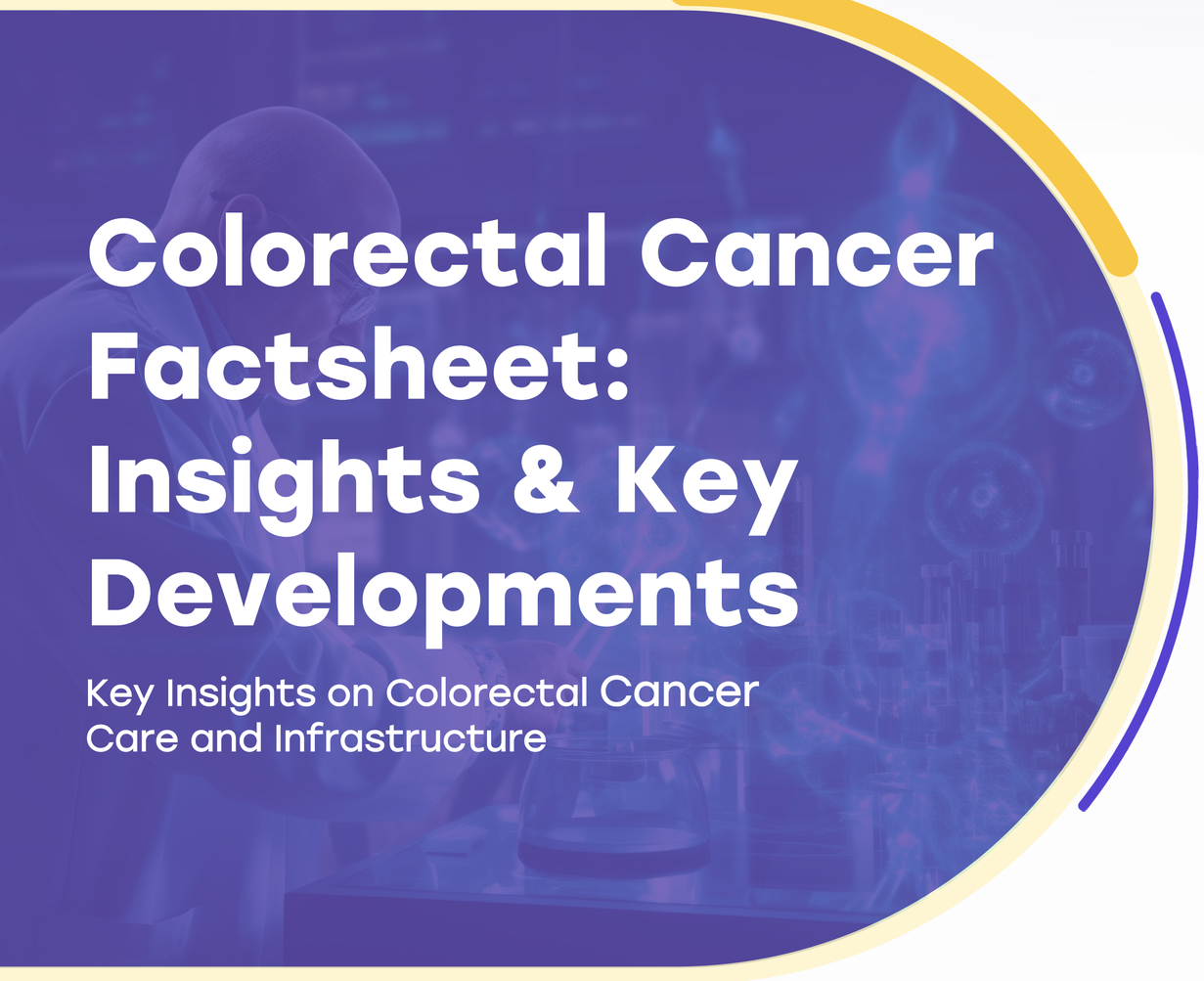
International Cancer Patient Coalition

South Africa



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 among the top 6–7 cancers in men.
- Incidence rate: Around 10 per 100,000 men per year.
- Total new cases (2022): Approximately 2,100 men.
- Daily diagnoses (2022): About 6 men per day.
- Deaths (2022): Roughly 1,600 men.
- 5-year survival rate: Estimated 30–40%, due to late-stage detection.
- Most affected age group: Mostly 60 years and above.
- Screening participation: No organized screening; detection is mostly symptom-based.

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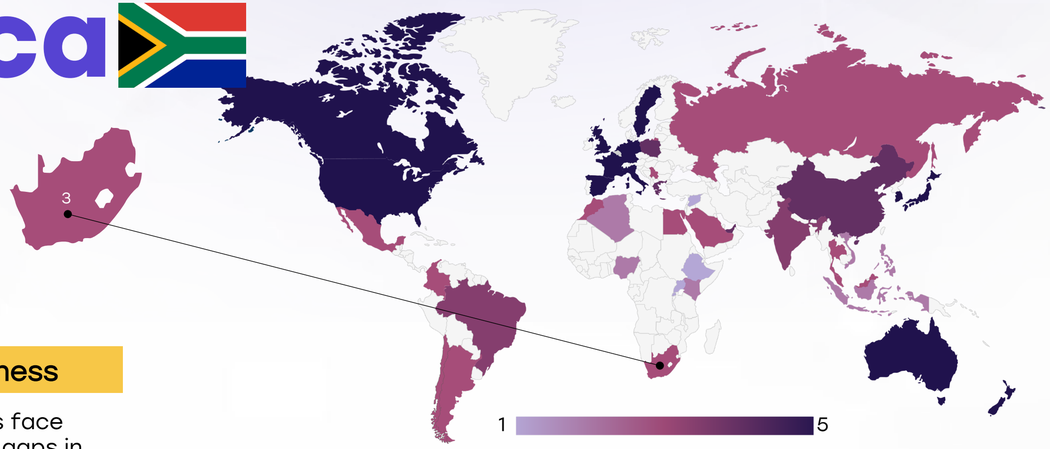
Infrastructure



Strengths

- Presence of tertiary care hospitals and cancer centers in urban areas like Cape Town, Johannesburg, and Durban.
- Expanding access to cancer services through public-private partnerships and regional cancer centers.

Weakness

- Rural areas face significant gaps in cancer infrastructure, including diagnostics and oncology services.
- Unequal distribution of trained oncologists and specialists between public and private sectors.

S W O T

Opportunity

- Expansion of telemedicine and mobile health units to reach underserved populations.
- Strengthening district-level referral networks and capacity-building for non-specialist staff.

Threats

- Aging public infrastructure and limited maintenance budgets may affect quality of care delivery.
- Workforce attrition and emigration of medical professionals limit long-term service scale-up.

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	🟡	🟡
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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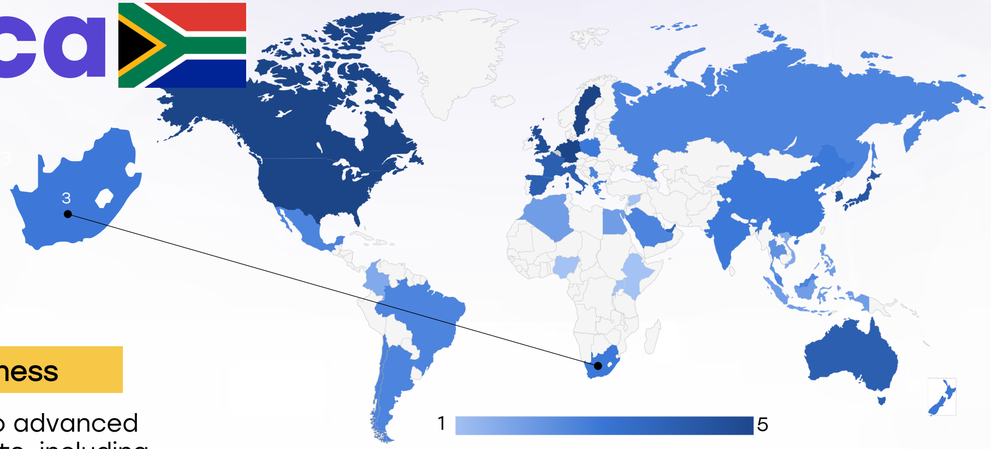
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Active NGOs like CANSA and the Cancer Alliance play key roles in raising awareness and supporting patients.
- Academic research ongoing at institutions like the University of Cape Town and Stellenbosch University on cancer genomic

Weakness

- Access to advanced treatments, including biologics and targeted therapy, remains limited in public healthcare.
- Research funding for cancer is significantly lower than for communicable diseases like HIV and TB.

Opportunity

- Partnerships with international cancer research consortia and pharma companies can boost clinical trials.
- Expand national awareness days and CRC education in primary healthcare settings.

Threats

- Limited national funding prioritization for non-communicable diseases.
- Public mistrust or misinformation may impact campaign effectiveness.

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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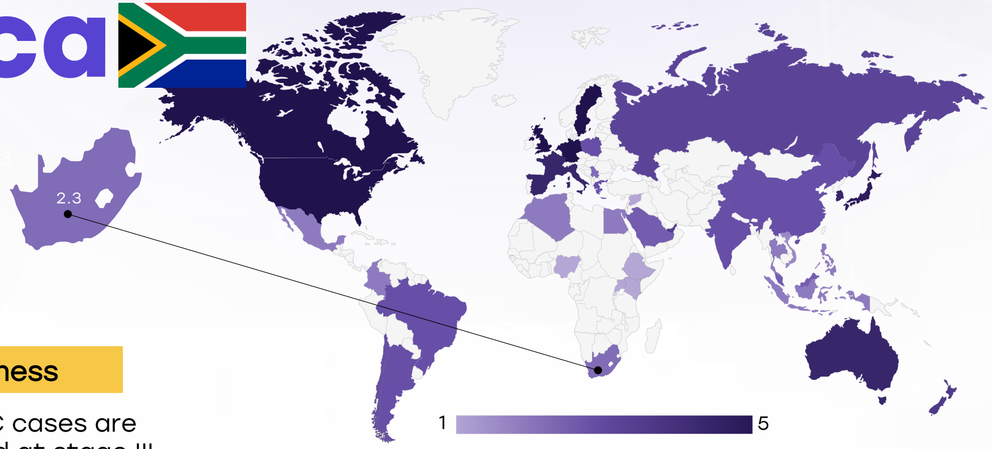
Survival Rates, Early Detection and Palliative Care



Strengths

- Pilot programs for early detection (e.g., FIT and colonoscopy) in select provinces show promise.
- Growing availability of palliative care services, especially through NGOs and hospices.

Weakness

- Many CRC cases are diagnosed at stage III or IV due to late presentation and poor screening coverage.
- Rural and township populations lack awareness or access to early symptom recognition.

Opportunity

- Integrate CRC risk assessment into existing primary care and HIV/NCD programs.
- Expand training for palliative care in district and provincial hospitals.

Threats

- Late detection leads to higher mortality and increased treatment burden.
- Cultural stigma around cancer can delay care-seeking and reduce uptake of supportive services.

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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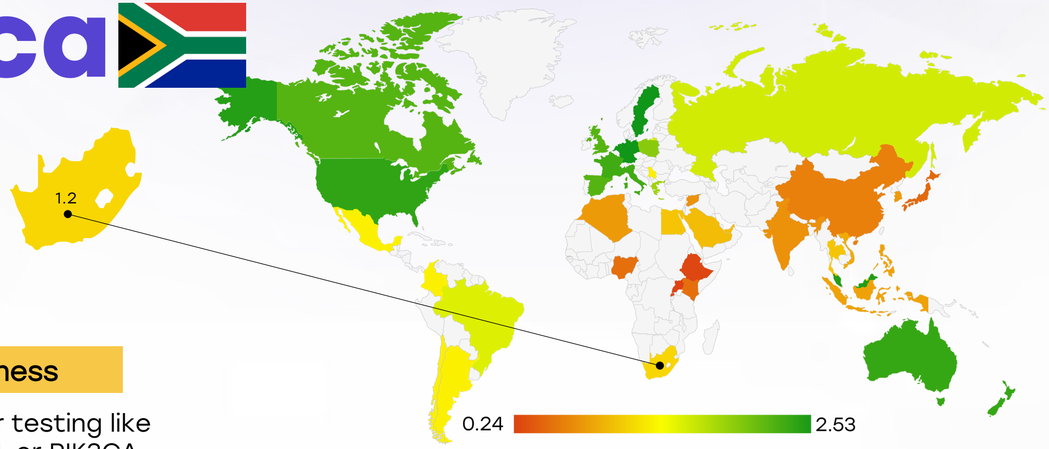
Utilization of Biomarkers



Strengths

- KRAS and BRAF testing available at major tertiary centers and private pathology labs.
- Growing genomic research interest in South Africa's diverse populations.

Weakness

- Biomarker testing like NRAS, MSI, or PIK3CA rarely done outside of major urban centers.
- Public healthcare sector lacks routine access to molecular testing due to cost and infrastructure.

S W O T

Opportunity

- Collaborations with international labs and biobanks to validate biomarker-driven care pathways.
- Training programs for clinicians on interpreting biomarker results.

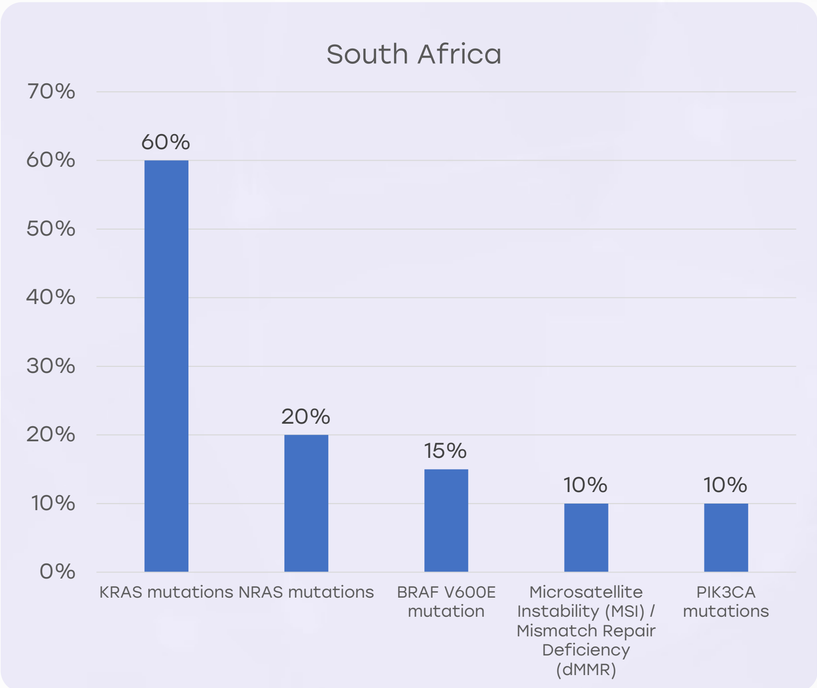
Threats

- Lack of policy standardization leads to underutilization of biomarker data in treatment decisions.
- Economic constraints prevent scale-up of personalized medicine.

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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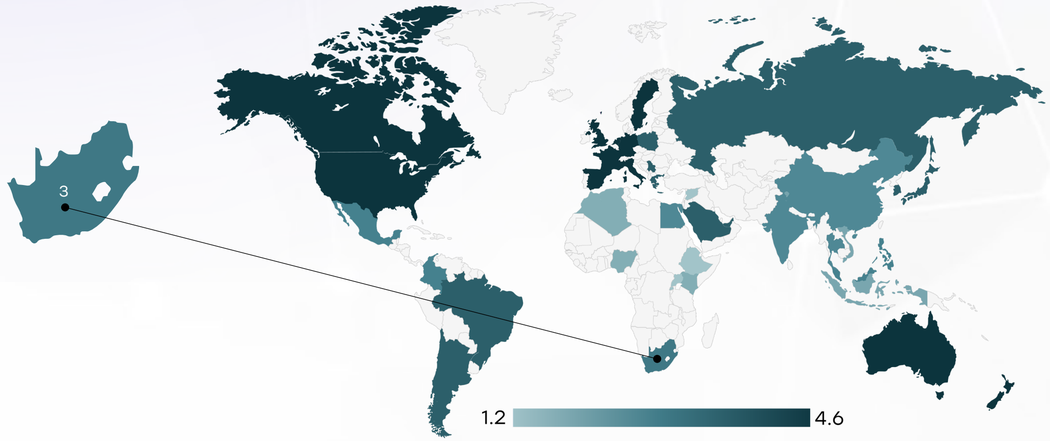
Clinical Guidelines



Strengths

- National Department of Health has developed non-communicable disease strategies including cancer.
- Major cancer centers use international guidelines (e.g., ESMO, NCCN) for CRC treatment.

Weakness

- No dedicated, regularly updated national CRC guideline integrating local realities.
- Inconsistency in guideline awareness and usage across public vs private sectors.

S W O T

Opportunity

- Develop and disseminate a localized CRC clinical guideline inclusive of biomarker-based decision-making.
- Use continuing medical education (CME) channels to train rural practitioners.

Threats

- Lack of enforcement or monitoring of guideline implementation reduces impact.
- Slow adaptation of global innovations to local protocols.

	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

- Private insurance schemes cover advanced CRC treatments including biologics and molecular tests.
- Government funds basic cancer treatment in public hospitals.

Weakness

- Large uninsured population lacks access to advanced diagnostics and therapies.
- Out-of-pocket costs for biomarker testing are prohibitive for most public-sector patients.

S W O T

Opportunity

- Implement tiered co-payment systems or partnerships to subsidize diagnostics for lower-income patients.
- Engage private insurers to cover biomarker-based therapy more broadly.

Threats

- Lack of cost-effectiveness data for some biomarker-driven therapies may delay reimbursement approval.
- Inflation and resource constraints could reduce future public spending on cancer.

● 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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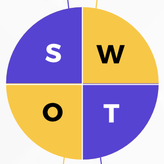
Colorectal Cancer Screening

Strengths

- Awareness campaigns increasing public recognition of CRC symptoms.
- Screening pilots using FIT and colonoscopy in select urban areas show promising results.

Weakness

- No nationwide CRC screening program implemented yet.
- Infrastructure for colonoscopy is limited and centralized in a few hospitals.



Opportunity

- Introduce FIT-based screening via community clinics and mobile units.
- Leverage HIV/NCD program infrastructure to co-deliver CRC screening in high-risk adults.

Threats

- Competing healthcare priorities (TB, HIV, maternal health) can deprioritize CRC.
- Cultural taboos and low awareness hinder mass screening efforts.

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