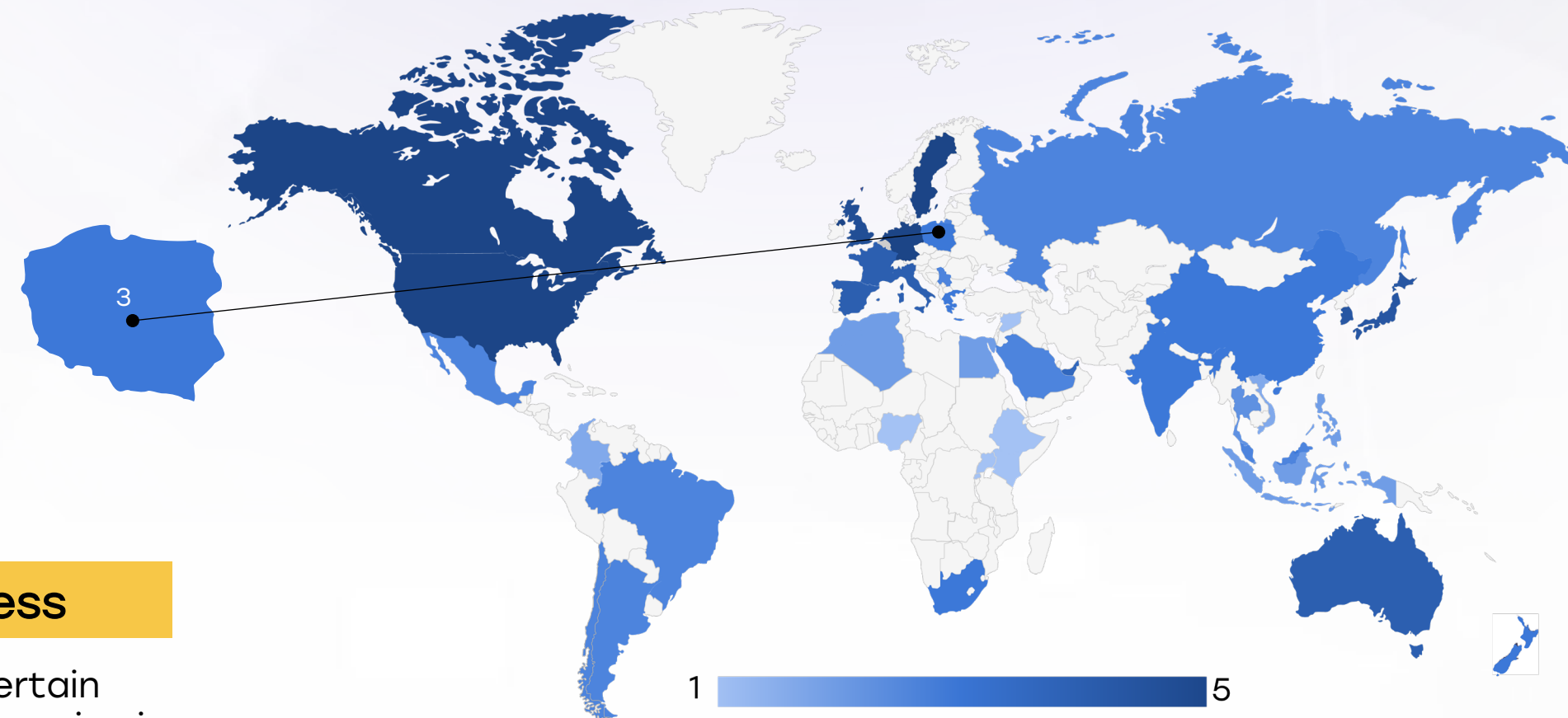
- Aging infrastructure in smaller regional hospitals; limited workforce retention in remote areas.
- Political shifts may deprioritize oncology-specific investments in mid-term budgets.



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

Poland

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to modern chemotherapeutics and biological agents, including anti-EGFR therapies and immunotherapies in eligible CRC patients.
- Poland is a host country for several multinational CRC clinical trials and research collaborations.

Weakness

- Access to certain targeted therapies is restricted to patients treated in high-level oncology centers.
- Awareness campaigns remain sporadic and mostly NGO-led rather than government-driven.

Opportunity

- EU Horizon funding and EIT Health partnerships can be leveraged to boost CRC-specific research.
- Nationwide campaigns targeting CRC prevention could reduce late-stage presentations.

Threats

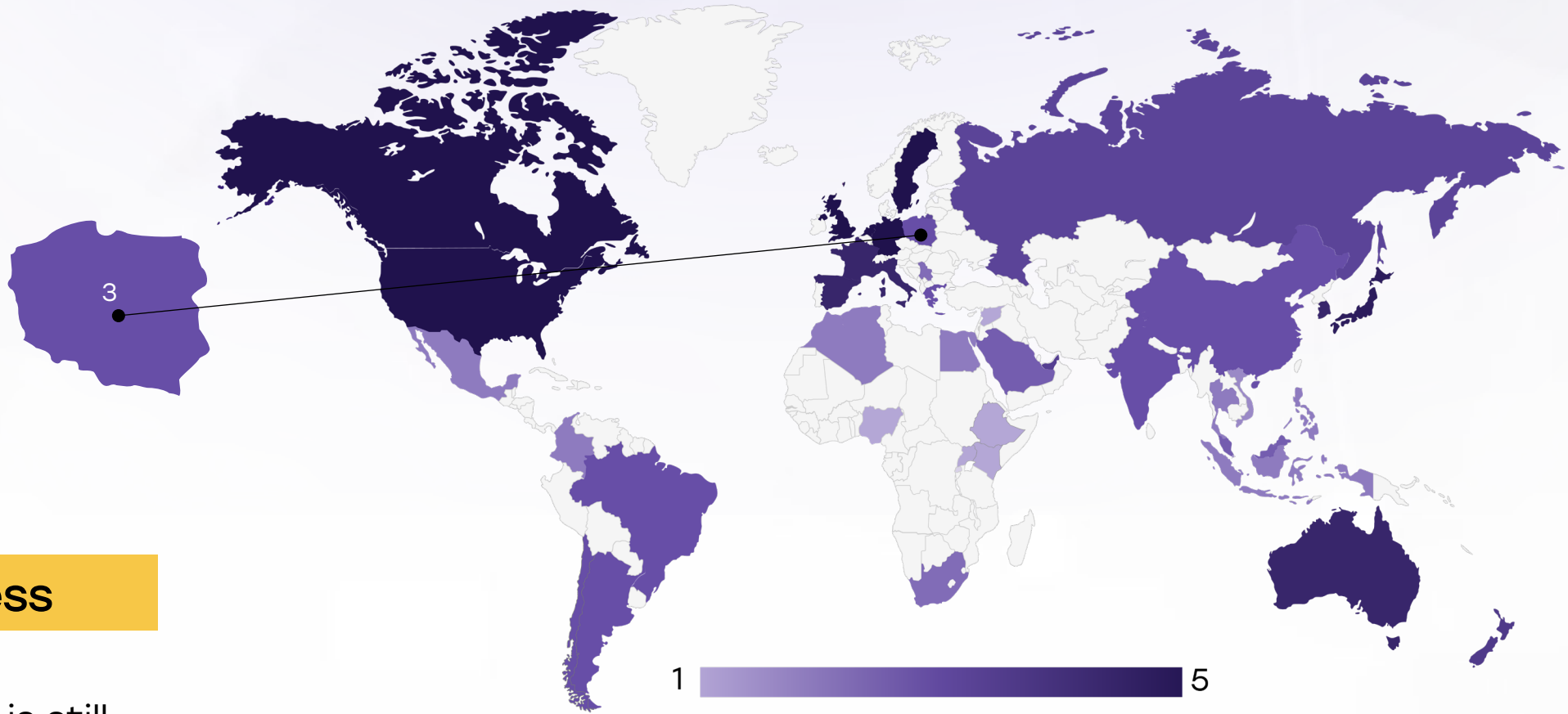
- Treatment pathways may be influenced more by reimbursement status than clinical priority.
- CRC awareness lags behind other cancers like breast and prostate, especially among men.

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			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

Poland

Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rates for CRC in Poland have improved significantly and now approach 60%, with better outcomes in early-diagnosed urban populations.
- Access to formalized palliative care is available across most voivodeships through cancer centers and home-based hospice networks.

Weakness

- Late-stage presentation is still common—over 50% of patients are diagnosed at Stage III or IV.
- Geographic disparities exist in access to palliative radiotherapy and pain control services.

Opportunity

- Strengthening general practitioner-led early detection pathways.
- Scaling nurse-led palliative support teams to underserved regions

Threats

- Aging population with increasing cancer burden may stretch existing palliative systems.
- Social stigma and misinformation delay help-seeking in CRC symptom onset.



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.



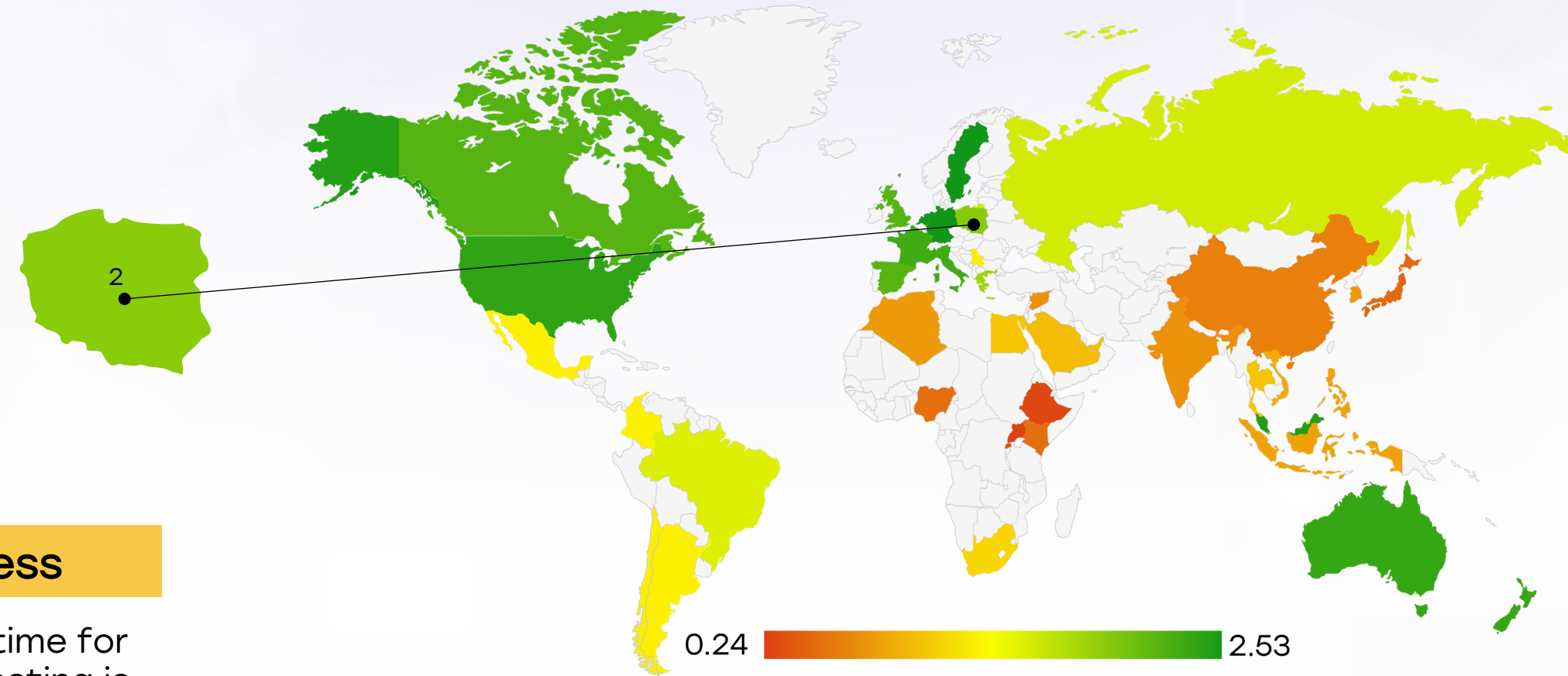
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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

Poland



Utilization of Biomarkers



Strengths

- Routine testing for KRAS, NRAS, and BRAF mutations is available and widely performed before initiation of targeted therapies.
- MSI/dMMR testing is increasingly conducted for both treatment decision-making and Lynch Syndrome screening.

Weakness

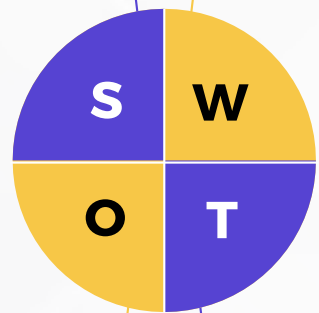
- Turnaround time for biomarker testing is longer outside national cancer institutes.
- PIK3CA testing is not yet standard and usually done in research settings only.

Opportunity

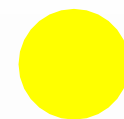
- Government interest in expanding precision oncology services across public hospitals.
- Next-generation sequencing (NGS) introduction for CRC patients with atypical mutation patterns.

Threats

- Dependence on imported test kits and reagents may cause shortages or cost hikes.
- Variable quality control among diagnostic labs outside of major centers.



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.

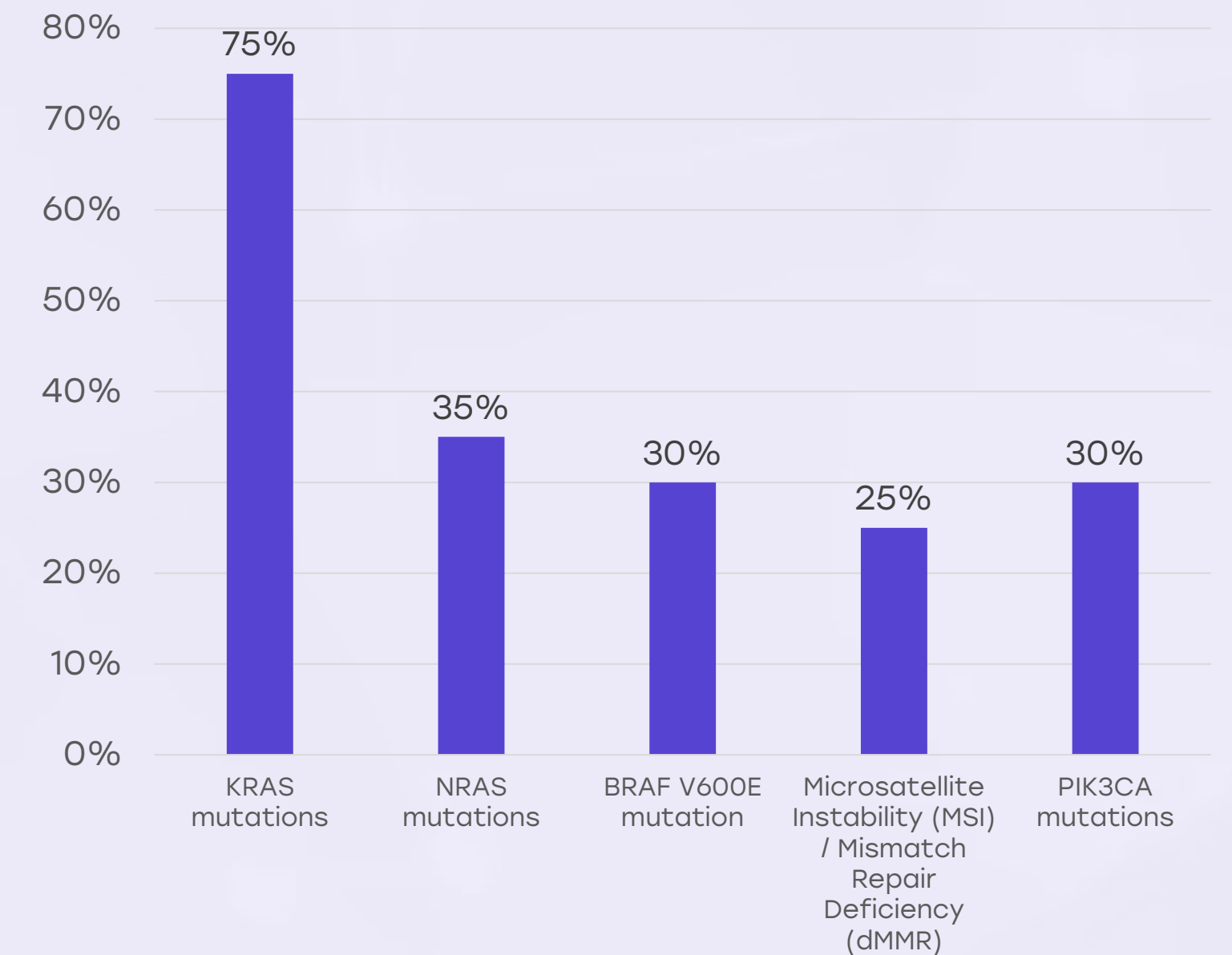


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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.

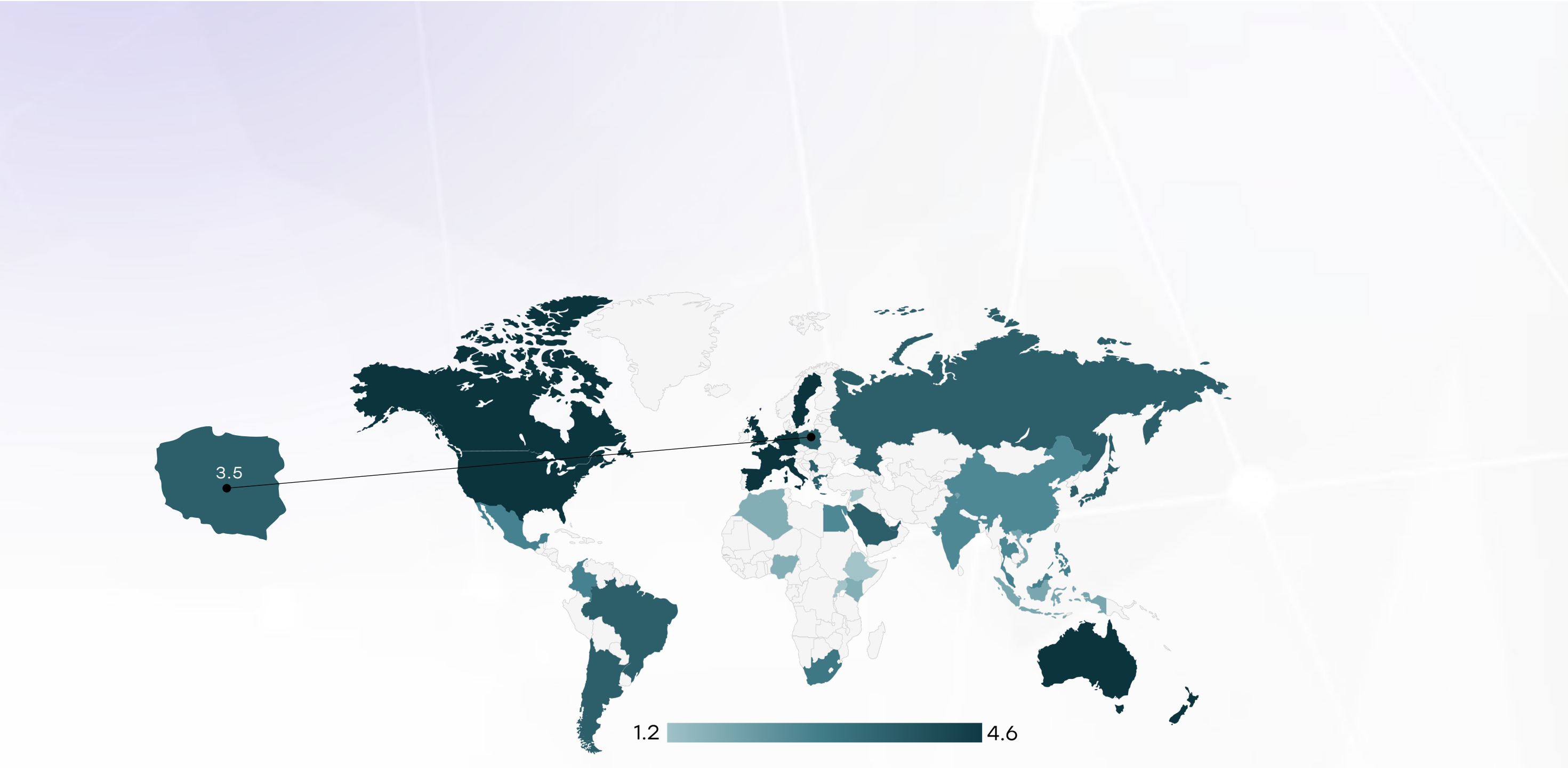
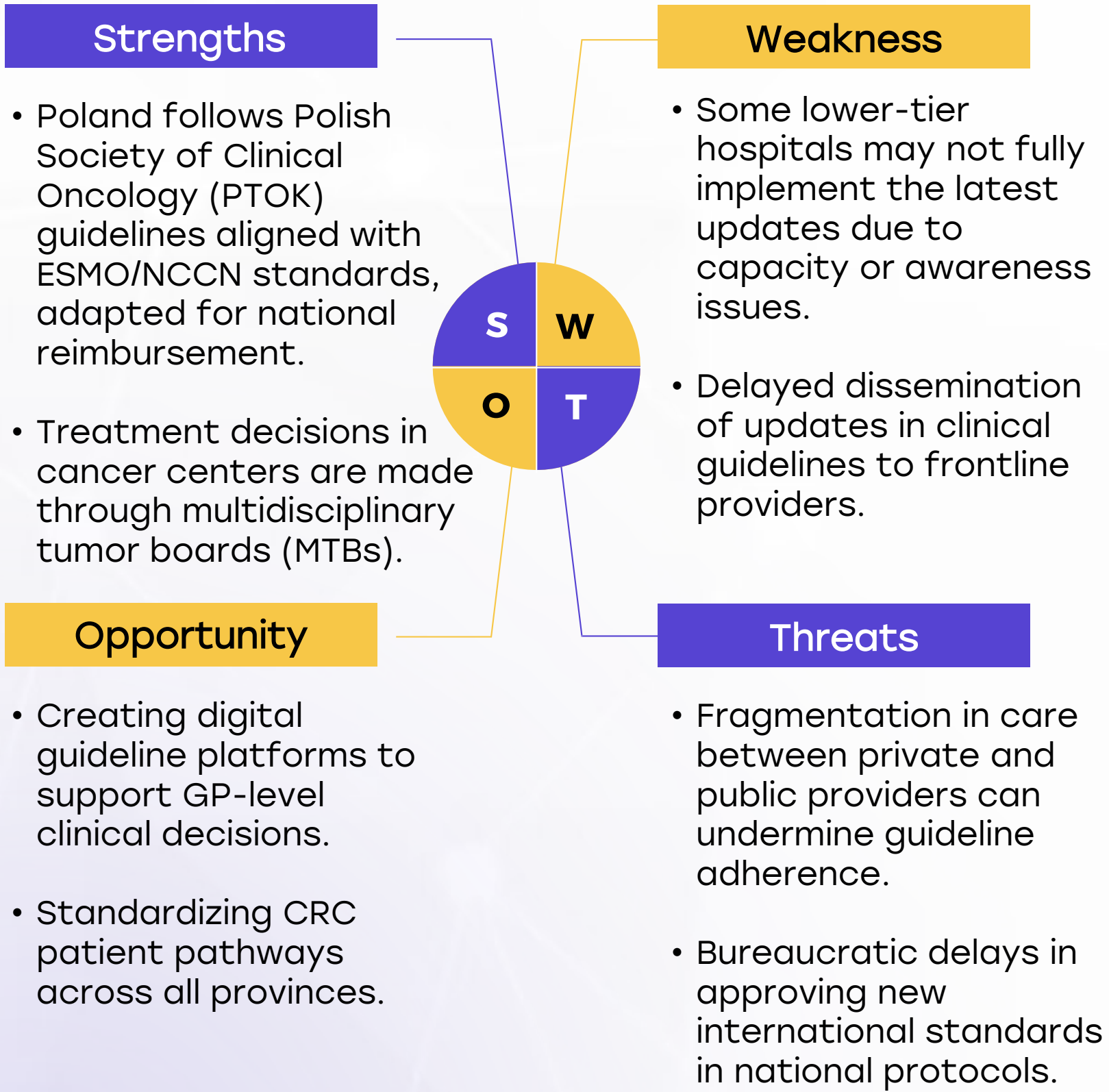
Poland



Poland



Clinical Guidelines

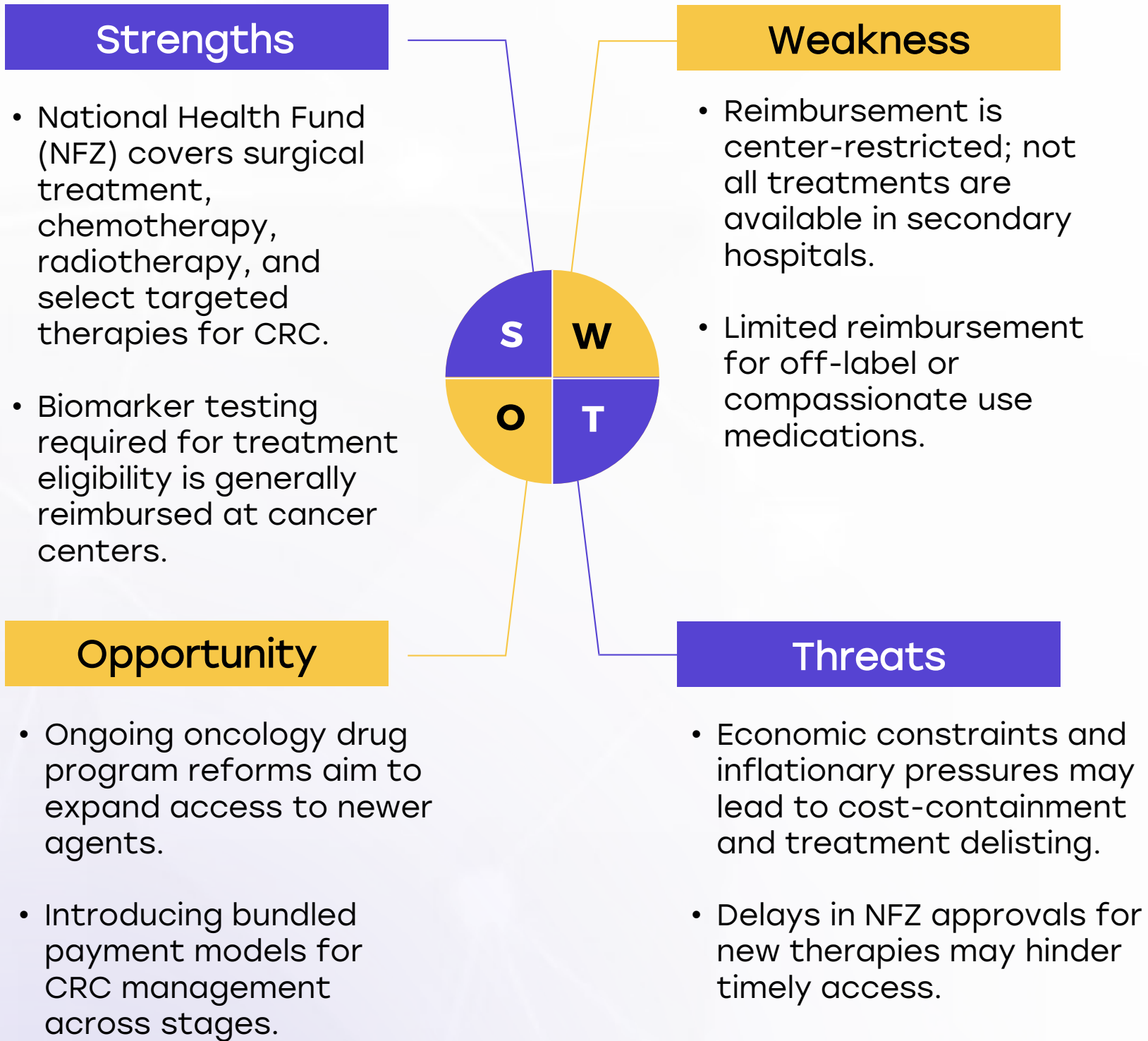


	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✗	○	✗	✗	✗
Feasibility of Integration	✗	○	✗	✗	✗
Adoption of International Guidelines	✗	○	✗	✗	✗
Engagement with Updates	✗	✗	○	✗	✗
ESMO Guidelines Implementation	✗	○	✗	✗	✗

Poland



Reimbursement



- 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		

Poland



Colorectal Cancer Screening

Strengths

- Poland has a national CRC screening program offering FOBT every 2 years and colonoscopy every 10 years for those aged 50–65 (and earlier for high-risk groups).
- Invitations for CRC screening are actively sent to eligible individuals via mail and phone follow-ups.

Weakness

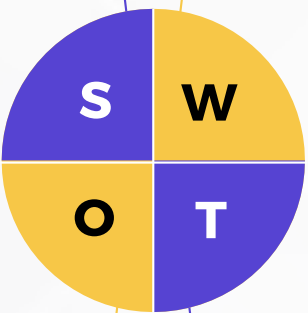
- Participation remains suboptimal, with coverage fluctuating between 20–35% depending on region.
- Screening participation is lowest among men and rural populations.

Opportunity

- Integrating digital tools like mobile apps and SMS reminders to boost engagement.
- Incentivizing GPs to refer and monitor compliance with screening.

Threats

- Mistrust in healthcare system and fear of colonoscopy deter population uptake.
- Workforce shortages and backlogs post-COVID limit capacity for colonoscopies.



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