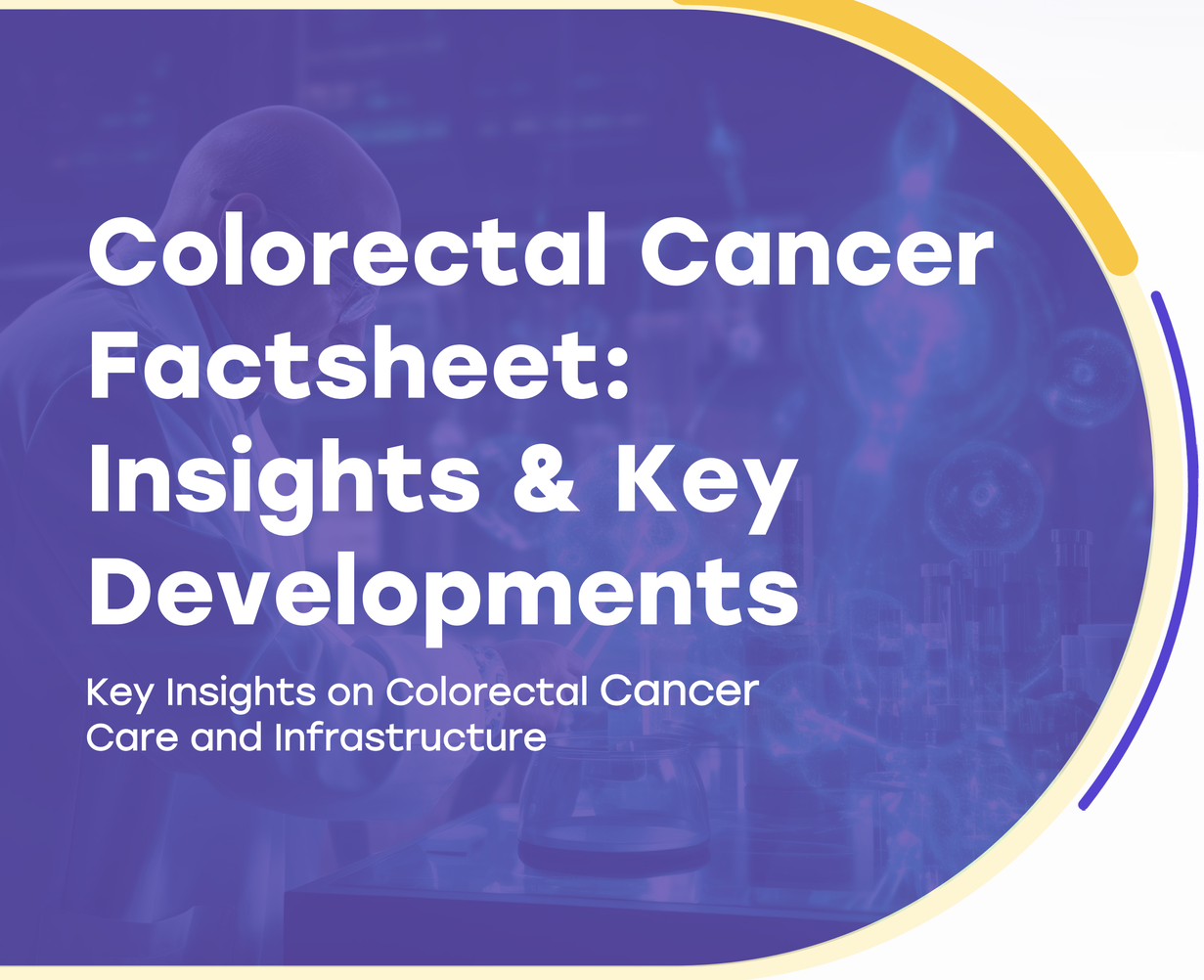
International Cancer Patient Coalition

South Korea



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 among the top 3 cancers in Korean men.
- Incidence rate: Around 45 per 100,000 men per year.
- Total new cases (2022): Approximately 23,500 men.
- Daily diagnoses (2022): Around 64 men per day.
- Deaths (2022): About 7,800 men.
- 5-year survival rate: Estimated 70–75%, due to highly structured screening and advanced care.
- Most affected age group: Men aged 55–75.
- Screening participation: National screening program using annual FIT for those aged 50+; high participation.

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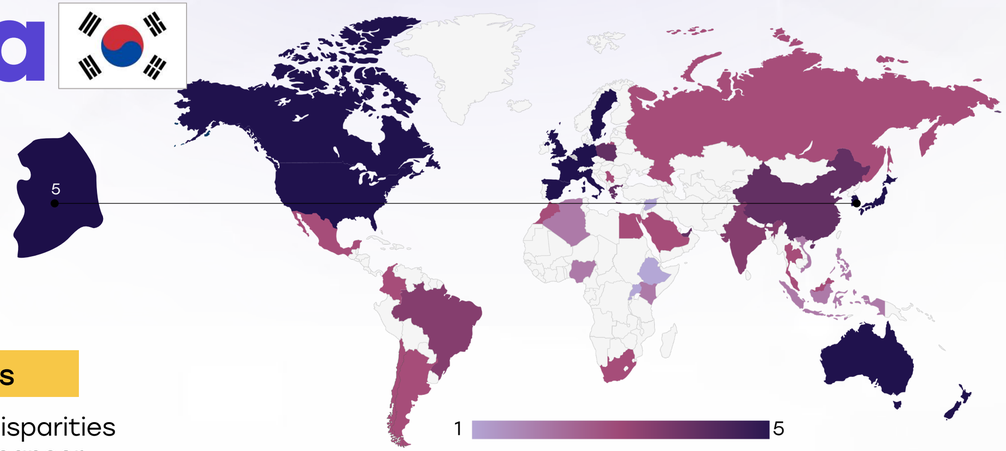
Infrastructure



Strengths

- Highly developed healthcare system with world-class hospital infrastructure and advanced diagnostic facilities.
- National Cancer Center and regional cancer hubs provide structured and high-quality cancer care.

Weakness

- Urban-rural disparities in access to cancer care and advanced diagnostics.
- Overcrowding in tertiary hospitals, leading to delays in care for advanced-stage patients.

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Opportunity

- Further integration of digital health tools and AI into cancer detection and triage.
- Strengthening regional cancer centers and promoting decentralized diagnostics.

Threats

- Rapid aging population may overburden infrastructure and increase cancer incidence.
- Workforce fatigue and burnout due to high patient volumes.

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	3
Spain	4	3
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	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	3	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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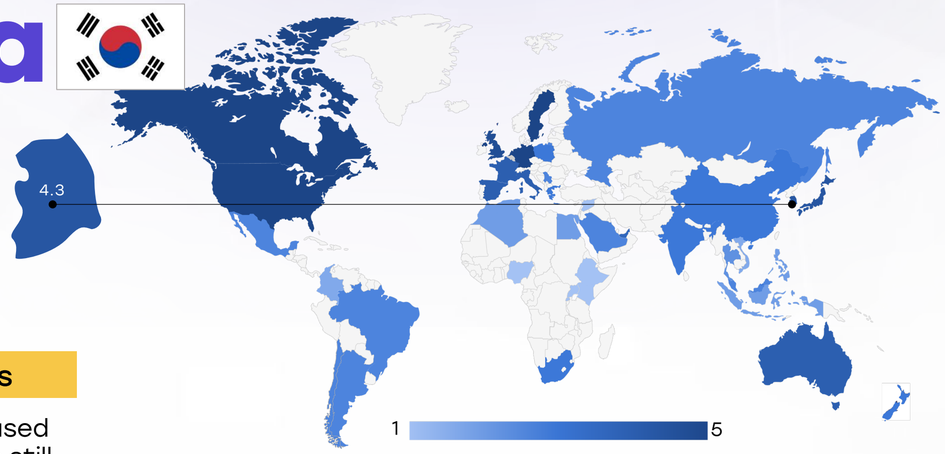
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal healthcare coverage includes cancer care, with strong national cancer control strategies.
- Robust funding for biomedical and genomic research, with government and private sector collaboration.

Weakness

- Biomarker-based therapies are still expensive despite insurance coverage, leading to patient dropouts.
- Awareness levels vary, with older populations showing resistance to early screening initiatives.

S W O T

Opportunity

- Continued public-private investment in personalized cancer treatment and genomic medicine.
- Expand multilingual, age-targeted awareness campaigns especially for rural elderly populations.

Threats

- Health budget pressures due to competing priorities like mental health and elder care.
- Possible delays in pricing negotiations for new targeted therapies.

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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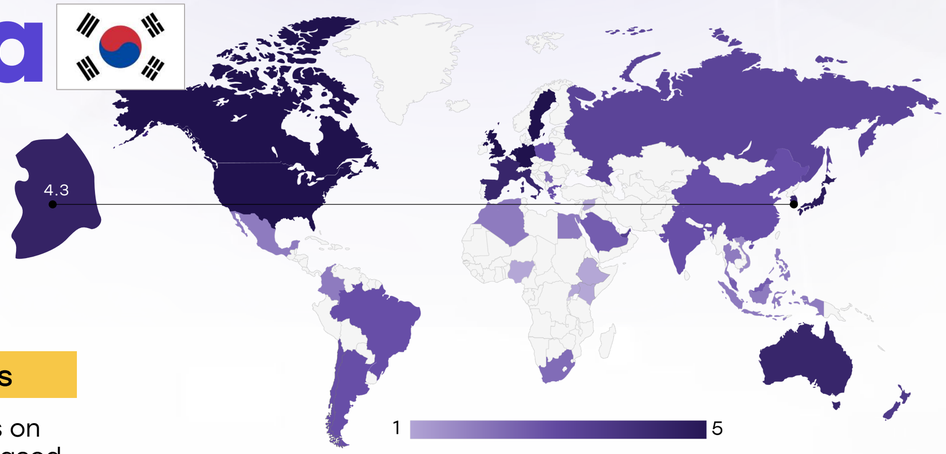
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate for CRC in South Korea exceeds 75%, among the highest globally.
- National screening program ensures high rates of early detection, especially for adults over 50.

Weakness

- Limited focus on community-based palliative care outside major cities.
- Emotional and psychological support services underutilized by patients.

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Opportunity

- Expansion of home-based palliative services and integration with community clinics.
- Use mobile health tools to follow-up on screening and survivorship.

Threats

- Social stigma and reluctance in openly discussing terminal illness.
- Growing burden of chronic conditions may affect focus on long-term 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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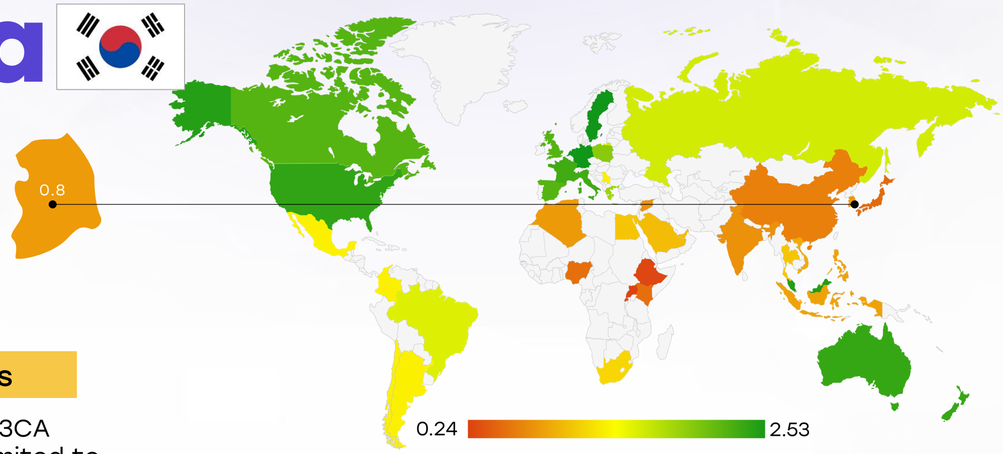
Utilization of Biomarkers



Strengths

- KRAS, BRAF, MSI testing is routinely performed in major cancer centers and part of standard CRC care.
- Strong infrastructure for molecular diagnostics and expanding use of next-gen sequencing.

Weakness

- NRAS and PIK3CA testing still limited to advanced cases or clinical trial participants.
- Lower utilization in regional hospitals due to expertise and equipment limitations.

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Opportunity

- National database to consolidate biomarker data for real-world evidence generation.
- Integrate biomarker testing into first-line decision-making across all cancer centers.

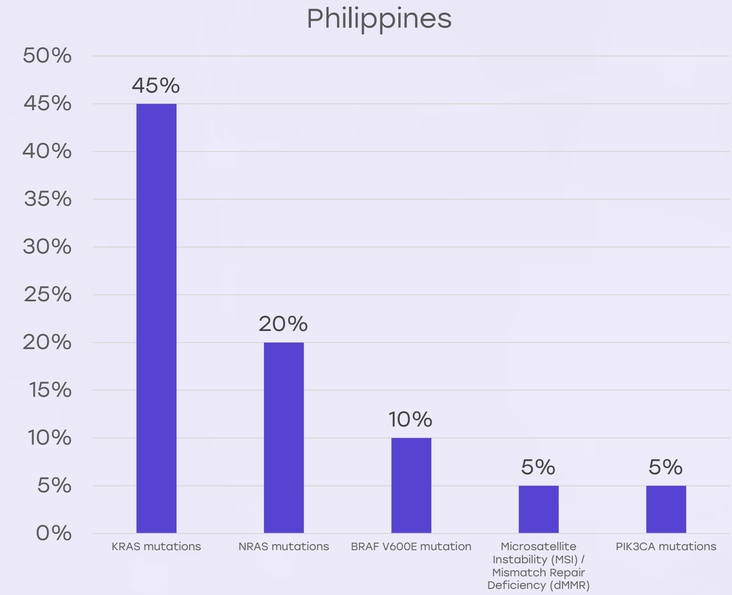
Threats

- Cost-benefit debates around advanced biomarkers could slow reimbursement or guideline inclusion.
- Lack of clinician awareness outside urban centers might hinder test utilization.

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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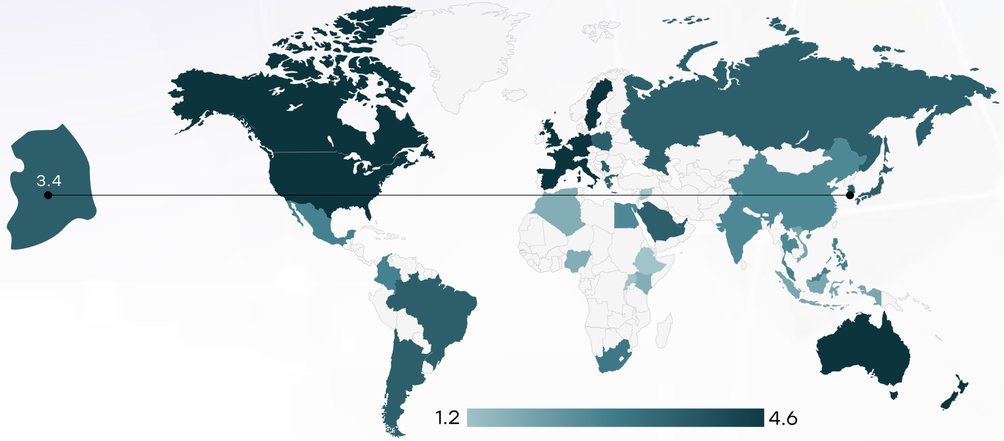
Clinical Guidelines



Strengths

- Korean Society of Coloproctology and National Cancer Center provide comprehensive, updated CRC guidelines.
- Guidelines include biomarker use (KRAS, BRAF, MSI) and targeted therapy indications.

Weakness

- Variable implementation of guidelines across private vs public hospitals.
- Slow update cycles for newer biomarkers like PIK3CA and NRAS.

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Opportunity

- Use digital platforms to push real-time updates to clinicians and standardize care delivery.
- Involve regional hospitals in national guideline drafting to ensure local applicability.

Threats

- Differences in insurance approval timelines may create gaps between guideline and practice.
- Potential duplication between guidelines from academic societies and national bodies.

	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

- National Health Insurance covers most standard CRC treatments, including surgery, chemo, and radiotherapy.
- KRAS and BRAF testing reimbursed under defined clinical conditions.

Weakness

- Reimbursement for next-generation biomarkers or newer drugs often delayed due to high cost.
- Co-payment costs still significant for lower-income patients.

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Opportunity

- Expand coverage for comprehensive genomic profiling and tailor reimbursement to risk stratification.
- Use real-world data to push for outcome-based pricing of targeted therap

Threats

- Rising cancer incidence may strain healthcare budgets and reduce flexibility in reimbursement policies.
- Reimbursement for biomarker-driven treatment may lag behind rapid scientific advances.

● 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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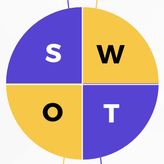
Colorectal Cancer Screening

Strengths

- Government-led CRC screening program offers biennial fecal occult blood testing (FOBT) for adults over 50.
- High participation rate (~65%) in organized national screening program.

Weakness

- Colonoscopy follow-up after positive FOBT still underutilized due to patient hesitancy.
- Screening under 50 not yet prioritized despite rising early-onset CRC cases.



Opportunity

- Introduce risk-based stratification (e.g., family history, lifestyle) to customize screening intervals.
- Leverage digital reminders and mobile apps to boost follow-up colonoscopy compliance.

Threats

- Screening fatigue and misinformation may lower participation among younger populations.
- Logistic overload in peak seasons of national screening delivery.

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