International Cancer Patient Coalition

Greece

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 in the top 5 cancers in men.
- Incidence rate: Around 35 per 100,000 men per year.
- Total new cases (2022): Approximately 4,000 men.
- Daily diagnoses (2022): Around 11 men per day.
- Deaths (2022): About 2,400 men.
- 5-year survival rate: Estimated 55–60%.
- Most affected age group: Men aged 60 and above.
- Screening participation: No national program; mostly opportunistic screening.

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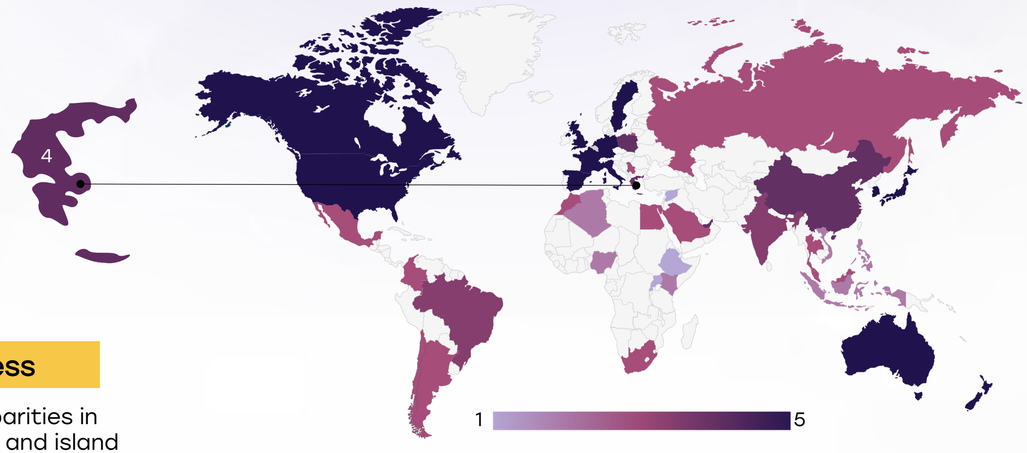
Infrastructure



Strengths

- Greece has a network of public hospitals under the National Health System (ESY), with oncology departments in major cities like Athens and Thessaloniki.
- Presence of National Cancer Registry infrastructure under development supports strategic data collection.

Weakness

- Regional disparities in access: rural and island populations often face delays due to limited local oncology infrastructure.
- Equipment like advanced MRI, PET-CT, or robotic surgery is not uniformly distributed

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Opportunity

- EU recovery and resilience funds are being channeled to strengthen oncology services and hospital infrastructure.
- Telemedicine expansion post-COVID offers a bridge to specialist care in remote areas.

Threats

- Public hospital system is under pressure due to economic constraints and staffing shortages.
- Infrastructure degradation from prolonged underfunding risks care quality in non-urban regions.

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	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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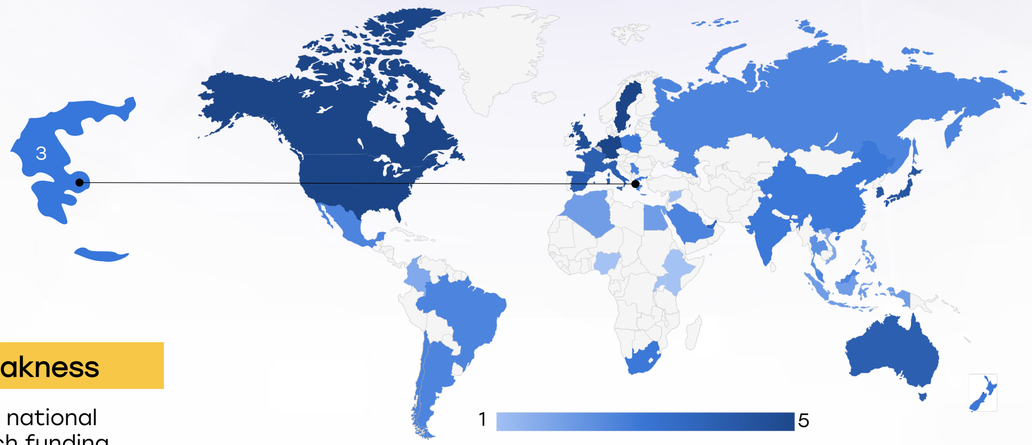
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to standard chemotherapy, targeted therapies, and surgical treatments is available through public hospitals.
- Greece participates in multinational cancer clinical trials, providing access to experimental therapies.

Weakness

- Limited national research funding dedicated to colorectal cancer compared to other EU countries.
- Public awareness around colorectal cancer screening and symptoms remains relatively low.

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Opportunity

- Campaigns like “Stay Alive” by patient groups have raised interest in early screening and awareness.
- EU funding support can stimulate research consortia and innovation in colorectal cancer care.

Threats

- Brain drain of medical researchers and oncologists limits domestic research advancement.
- Limited long-term planning for national colorectal cancer control strategy weakens progress.

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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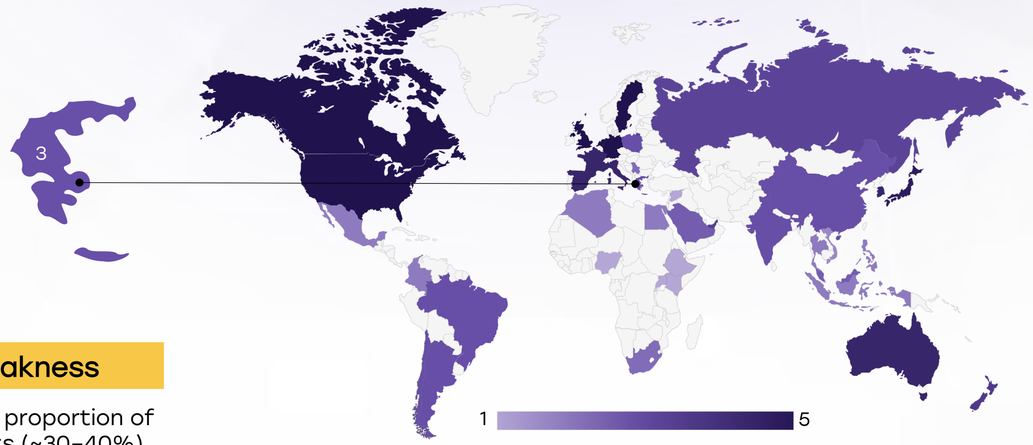
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival for colorectal cancer in Greece is around 60%, reflecting decent treatment quality in early stages.
- Gradual integration of palliative care into oncology, especially in tertiary hospitals.

Weakness

- A large proportion of patients (~30–40%) are still diagnosed at advanced stages due to low screening rates.
- Palliative care access outside large cities is limited, with few specialized centers.

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Opportunity

- Early detection efforts could significantly improve outcomes with even modest increases in screening uptake.
- Home-based palliative services and NGO collaborations can improve quality of life for terminal patients.

Threats

- Increasing burden of non-communicable diseases may limit government focus on cancer.
- Delayed diagnosis due to stigma or financial concerns can worsen prognosis.

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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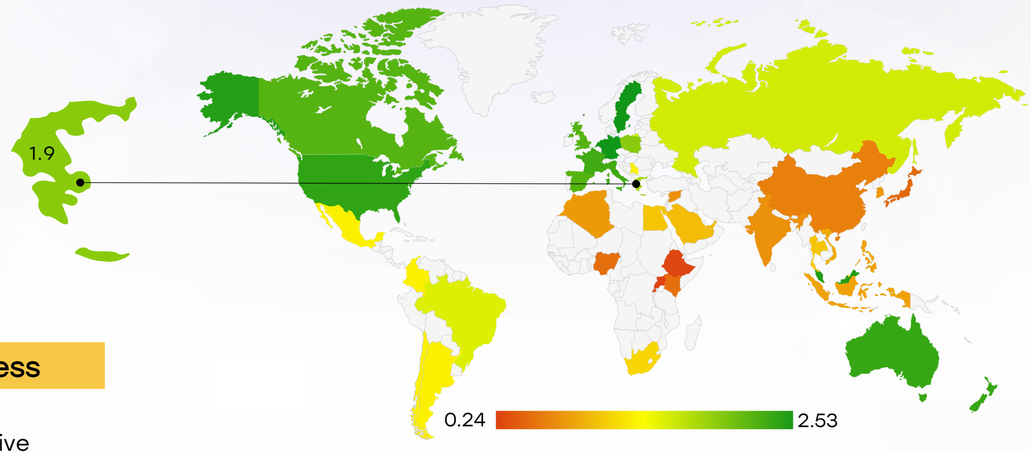
Utilization of Biomarkers



Strengths

- KRAS and NRAS mutation testing is routinely used in metastatic colorectal cancer to guide anti-EGFR therapy decisions.
- MSI/dMMR testing is available in academic and reference laboratories for immunotherapy eligibility

Weakness

- Access to comprehensive biomarker panels (like PIK3CA or full NGS) is limited in public hospitals; patients may pay out-of-pocket.
- Uneven implementation of molecular testing guidelines between institutions.

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Opportunity

- National standardization of biomarker testing protocols would promote equitable access to personalized treatment.
- Collaboration with EU molecular diagnostic networks can improve biomarker integration.

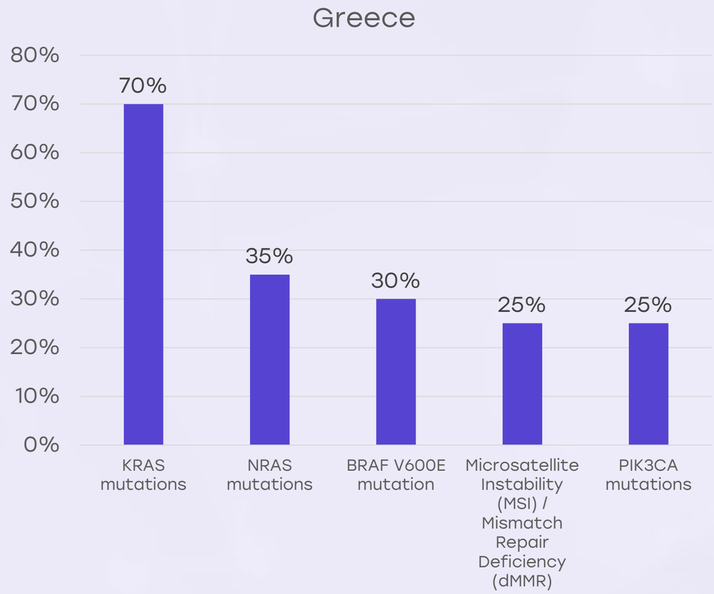
Threats

- Budget constraints in public hospitals may delay broader adoption of new biomarker panels.
- Lack of awareness among some clinicians may result in underuse of molecular profiling.

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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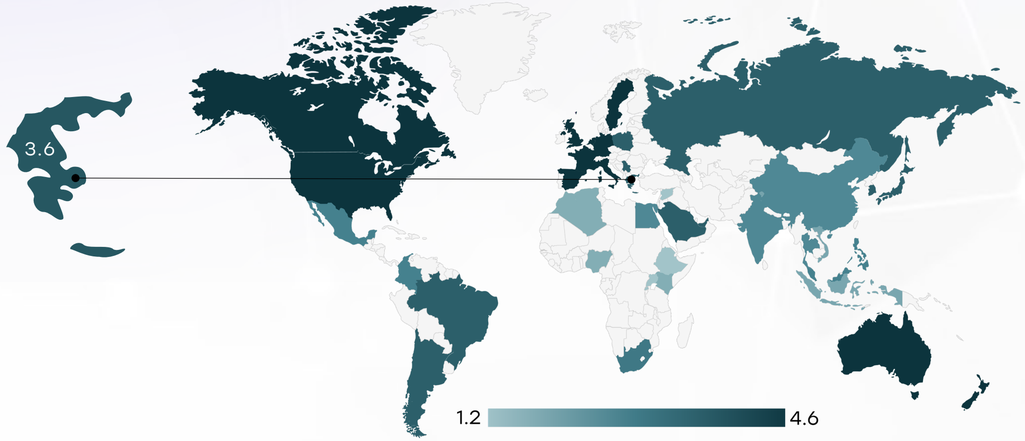
Clinical Guidelines



Strengths

- Greece aligns with ESMO and international colorectal cancer treatment guidelines in clinical practice.
- Some hospitals have active multidisciplinary tumor boards for colorectal cases.

Weakness

- Absence of national colorectal cancer-specific clinical guidelines tailored to the Greek population.
- Variation in practice patterns and guideline adherence, especially in decentralized health regions.

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Opportunity

- Development of localized Greek clinical protocols would strengthen uniformity and improve quality of care.
- Increased training and continuing medical education can enhance compliance with evidence-based practices.

Threats

- Delayed guideline updates or uneven application may result in suboptimal treatment pathways.
- Institutional differences in technology access affect ability to follow guidelines consistently.

	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

- Standard treatments, including chemotherapy and most targeted therapies, are reimbursed through EOPYY (National Organization for Healthcare Services).
- Public insurance covers major biomarker tests in certain approved cases.

Weakness

- Reimbursement for advanced diagnostics or newer targeted therapies can involve bureaucratic delays.
- Private sector services for faster access create inequities between public and private care recipients.

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Opportunity

- Reform of reimbursement pathways with digital pre-authorizations could streamline access to newer treatments.
- Potential inclusion of more molecular tests under national reimbursement with EU support.

Threats

- Budgetary limitations may lead to stricter reimbursement policies affecting access to innovative therapies.
- Delays in drug evaluation and reimbursement reduce treatment timelines for advanced patients.

● 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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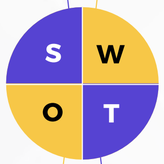
Colorectal Cancer Screening

Strengths

- FIT (fecal immunochemical testing) and colonoscopy are available and covered for high-risk groups.
- Pilot organized screening programs launched in select regions, backed by EU cancer prevention plans.

Weakness

- National population-based colorectal cancer screening is not yet fully implemented.
- Public participation in opportunistic screening is low (~20–30%), partly due to lack of awareness.



Opportunity

- National rollout of FIT-based screening for adults 50–74 years could dramatically improve early detection.
- Culturally appropriate education and general practitioner involvement can improve participation.

Threats

- Hesitancy toward screening procedures and fear of diagnosis delay timely testing.
- Infrastructure limitations could overload diagnostic services if screening participation spikes suddenly.

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