

Indonesia

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

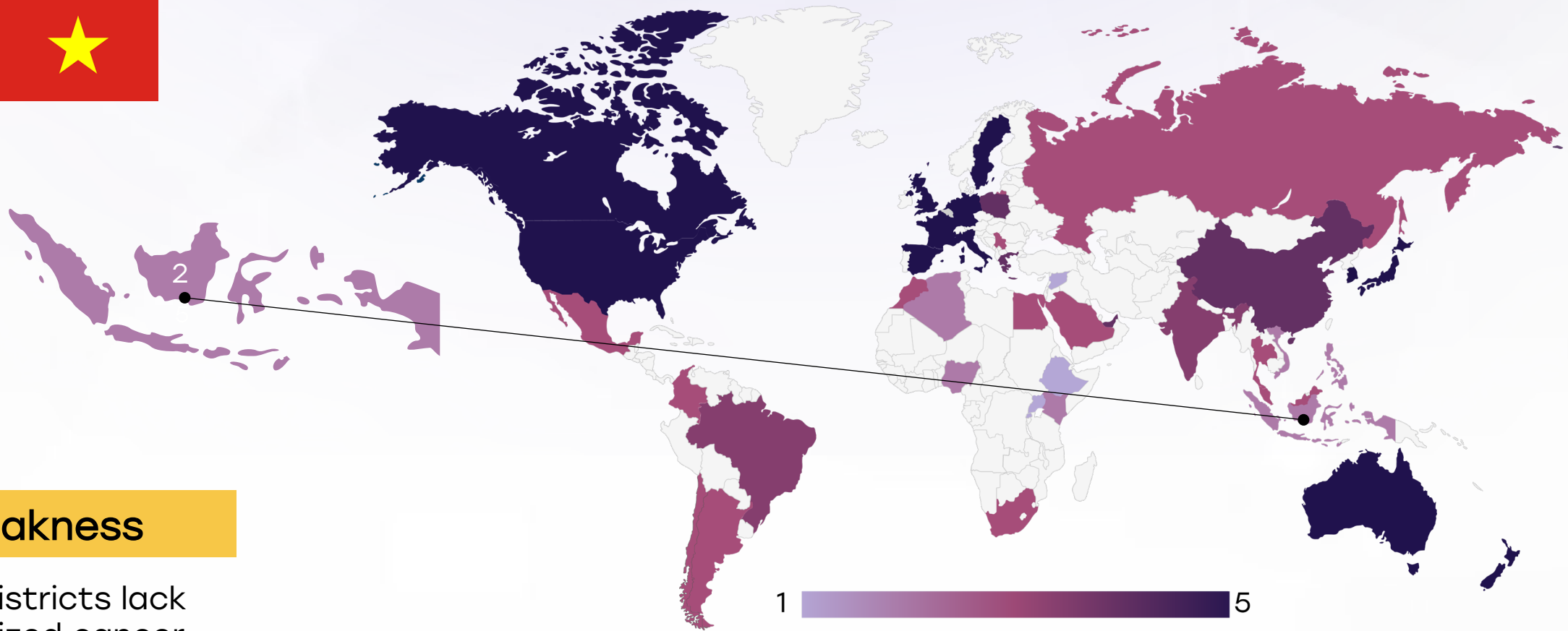
Colorectal cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

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 rising and among the top 6–7 male cancers.
- Incidence rate: Around 8 per 100,000 men per year.
- Total new cases (2022): Approximately 11,500 men.
- Daily diagnoses (2022): About 31 men per day.
- Deaths (2022): Roughly 8,000 men.
- 5-year survival rate: Likely under 40%, due to low screening and delayed diagnosis.
- Most affected age group: Men aged 60–75.
- Screening participation: Very limited; no organized national screening.

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Infrastructure



Strengths

- Major hospitals in Jakarta, Surabaya, and Bandung offer oncology services, including colorectal cancer surgery and chemotherapy.
- Increasing investment in healthcare infrastructure under Indonesia's universal health coverage (JKN).

Weakness

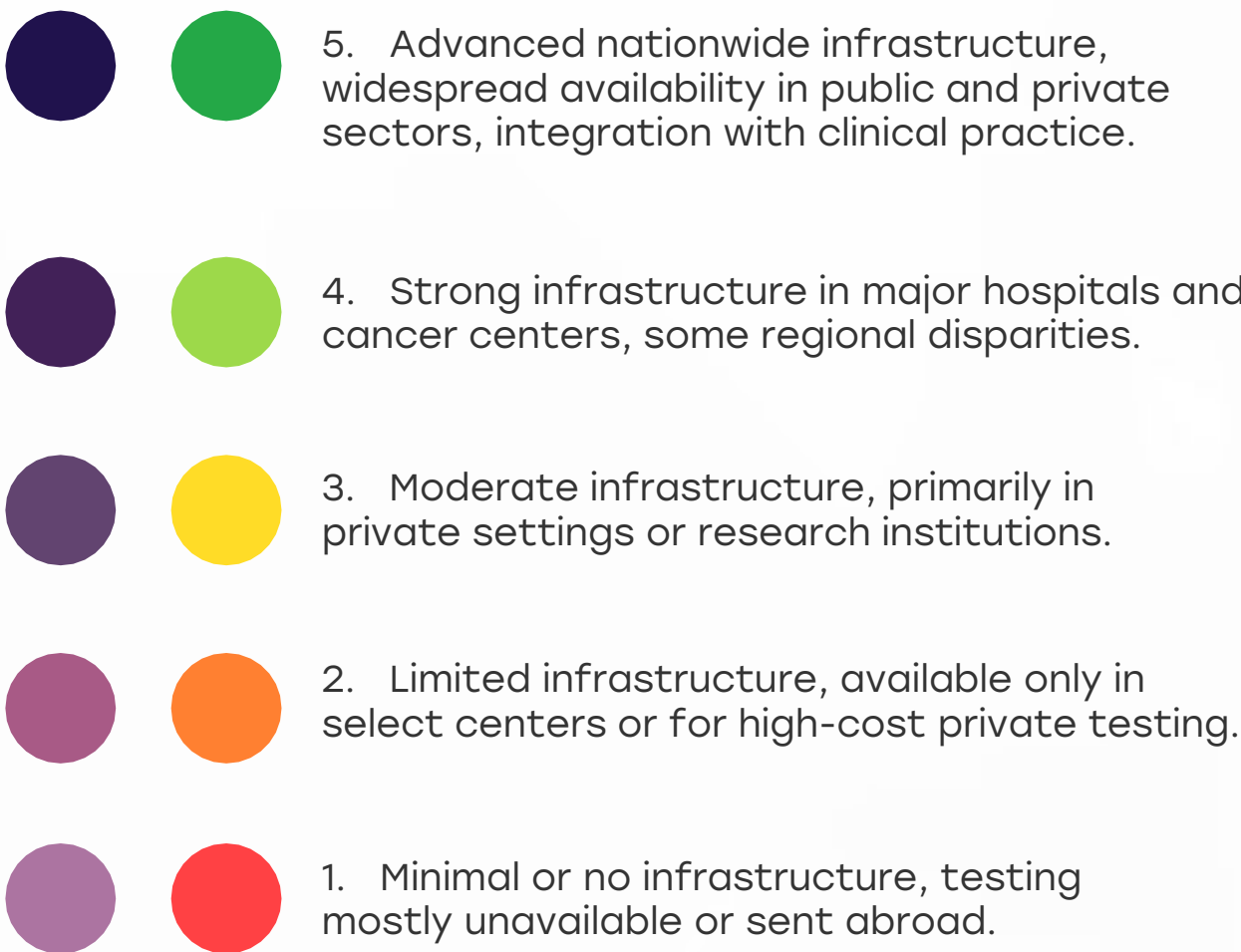
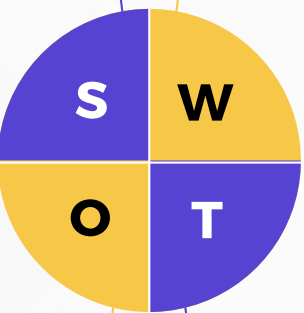
- Many districts lack specialized cancer centers or trained oncologists.
- Diagnostic facilities like colonoscopy, MRI, and CT are unevenly distributed, mostly limited to Java and large urban islands.

Opportunity

- Government efforts to decentralize healthcare can help build oncology capacity in provinces.
- Mobile screening and telemedicine can extend access to remote and island populations.

Threats

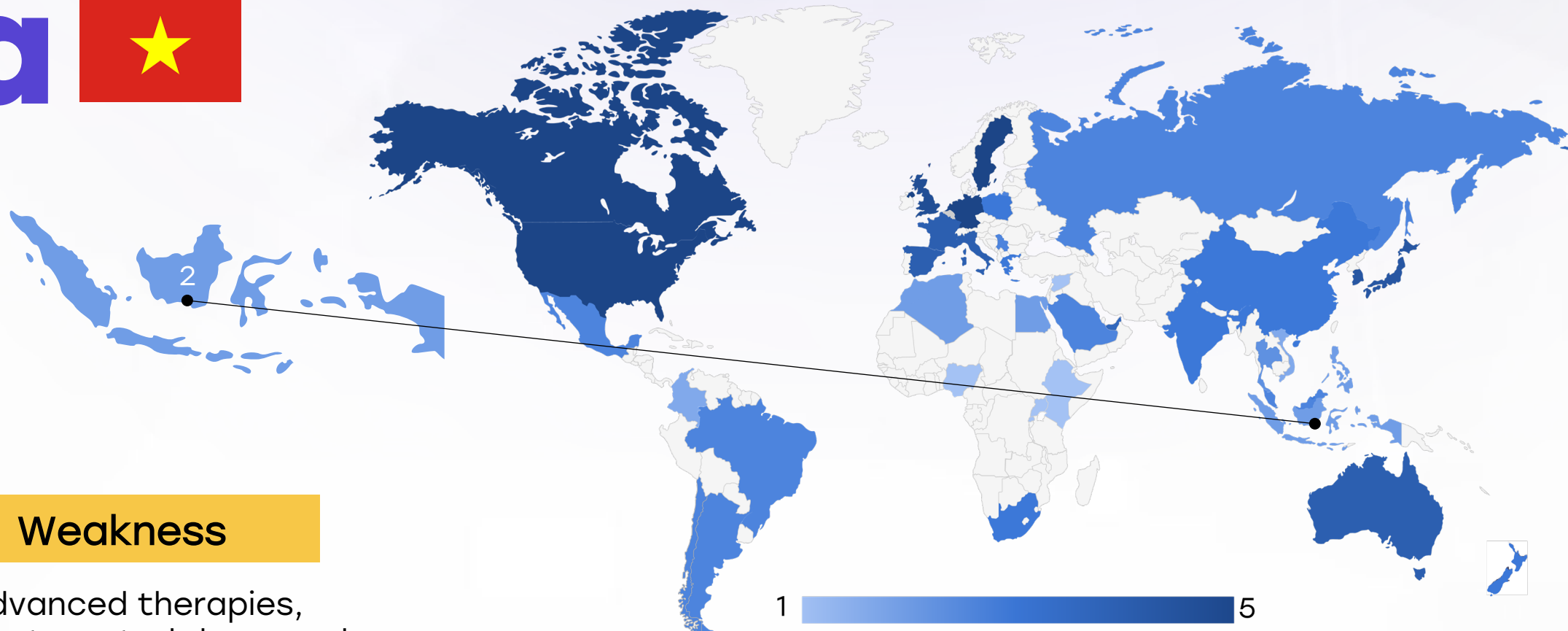
- Geographic challenges (archipelagic structure) hinder uniform infrastructure development.
- Aging public hospital equipment and understaffed rural centers risk reducing diagnostic and treatment quality.



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

- Basic colorectal cancer treatment is included under the national health insurance (BPJS Kesehatan).
- Public awareness campaigns around digestive health are expanding, supported by NGOs and government agencies.

Weakness

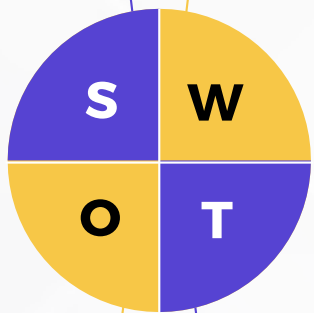
- Advanced therapies, like targeted drugs and immunotherapy, have limited availability and are often not covered by insurance.
- Low cancer research funding compared to infectious diseases, limiting clinical trials and data collection.

Opportunity

- Expanding partnerships with international research bodies can boost local capacity.
- Enhanced public education on symptoms and risks may reduce late-stage diagnosis.

Threats

- High cost of non-covered treatments leads to financial toxicity for families.
- Misinformation and cultural stigma around cancer hinder participation in awareness programs.

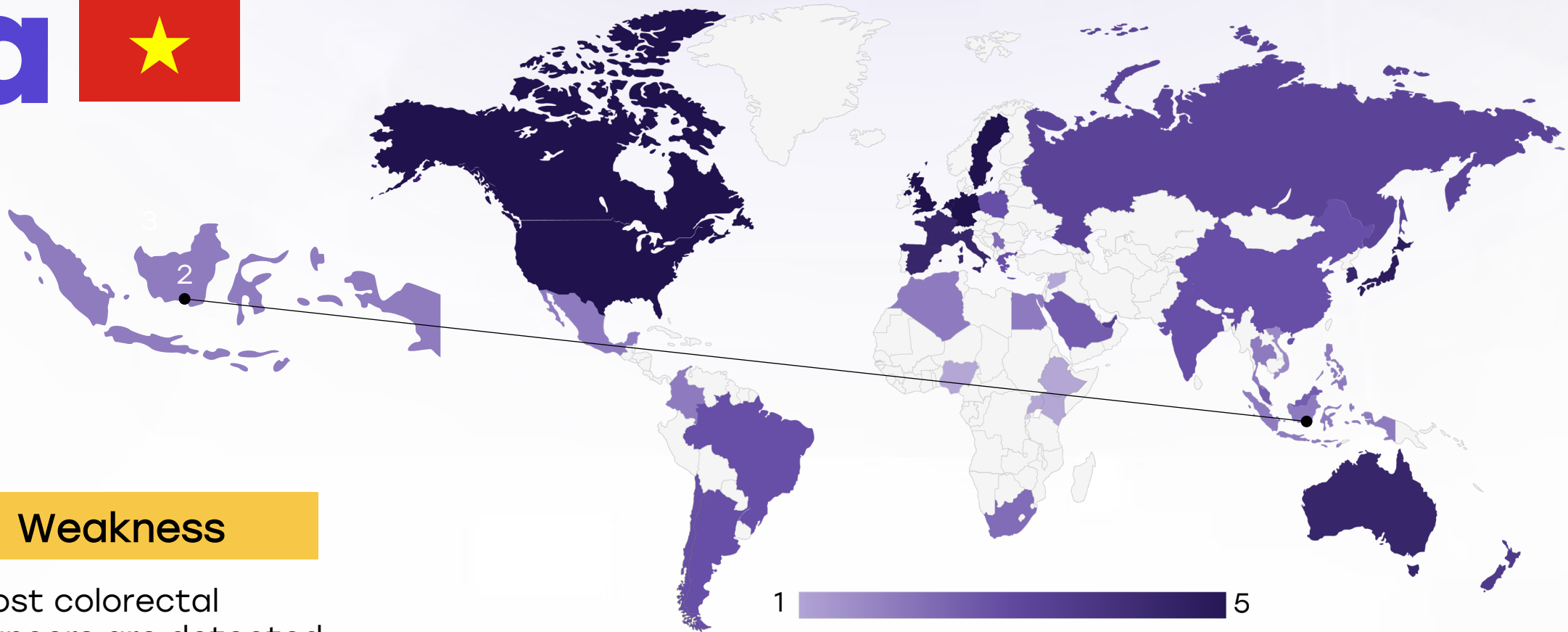


- 1 2 3 4 5
- 5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
 - 4. Well-developed system with good treatment availability, 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			
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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Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage patients treated in top-tier hospitals achieve survival rates similar to international standards.
- Growth in palliative care units, especially in urban cancer hospitals, supported by government policy.

Weakness

- Most colorectal cancers are detected in stage III or IV due to low awareness and screening coverage.
- Limited training in symptom recognition at the primary care level delays diagnosis.

Opportunity

- Integration of palliative care into community-based health services under the BPJS framework.
- National cancer registry improvements can enable tracking of survival trends and treatment outcomes.

Threats

- Uneven distribution of palliative care services across rural areas.
- Insufficient psychosocial support and pain management facilities outside of Jakarta and major



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.

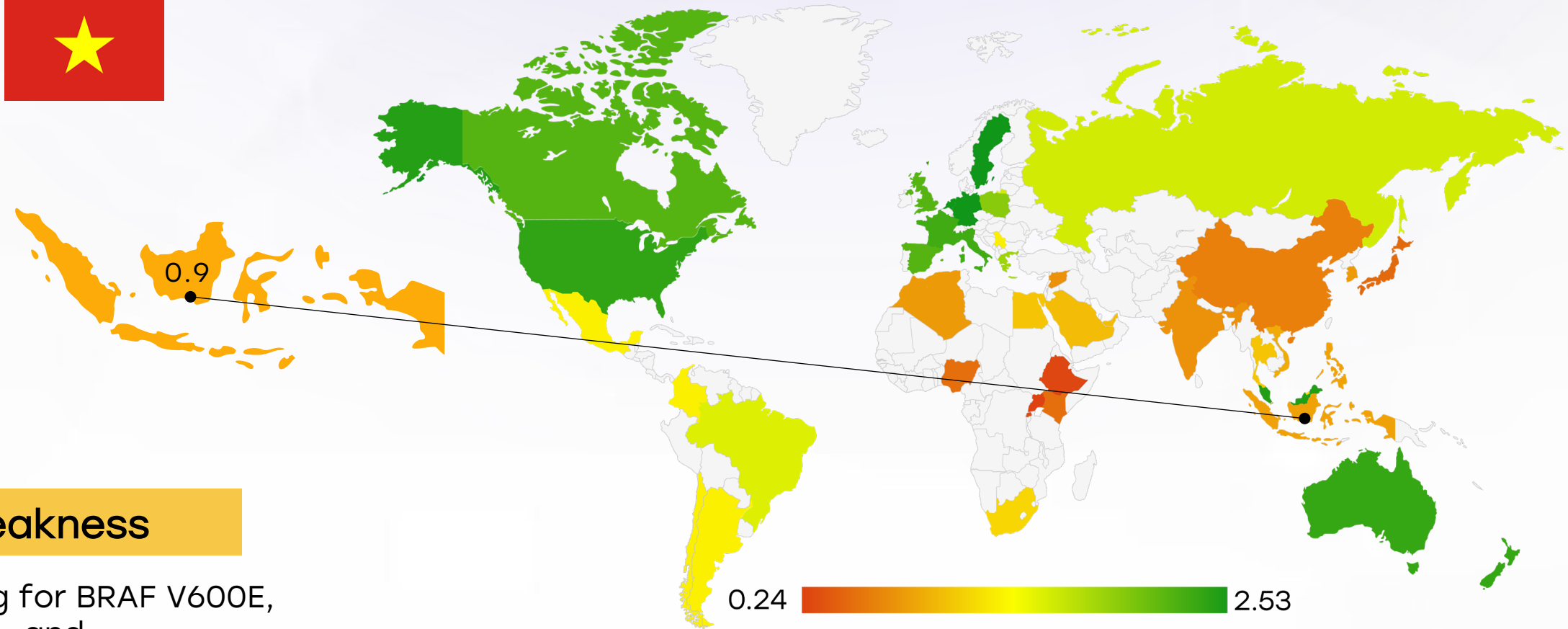


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
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Malaysia			

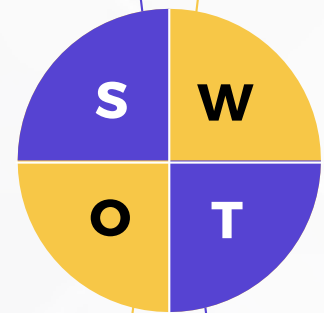
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Utilization of Biomarkers



Strengths

- Top cancer centers like Dharmas National Cancer Center provide biomarker testing for KRAS and NRAS to guide treatment.
- Growing awareness among oncologists about MSI/dMMR and its importance in immunotherapy decisions.



Weakness

- Testing for BRAF V600E, PIK3CA, and comprehensive NGS panels remains limited to high-end private labs.
- Costs are not covered by insurance, limiting access for the majority.

Opportunity

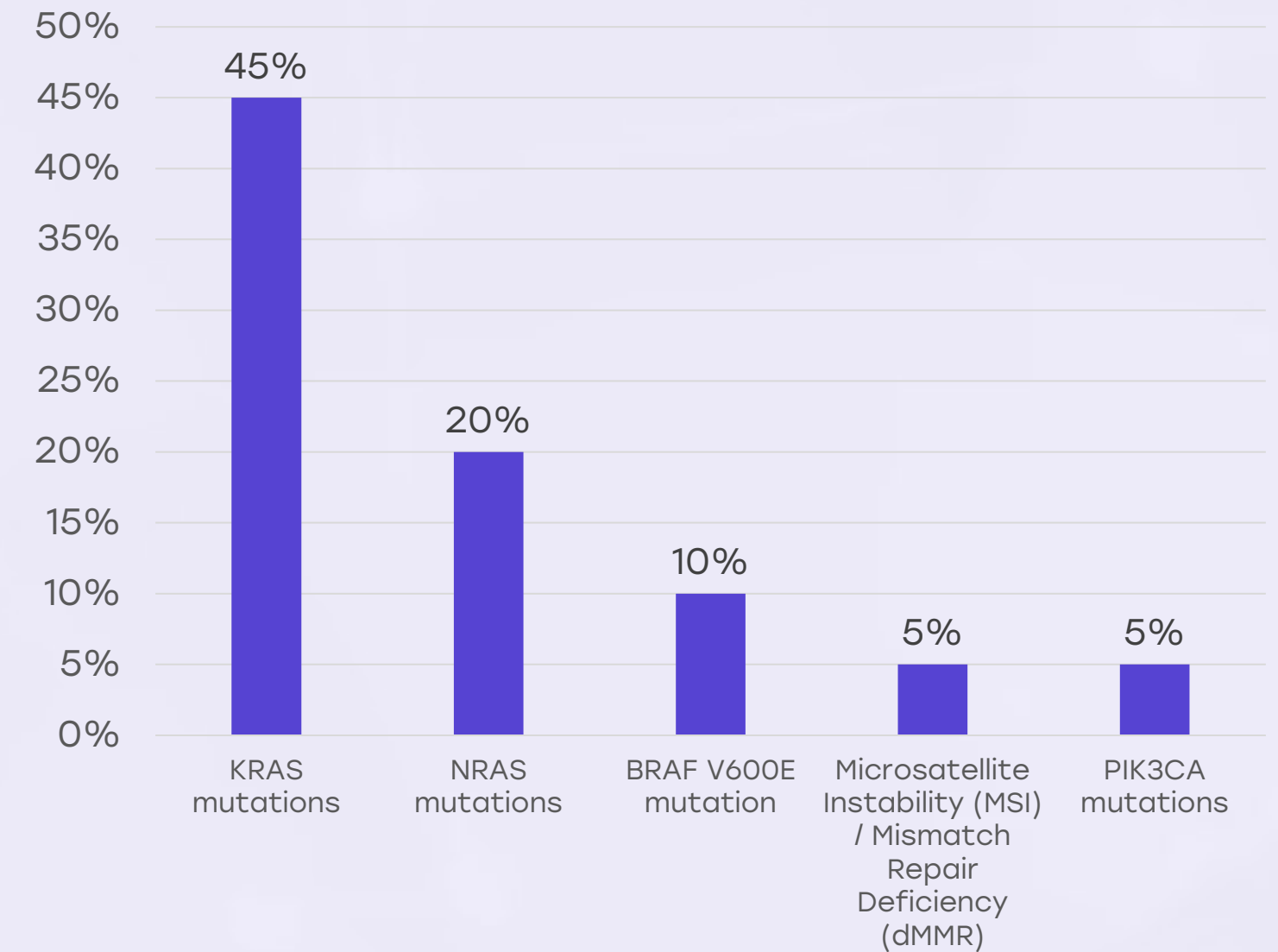
- Collaborations with regional centers in Singapore or Malaysia could make advanced biomarker testing more affordable.
- Local validation of low-cost genetic testing models could promote equity in personalized treatment.

Threats

- Inadequate training and laboratory accreditation risk incorrect interpretation of complex biomarker data.
- Absence of national guidelines on biomarker use may result in underutilization and inequality.

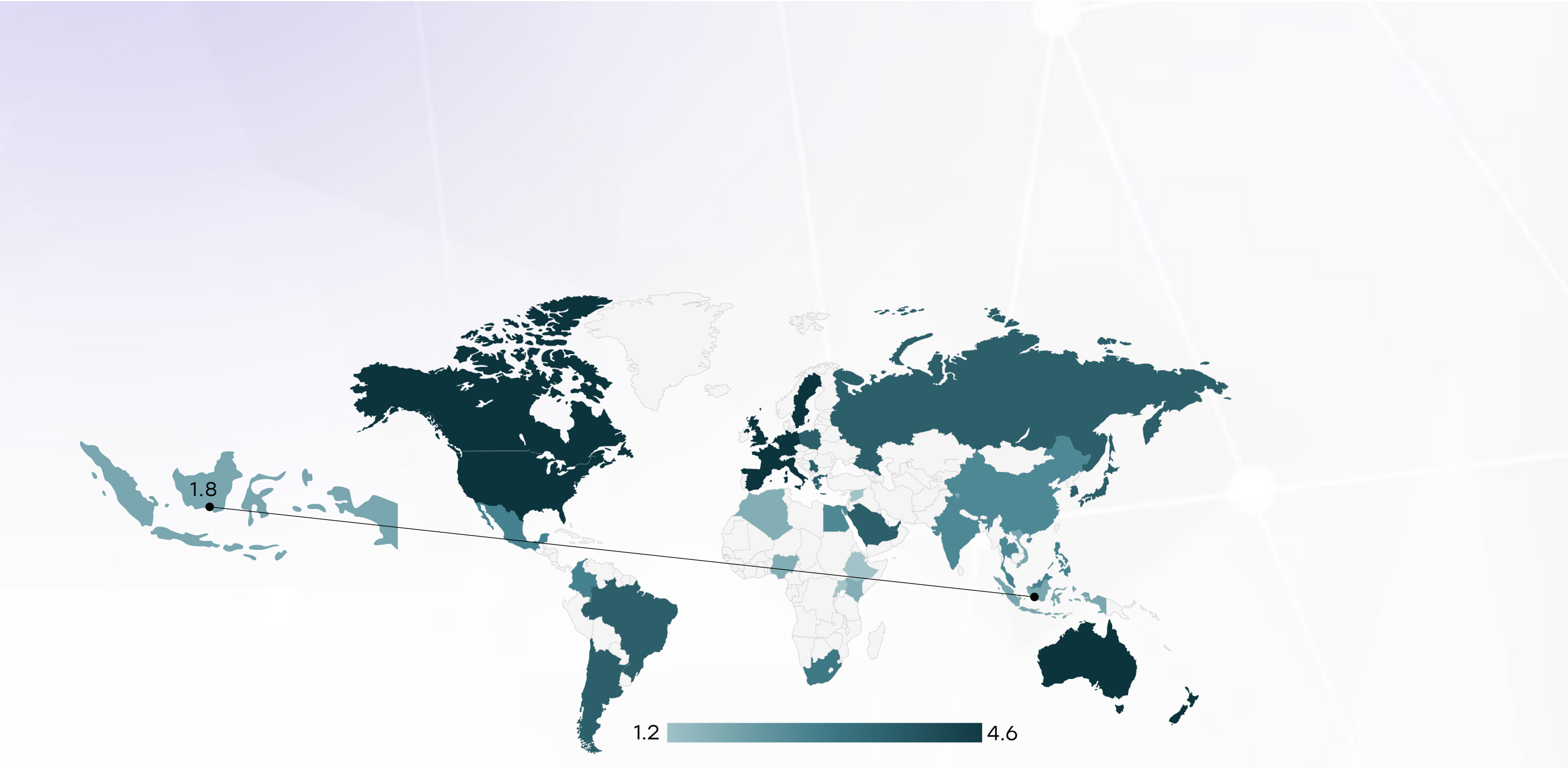
- Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.
- Biomarker testing is available but underutilized, with significant barriers such as high costs, 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

- Universal health insurance (BPJS Kesehatan) provides free or subsidized treatment for colorectal cancer surgery, radiotherapy, and chemotherapy.
- Low-income populations benefit from public hospital subsidies and referral networks.

Weakness

- Targeted therapies (e.g., cetuximab, bevacizumab) and molecular diagnostics are not reimbursed under BPJS.
- Bureaucratic delays in the claims process affect continuity of care.

Opportunity

- Gradual inclusion of molecular testing and newer therapies in the BPJS formulary based on cost-effectiveness studies.
- Tiered insurance models with co-payment options could expand access to advanced treatment.

Threats

- Cost-cutting measures could threaten inclusion of high-cost cancer interventions.
- Inconsistent claim approvals and hospital payment delays may disincentivize providers.

- 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 screening using fecal immunochemical test (FIT) has been introduced in select districts.
- Community health programs provide a platform for rolling out future national screening efforts

Weakness

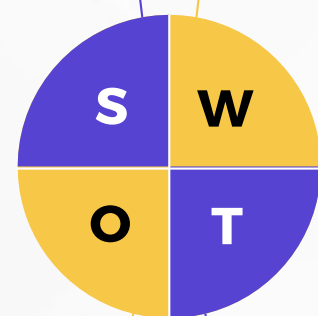
- No formal population-wide colorectal cancer screening program exists.
- Low public awareness of the importance of screening, particularly among men and rural populations.

Opportunity

- Integration of FIT and colonoscopy into regular health checks for adults over 50 can improve early detection.
- Community health workers (Posyandu and Puskesmas staff) can help implement screening in rural areas.

Threats

- Low colonoscopy capacity may create backlogs if FIT programs scale up rapidly.
- Cultural beliefs around rectal exams and colonoscopy may hinder participation.



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