International Cancer Patient Coalition

UAE

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 15 per 100,000 men per year.
- Total new cases (2022): Around 500 men.
- Daily diagnoses (2022): About 1–2 men per day.
- Deaths (2022): Around 300 men.
- 5-year survival rate: Estimated 50–55%.
- Most affected age group: Primarily men aged 55 and above.
- Screening participation: Government-supported screening available, but uptake varies across regions

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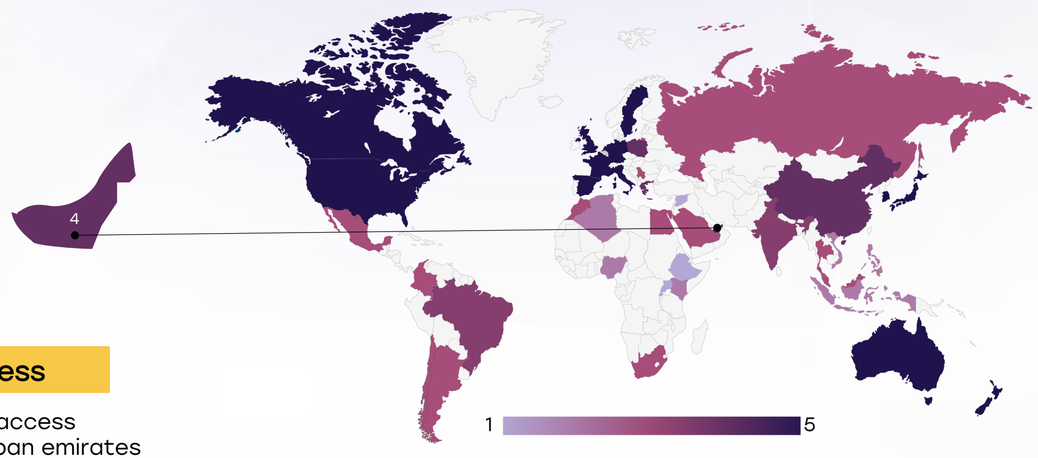
Infrastructure



Strengths

- Advanced healthcare infrastructure, especially in Abu Dhabi and Dubai, with world-class hospitals like Cleveland Clinic Abu Dhabi and Sheikh Shakhbout Medical City.
- National Cancer Registry in place for tracking cancer incidence and outcomes

Weakness

- Disparity in access between urban emirates and more rural or northern regions like Fujairah or Umm Al Quwain.
- Heavy reliance on expatriate workforce in healthcare may cause inconsistency in specialized care delivery.

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Opportunity

- Development of new cancer centers in northern Emirates under the UAE Vision 2031 health strategy.
- Government incentives to attract international partnerships and investors in oncology innovation.

Threats

- Rapid population growth may outpace current healthcare planning and capacity in the long run.
- Limited oncology training institutions within UAE; dependence on foreign-trained professionals.

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	4
Spain	4	4
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	4
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	4	3
Malaysia	4	4

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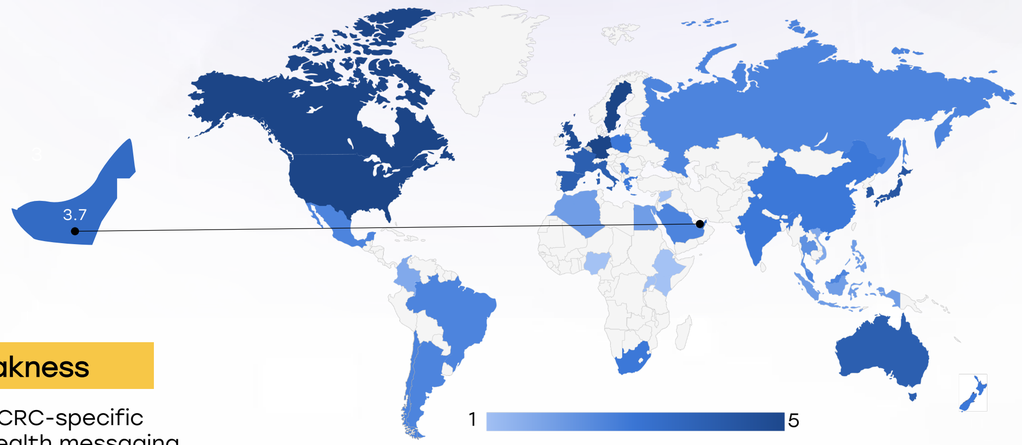
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Free or subsidized treatment for Emirati citizens; access to high-quality care for many expatriates through insurance.
- Multiple government-led CRC awareness campaigns, especially during March Colorectal Cancer Awareness Month.

Weakness

- Limited CRC-specific public health messaging in non-Arabic/English languages for diverse expat populations.
- Research funding still skewed toward general cancer or breast cancer, with limited CRC-specific grants.

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Opportunity

- Build collaborative research programs with regional and Western oncology centers.
- Tailored awareness campaigns addressing cultural stigma and diet-related risks in South Asian and Middle Eastern expat groups.

Threats

- High turnover in expatriate populations may reduce continuity in follow-up care and awareness impact.
- Language and cultural barriers may limit effectiveness of existing campaigns.

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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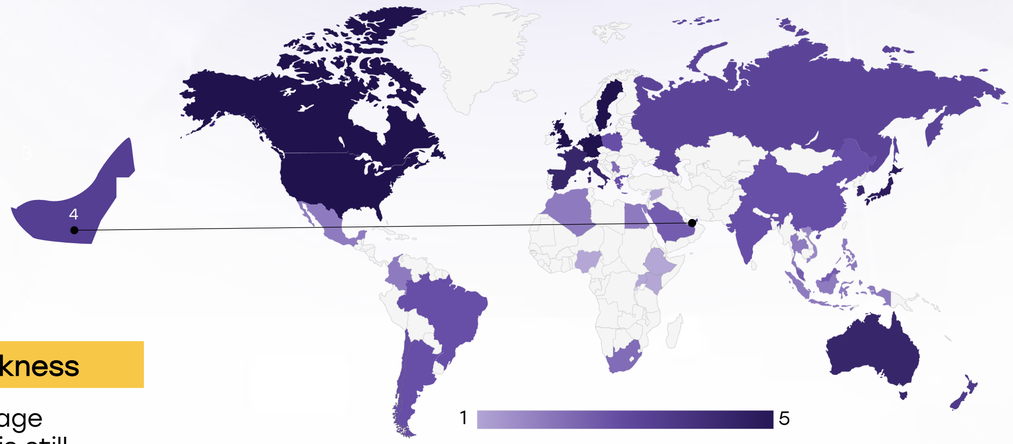
Survival Rates, Early Detection and Palliative Care



Strengths

- High survival rates in early-stage CRC due to advanced diagnostics and timely intervention in major hospitals.
- Government support for integrating palliative care services into public hospitals.

Weakness

- Late-stage diagnosis still prevalent in certain communities due to delayed screening.
- Palliative care services remain underdeveloped in northern Emirates and among uninsured expatriates.

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Opportunity

- Nationwide campaigns to promote early detection through FIT/colonoscopy programs.
- Strengthen palliative care education and expand multidisciplinary teams across all Emirates.

Threats

- Cultural discomfort in discussing end-of-life care limits uptake of palliative services.
- Inconsistent reporting of survival outcomes due to fragmented public-private sector coordination.

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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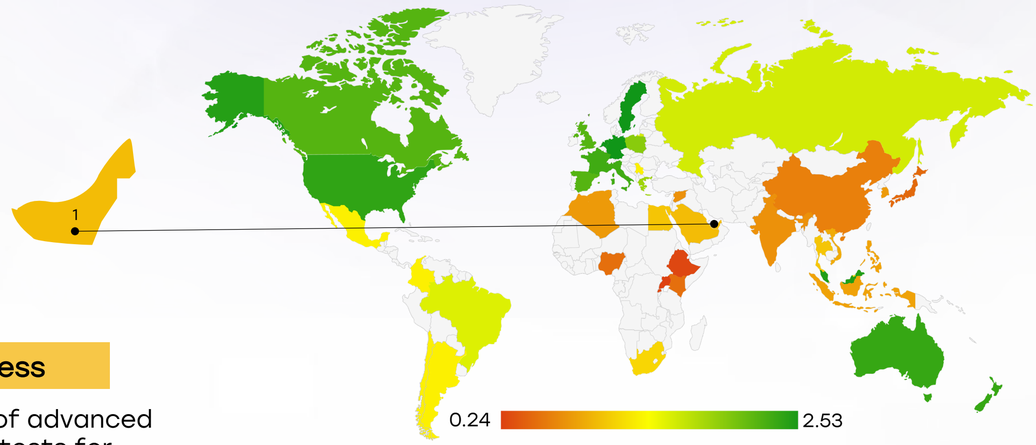
Utilization of Biomarkers



Strengths

- Tertiary care hospitals routinely offer KRAS, NRAS, BRAF, and MSI/dMMR testing for metastatic CRC cases.
- National guidelines reference molecular testing as part of precision treatment plans.

Weakness

- High cost of advanced biomarker tests for uninsured or underinsured expatriates.
- Variability in access to biomarker tests across different hospital networks.

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Opportunity

- Expand insurance coverage for biomarker testing as part of value-based care models.
- Create national genomics databases to better understand CRC trends in Arab and Asian populations.

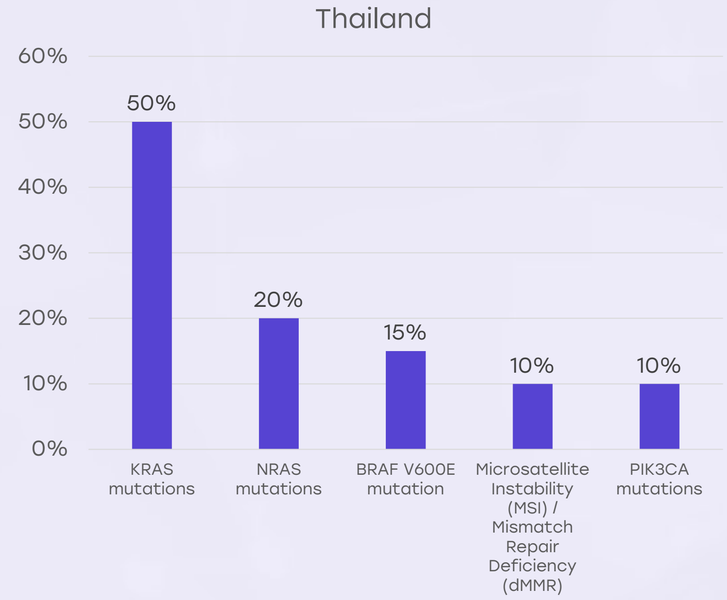
Threats

- Delays in reimbursement or approvals for novel targeted therapies may hinder biomarker use.
- Diagnostic delays in some private hospitals due to logistics or reagent shortages.

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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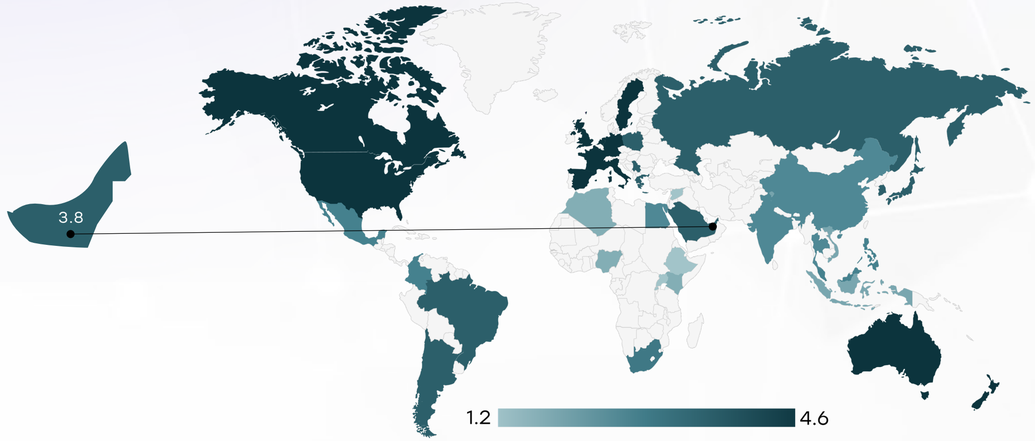
Clinical Guidelines



Strengths

- UAE follows international guidelines (e.g., NCCN, ESMO) and adapts them to local practices.
- Oncology boards and CME programs ensure clinicians are regularly updated on CRC management.

Weakness

- Implementation gap between government hospitals and smaller private facilities.
- Lack of UAE-specific CRC treatment guidelines incorporating local epidemiology.

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Opportunity

- Develop UAE-adapted clinical pathways for CRC management across different patient segments.
- Use health IT systems to integrate decision-support tools based on guidelines.

Threats

- Rapid innovation in CRC treatment may outpace local adaptation of updated guidelines.
- Fragmentation across Emirates could lead to inconsistent care quality and follow-through.

	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

- Emirati citizens receive full coverage; public and private insurance plans increasingly include cancer treatment.
- Government subsidies available for low-income and special-status expatriates in some Emirates.

Weakness

- Disparities in coverage across different insurance tiers—some expats lack reimbursement for advanced therapies.
- Non-standardized pricing and approvals between Emirates for cancer drugs and diagnostics.

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Opportunity

- Introduction of unified oncology drug reimbursement framework across public-private systems.
- Partnering with pharma for outcome-based reimbursement of biomarker-driven therapies.

Threats

- Inflation and budget constraints may restrict the expansion of reimbursement lists.
- Out-of-pocket costs for uncovered diagnostic tools and maintenance therapies can be prohibitive.

● 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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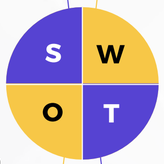
Colorectal Cancer Screening

Strengths

- Dubai Health Authority and SEHA (Abu Dhabi) have implemented CRC screening programs targeting adults aged 40+.
- Use of FIT testing and referral pathways for colonoscopy follow-up available in major hospitals.

Weakness

- Low participation rates in certain populations due to stigma, fear, and lack of knowledge.
- Gaps in continuity of care following positive screenings, especially in private clinics.



Opportunity

- Incorporate CRC screening reminders into digital health apps and EMRs.
- Mandate insurance coverage for screening in all tiers of the population.

Threats

- Low screening uptake among high-risk groups like South Asians and Middle Eastern men.
- Delayed follow-ups due to colonoscopy bottlenecks during high demand periods.

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
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