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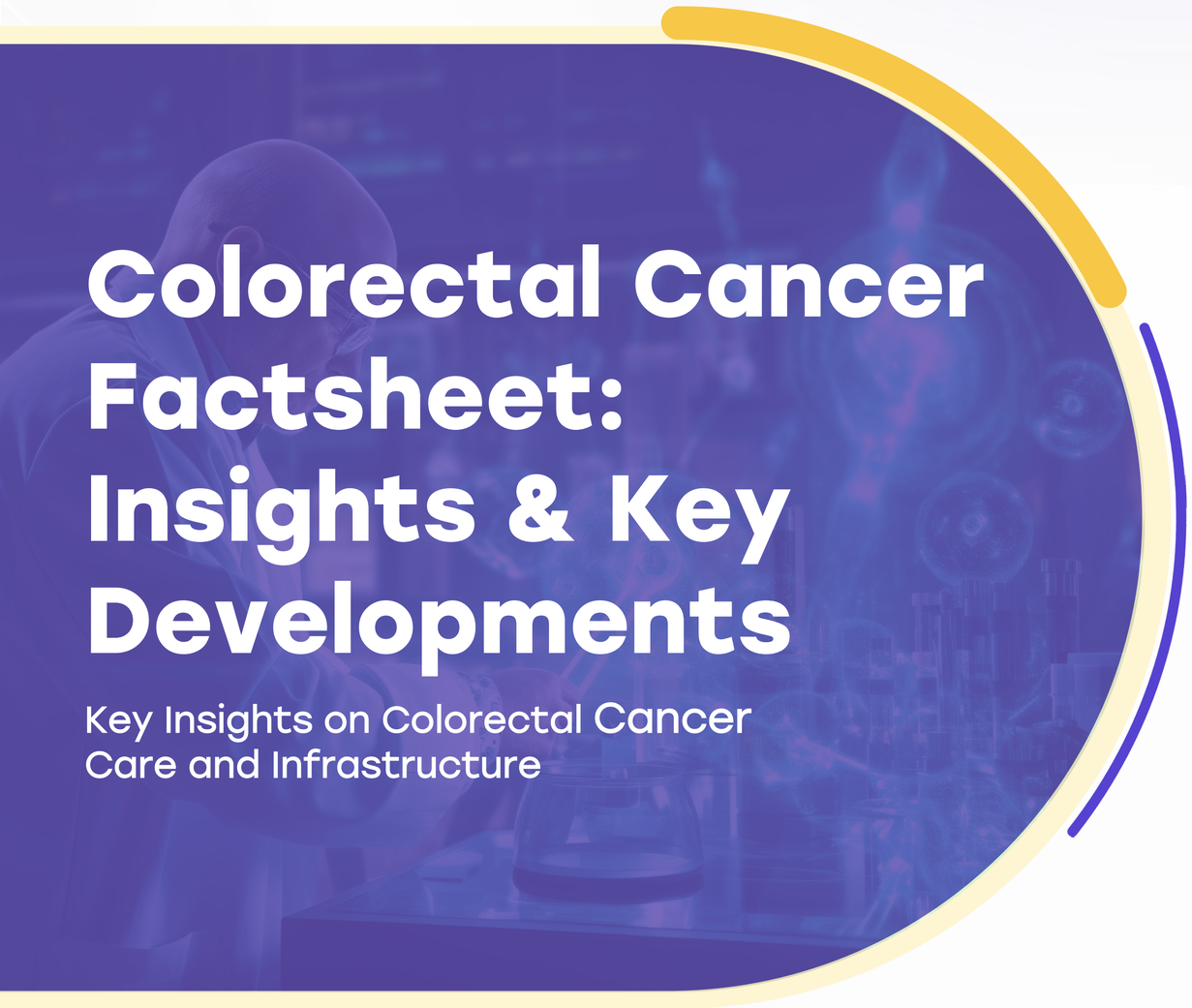
United States



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 cancers in American men.
- Incidence rate: Around 41 per 100,000 men per year.
- Total new cases (2022): Approximately 73,000 men.
- Daily diagnoses (2022): Around 200 men per day.
- Deaths (2022): About 28,500 men.
- 5-year survival rate: Estimated 65–68%, with disparities across population groups.
- Most affected age group: Men aged 60–79, but rising in those under 50.
- Screening participation: Widespread access to screening (FIT, colonoscopy); uptake is high but varies by insurance and demographics

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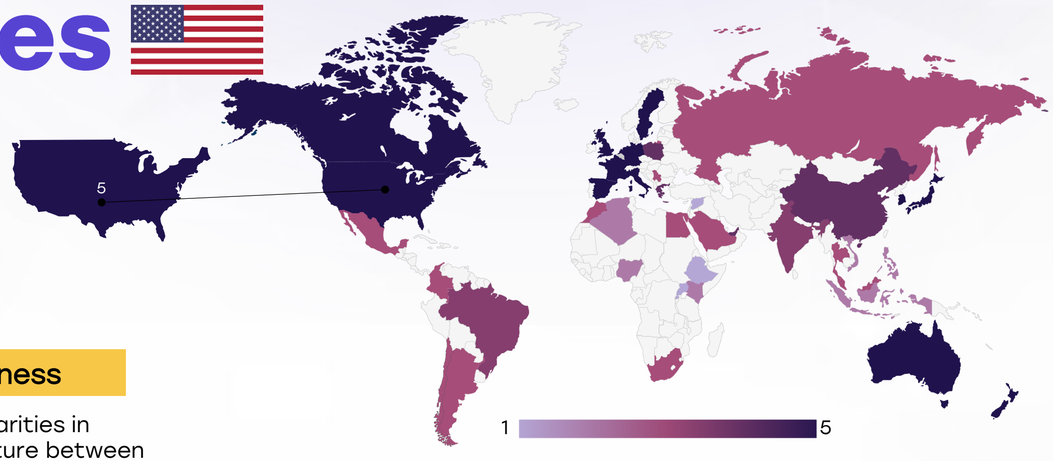
Infrastructure



Strengths

- Over 1,500 Commission on Cancer-accredited hospitals offer high-standard CRC care.
- Access to advanced diagnostic tools (PET/CT, robotic surgery, AI-supported imaging) is widely available in urban centers.

Weakness

- Stark disparities in infrastructure between urban vs. rural regions, especially in Appalachia and southern states.
- Safety-net hospitals face chronic underfunding, affecting care quality for low-income populations

S W O T

Opportunity

- Federal push to modernize cancer care infrastructure through initiatives like Cancer Moonshot.
- Expansion of tele-oncology and mobile screening units to underserved regions

Threats

- Increasing hospital consolidation could reduce competition and drive-up treatment costs.
- Climate-related disasters increasingly disrupt health service continuity in vulnerable states.

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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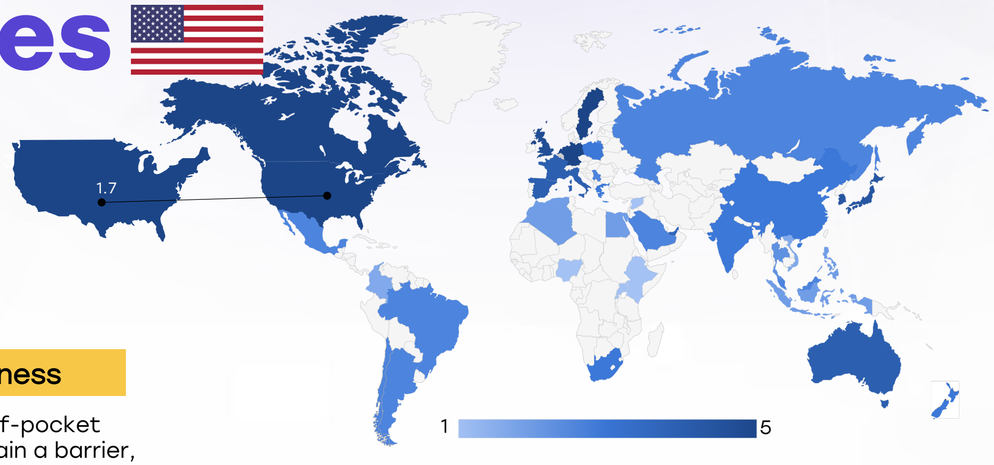
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- One of the highest levels of public and private investment in CRC research worldwide.
- Broad access to novel treatments like immunotherapy, targeted therapy, and clinical trials.

Weakness

- High out-of-pocket costs remain a barrier, particularly for underinsured and uninsured patients.
- Disparities in clinical trial participation by race, income, and geography

S W O T

Opportunity

- Public health campaigns like "Screen for Life" and partnerships with influencers to boost awareness.
- Expanding access to clinical trials through decentralized trial models.

Threats

- Political instability around healthcare reform could affect future cancer care funding.
- Misinformation about cancer screening or treatment choices may erode public trust.

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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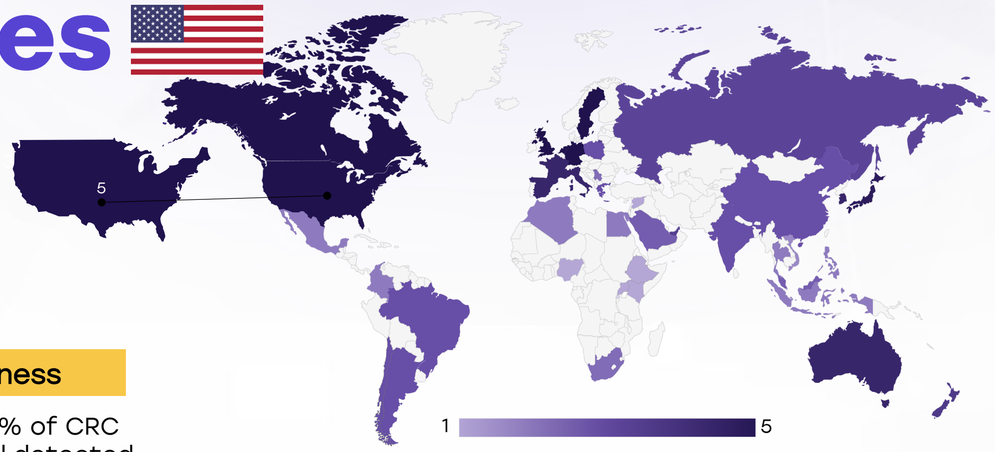
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival for localized CRC exceeds 90%; improvements seen in early-stage diagnosis since FIT adoption.
- Strong palliative care integration, with ~70% of hospitals having dedicated teams.

Weakness

- Nearly 25% of CRC cases still detected at late stages.
- Inconsistent early palliative care referral in minority populations.

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Opportunity

- Precision screening strategies and AI-based early detection can push down late-stage diagnoses.
- Expand culturally competent palliative care programs and navigator models.

Threats

- Rising incidence of early-onset CRC (under 50) presents a growing challenge.
- Medicaid coverage variability affects early detection and continuity of care.

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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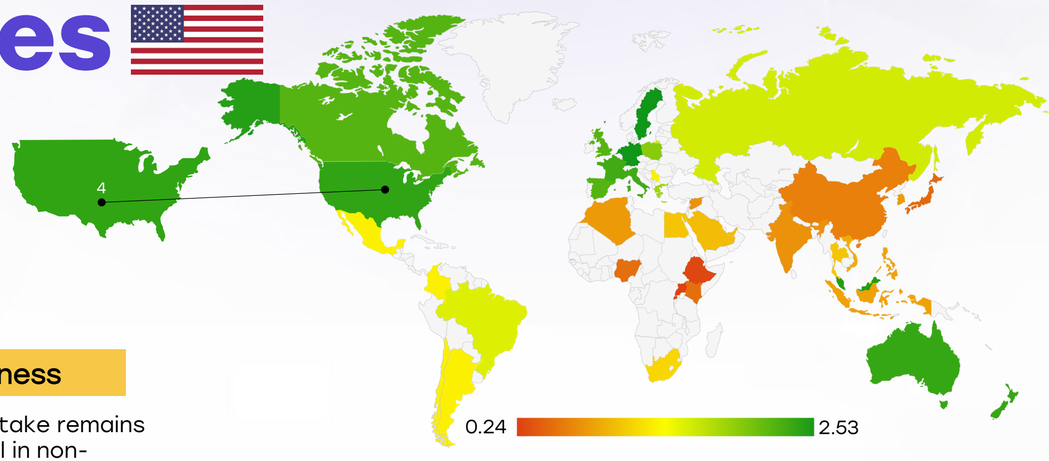
Utilization of Biomarkers



Strengths

- KRAS, NRAS, BRAF, MSI/dMMR, and PIK3CA testing is routine in most NCCN-compliant cancer centers.
- Biomarkers guide access to therapies like pembrolizumab (for MSI-H) or cetuximab (KRAS wild-type).

Weakness

- Testing uptake remains suboptimal in non-academic settings—many community clinics lag in molecular profiling.
- Insurance coverage inconsistencies for multi-gene panels and newer biomarker assays.

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Opportunity

- Growth in liquid biopsy and NGS panels to detect biomarkers non-invasively.
- Use of AI to analyze biomarker data and suggest optimal treatment pathways.

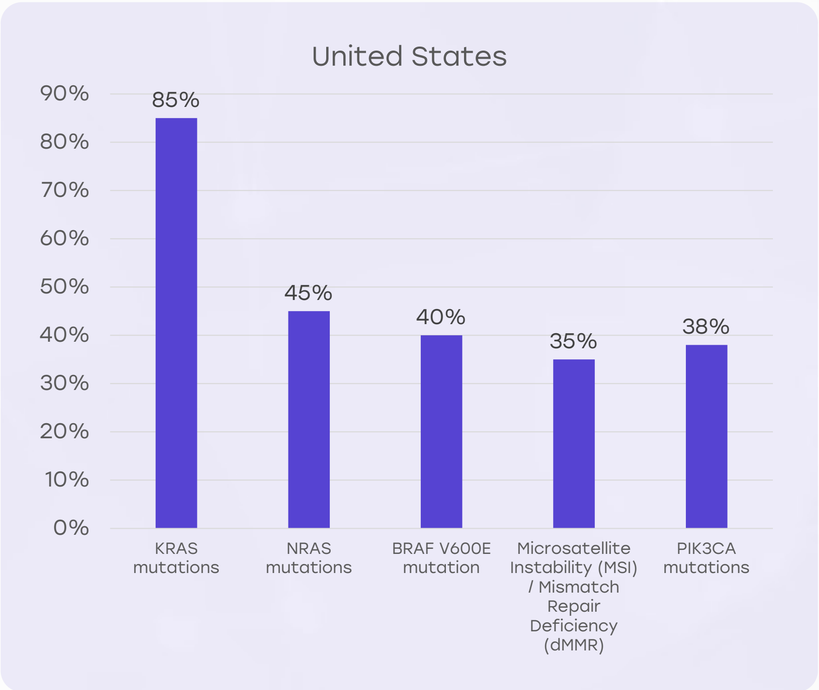
Threats

- Cost barriers for comprehensive genomic profiling still deter widespread adoption.
- Data fragmentation across EMRs limits biomarker tracking and outcome monitoring.

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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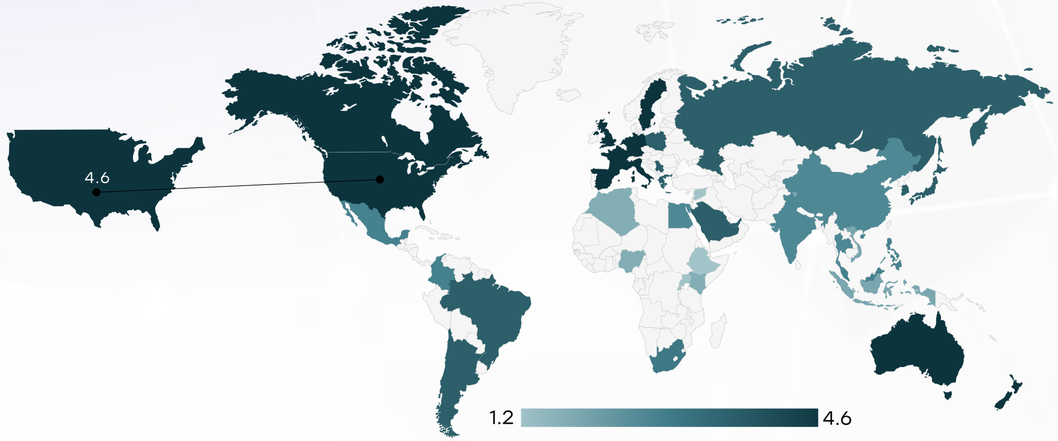
Clinical Guidelines



Strengths

- NCCN and ASCO provide detailed, evidence-based guidelines, regularly updated and widely adopted.
- Precision medicine integration and clear biomarker-based therapy algorithms available.

Weakness

- Complexity of guideline implementation in low-resource settings or small practices.
- Over-reliance on physician awareness for guideline adherence can lead to inconsistent care.

Opportunity

- Digital guideline integration into EHRs with point-of-care decision support tools.
- Continuous updates through real-world data registries and AI feedback loops.

Threats

- Rapid evolution of new treatment options can make static guideline models obsolete quickly.
- Varying state-level adoption or enforcement of national guideline standards.

	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

- Medicare and many private insurers cover most CRC diagnostic and treatment services, including screening colonoscopy.
- Coverage for immunotherapies and targeted agents improving with positive clinical trial outcomes.

Weakness

- High deductibles and co-pays for precision oncology tests and specialty drugs remain burdensome.
- Lack of transparent pricing creates unpredictability for both patients and providers.

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Opportunity

- Innovative value-based payment models for CRC care (e.g., bundled payments) gaining momentum.
- Pharma partnerships and financial assistance programs can increase access to high-cost therapies.

Threats

- Reimbursement cuts under Medicare Physician Fee Schedule may disincentivize preventive screenings.
- Ongoing payer-policy uncertainty around biomarker reimbursement.

● 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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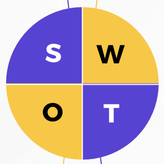
Colorectal Cancer Screening

Strengths

- USPSTF now recommends screening begin at age 45; FIT, colonoscopy, and Cologuard widely accessible.
- National CRC screening rates above 70% in insured populations.

Weakness

- Screening rates remain below 60% in Medicaid and uninsured groups.
- Significant racial and ethnic disparities in screening uptake, especially among Black and Hispanic Americans.



Opportunity

- Use of home-based FIT and Cologuard tests to increase compliance.
- Medicaid expansion and mobile units can bridge the gap in low-access regions.

Threats

- Public distrust in healthcare systems may reduce participation in preventive services.
- Health system fragmentation hampers data-sharing and coordinated CRC 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