



BRIDGING THE GAP

Strengthening Colorectal Cancer Care in Syria

EXECUTIVE SUMMARY

Syria's colorectal cancer (CRC) response is at a **Level 1 – Nascent** maturity, constrained by conflict-driven health system disruptions, limited diagnostic capacity, and minimal access to modern therapies. Most patients are diagnosed at advanced stages due to lack of screening programs, weak referral pathways, and low public awareness. Care is concentrated in a few urban hospitals, with high costs and limited workforce capacity further reducing access.

This policy brief outlines the current challenges and sets out strategic actions needed to lay the foundation for a more structured colorectal cancer response in Syria.

INTRODUCTION

Confronting Rising Burden Amidst Fragile Health Systems

Colorectal cancer incidence is rising in Syria, yet health system instability has slowed development of a coordinated cancer control strategy. In the absence of national screening, most diagnoses occur late, leaving patients with few curative options. Surgical and oncology services are concentrated in major urban centers, while rural and conflict-affected populations face significant access barriers.

Limited biomarker testing and lack of standardized guidelines compound inequities. To improve outcomes, Syria must prioritize awareness, establish basic screening services, and expand treatment infrastructure even in challenging circumstances.





COLORECTAL CANCER IN SYRIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized screening; patients present late with advanced disease. Limited colonoscopy capacity in public hospitals.	Some tertiary hospitals in Damascus and Aleppo provide diagnostic services.	Develop risk-based early detection initiatives, expand colonoscopy capacity, and pilot FIT-based screening in urban centers.
Biomarker & Molecular Testing	Largely unavailable in the public system; very limited access in select private facilities.	Minimal pilot access to KRAS/NRAS testing in some urban labs.	Introduce essential biomarker testing in central hospitals with support from international donors and NGOs.
Treatment Access	Surgical capacity exists in urban centers, but radiotherapy and chemotherapy services are limited and often unaffordable. Advanced therapies are not available.	Skilled surgeons and oncologists in leading hospitals.	Rehabilitate oncology facilities, subsidize essential chemotherapy and radiotherapy, and strengthen supply chains for medicines.
Clinical Guidelines & Quality Standards	No national guidelines for CRC; treatment approaches are inconsistent.	Some oncologists informally follow international standards.	Develop simplified national CRC treatment protocols aligned with global guidelines and train providers across hospitals.
Palliative & Survivorship Care	Very limited palliative care, largely supported by NGOs; survivorship services are virtually absent.	Small-scale NGO-led palliative initiatives.	Expand palliative care units in public hospitals, integrate pain management into basic care, and establish survivorship pilot programs.



CONCLUSION & Call to Action

Syria's colorectal cancer care remains fragmented and underdeveloped, with late diagnosis and limited treatment driving poor outcomes. A national framework is urgently required to strengthen early detection, improve access to diagnostics and therapies, and ensure equity in service delivery despite current health system challenges.

KEY POLICY PRIORITIES

1 Introduce Early Detection Initiatives: Pilot FIT-based screening in urban areas and expand colonoscopy services.

2 Strengthen Diagnostic Infrastructure: Provide biomarker testing in central hospitals and train laboratory staff.

3 Rehabilitate and Expand Treatment Facilities: Restore oncology units, ensure affordable chemotherapy, & gradually expand radiotherapy access.

4 Develop National Clinical Guidelines: Standardize treatment protocols and promote adherence across facilities.

5 Expand Palliative and Survivorship Care: Build basic palliative networks and introduce survivorship services for CRC patients.

CONCLUSION

At **Level 1 – Nascent maturity**, Syria faces severe systemic barriers in colorectal cancer care. Yet, by prioritizing low-cost, high-impact interventions—such as piloting early detection, expanding diagnostic tools, and scaling palliative services—the country can lay the groundwork for more equitable and structured CRC care. Progress will depend heavily on government commitment, international support, and partnerships with NGOs to bridge gaps in infrastructure and service delivery.