

Vietnam

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.

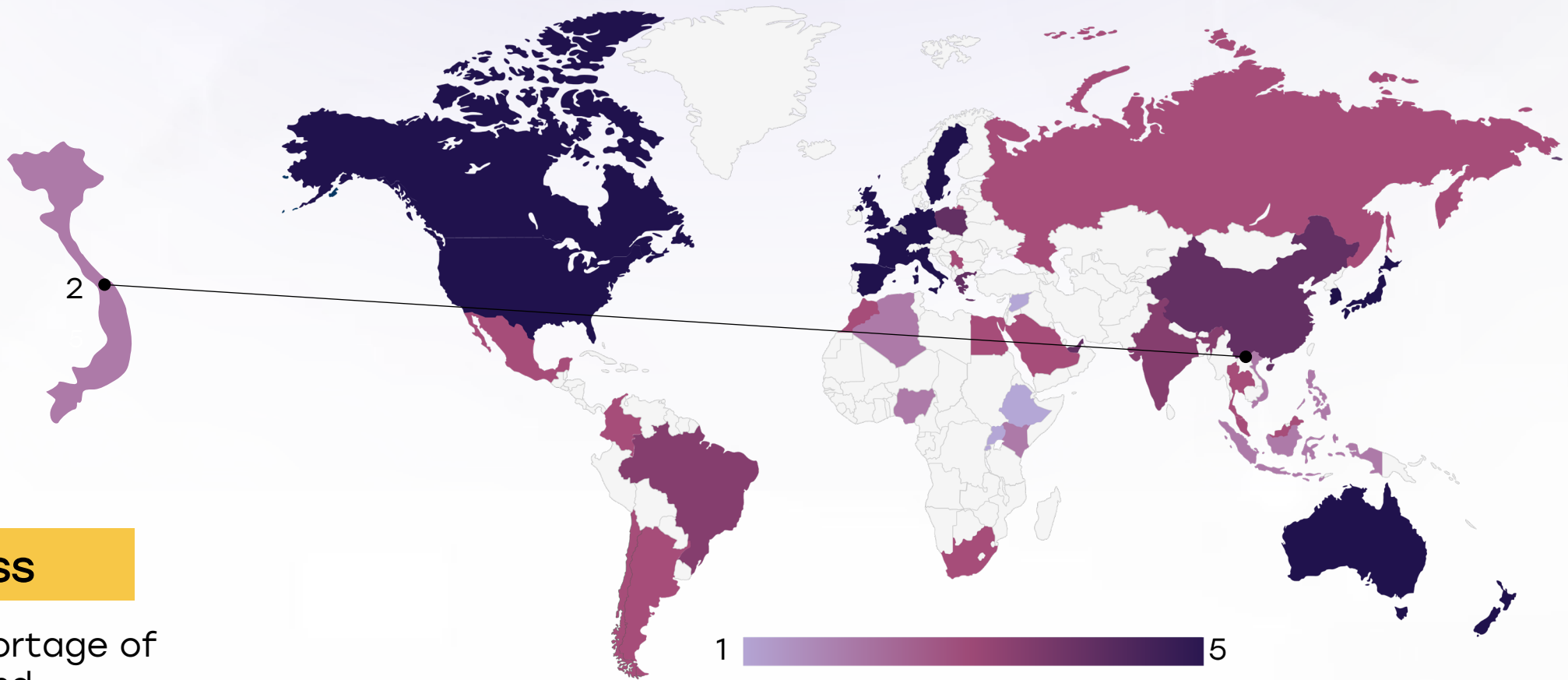
This factsheet provides a comprehensive overview of key pillars shaping colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Colorectal cancer is among the top 5 cancers in men.
- Incidence rate: Around 17 per 100,000 men per year.
- Total new cases (2022): Approximately 6,600 men.
- Daily diagnoses (2022): Around 18 men per day.
- Deaths (2022): Around 4,200 men.
- 5-year survival rate: Estimated 40–45%.
- Most affected age group: Men aged 55 and older.
- Screening participation: No nationwide program; pilot initiatives underway in major cities.

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Infrastructure



Strengths

- Leading cancer centers like K Hospital (Hanoi) and Ho Chi Minh Oncology Hospital offer advanced care and surgery for CRC.
- Vietnam has developed regional cancer hospitals in both the north and south to decentralize treatment.

Weakness

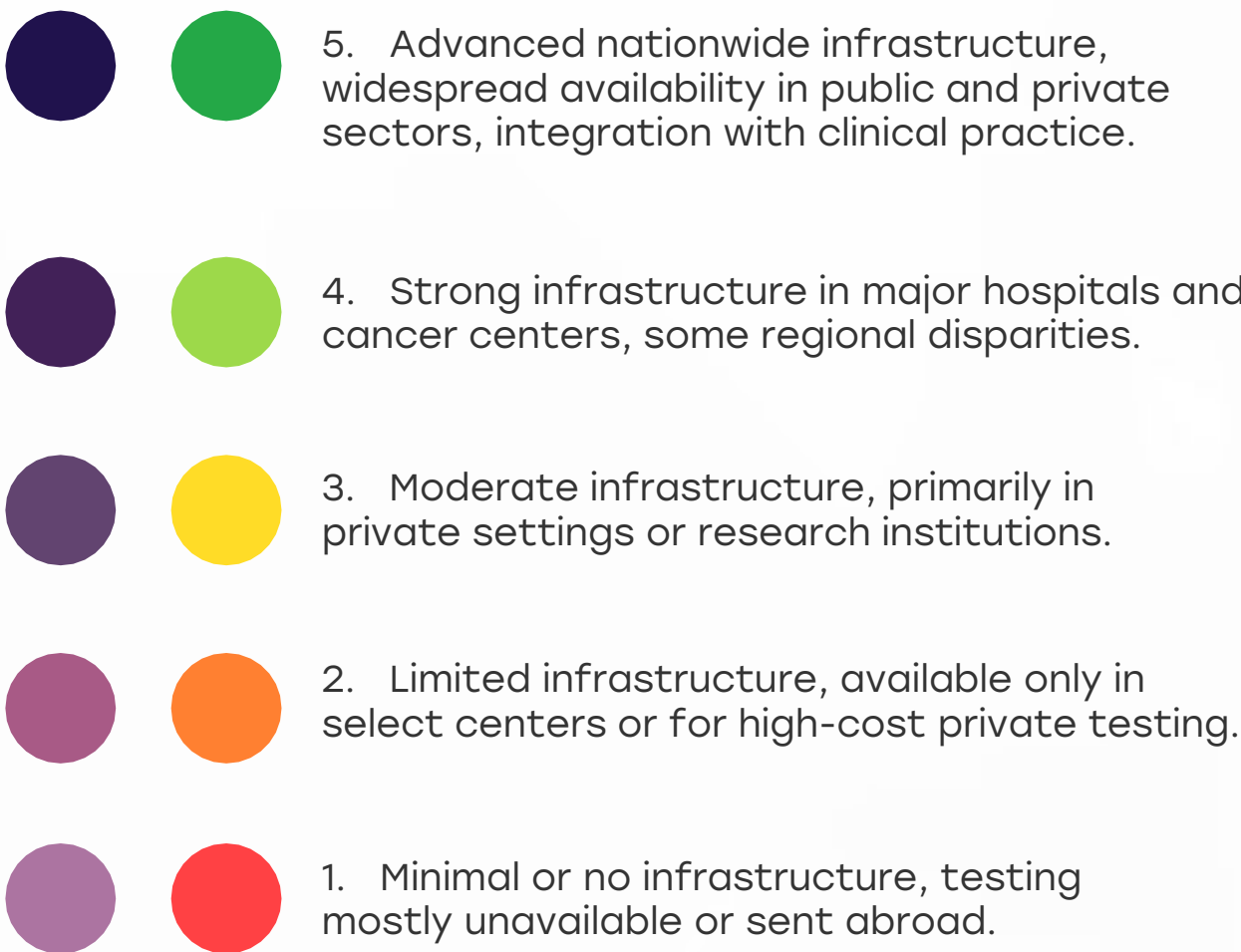
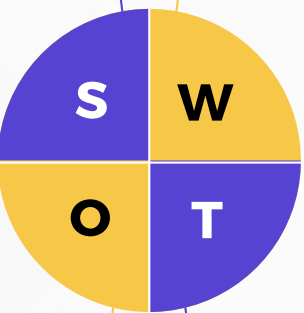
- Significant shortage of oncologists and oncology nurses, especially outside major cities.
- Many district and provincial hospitals lack endoscopic equipment or advanced pathology services.

Opportunity

- Government investment in upgrading regional hospitals under the National Cancer Control Program.
- Public-private partnerships with foreign healthcare firms to modernize cancer diagnostics.

Threats

- Urban-rural health disparity remains high, limiting access to timely cancer care.
- Infrastructure strain due to high caseloads and growing incidence of NCDs including CRC.

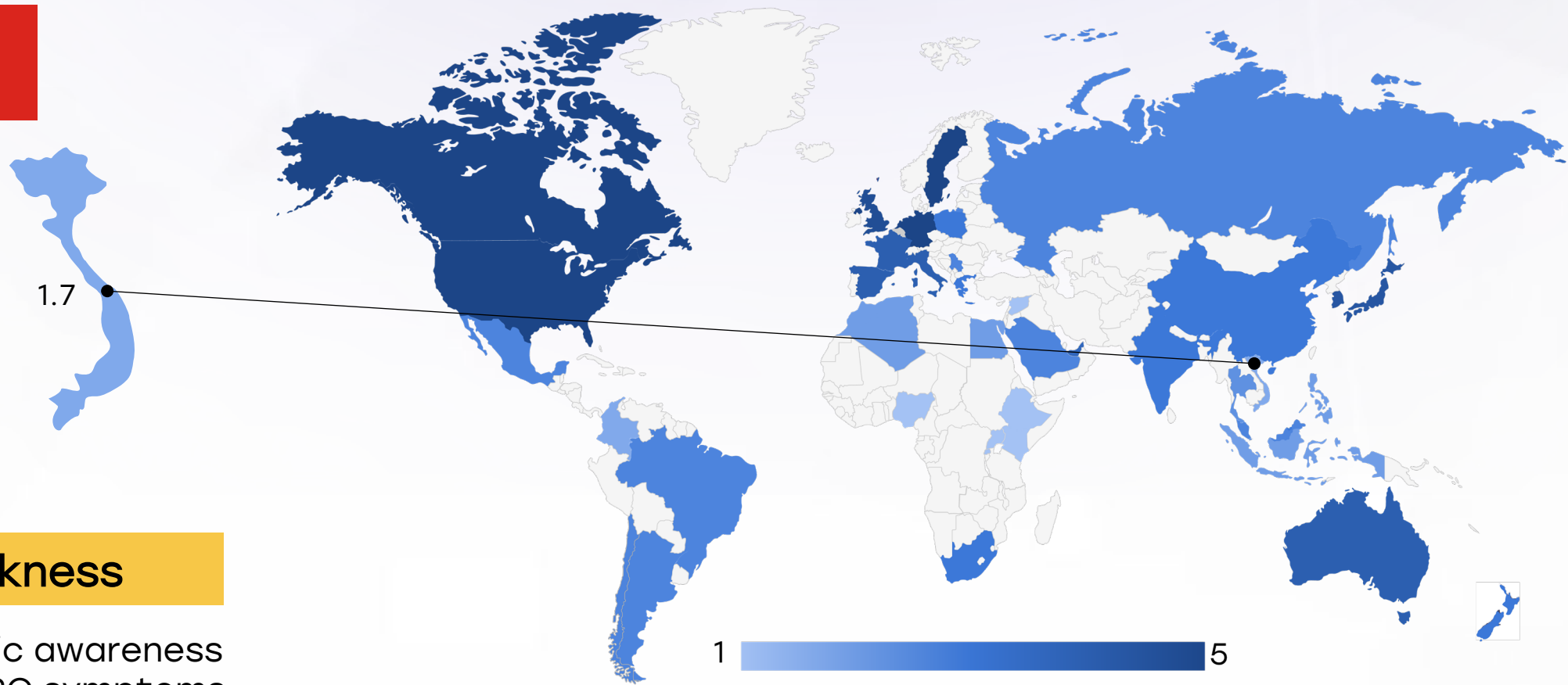


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece		
Rwanda		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Growing participation in regional cancer research collaborations, including ASEAN forums.
- Targeted therapy (e.g., EGFR inhibitors) and chemotherapy available in urban tertiary centers.

Weakness

- Low public awareness about CRC symptoms and risk factors, leading to delayed presentation.
- Limited funding for CRC-specific research and clinical trials compared to more common cancers like liver or lung.

Opportunity

- Expansion of national education programs to promote CRC screening.
- Collaborations with international donors and NGOs to fund research and outreach programs.

Threats

- High out-of-pocket treatment costs and limited health insurance coverage for novel therapies.
- Cultural stigma around cancer reduces public engagement in awareness campaigns.

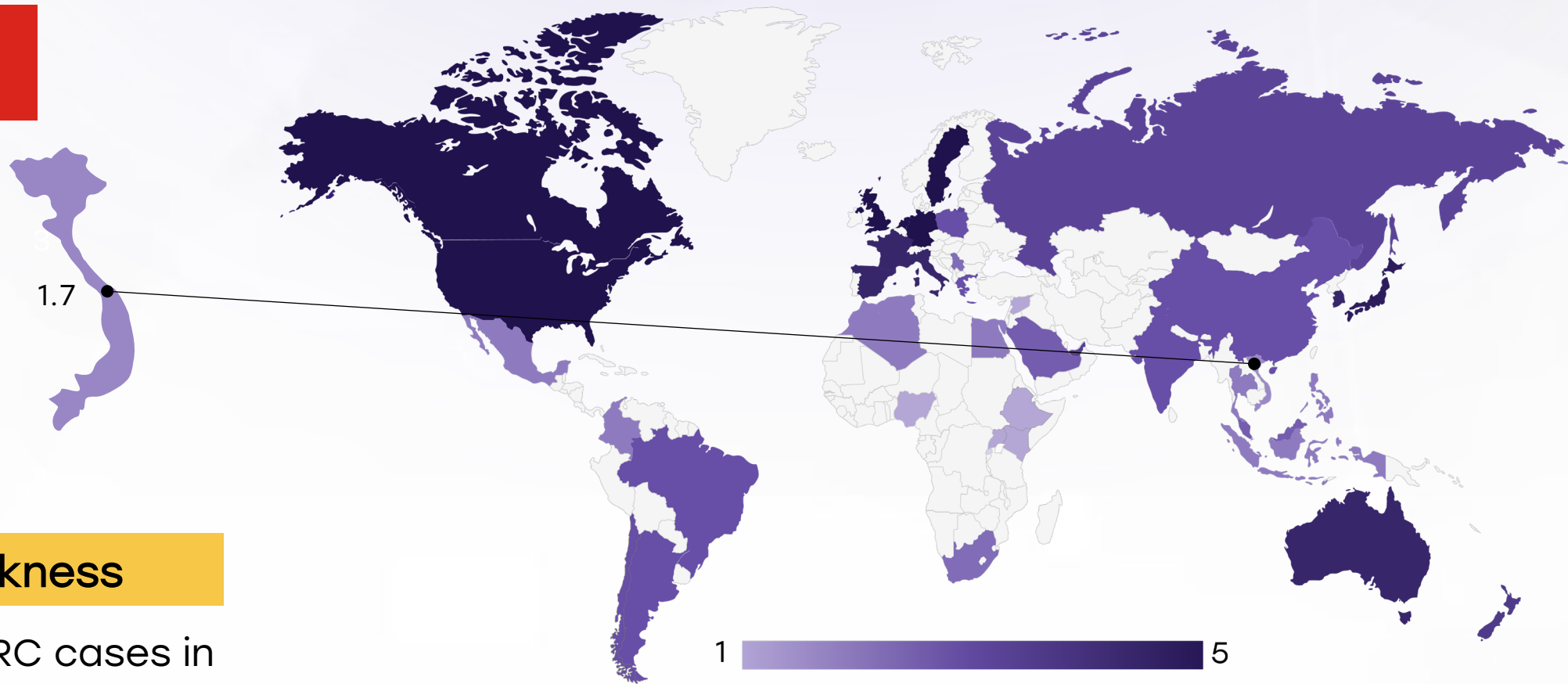
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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	<div></div>	<div></div>	<div></div>
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Nigeria	<div></div>	<div></div>	<div></div>
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Uganda	<div></div>	<div></div>	<div></div>
Serbia	<div></div>	<div></div>	<div></div>
Saudi Arabia	<div></div>	<div></div>	<div></div>
UAE	<div></div>	<div></div>	<div></div>
Syria	<div></div>	<div></div>	<div></div>
Indonesia	<div></div>	<div></div>	<div></div>
Vietnam	<div></div>	<div></div>	<div></div>
Philippines	<div></div>	<div></div>	<div></div>
Russia	<div></div>	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>	<div></div>

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Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival for localized CRC improves when diagnosed early in urban hospitals (above 60%).
- Dedicated palliative care departments exist in top cancer centers.

Weakness

- Most CRC cases in Vietnam are diagnosed in Stage III or IV, particularly in rural populations.
- Palliative care services are still underdeveloped outside of Hanoi and Ho Chi Minh City.

Opportunity

- Development of community-based palliative care models through national palliative initiatives.
- Introduction of population-wide FIT screening can push early diagnosis.

Threats

- Lack of timely referral system between lower-level and central hospitals hinders early detection.
- Training gap in primary care physicians in recognizing early CRC signs.



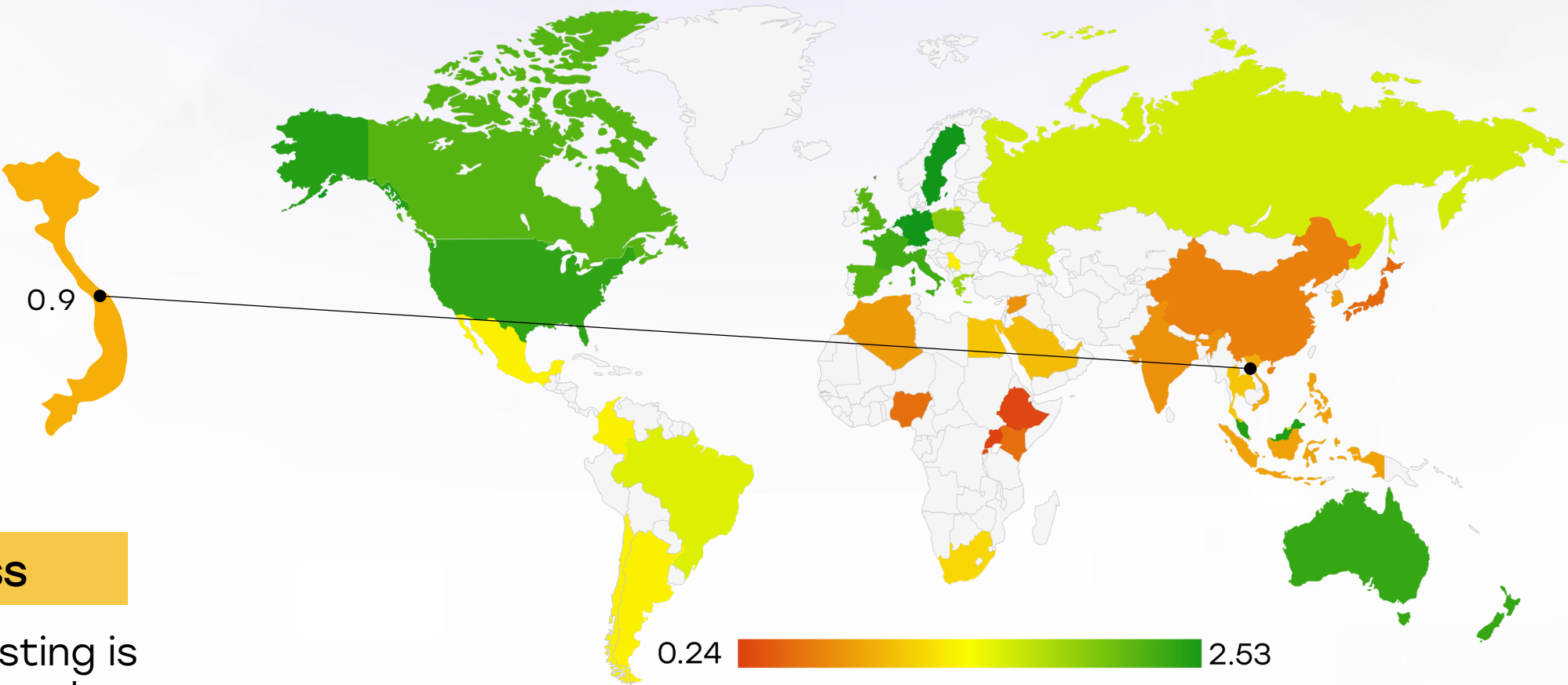
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
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Poland			
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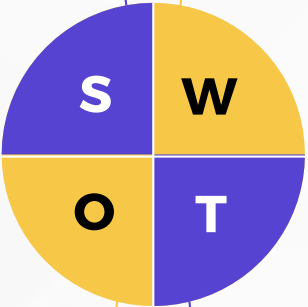


Utilization of Biomarkers



Strengths

- KRAS and MSI testing available in top-tier hospitals and private laboratories.
- Use of MSI status to guide immunotherapy (e.g., pembrolizumab) slowly gaining traction.



Weakness

- Biomarker testing is rarely performed outside major oncology centers.
- Limited reimbursement and high cost restrict access to comprehensive genomic profiling.

Opportunity

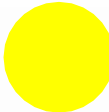
- Growth in partnerships with international labs to improve NGS testing infrastructure.
- Expansion of academic collaborations for biomarker validation studies.

Threats

- Disparity in biomarker utilization may widen treatment outcome gaps.
- Poor integration of biomarker data into treatment protocols due to limited digital systems.



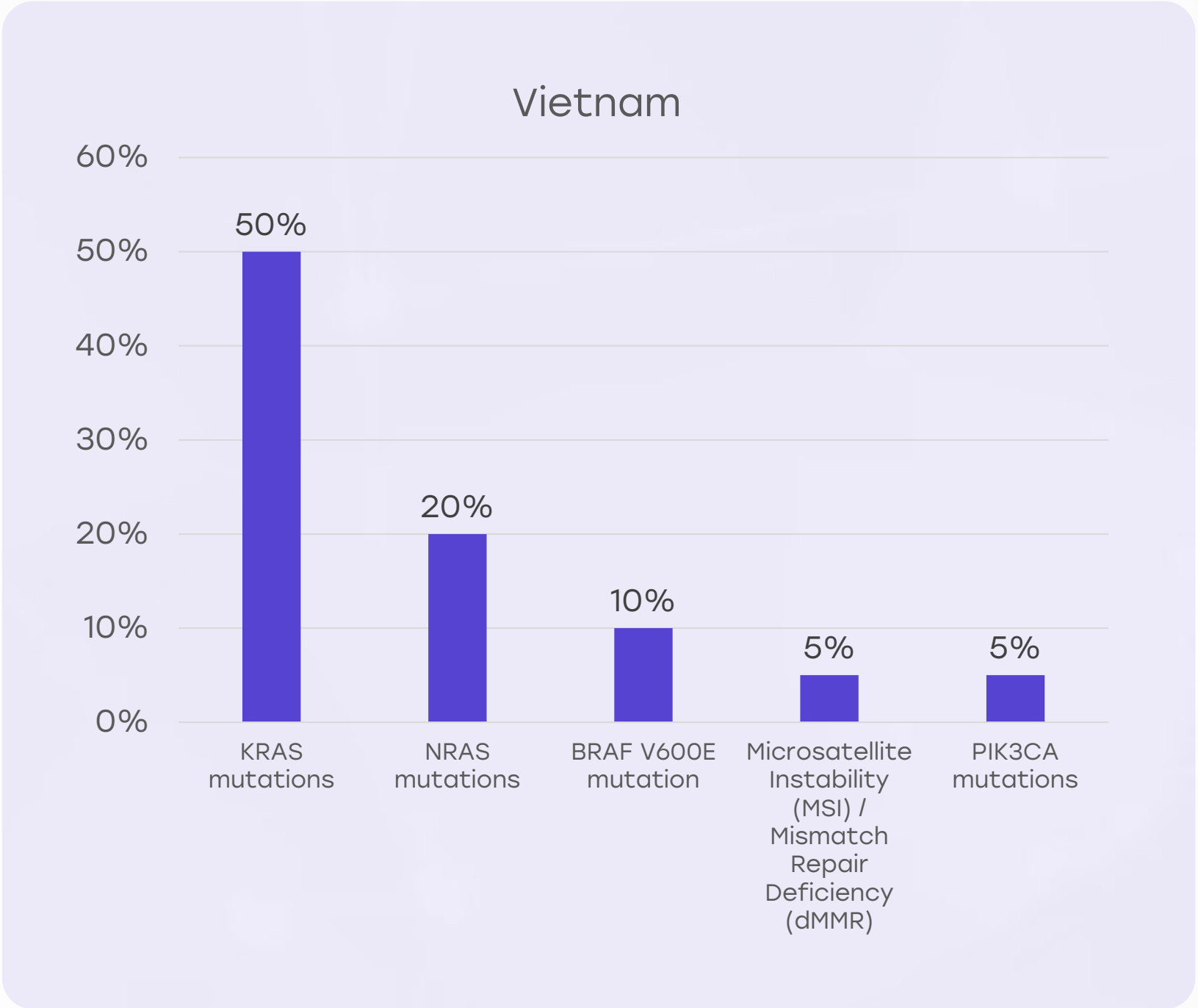
Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.



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.

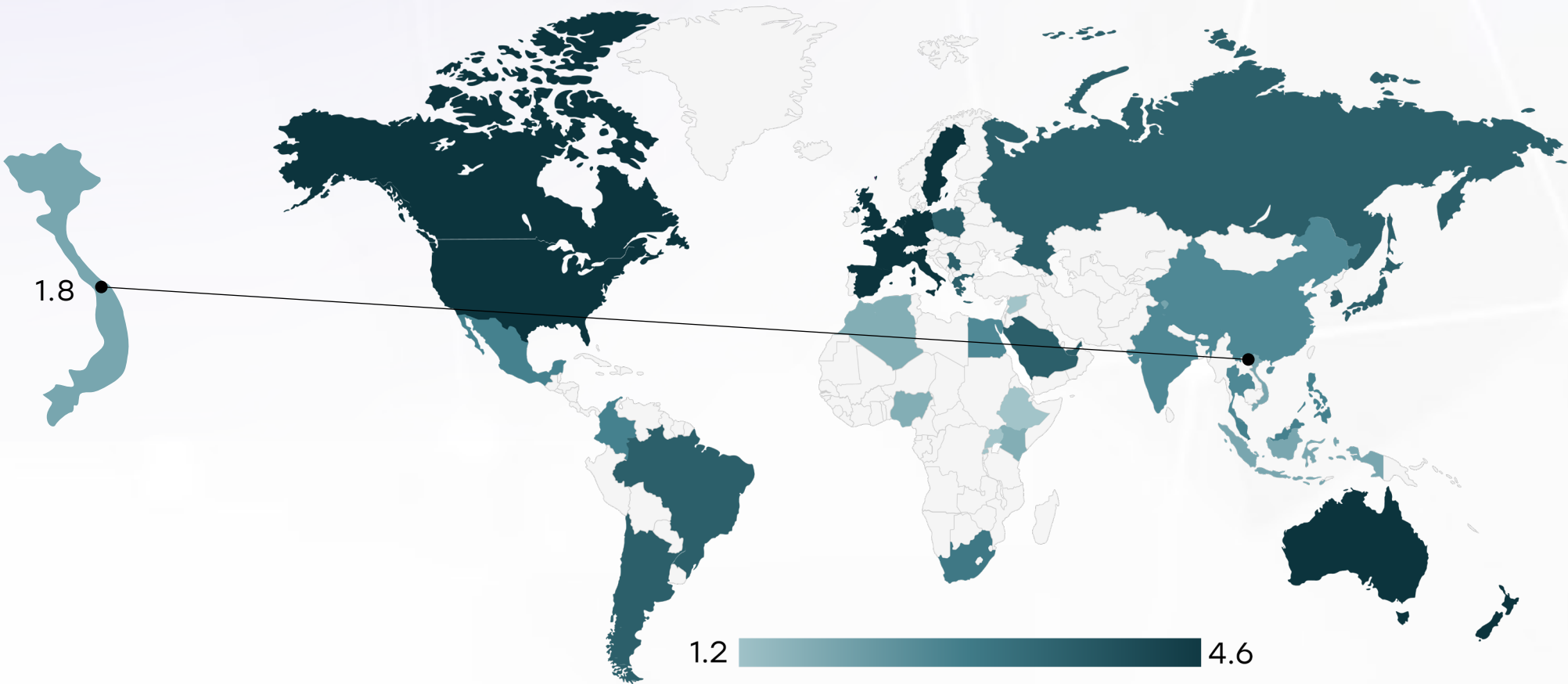


Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



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Clinical Guidelines



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	✖	✖	○	✖
Feasibility of Integration	✖	✖	✖	○	✖
Adoption of International Guidelines	✖	✖	✖	○	✖
Engagement with Updates	✖	✖	✖	○	✖
ESMO Guidelines Implementation	✖	✖	✖	○	✖

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Reimbursement



Strengths

- Vietnam’s social health insurance system covers basic cancer care including surgery and chemotherapy.
- Essential CRC drugs (e.g., 5-FU, oxaliplatin) generally included in the national drug list.

Weakness

- Limited or no coverage for targeted therapies and biomarker testing.
- Bureaucratic delays and regional differences in claims processing.

Opportunity

- Advocacy for inclusion of cost-effective targeted therapies into national reimbursement.
- Pilot models for outcome-based reimbursement schemes with pharma partners.

Threats

- Rising cost of novel therapies could burden the health budget.
- Disparities between public and private coverage models affect 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.

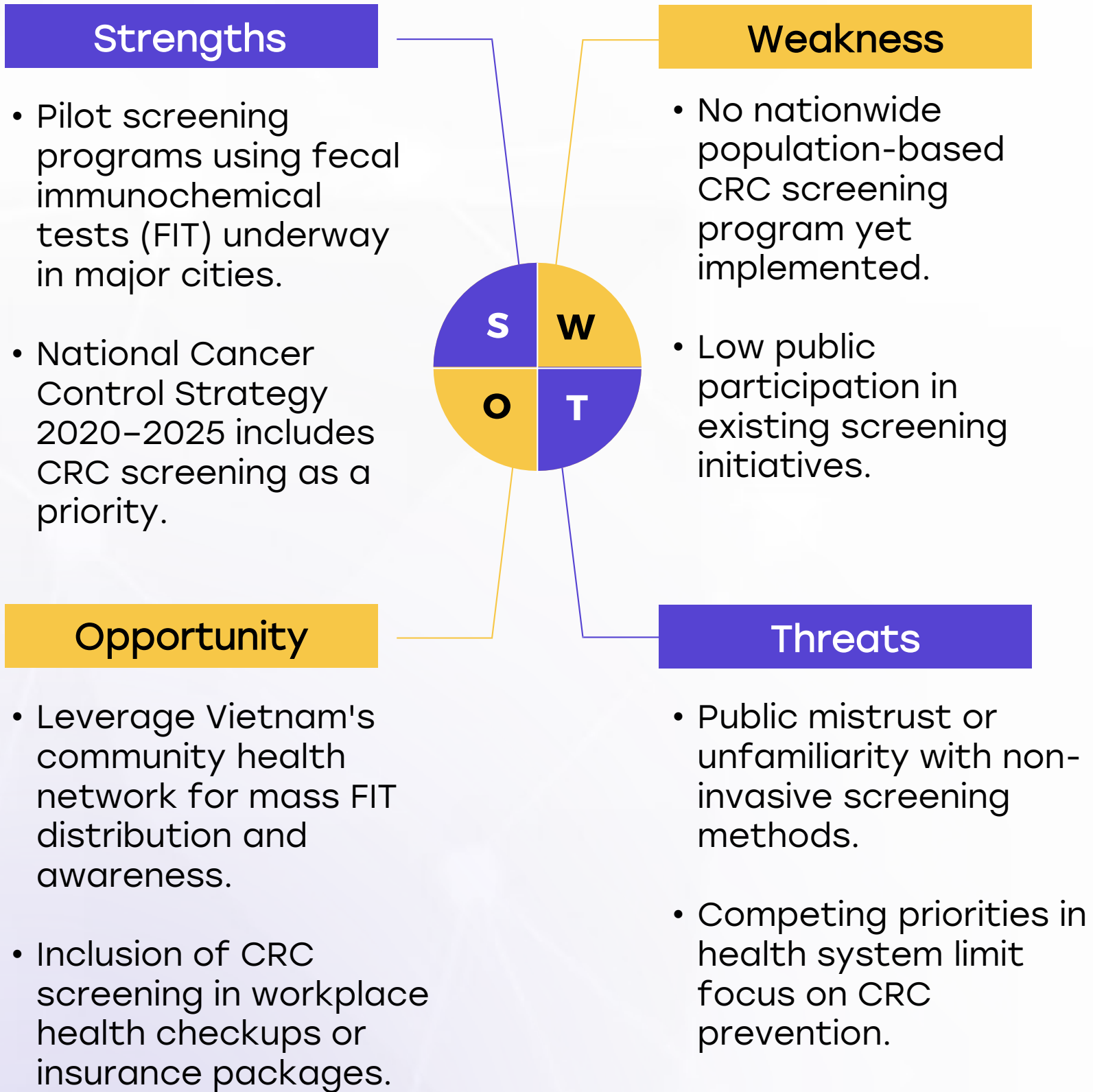


No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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		
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Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

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Colorectal Cancer Screening



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