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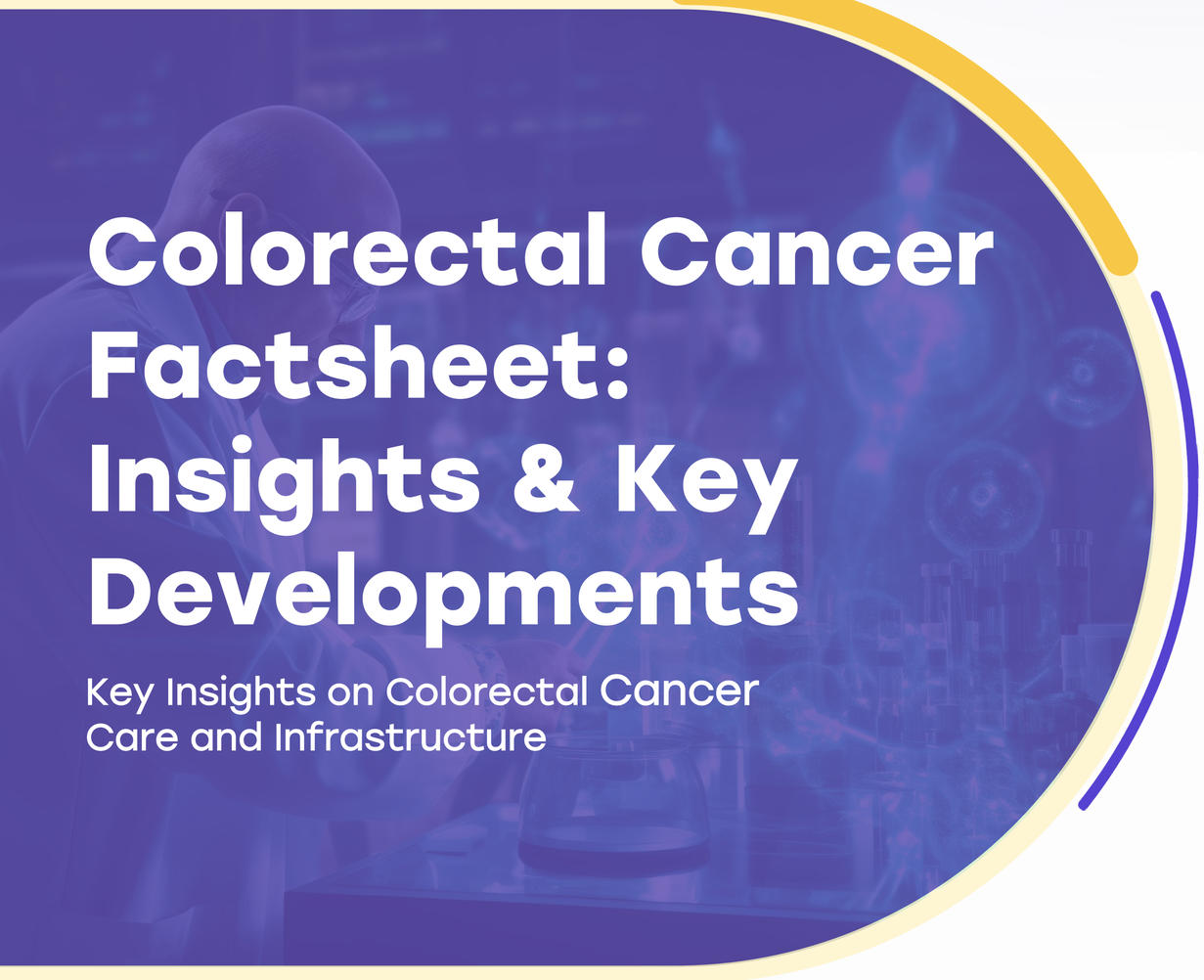

Colorectal Cancer Factsheet: Insights & Key Developments

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 less common, but rising, especially in urban areas.
- Incidence rate: Around 5 per 100,000 men per year.
- Total new cases (2022): Approximately 26,000 men.
- Daily diagnoses (2022): Around 71 men per day.
- Deaths (2022): About 19,000 men.
- 5-year survival rate: Estimated 35–40%, due to late presentation.
- Most affected age group: Primarily men aged 55 and older.
- Screening participation: No national screening; detection is mostly symptom-based.

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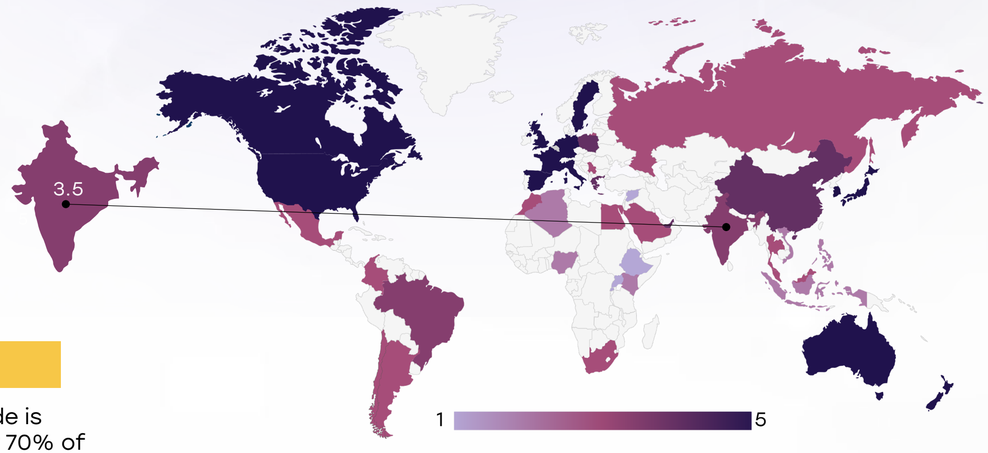
Infrastructure



Strengths

- Tertiary care hospitals like AIIMS, Tata Memorial Centre, and PGIMER offer high-quality colorectal cancer care with surgery, radiology, and oncology under one roof.
- Growing availability of minimally invasive and robotic surgery in metro hospitals.

Weakness

- Rural-urban divide is significant—over 70% of the population lives in rural areas but specialist oncology infrastructure is largely urban.
- Lack of trained colorectal surgeons and limited high-end diagnostic tools in tier-2 and tier-3 cities.

S W O T

Opportunity

- Expansion of cancer hospitals under government schemes like PM-JAY and National Health Mission can close infrastructure gaps.
- Public-private partnerships can help extend access to diagnostic and treatment facilities.

Threats

- Rising cancer burden may overwhelm existing tertiary centers, especially in high-population states.
- Inconsistent power supply and logistical challenges impact rural cancer centers.

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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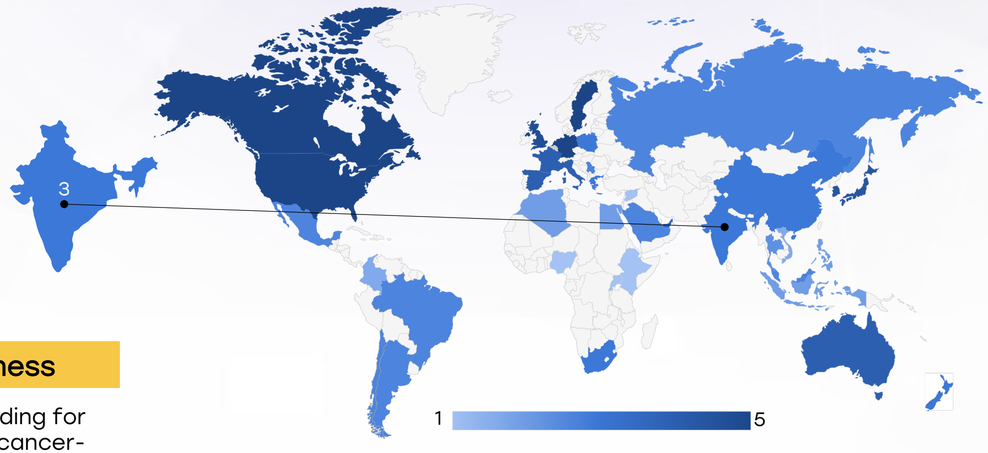
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government initiatives like the National Cancer Grid and Ayushman Bharat scheme improve treatment affordability for the poor.
- Standard chemotherapy and radiotherapy protocols are widely followed in urban centers.

Weakness

- Limited funding for colorectal cancer-specific research compared to breast or cervical cancer.
- Poor public awareness of colorectal cancer signs, risks, and need for screening leads to late-stage diagnoses.

S W O T

Opportunity

- Expansion of NGO-led awareness programs and mobile screening units could improve early detection in underserved areas.
- Collaborations with academic and pharma sectors can boost clinical trials and biomarker research.

Threats

- Rising out-of-pocket healthcare costs may deter patients from seeking early treatment.
- Stigma and fear around cancer limit patient participation in awareness and screening initiatives.

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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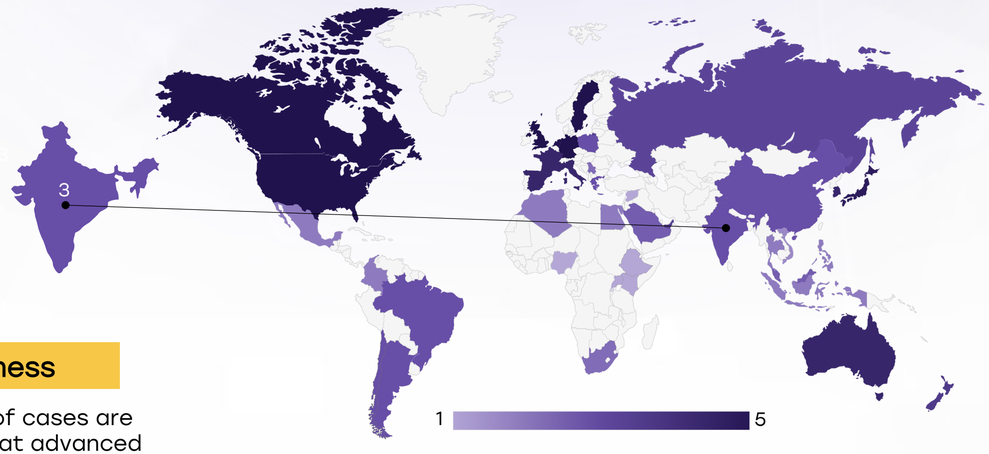
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival in localized cases can exceed 60% when treated in early stages at top centers.
- Urban centers increasingly integrating palliative care and psychological support services into cancer treatment.

Weakness

- Over 60% of cases are diagnosed at advanced stages due to lack of routine screening.
- Palliative care is underdeveloped—only 1% of those who need it receive adequate services, especially in rural areas.

S W O T

Opportunity

- Incorporating colorectal cancer into the National Cancer Control Programme could improve early detection and resource allocation.
- Expansion of community-level hospice and home-based care models can address gaps in end-of-life support.

Threats

- Lack of data registries limits planning and monitoring of survival trends across regions.
- Poor symptom recognition by primary healthcare workers causes diagnostic delays.

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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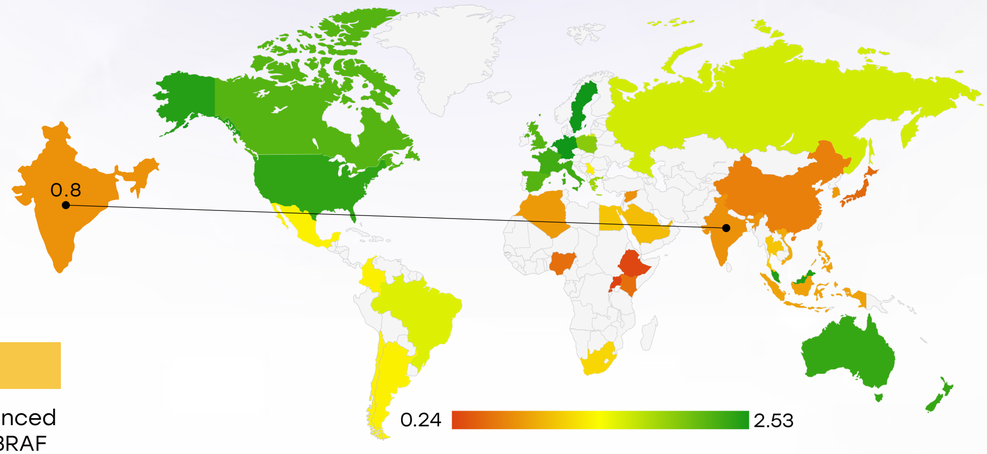
Utilization of Biomarkers



Strengths

- KRAS and NRAS mutation testing is routinely offered in major cancer centers to guide EGFR-targeted therapies.
- MSI/dMMR testing is increasingly being used in metastatic cases for immunotherapy eligibility.

Weakness

- Testing for advanced biomarkers like BRAF V600E and PIK3CA is not universally available and often limited to metro cities.
- Costs of molecular testing are high and largely not reimbursed, limiting usage among middle- and low-income patients.

S W O T

Opportunity

- Wider adoption of NGS panels and cost-sharing models could enhance biomarker use in precision medicine.
- Government-led standardization of biomarker testing protocols can ensure uniform access.

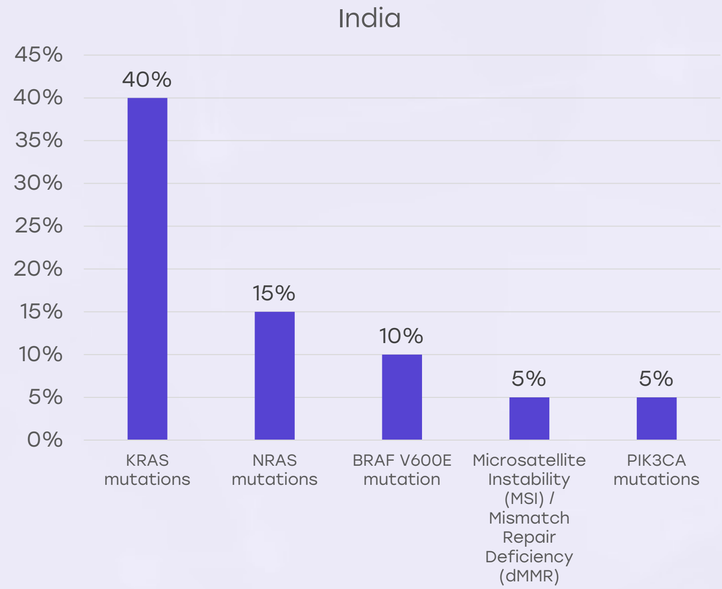
Threats

- Lack of trained personnel in molecular diagnostics may limit accurate testing and interpretation.
- Financial inaccessibility may prevent patients from benefitting from personalized treatment.

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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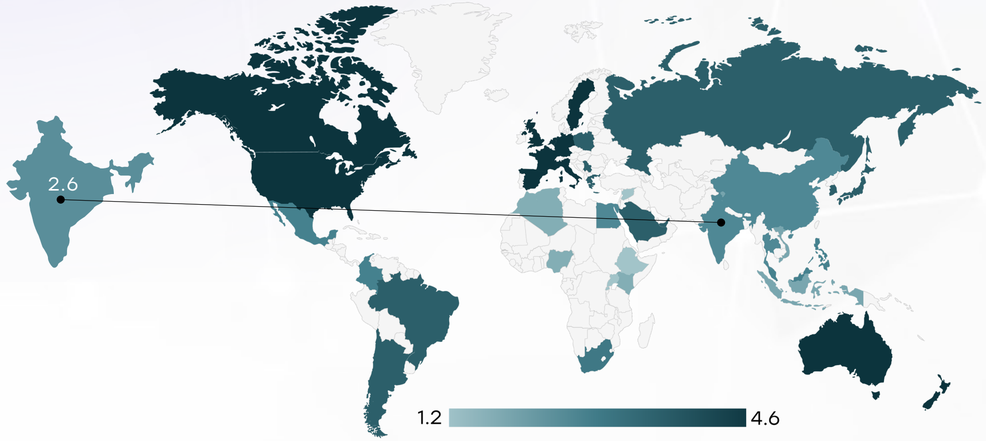
Clinical Guidelines



Strengths

- Indian centers follow international standards (like NCCN and ESMO) for colorectal cancer treatment.
- National Cancer Grid has initiated steps toward standardizing oncology practices nationwide.

Weakness

- No India-specific colorectal cancer clinical guidelines considering population-specific factors like earlier age at onset and limited resources.
- Variability in treatment quality and adherence between government and private institutions.

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Opportunity

- Development of evidence-based Indian guidelines tailored to available infrastructure and population needs.
- Digitization of treatment protocols can ensure consistency across all healthcare levels.

Threats

- Disparity in practice standards and diagnostic capabilities could widen the outcome gap between regions.
- Over-reliance on foreign guidelines may not account for India's socio-economic and genetic variations.

	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

- Ayushman Bharat scheme covers essential colorectal cancer treatments, including surgery and chemotherapy, for over 500 million low-income individuals.
- Some state health insurance programs reimburse diagnostics and hospitalization.

Weakness

- Advanced treatments and molecular testing are often not covered or partially reimbursed.
- Private insurance penetration is low (~20%) and often excludes cancer diagnostics.

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Opportunity

- Inclusion of biomarker testing and targeted therapies under national health insurance would democratize access.
- Public-private partnerships could develop tiered reimbursement models for cancer care.

Threats

- Rising treatment costs may outpace reimbursement revisions, leading to access inequalities.
- Delays in claim settlement and limited provider networks may discourage participation in government schemes.

● 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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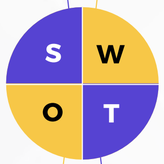
Colorectal Cancer Screening

Strengths

- Pilot screening programs for gastrointestinal cancers have begun in select districts.
- Tools like colonoscopy, FOBT, and FIT are available in urban centers and are cost-effective.

Weakness

- No national population-based screening program for colorectal cancer exists.
- Public and primary healthcare workers have limited training on colorectal cancer detection



Opportunity

- Integration of FIT/FOBT into routine check-ups for individuals above 50 years could improve early detection.
- Mass campaigns through ASHA workers and local health initiatives can raise participation.

Threats

- Cultural taboos around gastrointestinal symptoms may hinder screening acceptance.
- Infrastructure may be inadequate to manage increased demand if national screening is rolled out without capacity-building.

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