International Cancer Patient Coalition

Egypt

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 increasing, now among the top 5 digestive cancers in men.
- Incidence rate: Around 10 per 100,000 men per year.
- Total new cases (2022): Approximately 3,100 men.
- Daily diagnoses (2022): Around 8–9 men per day.
- Deaths (2022): About 2,000 men.
- 5-year survival rate: Estimated at 35–40%.
- Most affected age group: Men aged 60 and older.
- Screening participation: No national screening; detection is mostly symptom-based.

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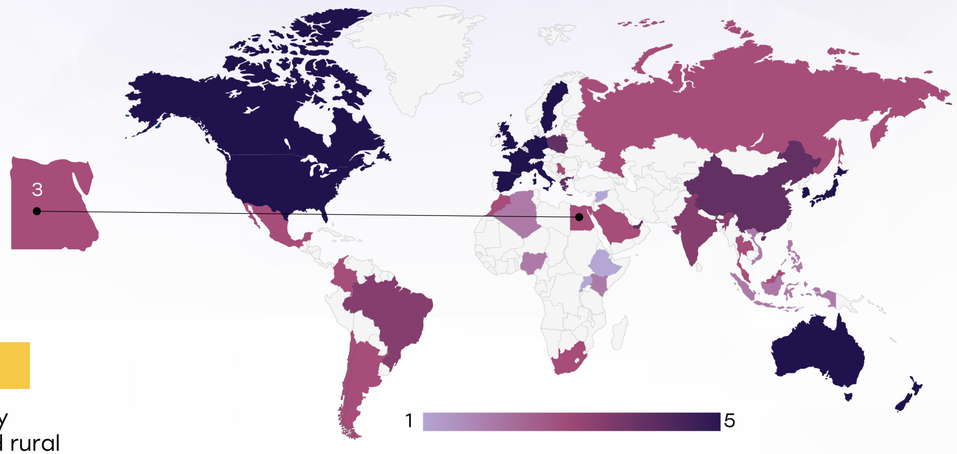
Infrastructure



Strengths

- Presence of high-volume cancer centers like the National Cancer Institute (NCI), Baheya Foundation, and Children's Cancer Hospital (57357) in Cairo.
- Increasing investment in specialized cancer care infrastructure by the Ministry of Health and private sector.

Weakness

- Significant disparity between urban and rural areas in access to colorectal cancer diagnostics and surgery.
- Public hospitals often face outdated imaging equipment and delays in pathology results.

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Opportunity

- Expansion of regional cancer centers with trained specialists can improve nationwide access.
- Adoption of tele-oncology and digital pathology tools to bridge infrastructure gaps.

Threats

- Overburdened tertiary hospitals lead to long waiting times for colonoscopy and surgery.
- Political instability or funding cuts could slow down infrastructure expansion.

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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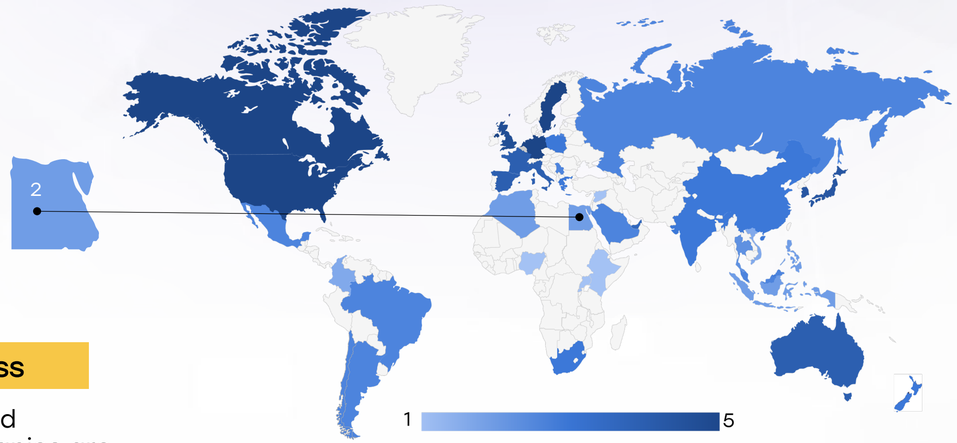
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to chemotherapy and some targeted therapies (e.g., EGFR inhibitors) in major urban hospitals.
- Government initiatives promoting cancer awareness through media campaigns.

Weakness

- Targeted and immunotherapies are often limited to private sector or research settings
- Low allocation of national health research budget toward colorectal cancer studies.

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Opportunity

- International collaboration and clinical trial participation can boost funding and technology transfer.
- NGOs and academic hospitals can lead low-cost awareness drives, especially in underserved regions.

Threats

- High out-of-pocket costs for biologics and diagnostics.
- Awareness remains low in rural areas, particularly about symptoms and screening.

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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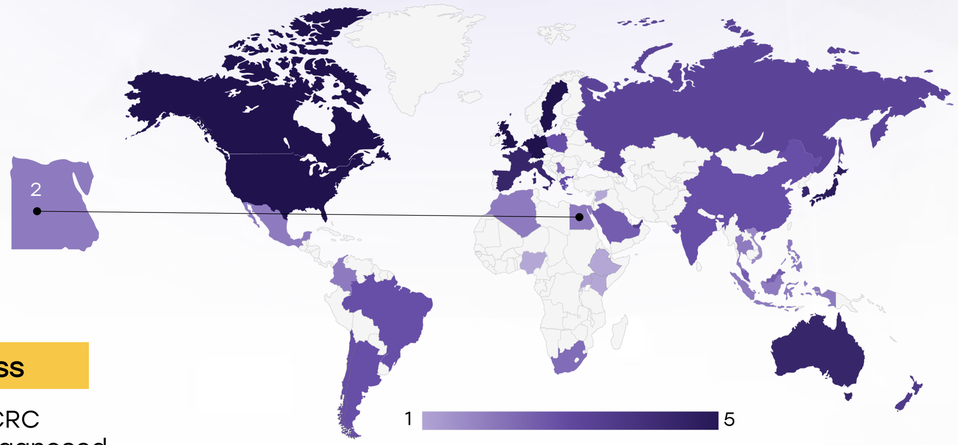
Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage survival is comparable to global standards when patients access care at high-quality facilities.
- Availability of morphine and palliative services in some public hospitals, such as Kasr El Ainy.

Weakness

- Majority of CRC cases are diagnosed at stage III or IV, contributing to poor overall outcomes.
- Palliative care is underdeveloped and underutilized outside urban settings.

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Opportunity

- Strengthening primary healthcare systems to facilitate symptom recognition and referrals.
- National programs can integrate early palliative care in treatment pathways.

Threats

- Cultural stigma around cancer and late presentation at hospitals.
- Lack of trained palliative care professionals in many 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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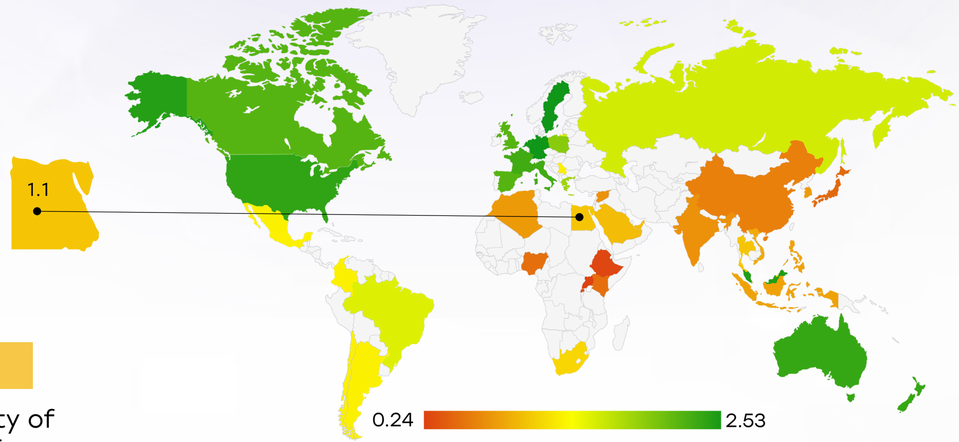
Utilization of Biomarkers



Strengths

- KRAS and NRAS testing is available in major academic and private hospitals for metastatic CRC treatment decisions.
- MSI/dMMR testing is performed in select centers to guide immunotherapy use.

Weakness

- Limited availability of PIK3CA and BRAF mutation testing, mostly in research settings or paid privately.
- Many secondary and district hospitals lack capacity or trained personnel for biomarker testing.

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Opportunity

- Mandating biomarker profiling in national guidelines for metastatic CRC could improve personalized care.
- Establishing centralized pathology labs can reduce costs and standardize testing.

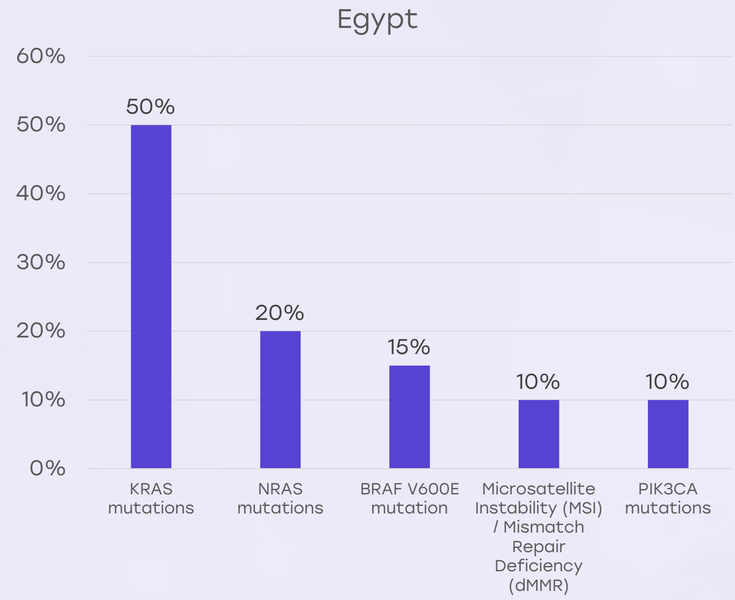
Threats

- High cost and limited reimbursement lead to underutilization of critical biomarker tests.
- Inconsistent quality control across pathology labs can compromise test accuracy.

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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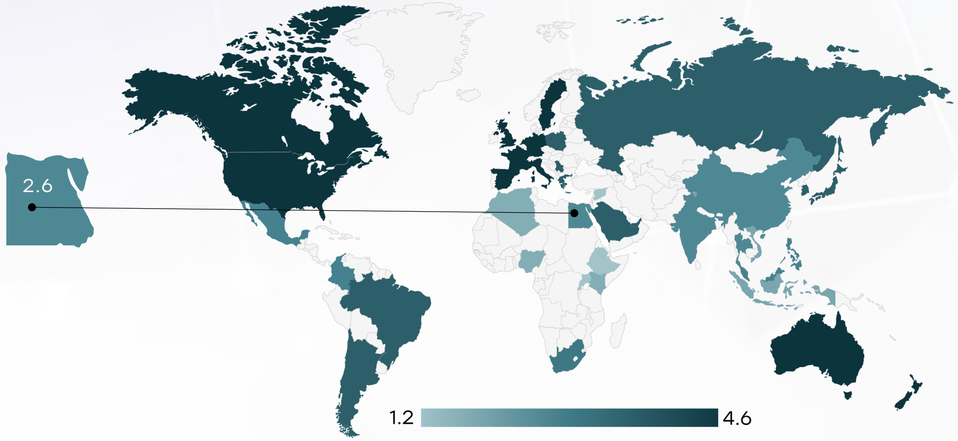
Clinical Guidelines



Strengths

- National Cancer Institute and Ministry of Health follow international CRC guidelines (e.g., ESMO, NCCN).
- Some institutions have protocolized pathways for diagnosis and treatment of CRC.

Weakness

- Guidelines are not uniformly implemented across all public hospitals.
- Lack of emphasis on biomarker integration and multidisciplinary care in many centers.

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Opportunity

- Updating national guidelines to mandate molecular profiling and newer treatment options.
- Training initiatives to ensure physicians follow and adapt guidelines across care levels.

Threats

- Lack of audit systems to monitor adherence to guidelines.
- Disparities in resources lead to selective application of best practices.

	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

- Basic colorectal cancer treatment (surgery, chemotherapy) is covered by public insurance (Health Insurance Organization).
- Some patients access funded biologics through special government programs or NGOs.

Weakness

- High-cost drugs and molecular tests are not consistently reimbursed and often require out-of-pocket payment.
- Bureaucratic hurdles cause delays in accessing approved treatments.

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Opportunity

- Advocacy for inclusion of biomarker testing and biologics in national reimbursement lists.
- Use of cost-effective generics can reduce economic barriers.

Threats

- Fragmentation of insurance schemes can lead to unequal access based on socioeconomic status.
- Reimbursement policy delays hamper uptake of innovation.

● 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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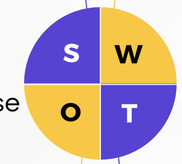
Colorectal Cancer Screening

Strengths

- Pilot programs in major cities have implemented FIT/FOBT tests with some success.
- National non-communicable disease strategy includes goals for cancer screening expansion.

Weakness

- No formal national colorectal cancer screening program currently exists.
- Low public participation in opportunistic screening due to stigma and fear.



Opportunity

- Establishing age-based national screening using FIT or colonoscopy can detect CRC earlier.
- Community pharmacists and primary health workers can increase awareness and compliance.

Threats

- Cultural taboos and lack of awareness hinder widespread acceptance of screening.
- Funding and workforce limitations may delay scaling of organized programs.

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