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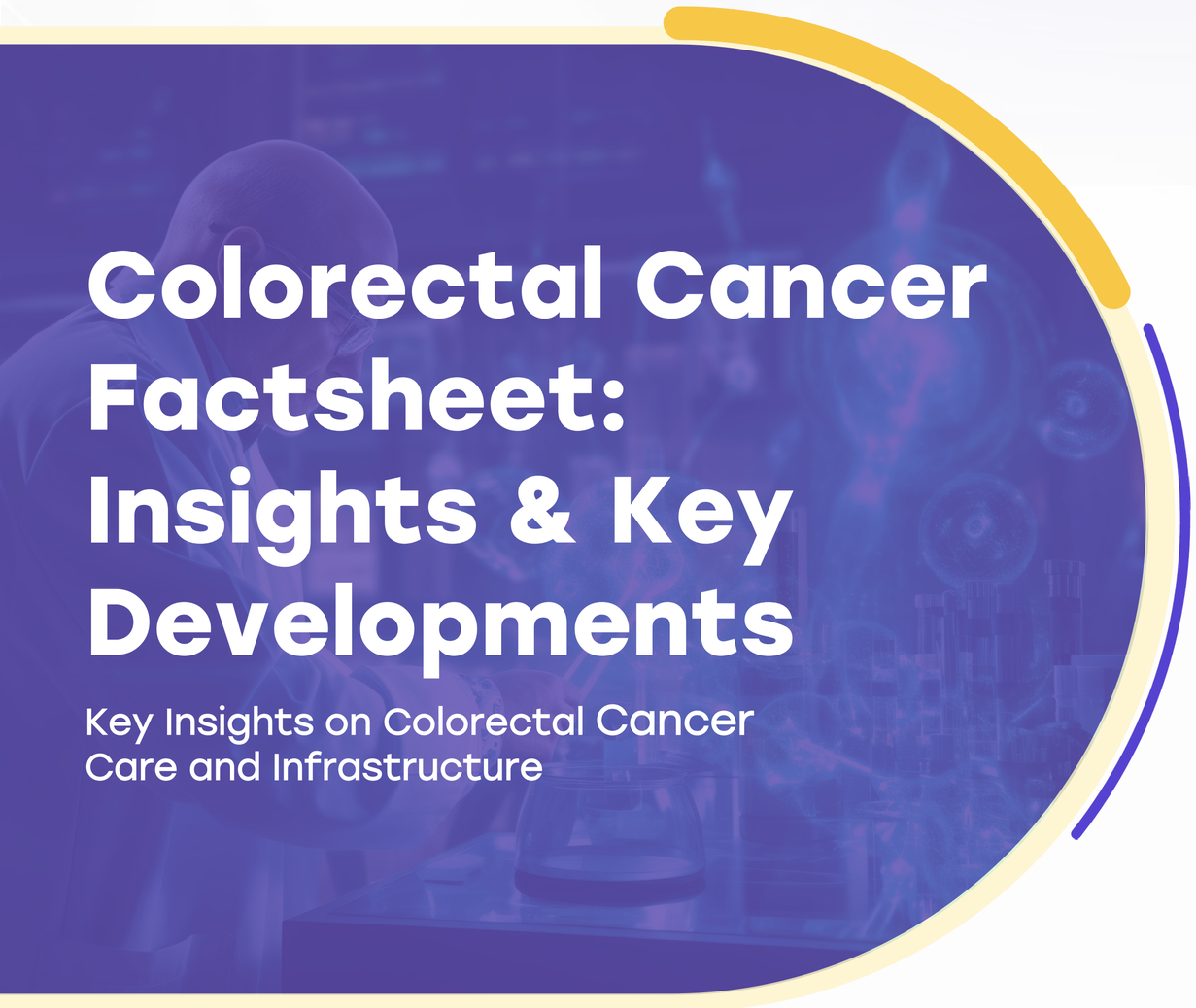

Colorectal Cancer Factsheet: Insights & Key Developments

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 the most common cancer in Singaporean men.
- Incidence rate: Around 35 per 100,000 men per year.
- Total new cases (2022): Approximately 2,400 men.
- Daily diagnoses (2022): About 6–7 men per day.
- Deaths (2022): Around 950 men.
- 5-year survival rate: Estimated 65–70%, due to early detection and effective treatment.
- Most affected age group: Men aged 50–74 years.
- Screening participation: Organized screening program (FIT-based), available to adults aged 50+; participation is moderate.

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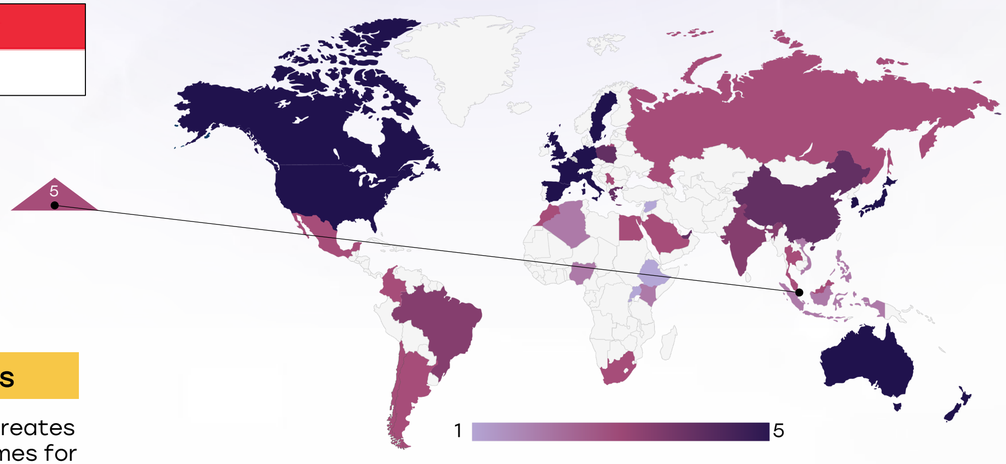
Infrastructure



Strengths

- Advanced medical infrastructure with integrated public hospitals like Singapore General Hospital and National University Hospital offering high-quality oncology care.
- Centralized cancer databases and digital health records enhance continuity of care and research.

Weakness

- High demand creates long waiting times for certain public services.
- Private sector services are efficient but expensive, creating a disparity for underinsured patients.

S W O T

Opportunity

- Expansion of regional cancer hubs under the Healthier SG initiative.
- Increased collaboration with regional institutions for tele-oncology and training.

Threats

- Ageing population may place pressure on oncology infrastructure.
- Risk of unequal access for lower-income populations due to high private-sector costs.

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	2	2
Nigeria	2	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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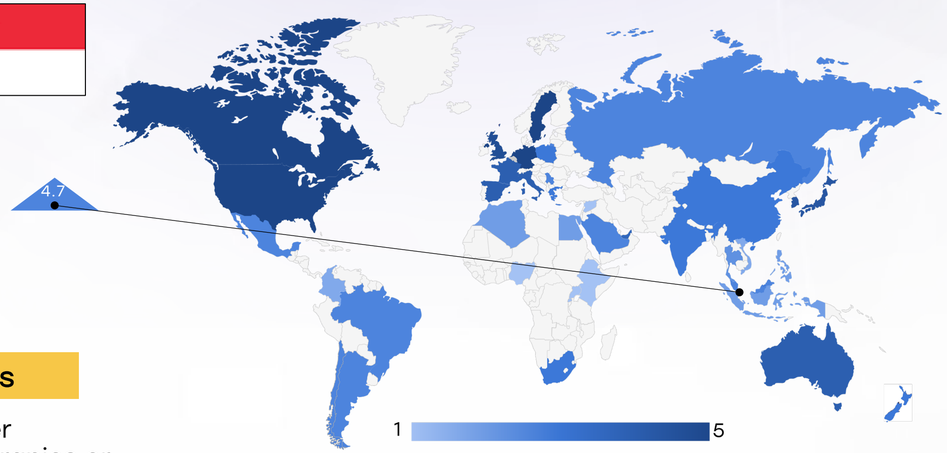
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal healthcare coverage under MediShield Life and strong government subsidy schemes for cancer patients.
- Robust biomedical R&D ecosystem with investments in cancer genomics and precision medicine.

Weakness

- Certain newer targeted therapies or advanced diagnostics may still be expensive or slow to reach subsidized tiers.
- Public engagement campaigns often compete with multiple national health priorities.

Opportunity

- Leverage national platforms like HealthHub to drive education on CRC symptoms and screening.
- Expand government-backed grants for local biomarker discovery and clinical trials.

Threats

- Budgetary constraints could impact future funding for precision oncology expansion.
- Public apathy or fear towards colonoscopy screening persists despite 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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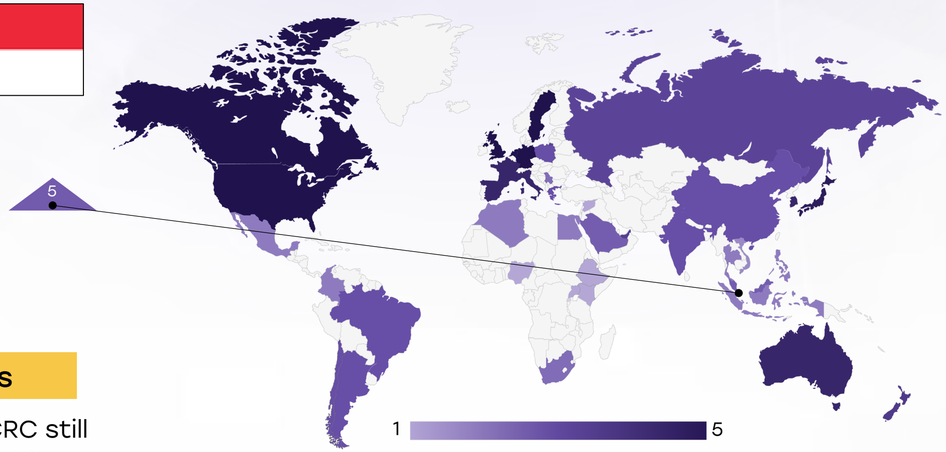
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate for CRC exceeds 65%, with high rates of early-stage detection.
- Strong integration of oncology and palliative services through community care networks.

Weakness

- Late-stage CRC still presents among underserved populations or foreign workers.
- Emotional and psychosocial support services underutilized due to stigma.

S W O T

Opportunity

- Strengthen mobile health and primary care interventions to promote early symptom recognition.
- Broaden palliative care training and services for general practitioners.

Threats

- Increasing comorbidities (e.g., diabetes, hypertension) could complicate CRC management.
- Stigma surrounding cancer may limit uptake of palliative care 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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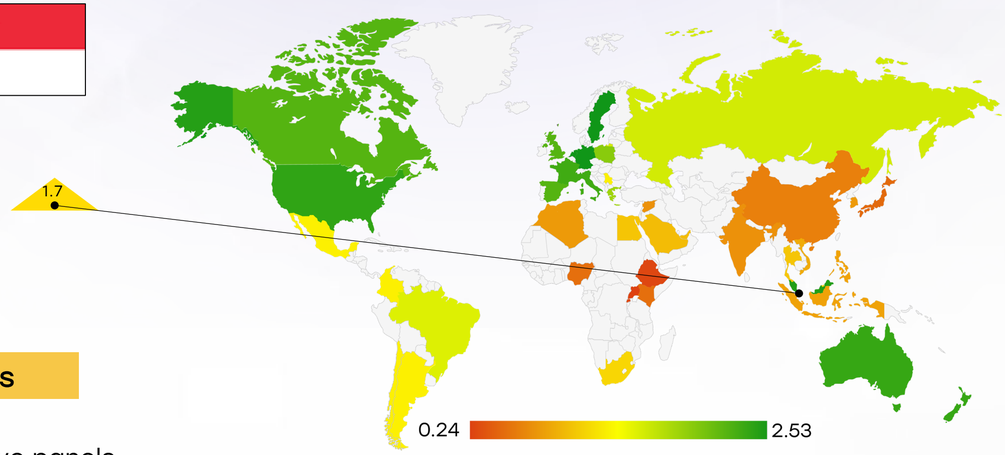
Utilization of Biomarkers



Strengths

- KRAS, NRAS, BRAF, MSI/dMMR testing available and used routinely for stage III/IV CRC patients.
- Local academic hospitals use next-generation sequencing (NGS) panels for treatment stratification.

Weakness

- Costs of comprehensive panels like PIK3CA or multigene assays may deter use in private settings without subsidy.
- Unequal knowledge among general clinicians about interpreting biomarker data

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Opportunity

- Integrate biomarker testing into national diagnostic protocols for CRC across all stages.
- Offer training to community oncologists on interpreting molecular results for targeted therapies.

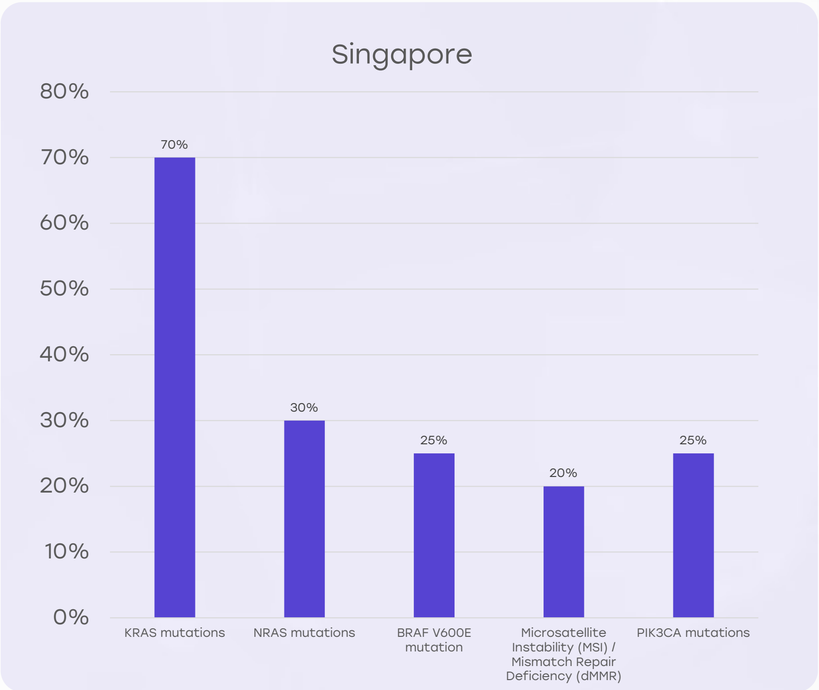
Threats

- Rapid emergence of new biomarker-based treatments may outpace insurance and guideline updates.
- High cost of biomarker tests may still pose barrier despite subsidies.

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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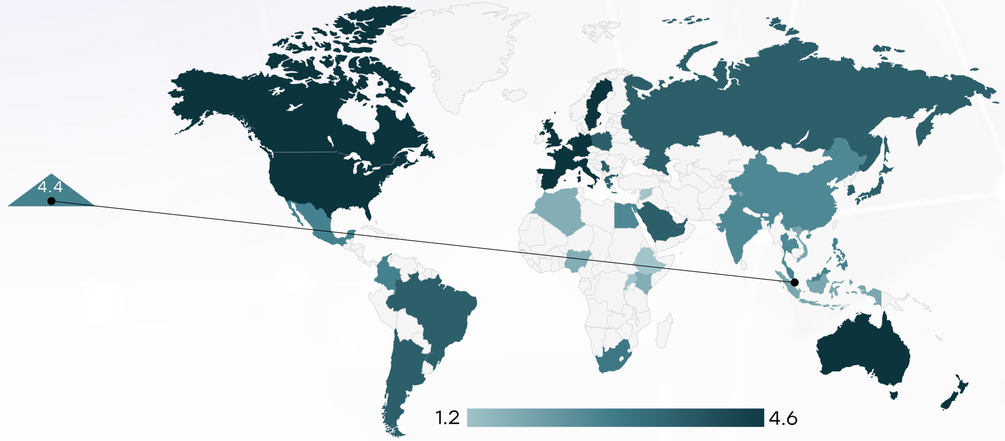
Clinical Guidelines



Strengths

- National Cancer Centre Singapore (NCCS) and Ministry of Health (MOH) issue regularly updated CRC guidelines aligned with global standards.
- Multidisciplinary tumor boards ensure adherence to evidence-based

Weakness

- Primary care physicians may have limited familiarity with biomarker-specific guidelines.
- Community clinics may lack access to guideline updates or specialist referral pathways.

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Opportunity

- Incorporate CRC guideline training into general practitioner continuing medical education (CME).
- Develop decision-support tools embedded in digital medical records.

Threats

- Variability in private versus public clinical practice may result in inconsistent care pathways.
- Delay in adapting global updates to local population-specific needs.

	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

- Government schemes like MediSave, MediShield Life, and the Cancer Drug List offer tiered reimbursement for eligible CRC treatments.
- Substantial subsidies for middle- and lower-income groups.

Weakness

- Not all precision medicines or diagnostic tests are fully covered under current subsidy tiers.
- Reimbursement policies may lag behind clinical innovation.

S W O T

Opportunity

- Expand subsidy coverage to include biomarker assays and emerging targeted therapies.
- Introduce value-based reimbursement models for advanced cancer care.

Threats

- Rising healthcare costs may lead to stricter limitations on subsidized treatments.
- Patients may avoid testing if reimbursement is unclear or incomplete.

● 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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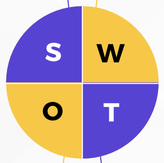
Colorectal Cancer Screening

Strengths

- National CRC screening program offers free biennial FIT kits to residents aged 50 and above.
- Digital reminders and HealthHub integration boost screening participation.

Weakness

- Uptake of FIT screening remains modest, with colonoscopy follow-up rates not optimal.
- Screening awareness lower in non-English speaking or migrant communities.



Opportunity

- Launch multilingual campaigns and GP-led initiatives to improve uptake.
- Use AI tools to triage high-risk individuals for colonoscopy earlier.

Threats

- Public misconceptions about screening procedures delay participation.
- High reliance on private sector may create gaps in program follow-through.

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