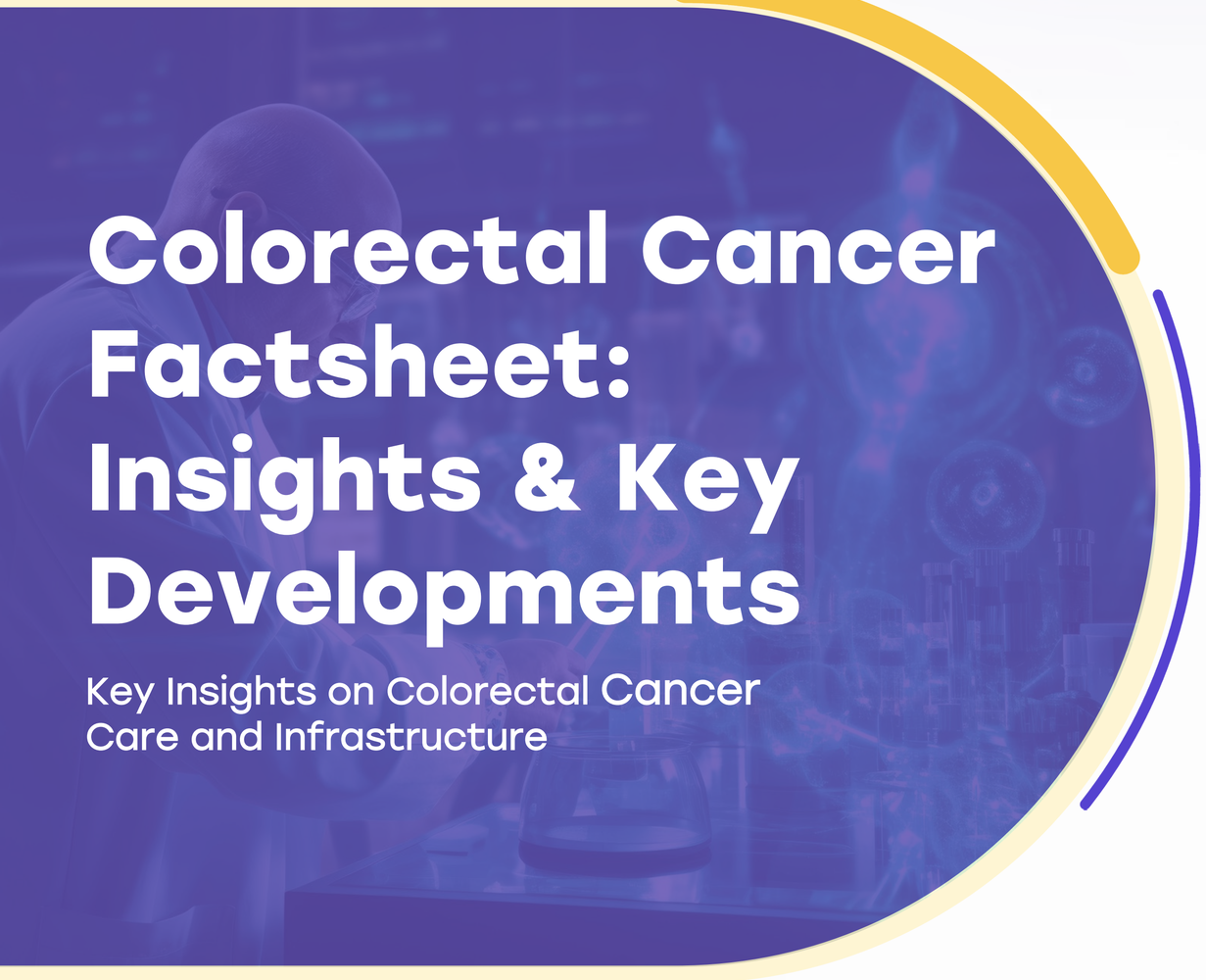
International Cancer Patient Coalition

Syria



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 not a leading cancer, but incidence is rising.
- Incidence rate: Around 5 per 100,000 men per year.
- Total new cases (2022): Approximately 600–700 men.
- Daily diagnoses (2022): About 2 men per day.
- Deaths (2022): Around 500 men.
- 5-year survival rate: Estimated under 30%, due to healthcare disruptions and late presentation.
- Most affected age group: Mostly men aged 60+.
- Screening participation: No screening program; care is highly dependent on available local services.

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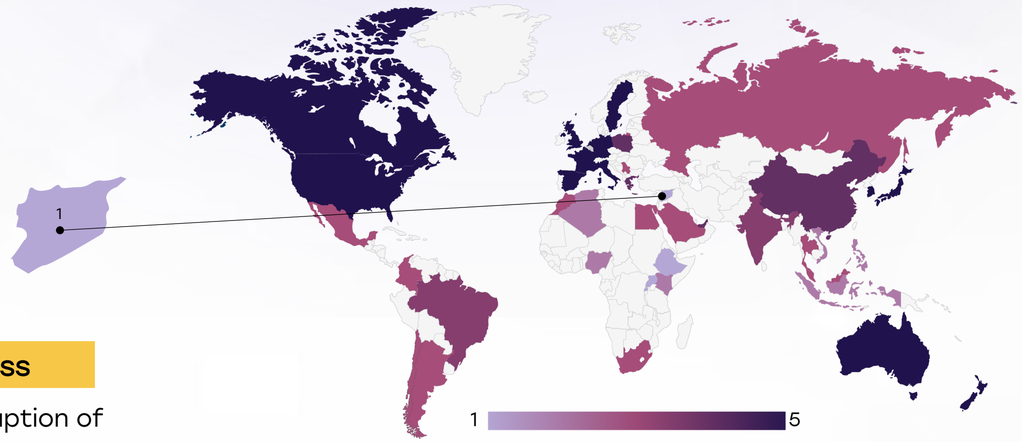
Infrastructure



Strengths

- Centralized public hospitals in Damascus and Aleppo still provide oncology services despite conflict.
- Academic institutions (e.g., University of Damascus) contribute to medical education and limited cancer care services.

Weakness

- Severe disruption of healthcare infrastructure due to prolonged conflict. Many cancer centers are under-resourced.
- Limited availability of oncology diagnostics and equipment, especially outside major cities.

S W O T

Opportunity

- International humanitarian partnerships can help rebuild cancer care infrastructure.
- Syrian diaspora oncologists and medical professionals can support via telemedicine or training.

Threats

- Ongoing conflict, instability, and sanctions severely hinder system rebuilding.
- Healthcare worker migration continues to deplete skilled oncology professionals.

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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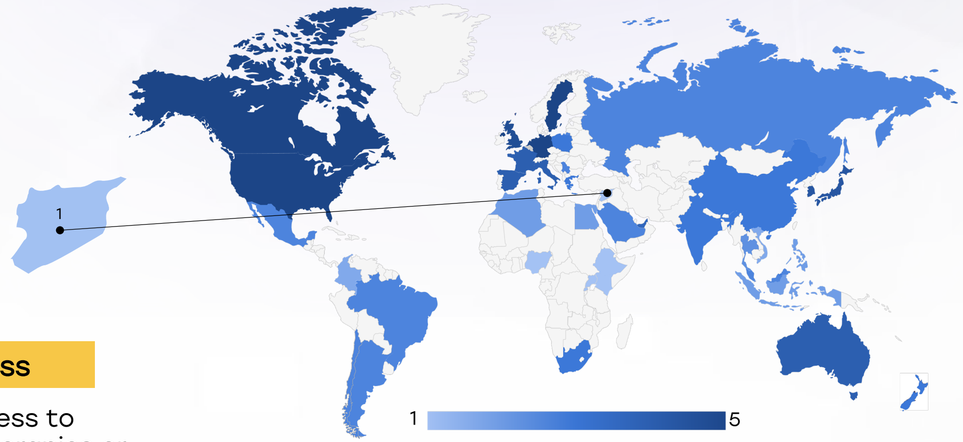
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Basic chemotherapy regimens are sometimes available in major public hospitals.
- Some local NGOs and health workers promote basic cancer awareness.

Weakness

- Minimal access to targeted therapies or immunotherapies for CRC.
- No consistent government-funded awareness or CRC-specific research programs.

S W O T

Opportunity

- NGOs and regional health agencies could fill gaps with mobile clinics or basic awareness campaigns.
- Low-cost awareness materials and community volunteers can raise CRC knowledge levels.

Threats

- Political and financial instability prevents sustainable treatment programs or research development.
- Lack of public trust in government health initiatives may lower campaign effectiveness.

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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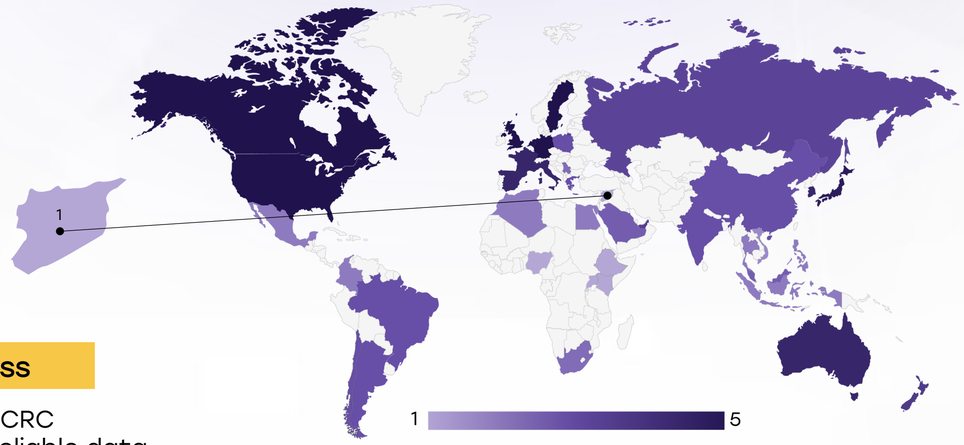
Survival Rates, Early Detection and Palliative Care



Strengths

- In regions with stable access, early-stage CRC cases can receive surgery and basic chemotherapy.
- Family support systems are culturally strong, often aiding palliative care informally.

Weakness

- No national CRC registry or reliable data on survival rates; estimated survival is significantly below global averages.
- Limited access to early detection services or palliative care drugs (e.g., morphine).

Opportunity

- Develop low-cost early symptom-check programs through primary care units.
- International organizations could support capacity-building in palliative care

Threats

- Delayed diagnosis due to fear, stigma, or travel constraints results in late-stage presentation.
- War-related trauma and competing health crises reduce focus on non-communicable diseases like CRC.

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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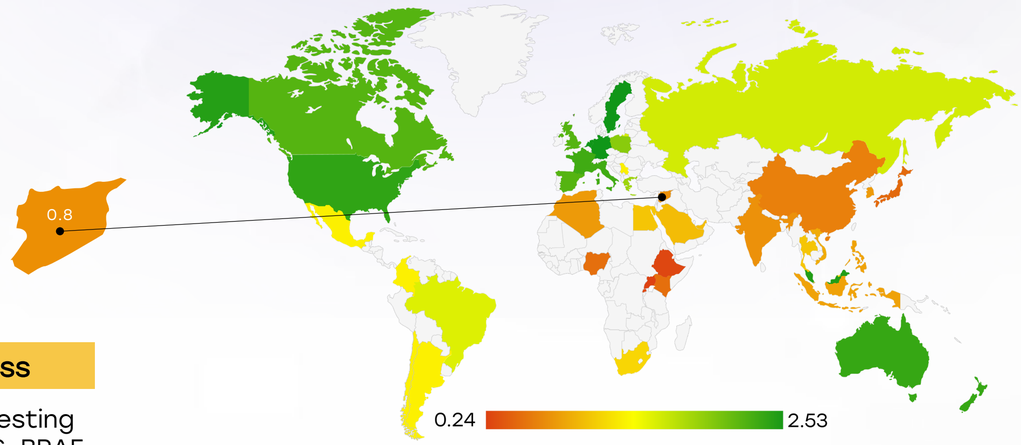
Utilization of Biomarkers



Strengths

- Some awareness of KRAS/BRAF testing exists among senior oncologists in urban centers.
- Limited private labs in Damascus offer basic molecular diagnostics when reagents are available.

Weakness

- Biomarker testing (KRAS, NRAS, BRAF, MSI, PIK3CA) is rarely available or financially inaccessible.
- No national standards or lab capacity to conduct or validate biomarker tests.

S W O T

Opportunity

- International collaborations can help set up centralized biomarker testing hubs.
- Train young oncologists in basic molecular diagnostics through remote learning

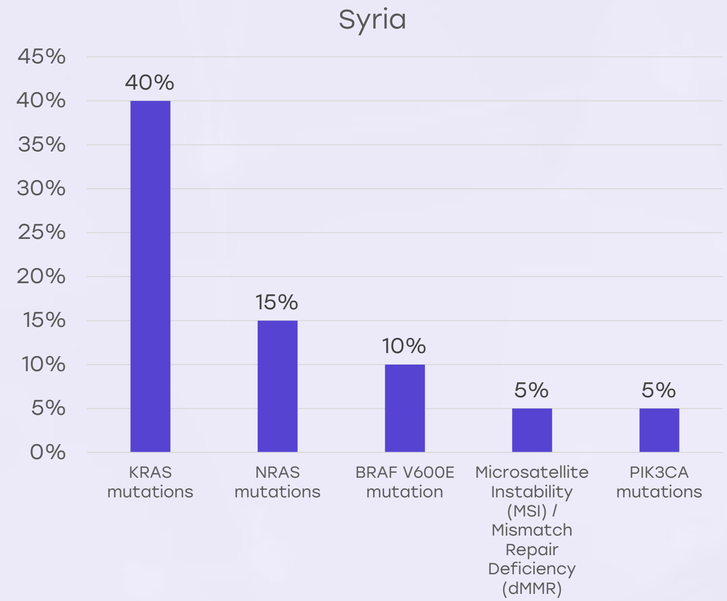
Threats

- Sanctions limit import of key reagents and testing kits.
- Fragile power and water supply makes laboratory operations unreliable.

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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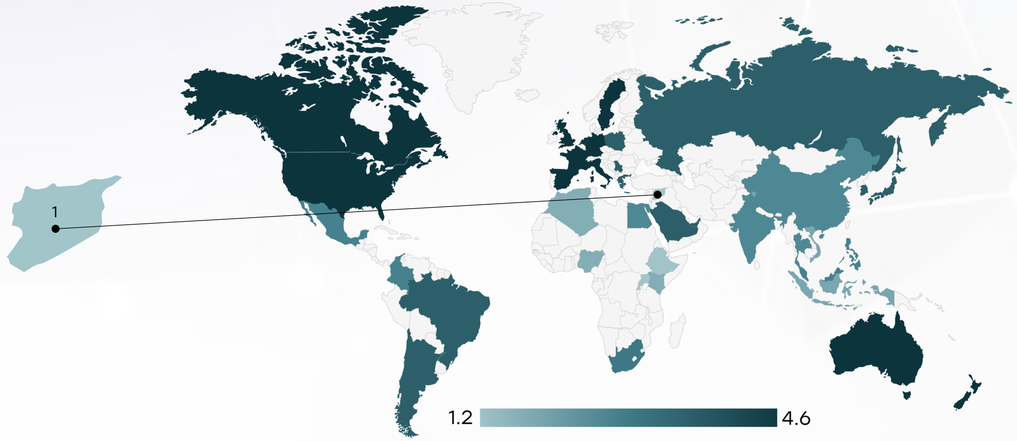
Clinical Guidelines



Strengths

- Some hospitals still follow outdated but structured treatment pathways based on older international protocols.
- Senior oncologists trained abroad bring external guideline experience.

Weakness

- No national CRC guidelines or clinical decision support systems in place.
- Lack of updated, evidence-based protocols adapted to local context and available therapies.

S W O T

Opportunity

- WHO or regional health bodies can help establish resource-adapted clinical CRC guidelines.
- Integrate CRC guidelines with broader non-communicable disease strategies.

Threats

- Disruption of medical education and CME (Continuing Medical Education) leads to outdated clinical practice.
- Resistance to change among older professionals without system-wide training.

	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

- Public sector theoretically covers basic cancer treatments at no cost in major hospitals.
- Family or charity support networks assist with transportation and treatment expenses.

Weakness

- Lack of formal reimbursement or insurance system for advanced diagnostics or targeted therapies.
- Patients bear out-of-pocket costs for most medications and off-label treatments.

S W O T

Opportunity

- International health donors can support free diagnostics and subsidized therapies for CRC.
- Build a basic referral and patient tracking system for financial support prioritization.

Threats

- Worsening economy and currency devaluation make cancer treatment unaffordable.
- Informal costs (bribes, black market drugs) reduce equitable access.

● 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

- High-risk individuals occasionally screened by symptom or family history in large hospitals.
- Doctors in academic centers show growing interest in implementing screening tools.

Weakness

- No organized or population-based CRC screening program.
- Limited access to colonoscopy and stool-based testing (e.g., FIT or FOBT).

S W O T

Opportunity

- Start small-scale pilot screening in stable regions using low-cost FIT kits.
- Train primary care workers to recognize and refer potential CRC cases earlier.

Threats

- Poor awareness and stigma around colorectal symptoms lead to underreporting.
- Lack of funding and political focus prevents the rollout of national 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
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