International Cancer Patient Coalition

Algeria

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 3 most common cancers in both Filipino men and women; fourth leading cause of cancer-related deaths
- Incidence rate: Approximately 17.6 per 100,000 people per year
- Total new cases (2022): Around 15,000 cases
- Daily diagnoses (2022): Approximately 41 people per day
- Deaths (2022): Around 8,000 deaths
- 5-year survival rate: Up to 90% for early-stage cases; overall 2-year survival around 74% (colon cancer: ~82%, rectal cancer: ~72%)
- Most affected age group: Primarily adults aged 50 and above; however, rising incidence also observed in younger adults (20s–30s)
- Screening participation: No organized national program; screening is opportunistic and includes annual stool-based tests (FIT) and colonoscopy for those aged 50+, though uptake remains low

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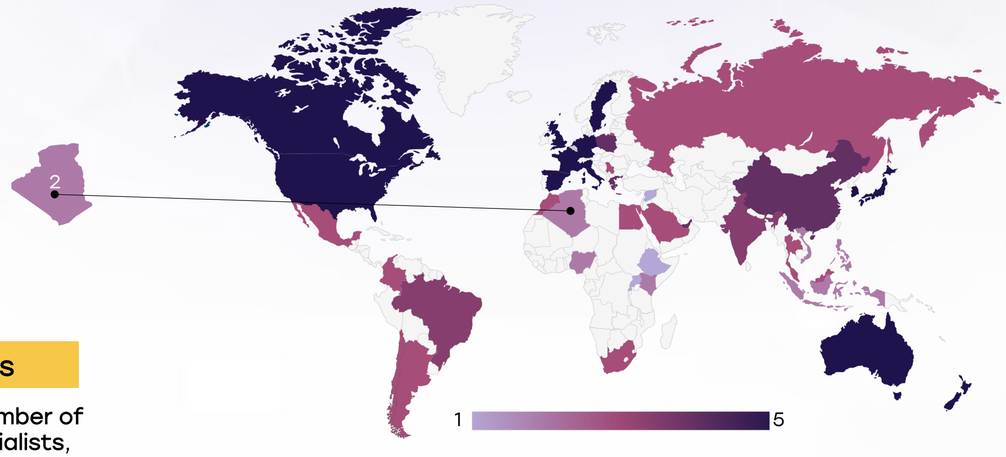
Infrastructure



Strengths

- Major cancer centers like **Pierre and Marie Curie Center (CPMC)** in Algiers are equipped for **oncological surgery and chemotherapy**.
- Expansion of **diagnostic imaging** (CT, colonoscopy, MRI) in large urban hospitals

Weakness

- **Insufficient number of oncology specialists**, particularly in rural areas.
- Limited capacity for **high-throughput pathology and molecular diagnostics**.

S W O T

Opportunity

- Invest in regional **colorectal cancer hubs** and equip labs for **biomarker testing**.
- Establish **telemedicine and mobile screening units** for underserved regions.

Threats

- Rapid urban population growth is **straining tertiary hospital resources**.
- Ongoing political and economic instability **limits long-term investments** in health infrastructure.

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	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
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	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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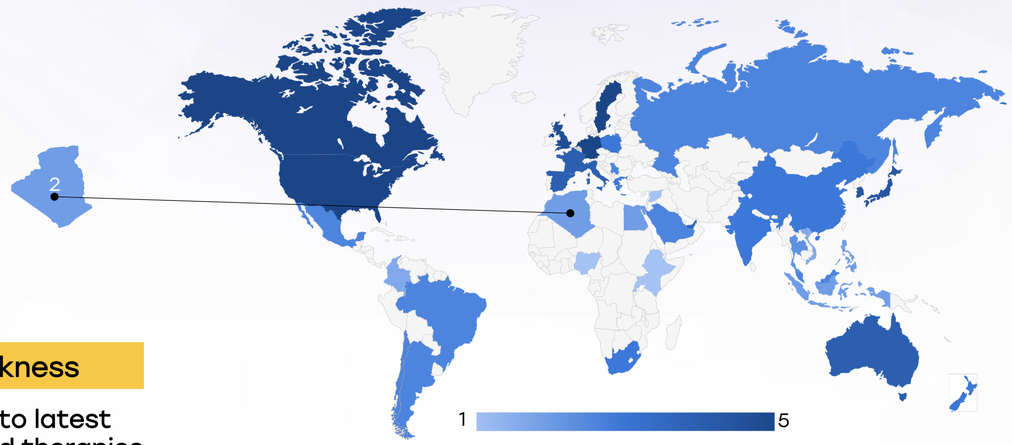
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government provides **free or subsidized cancer treatment** through public hospitals.
- Presence of **international aid and academic collaborations** in oncology research.

Weakness

- **Access to latest targeted therapies (e.g., EGFR inhibitors)** is highly restricted.
- CRC-specific **research funding and public awareness are minimal** compared to other cancers.

Opportunity

- Launch **awareness campaigns focusing on early CRC symptoms** and modifiable risk factors.
- Foster partnerships for **regional trials involving molecular diagnostics** and targeted treatments.

Threats

- **Stigma and fatalism** surrounding cancer reduce treatment-seeking behavior.
- High reliance on **imported drugs** and unstable pharmaceutical supply chains.

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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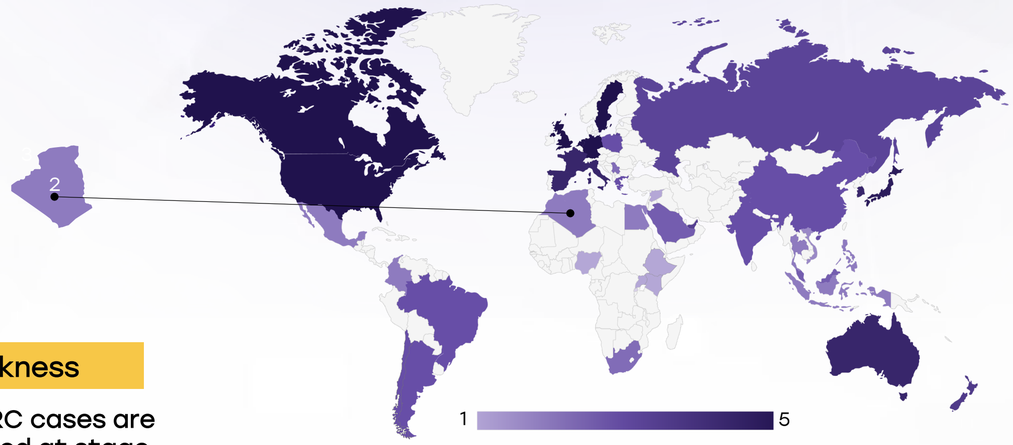
Survival Rates, Early Detection and Palliative Care



Strengths

- When diagnosed early, **stage I/II CRC outcomes are favorable**, with access to surgery.
- Palliative care programs are being **gradually introduced** in urban centers.

Weakness

- **Most CRC cases are diagnosed at stage III or IV**, often after symptom onset.
- Palliative and hospice care are **underdeveloped and often inaccessible** in remote areas.

S W O T

Opportunity

- Train **general practitioners in early symptom recognition and referrals**.
- Scale up **community-based palliative care** and integrate it into chronic disease care.

Threats

- **Late-stage detection** due to poor screening and awareness leads to worse survival rates.
- Societal norms and lack of palliative services create **avoidable suffering at end of life**.

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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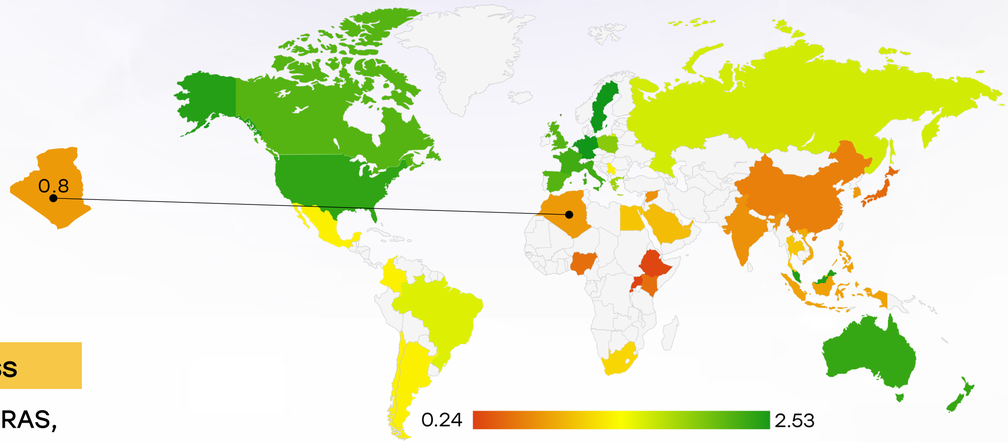
Utilization of Biomarkers



Strengths

- KRAS mutation testing is **available in select specialized oncology labs**.
- Growing clinician interest in **personalized therapy based on molecular profiles**

Weakness

- **Testing for NRAS, BRAF V600E, MSI/dMMR and PIK3CA** is extremely limited and not routine.
- **Lack of national registry** or clinical integration of biomarker-based decision-making.

S W O T

Opportunity

- Expand availability of **NGS or PCR-based testing platforms** in public cancer centers.
- Promote **cost-sharing partnerships with diagnostics companies** for biomarker use.

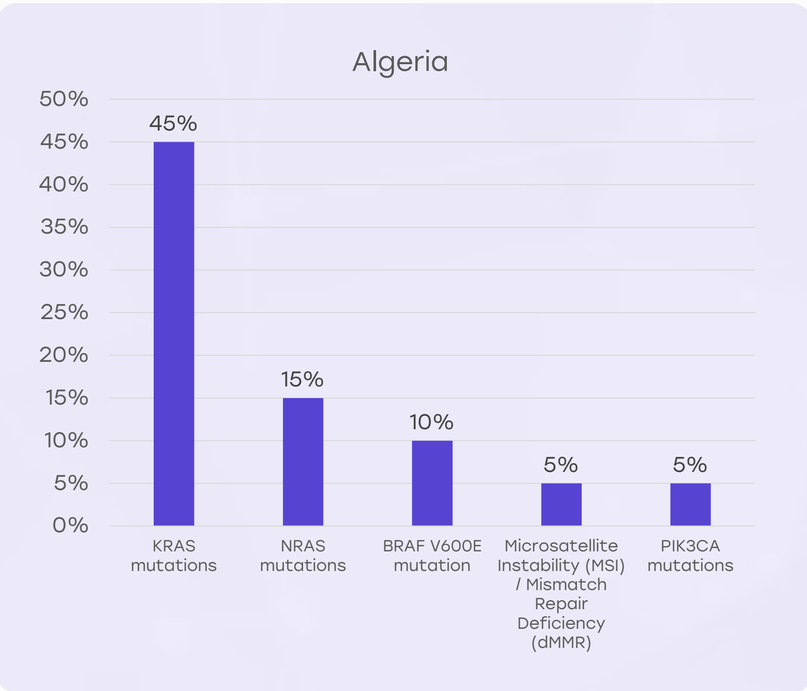
Threats

- **Out-of-pocket cost** of testing prohibits access for most patients.
- **No local manufacturing or reimbursement framework** for advanced biomarker tests.

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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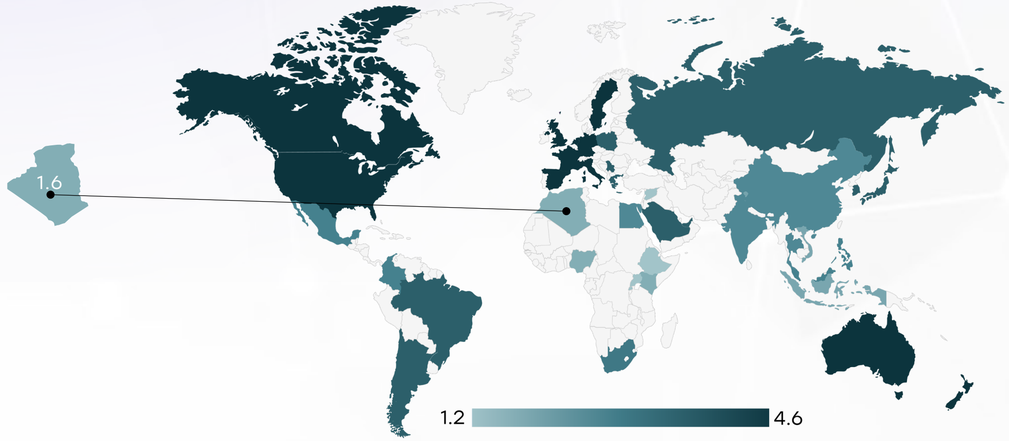
Clinical Guidelines



Strengths

- Algeria follows **internationally accepted protocols** (e.g., ESMO, NCCN) for CRC treatment.
- National programs include **standard treatment for chemotherapy and surgery**.

Weakness

- Lack of **localized, biomarker-integrated clinical pathways** for CRC.
- **Inconsistent implementation** of guidelines across the public-private divide.

S W O T

Opportunity

- Develop **Algeria-specific CRC clinical protocols** with biomarker integration.
- Establish **training programs for oncologists and pathologists** on molecular-based treatment.

Threats

- Implementation gap due to **lack of monitoring and accountability systems**.
- Resistance to protocol change from practitioners in **resource-limited settings**.

	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

- The national public health system offers **universal coverage for basic cancer care**.
- Essential chemotherapy agents are generally **available free of charge**.

Weakness

- **Molecular testing and targeted therapies** are not covered by public insurance.
- Financial burden increases for **middle-class patients using private labs or drugs**.

S W O T

Opportunity

- Expand public coverage to **include cost-effective diagnostics** like KRAS and MSI testing.
- Introduce **tiered subsidy models** for high-risk or low-income patients.

Threats

- Public insurance sustainability is **threatened by economic pressures**.
- **Delays in reimbursement** and drug procurement affect continuity of care.

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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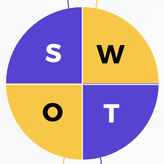
Colorectal Cancer Screening

Strengths

- Opportunistic screening via **colonoscopy or fecal occult blood test (FOBT)** occurs in high-risk patients.
- Some pilot initiatives in urban centers for **early CRC detection**.

Weakness

- **No national CRC screening program** or organized risk stratification efforts.
- Limited public awareness of **asymptomatic nature of early CRC**.



Opportunity

- Develop **targeted CRC screening guidelines for adults aged 50–74**.
- Integrate **screening into existing NCD (non-communicable disease) platforms**.

Threats

- **Insufficient endoscopic capacity** to support mass screening.
- Fear, cultural norms, and fatalism **deter participation in screening programs**.

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