International Cancer Patient Coalition

Netherlands

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 second most common cancer in men.
- Incidence rate: Approximately 60 per 100,000 men per year.
- Total new cases (2022): Around 10,500 men.
- Daily diagnoses (2022): About 29 men per day.
- Deaths (2022): Approximately 3,500 men.
- 5-year survival rate: Estimated 70–75%.
- Most affected age group: Men aged 60–79.
- Screening participation: National FIT-based screening program with high participation

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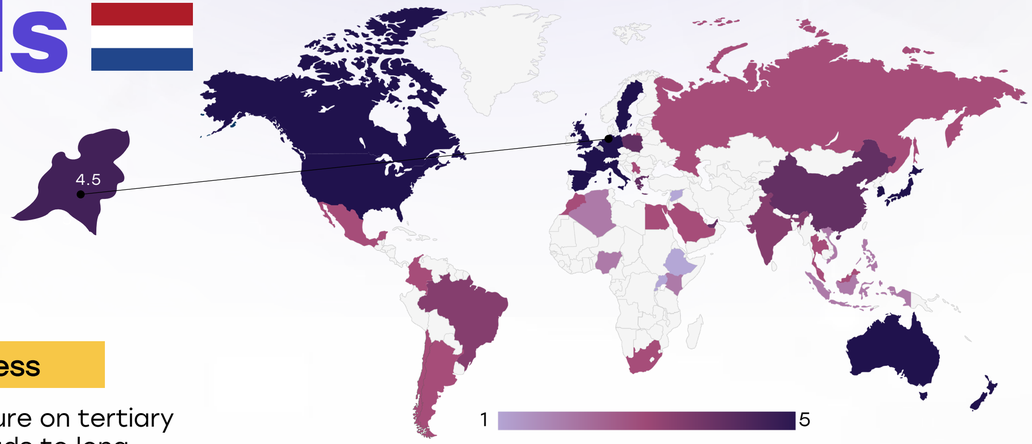
Infrastructure



Strengths

- Robust, centralized healthcare system with advanced oncology services.
- Regional cancer centers (e.g., Antoni van Leeuwenhoek, Erasmus MC) offer comprehensive diagnostics, surgery, and radiotherapy.

Weakness

- High pressure on tertiary centers leads to long waiting times for follow-up diagnostics in some urban regions.
- Rural areas still rely heavily on referral chains, delaying timely intervention.

S W O T

Opportunity

- Strengthening integrated care pathways between general practitioners and oncology specialists.
- Continued investment in AI and telemedicine can streamline diagnostic pathways.

Threats

- Rising cancer burden could strain existing hospital capacities and specialist availability.
- Aging population may increase complexity of care, requiring more long-term support infrastructure.

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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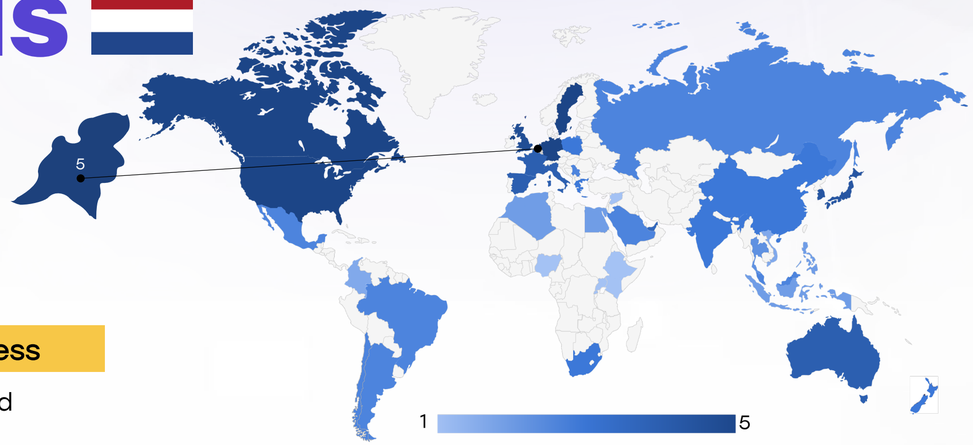
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Strong national research ecosystem with government-funded cancer institutes.
- Public awareness of CRC is relatively high due to national campaigns and educational outreach.

Weakness

- Minority and immigrant populations face disparities in cancer awareness and navigation of the healthcare system.
- Research funding is competitive and may overlook rare CRC subtypes

Opportunity

- Netherlands Cancer Institute and other major players are well-positioned for EU Horizon funding on precision oncology.
- More targeted outreach to under-screened demographics can reduce inequality in care.

Threats

- Fluctuating healthcare budgets post-pandemic may limit scale-up of awareness initiatives.
- Policy shifts towards cost-containment could impact high-investment cancer research.

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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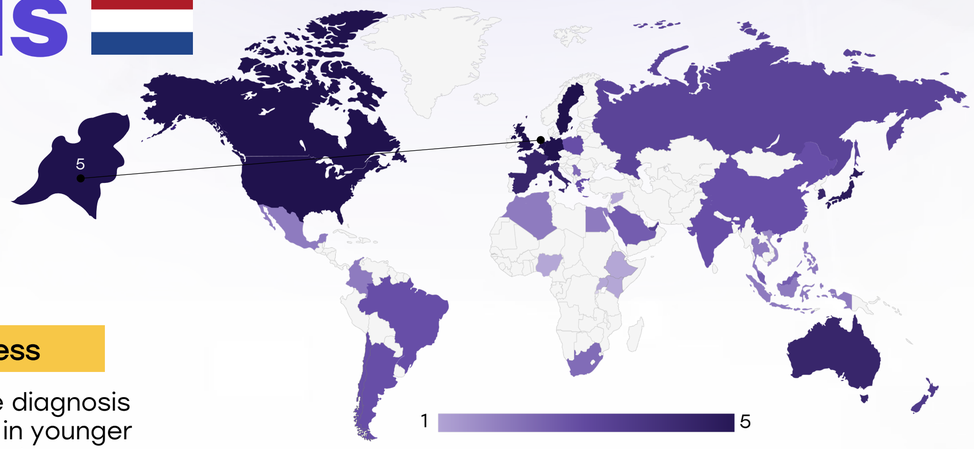
Survival Rates, Early Detection and Palliative Care



Strengths

- Among the highest CRC survival rates in Europe due to early detection and guideline-adherent treatment.
- Strong palliative care networks and home-based care support terminal patients effectively.

Weakness

- Late-stage diagnosis still occurs in younger populations (<50 years), outside standard screening age.
- Psychological support and survivorship services remain limited in follow-up stages.

S W O T

Opportunity

- Expanding personalized survivorship programs tailored to patient needs post-treatment.
- Pilot studies could explore earlier screening for at-risk younger cohorts.

Threats

- Growing incidence of lifestyle-related CRC could challenge early detection systems.
- Long-term side effects (e.g., ostomy-related challenges) are under-addressed in survivorship 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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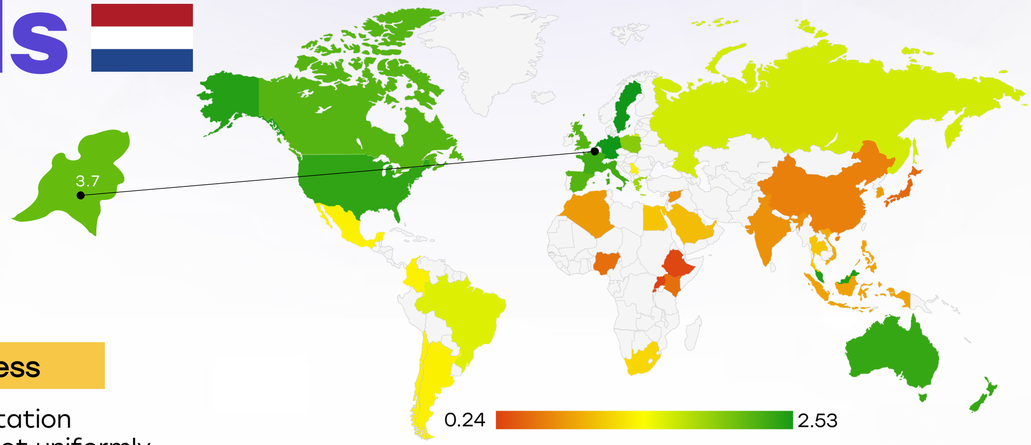
Utilization of Biomarkers



Strengths

- Universal testing for **KRAS**, **NRAS**, and **BRAF** mutations in advanced CRC is standard in tertiary centers.
- MSI/dMMR status routinely tested to guide immunotherapy use.

Weakness

- **PIK3CA** mutation testing is not uniformly implemented; still largely research-focused.
- Primary care providers often unaware of downstream implications of biomarker testing.

Opportunity

- Expansion of biomarker-guided therapy into adjuvant settings based on real-world evidence.
- Public health genomics programs can link genetic data to clinical registries.

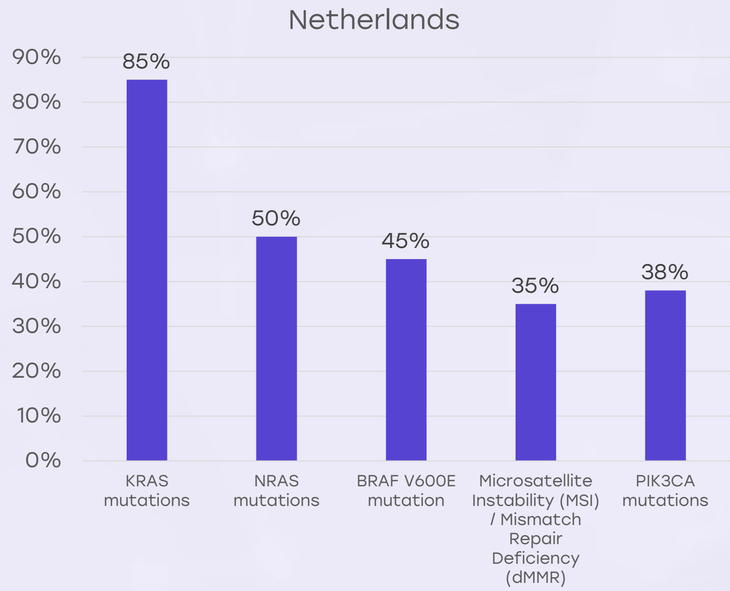
Threats

- Data privacy debates may delay integration of molecular data into national cancer registries.
- Reimbursement hurdles for next-gen sequencing panels could reduce equitable access.

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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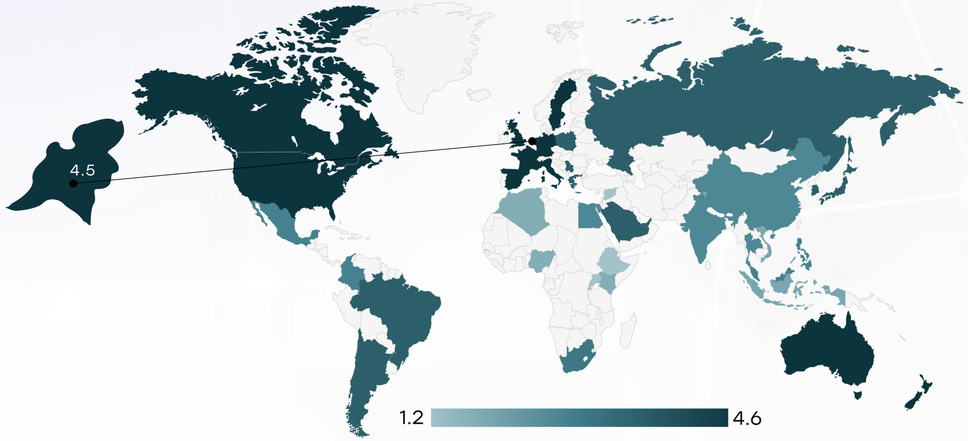
Clinical Guidelines



Strengths

- Dutch national CRC guidelines are comprehensive and frequently updated in line with ESMO and ASCO.
- Multidisciplinary teams are standard for treatment planning.

Weakness

- Complexity of guidelines makes them hard to apply in smaller hospitals with fewer specialists.
- Updates on rare genetic variants are not always rapidly implemented at clinical level.

S W O T

Opportunity

- Digital decision-support tools can ease guideline adoption in community settings.
- Integration of molecular profiles into treatment algorithms.

Threats

- Rapid evolution of personalized medicine may outpace update cycles of existing national guidelines.
- Divergence in guideline interpretation among institutions may cause care variation.

	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

- Universal health insurance ensures access to essential CRC treatment, including biomarker testing.
- Targeted therapies (e.g., anti-EGFR agents) are reimbursed for biomarker-eligible patients.

Weakness

- High-cost drugs (e.g., for MSI-H/dMMR) still face scrutiny and prior-authorization hurdles.
- Some innovative diagnostics (e.g., liquid biopsies) are not yet routinely covered.

S W O T

Opportunity

- National negotiations on drug pricing offer leverage to include emerging treatments at reduced costs.
- Introduction of performance-based reimbursement models for personalized therapies

Threats

- Rising oncology drug expenditures may trigger tighter access controls.
- Economic slowdowns could lead to re-prioritization of health benefits packages.

● 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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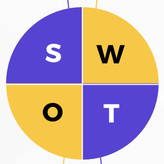
Colorectal Cancer Screening

Strengths

- National FIT-based CRC screening program for individuals aged 55–75 with high participation (>70%).
- Automated invitation system ensures organized and equitable coverage

Weakness

- Interval cancers still occur; some patients do not return for follow-up colonoscopy after positive FIT.
- Younger, high-risk populations are not included in screening by default.



Opportunity

- Use of risk-based screening algorithms incorporating family history and lifestyle factors.
- Integration of digital health platforms for reminders and tracking.

Threats

- Public fatigue or misinformation could reduce participation over time.
- Healthcare system burdened by follow-up colonoscopy demand in over-screened regions

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