International Cancer Patient Coalition

Thailand

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 third most common cancer in men.
- Incidence rate: Around 17 per 100,000 men per year.
- Total new cases (2022): Approximately 6,500 men.
- Daily diagnoses (2022): Around 18 men per day.
- Deaths (2022): About 4,300 men.
- 5-year survival rate: Estimated 45–50%.
- Most affected age group: Men aged 55 and older.
- Screening participation: National program in place using FIT; coverage is growing, but remains moderate

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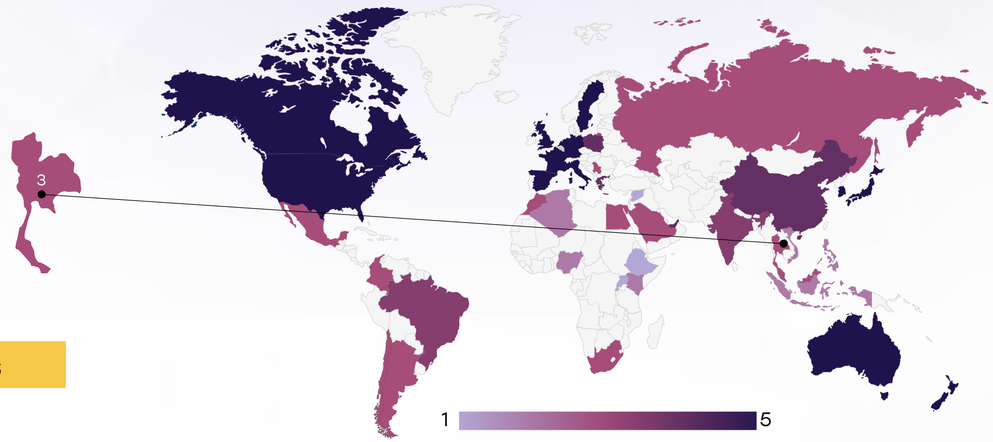
Infrastructure



Strengths

- Well-established universal health coverage (UHC) system offers cancer services to a majority of the population.
- Key centers like the National Cancer Institute (NCI) in Bangkok and regional cancer hospitals provide advanced oncology services.

Weakness

- Advanced care infrastructure concentrated in urban centers; rural provinces face diagnostic and treatment delays.
- Shortage of oncology-trained personnel in district hospitals affects timely CRC intervention.

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Opportunity

- Expansion of telemedicine and mobile cancer units to improve access in rural and semi-urban areas.
- Ongoing investments in health tech and AI to improve diagnostics (e.g., AI-supported colonoscopy).

Threats

- Rising demand for cancer care may strain existing hospital infrastructure.
- Natural disasters and environmental issues in flood-prone areas may temporarily disrupt cancer services.

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	4	4
Philippines	2	2
Russia	3	3
Malaysia	3	3

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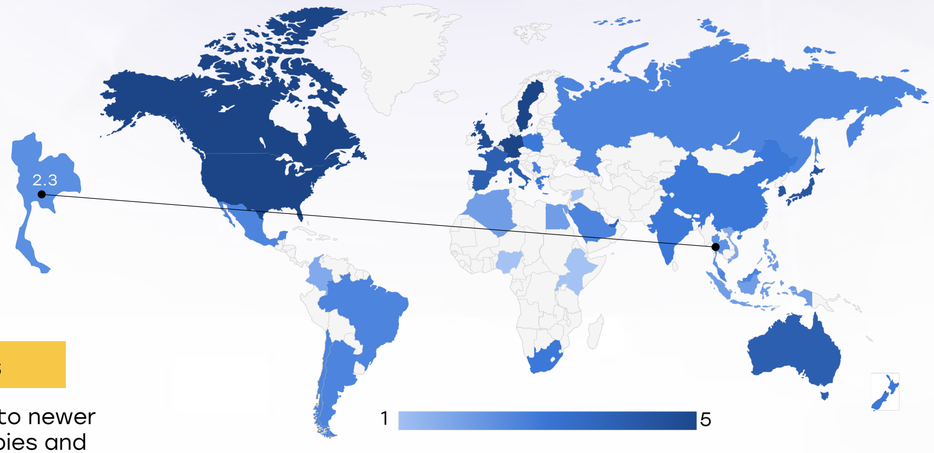
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Basic and advanced CRC treatments (surgery, chemotherapy, radiation) are included in public reimbursement schemes.
- Public awareness campaigns (e.g., ThaiHealth and MoPH) target CRC risk factors like unhealthy diet and sedentary lifestyle.

Weakness

- Limited access to newer targeted therapies and immunotherapies through government insurance schemes.
- CRC-specific public education campaigns remain limited compared to breast and cervical cancers

S W O T

Opportunity

- Increase allocation for CRC-specific research and clinical trial participation.
- Strengthen national media campaigns focusing on CRC risks and screening benefits.

Threats

- Out-of-pocket costs for targeted drugs may be prohibitive for many, even with partial coverage.
- Cultural stigma around colorectal symptoms discourages people from seeking early care.

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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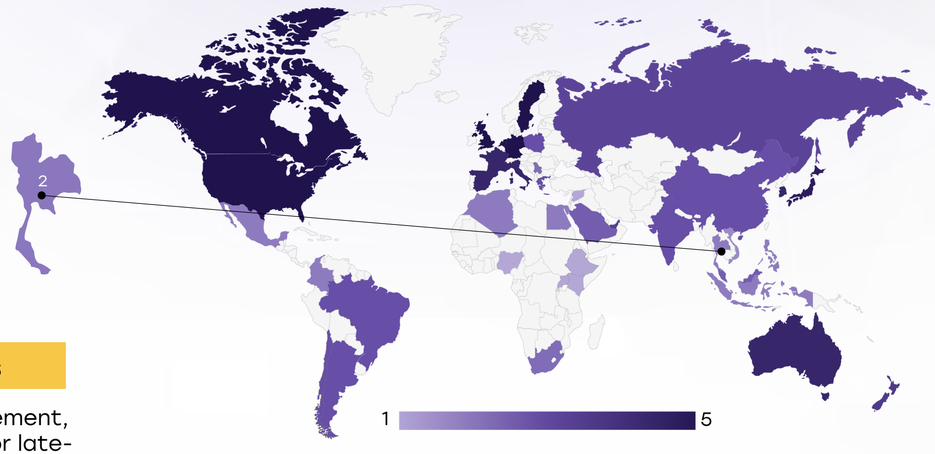
Survival Rates, Early Detection and Palliative Care



Strengths

- National CRC survival rates have improved over the last decade due to early detection and better treatment access.
- Government initiatives ensure availability of basic palliative care services at district hospitals.

Weakness

- Despite improvement, survival rates for late-stage CRC remain suboptimal due to late presentation.
- Palliative care coverage still limited outside urban hubs, especially regarding pain medication availability.

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Opportunity

- Integration of CRC symptom awareness into primary care visits can promote earlier detection.
- Palliative care education and expansion via community-based models.

Threats

- Aging population increases CRC burden, straining survival improvement efforts.
- Unequal quality of services in early vs. advanced stages across different regions.

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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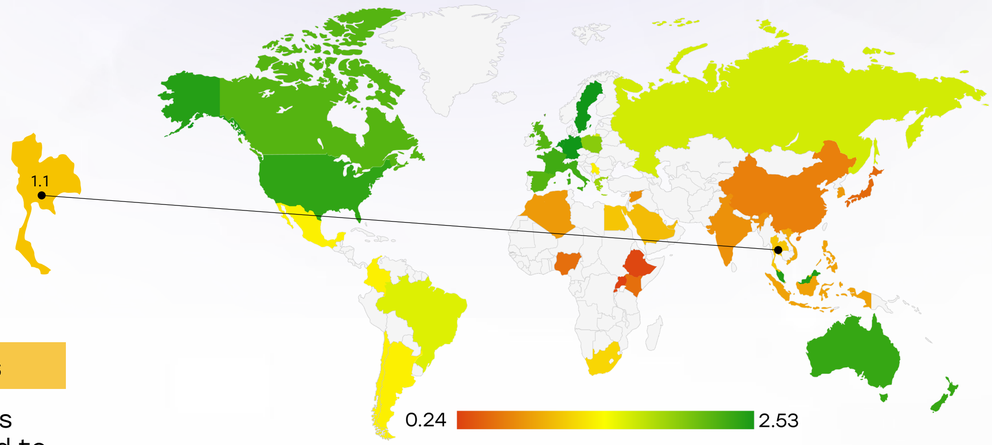
Utilization of Biomarkers



Strengths

- Leading hospitals like Siriraj and Chulalongkorn offer KRAS, NRAS, BRAF, and MSI/dMMR testing for eligible patients.
- Some biomarker testing is included in national guidelines for metastatic CRC.

Weakness

- Testing access remains limited to urban or private settings due to cost and infrastructure.
- Lack of awareness among general practitioners about the clinical value of genetic profiling.

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Opportunity

- Expand subsidized molecular testing in regional cancer centers.
- Partner with academic research institutions to validate local biomarker trends and cost-effectiveness.

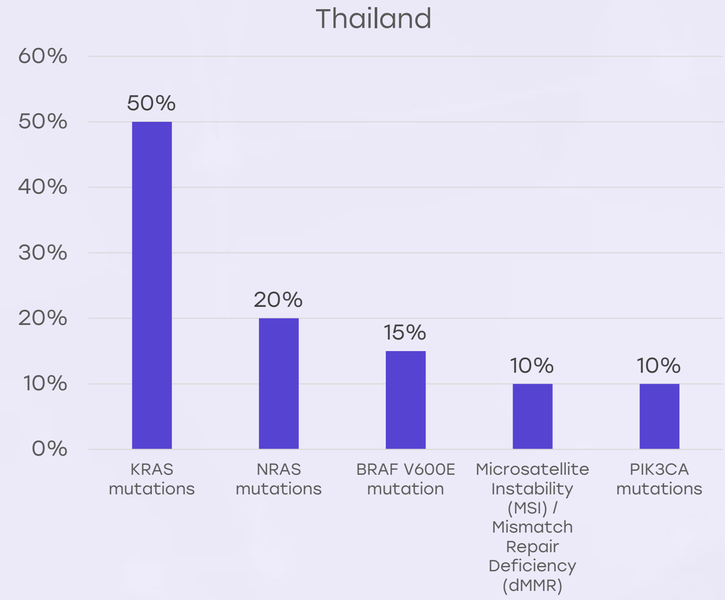
Threats

- Delays in insurance approvals or inconsistent coverage of biomarker testing.
- Limited lab capacity and reagent availability during public health emergencies.

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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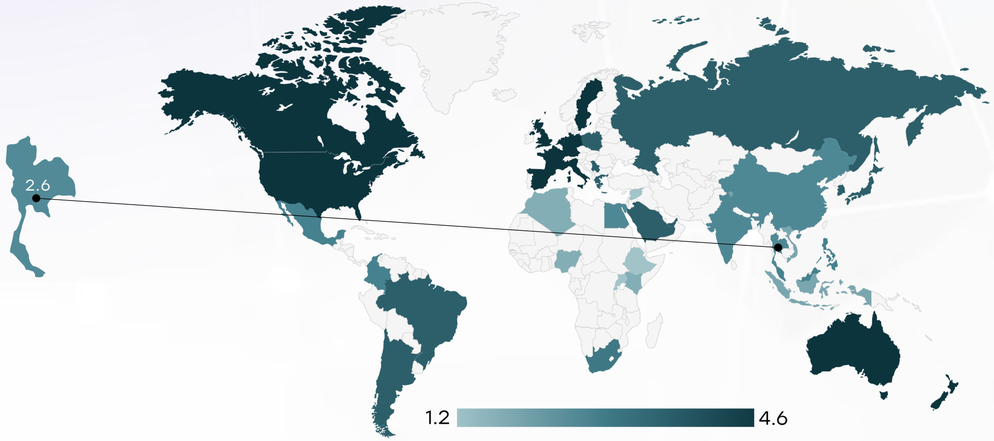
Clinical Guidelines



Strengths

- Thailand has national CRC clinical guidelines aligned with NCCN/ESMO, adapted for local resources.
- Regular updates and training by the Thai Society of Clinical Oncology (TSCO) ensure clinician engagement.

Weakness

- Uneven implementation of guidelines in rural or general hospitals due to training gaps.
- Some parts of the country rely on outdated or improvised protocols in low-resource settings.

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Opportunity

- Increase CME (Continuing Medical Education) programs focused on CRC guideline updates.
- Incorporate decision-support tools into hospital information systems.

Threats

- Rapidly evolving treatment landscape may outpace guideline updates or hospital capacity.
- Misalignment between available drugs/tests and recommended standards of care.

	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

- UHC covers most standard CRC diagnostics, surgery, chemotherapy, and radiotherapy.
- High adherence to government formularies reduces treatment access inequality.

Weakness

- Reimbursement often excludes high-cost biologics and advanced molecular testing.
- Private sector patients face inconsistent insurance reimbursement for CRC treatments.

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Opportunity

- Expand the National List of Essential Medicines (NLEM) to include more advanced CRC drugs.
- Introduce outcome-based reimbursement or tiered pricing for novel therapies.

Threats

- Budget constraints from economic pressure may delay listing of new therapies.
- Differences in coverage among social security, civil servant, and UHC systems can create disparities.

● 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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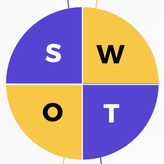
Colorectal Cancer Screening

Strengths

- National CRC screening program using FIT (Fecal Immunochemical Test) launched for adults aged 50–70.
- Strong government push to scale up screening as part of NCD strategy.

Weakness

- Colonoscopy follow-up for positive FITs not always timely due to limited capacity.
- Participation in rural areas lower due to awareness and logistical issues.



Opportunity

- Digitize screening records and link with national ID systems to ensure follow-up and compliance.
- Local campaigns using Buddhist monks and schools to spread awareness about screening importance.

Threats

- Screening fatigue and competing health priorities (like diabetes) may affect program continuity.
- Risk of program disruption from workforce shortages or funding fluctuations

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