

Colombia

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.

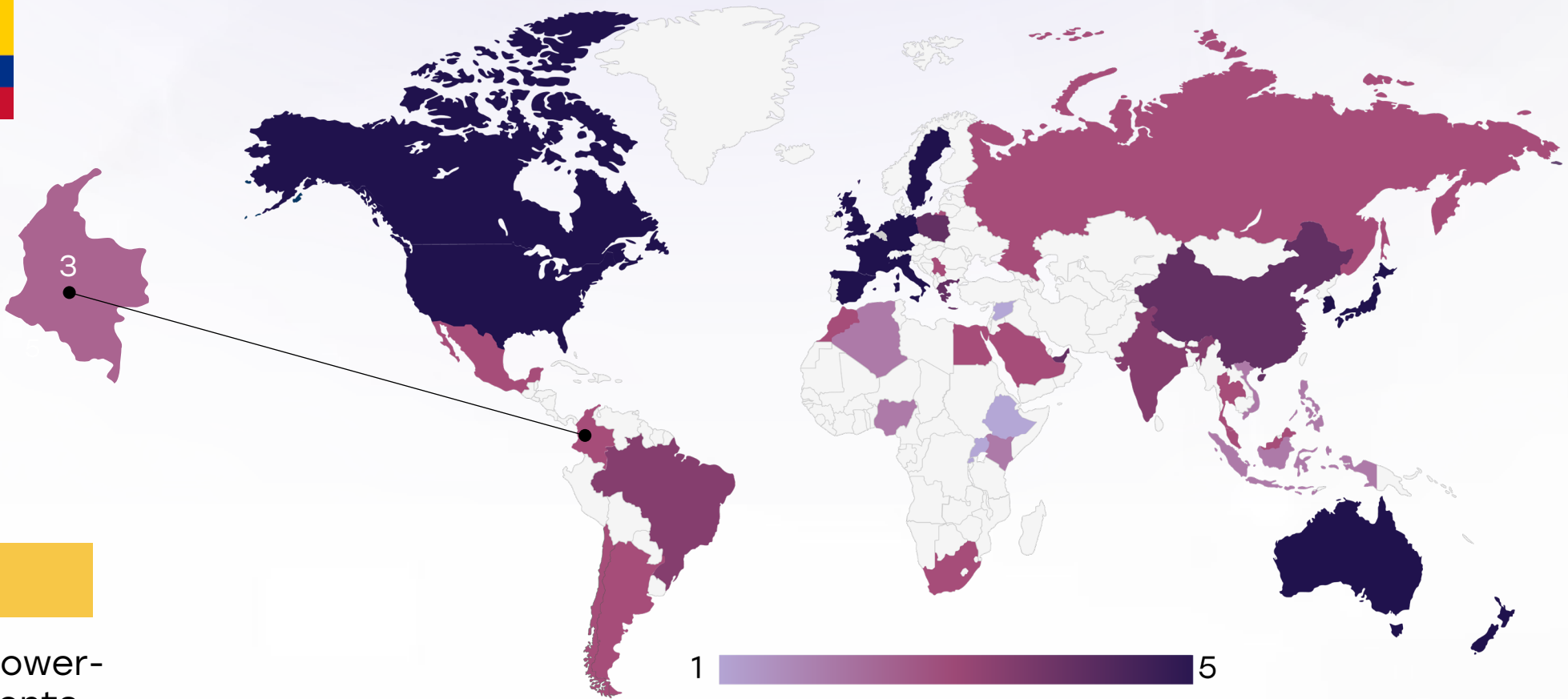
This factsheet provides a comprehensive overview of key pillars shaping colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Among the top 5 cancers in men.
- Incidence rate: Around 16 per 100,000 men per year.
- Total new cases (2022): Approximately 2,900 men.
- Daily diagnoses (2022): Around 8 men per day.
- Deaths (2022): About 1,600 men.
- 5-year survival rate: Estimated 45–50%.
- Most affected age group: Primarily men aged 55–75 years.
- Screening participation: Screening programs exist but with low-to-moderate uptake.

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Infrastructure



Strengths

- Key urban hospitals like Fundación Santa Fe and Hospital Universitario San Ignacio provide advanced oncological services.
- Colombia has invested in cancer-specific infrastructure through its Ten-Year Cancer Plan.

Weakness

- Rural areas and lower-income departments lack specialized cancer diagnostic and treatment facilities.
- Long travel distances and referral delays reduce timely access to care.

Opportunity

- Public-private partnerships can expand diagnostic infrastructure and telehealth for cancer.
- Mobile health units can bring colorectal cancer care closer to underserved populations.

Threats

- Continued urban-rural gap in healthcare access could widen disparities in cancer outcomes.
- Equipment shortages and maintenance delays hinder diagnostics in secondary facilities.

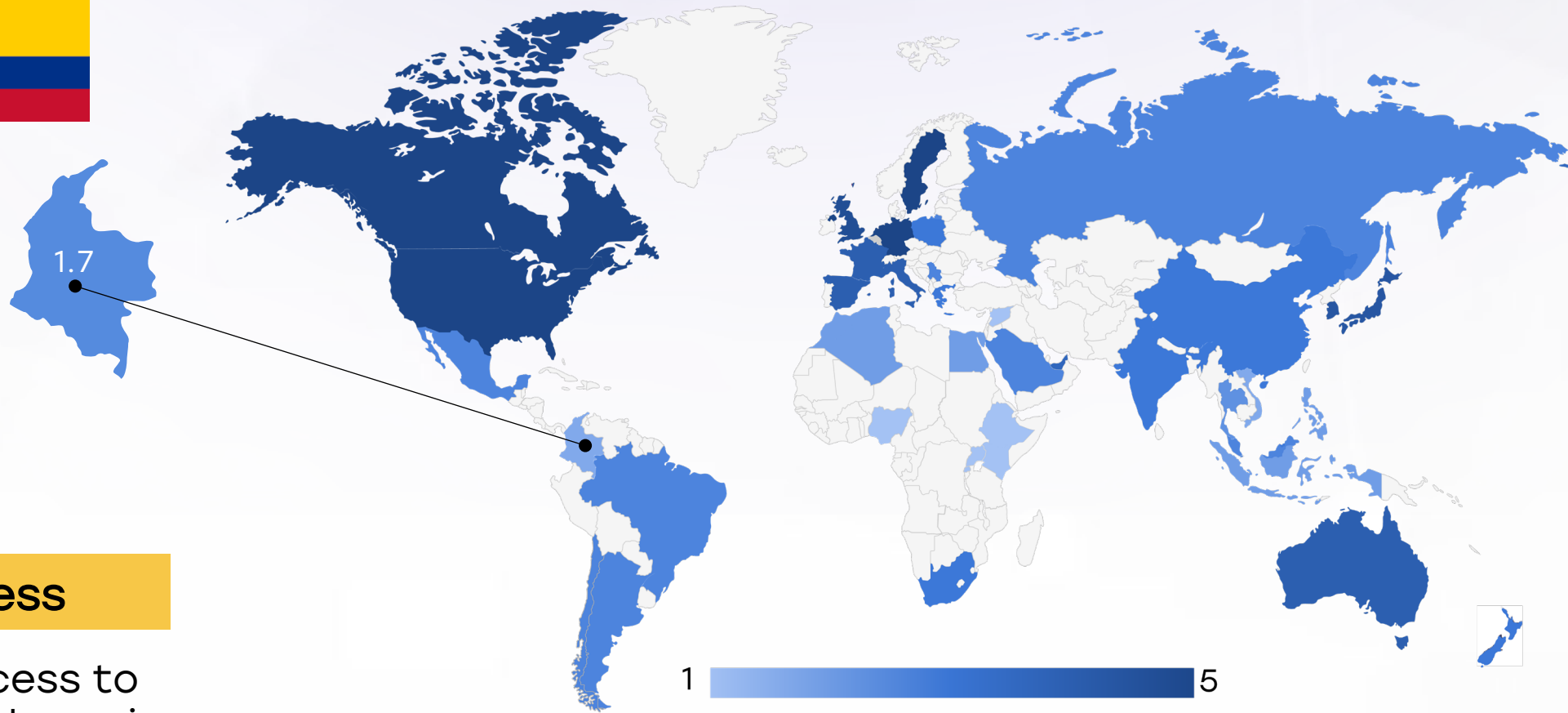


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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



Strengths

- Targeted treatments are available in tertiary hospitals and some private facilities.
- National Cancer Institute and MinSalud support public awareness efforts and early detection.

Weakness

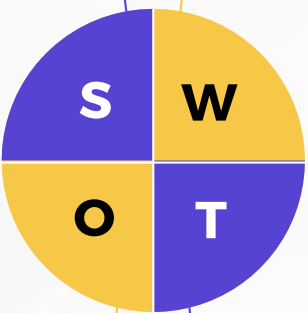
- Limited access to advanced therapies outside Bogotá, Medellín, and Cali.
- Research funding remains modest, with a focus on other high-burden conditions.

Opportunity

- International collaboration can enhance funding and participation in clinical trials.
- Greater integration of CRC awareness in primary care could improve early referrals.

Threats

- Disparities in insurance coverage between the contributory and subsidized regimes.
- Treatment delays due to bureaucratic and insurance authorization processes.



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.

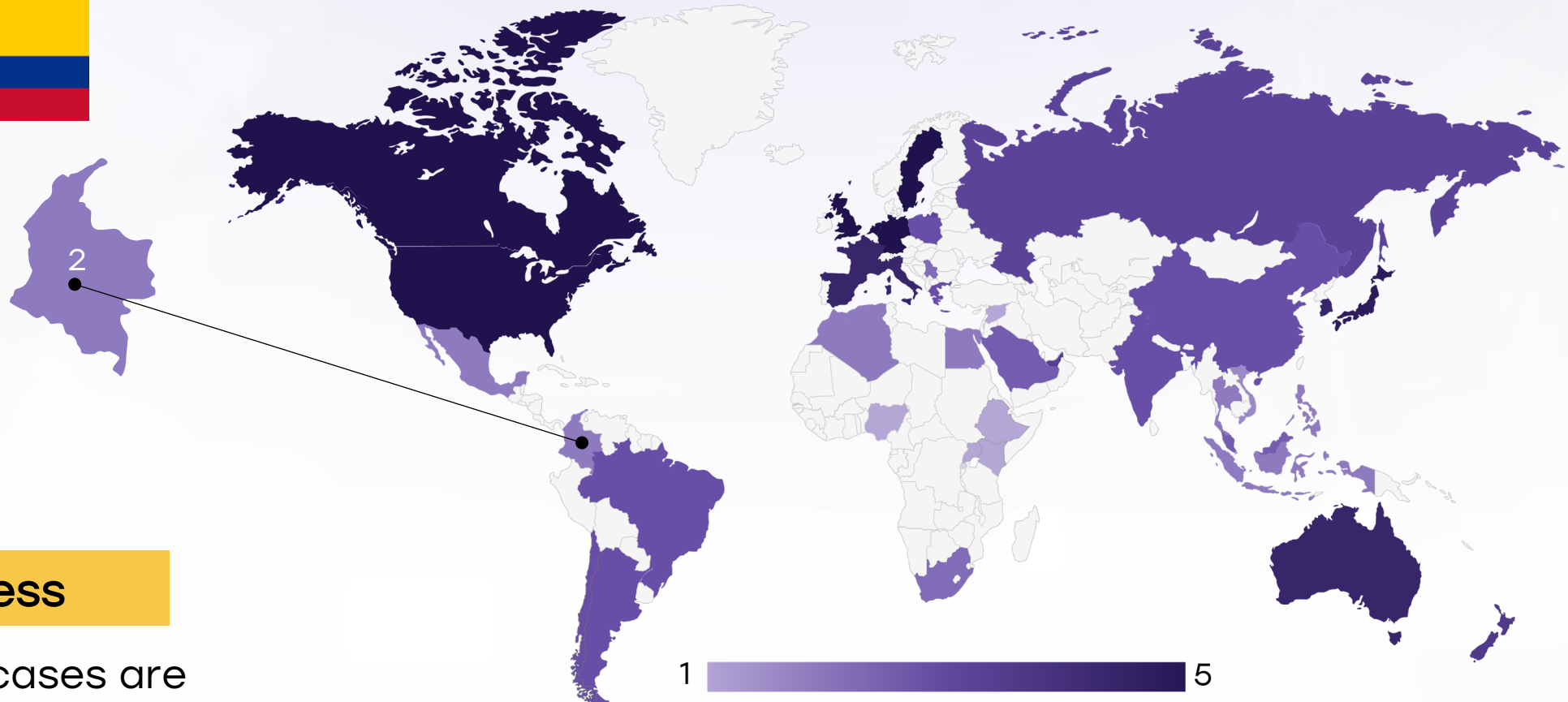


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			

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Survival Rates, Early Detection and Palliative Care



Strengths

- Survival rates are improving in early-stage patients treated at urban centers.
- Palliative care access is growing, especially in comprehensive cancer centers.

Weakness

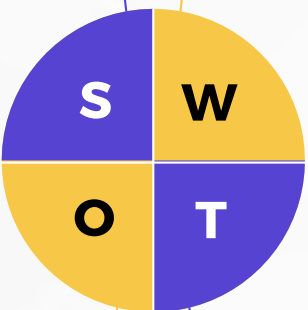
- Most CRC cases are diagnosed at advanced stages, leading to lower national survival rates.
- Palliative care remains limited in rural and peri-urban areas.

Opportunity




























































































































- Primary care training in symptom recognition can boost early-stage detection.
- Expansion of home-based palliative services can improve quality of life in advanced cases.

Threats

- Late-stage diagnoses continue to dominate due to poor screening coverage.
- Cultural reluctance to discuss symptoms leads to delays in care seeking.



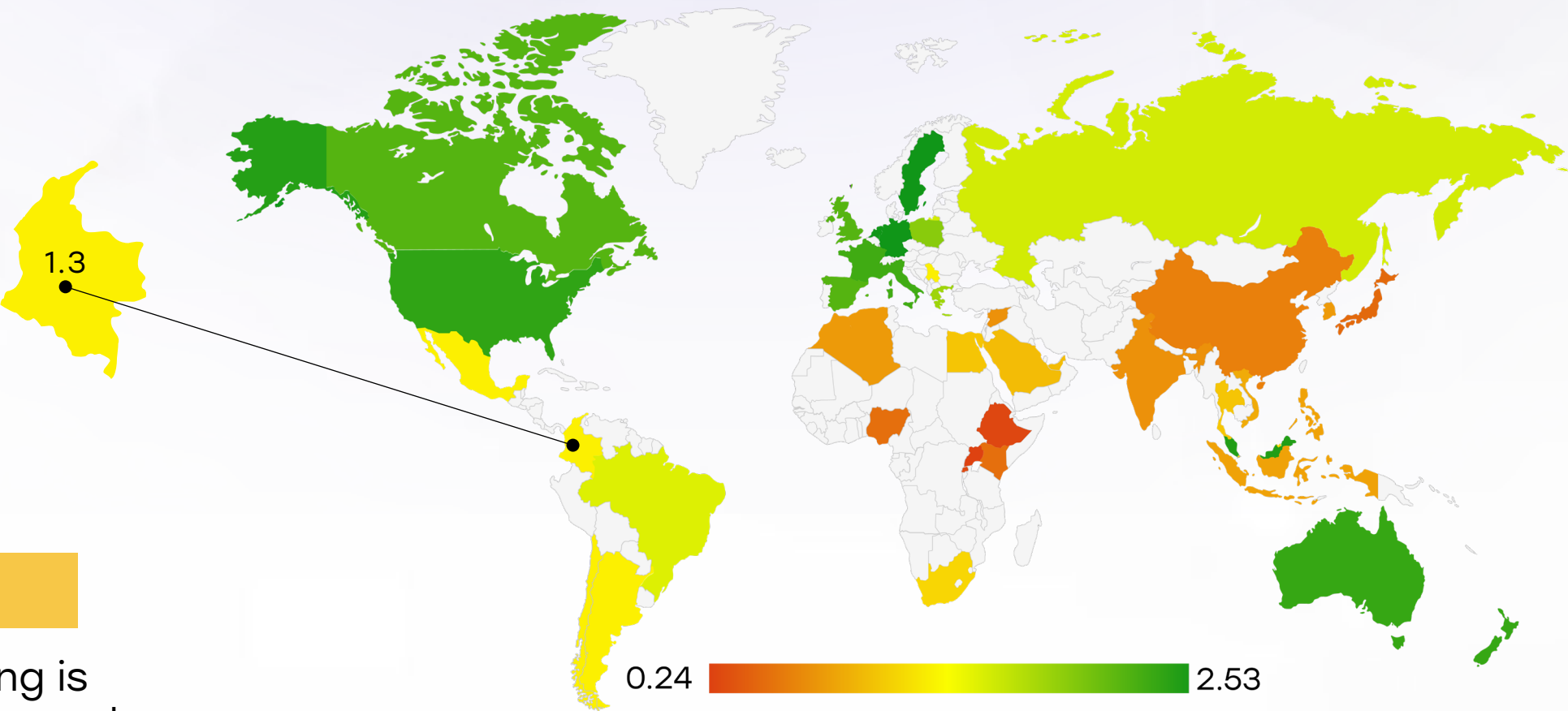
- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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			

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Utilization of Biomarkers



Strengths

- KRAS and NRAS testing is standard in large oncology centers for guiding EGFR inhibitor use.
- Some centers now implement MSI/dMMR screening to assess immunotherapy eligibility.

Opportunity

- National guidelines could mandate biomarker profiling in metastatic CRC to improve precision care.
- Capacity-building in molecular pathology can reduce dependence on external labs.

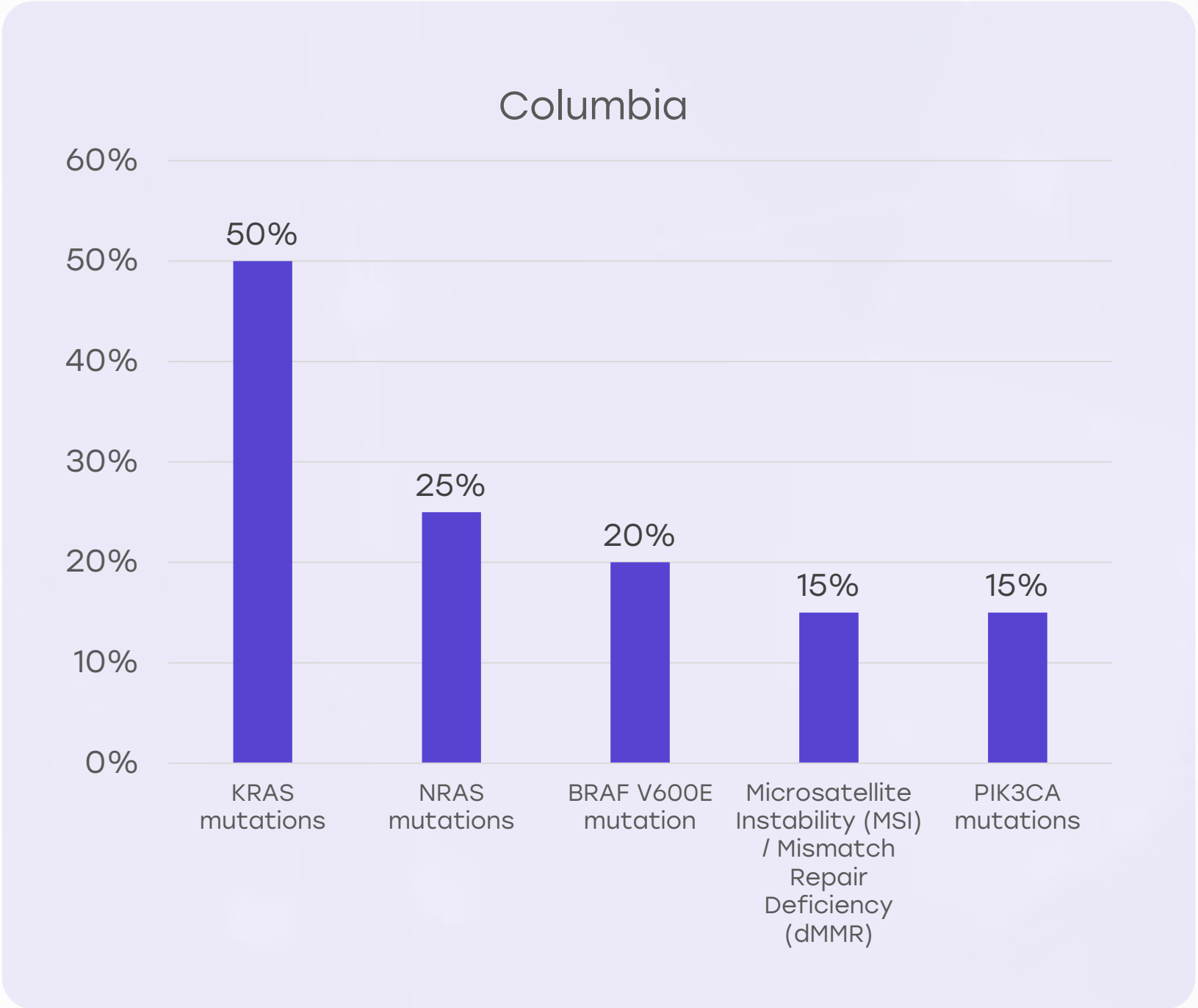
Weakness

- Biomarker testing is not routinely covered by insurance in public hospitals.
- Limited access to advanced genomic testing (e.g., PIK3CA, BRAF V600E) in secondary care settings.

Threats

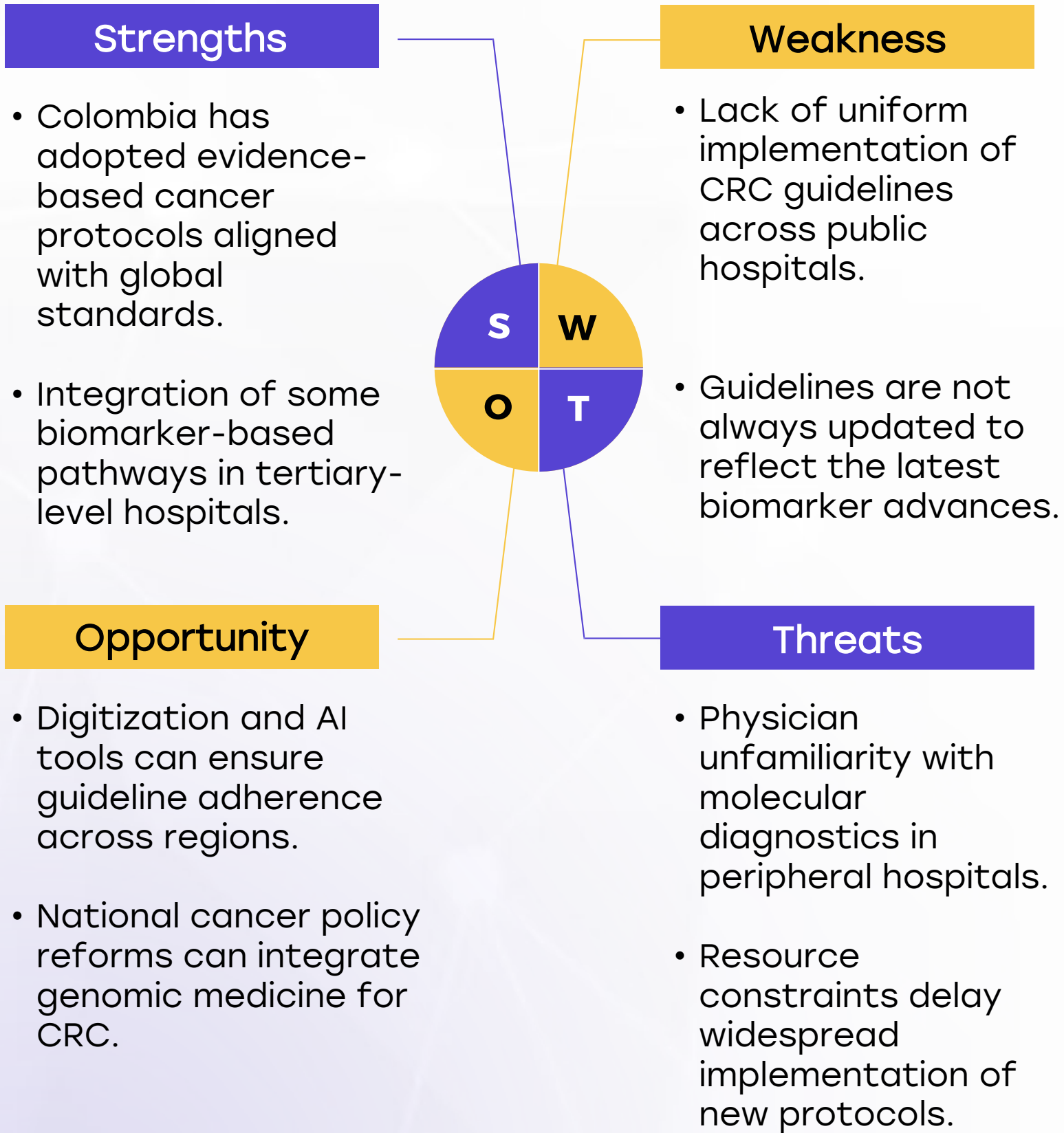
- Inconsistent biomarker testing leads to non-optimized treatment in many cases.
- Cost of tests remains a barrier without universal insurance reimbursement.

- 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



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

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Reimbursement



Strengths

- Basic chemotherapy and surgical interventions are covered under both insurance regimes.
- Some biologics and targeted therapies are reimbursed for insured urban patients.

Weakness




- Biomarker tests and high-cost therapies often require pre-authorization or legal appeals.
- Delays in approvals hinder timely access to treatment, especially for advanced disease.





















































































Opportunity

- Standardizing reimbursement for biomarker-driven therapies can ensure equitable care.
- Pilot projects to streamline insurance processes for cancer treatment access.

Threats

- Financial toxicity is a risk for patients in the subsidized healthcare system.
- Regional disparities in insurer responsiveness create unequal treatment access.

-  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

- Pilot screening programs using FIT/FOBT are running in certain urban regions.
- CRC screening is listed as a public health priority by national authorities.

Weakness

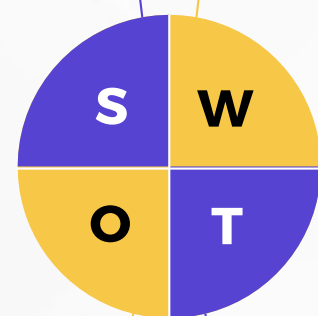
- No organized, nationwide CRC screening program as of now.
- Low public awareness and provider inertia limit participation in screening.

Opportunity

- Mass media campaigns and community health agents can drive screening uptake.
- Digital platforms can assist in risk stratification and screening reminders.

Threats

- Underutilization of early detection tools means most diagnoses are symptomatic.
- Funding constraints may limit program scalability.



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