



Colorectal Cancer Factsheet: Insights & Key Developments

Key Insights on Colorectal Cancer Care and Infrastructure

Core Pillars:

- I. 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.

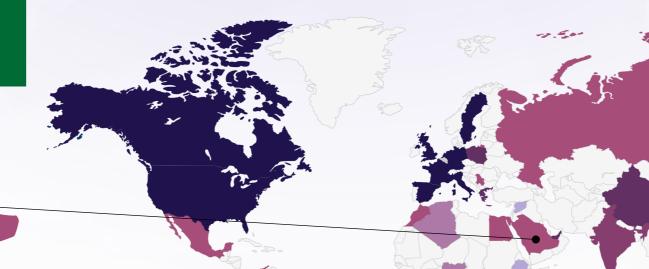
This factsheet provides a comprehensive overview of key pillars shaping colorectal cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Colorectal cancer is one of the top 5 cancers in men.
- Incidence rate: Around 13 per 100,000 men per year.
- Total new cases (2022): Approximately 2,600 men.
- Daily diagnoses (2022): Around 7 men per day.
- Deaths (2022): Around 1,600 men.
- 5-year survival rate: Estimated 45-50%.
- Most affected age group: Men aged 60-75.
- Screening participation: National initiatives exist, but uptake remains low.



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Infrastructure



Strengths

- Advanced oncology centers like King Faisal Specialist Hospital and King Abdullah Medical City offer modern diagnostics, molecular profiling, and robotic surgery.
- Government funding supports expansion of oncology

Opportunity major cities.

- Vision 2030's health sector transformation program includes digitalization and infrastructure upgrades.
- Expansion of regional oncology hubs in underserved provinces.

Weakness

- Geographic disparity: rural areas and small towns have limited access to advanced diagnostics and treatment.
- Long referral waiting times for specialized cancer care centers.

Threats

- Over-dependence on urban hospitals may overburden central systems.
- Limited number of trained oncology professionals in smaller regions.



4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

Moderate infrastructure, primarily in private settings or research institutions.

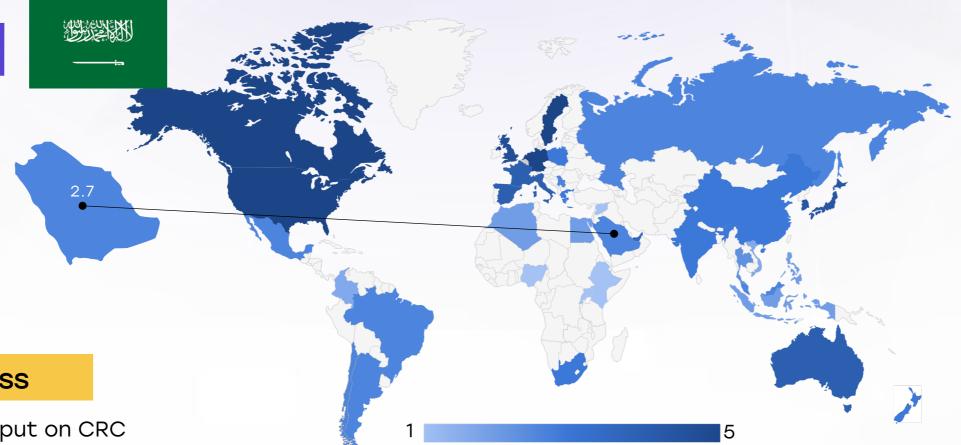
 Limited infrastructure, available only in select centers or for high-cost private testing.

1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	0	0
Kenya	0	
Nigeria		
Egypt		<u> </u>
Morocco		
Algeria		
Ethiopia		
India	\bigcirc	
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		0
France	0	0
Netherlands		0
Sweden		0
Italy	0	0
Spain	0	0
Poland	0	0
Mexico	0	0
Brazil	0	0
Argentina	0	0
Chile	0	0
Colombia	0	0
United States		
Canada		0
Australia	0	
New Zealand	0	0
Greece	0	0
Rwanda		
Uganda		
Serbia	0	0
Saudi Arabia	0	0
UAE	0	0
Syria		
Indonesia		
Vietnam	0	0
Philippines		
Russia	0	<u> </u>
Malaysia		



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- · Government covers full cancer treatment through public hospitals, including chemotherapy, surgery, and some targeted therapies.
- Awareness efforts like the "#Prevent_Colorectal_Ca ncer" initiative are gaining traction annually.

Weakness

- Research output on CRC is relatively low, with limited national clinical trials.
- Limited integration of CRC awareness into broader preventive health programs.

Threats

 Increased government research funding and support for Saudi Cancer Registry.

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· Collaborations with international cancer research institutions.

Opportunity

- Cultural stigma about cancer still delays diagnosis and treatment-seeking.
- Lack of coordination between public and private sector awareness initiatives.

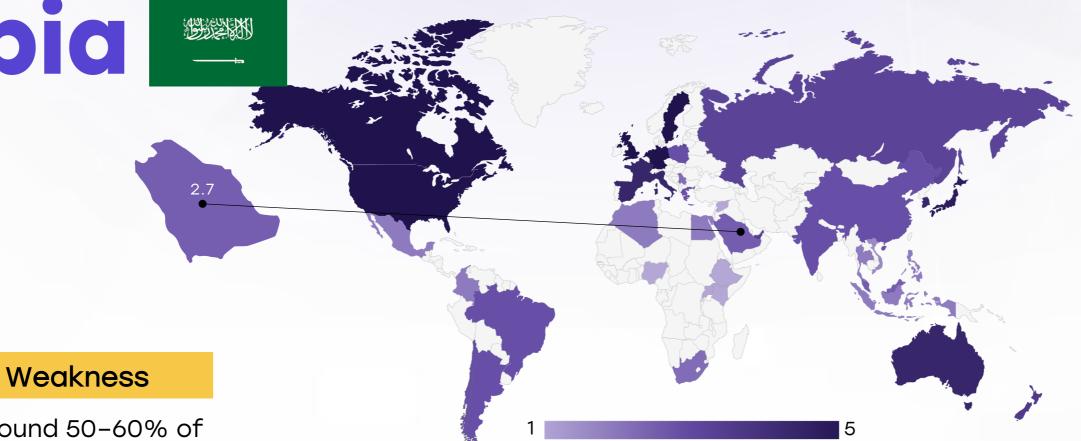
- 5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
- 4. Well-developed system with good treatment availability, strong 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	<u> </u>	<u> </u>	<u> </u>
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			\bigcirc
Japan			
South Korea			
China			<u> </u>
Thailand			
Singapore			
United Kingdom			
Germany			
France	0		0
Netherlands			
Sweden			
Italy	0		0
Spain			0
Poland	<u> </u>	<u> </u>	<u> </u>
Mexico		<u> </u>	<u> </u>
Brazil	0	<u> </u>	<u> </u>
Argentina	0	<u> </u>	<u> </u>
Chile	0	<u> </u>	0
Colombia			0
United States			
Canada			
Australia	0		0
New Zealand	<u> </u>	<u> </u>	0
Greece	<u> </u>	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia		<u> </u>	<u> </u>
Saudi Arabia	<u> </u>		<u> </u>
UAE		<u> </u>	
Syria			
Indonesia			
Vietnam			
Philippines	<u> </u>		
Russia	<u> </u>	0	
Malaysia			



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Survival Rates, Early **Detection** and Palliative Care



Strengths

- High survival rate when CRC is detected early; availability of palliative care services in tertiary hospitals.
- Growing network of hospices and homebased palliative services in Riyadh and Jeddah.

Opportunity

- Scale-up early detection through primary health care centers under UHC coverage.
- Improve palliative care integration with oncology treatment pathways.

- Around 50-60% of CRC cases are detected at late stages due to low screening adherence.
- Limited public knowledge of early warning signs.

- Increase in CRC incidence due to rising obesity and sedentary lifestyles.
- Limited palliative care options in rural provinces.

- 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-oflife 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.

South Africa	
Nigeria Egypt Morocco Algeria Ethiopia India Japan South Korea China Thailand	
Egypt Morocco Algeria Ethiopia India Japan South Korea China Thailand	
Morocco Algeria Ethiopia India Japan South Korea China Thailand	
Algeria Ethiopia India Japan South Korea China Thailand	
Ethiopia	
India O O O O O O O O O O O O O O O O O O O	
Japan O O O O O O O O O O O O O O O O O O O	
South Korea	
China O O O O O O O O O O O O O O O O O O O	
Thailand O	
Singapore	
United Kingdom	
Germany	
France O	
Netherlands	
Sweden	
Italy O	
Spain O	
Poland O O	
Mexico O	
Brazil O	
Argentina O	
Chile O	
Colombia	
United States	
Canada	
Australia O	
New Zealand O	
Greece O	
Rwanda 🔵 🔵	
Uganda 🔵 🔵	
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Saudi Arabia O	
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Syria O	
Indonesia O	
Vietnam O	
Philippines O	
Russia O	
Malaysia O	



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Utilization of Biomarkers

Strengths

- Leading hospitals routinely perform testing for KRAS, NRAS, BRAF, MSI, and dMMR to guide targeted therapies.
- Laboratories with next-generation sequencing (NGS) capabilities available in tertiary care centers.

Opportunity

- Integration of biomarker testing into national CRC protocols for personalized treatment.
- Subsidize biomarker testing as part of UHC benefits for broader access.

Weakness

- Uneven biomarker testing access outside of flagship hospitals.
- Lack of national standardized testing guidelines.

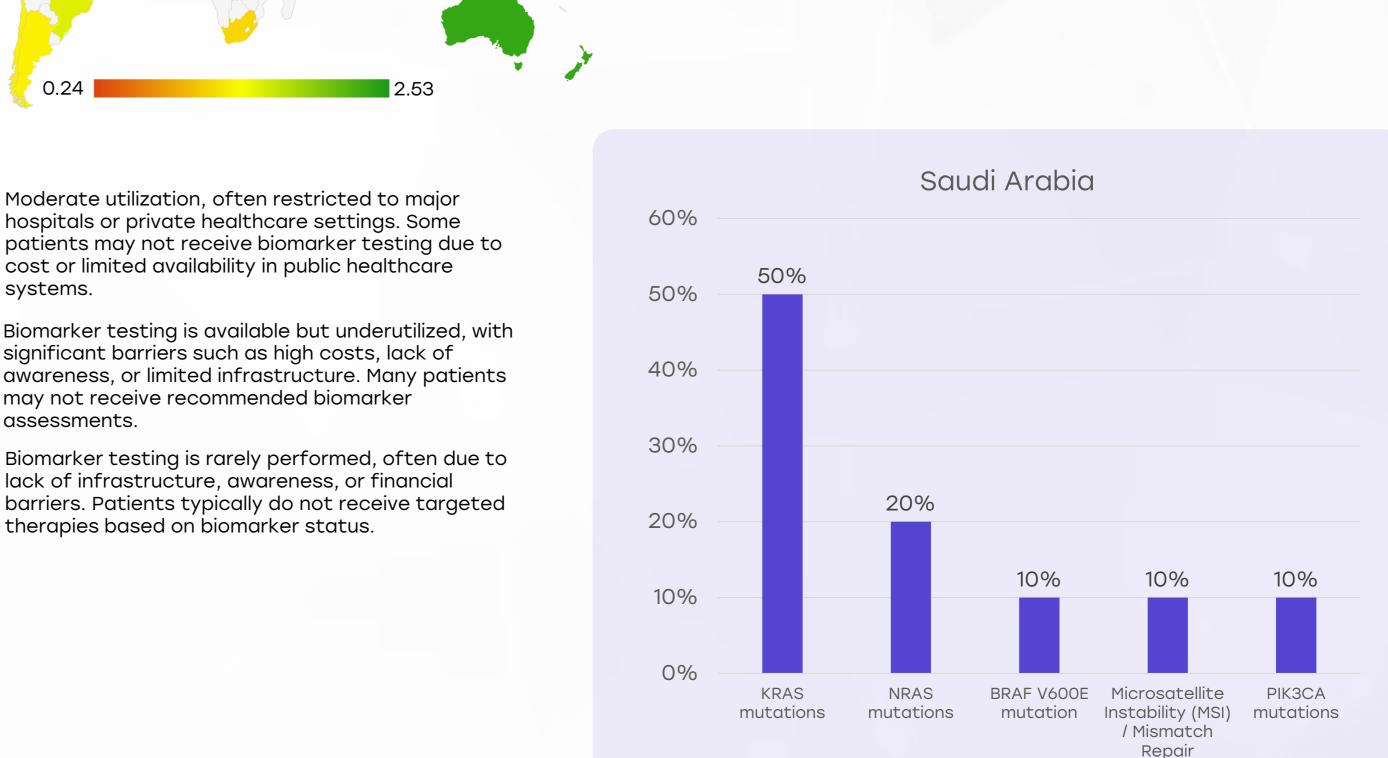
Threats

- Costs and logistical challenges of biomarker testing in secondarylevel hospitals.
- Inconsistent clinician familiarity with genomic result interpretation.

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.

lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



Deficiency

(dMMR)



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Clinical Guidelines

Strengths

- National guidelines for CRC screening and treatment available, aligned with international standards (e.g., NCCN).
- Ministry of Health has endorsed evidencebased protocols.

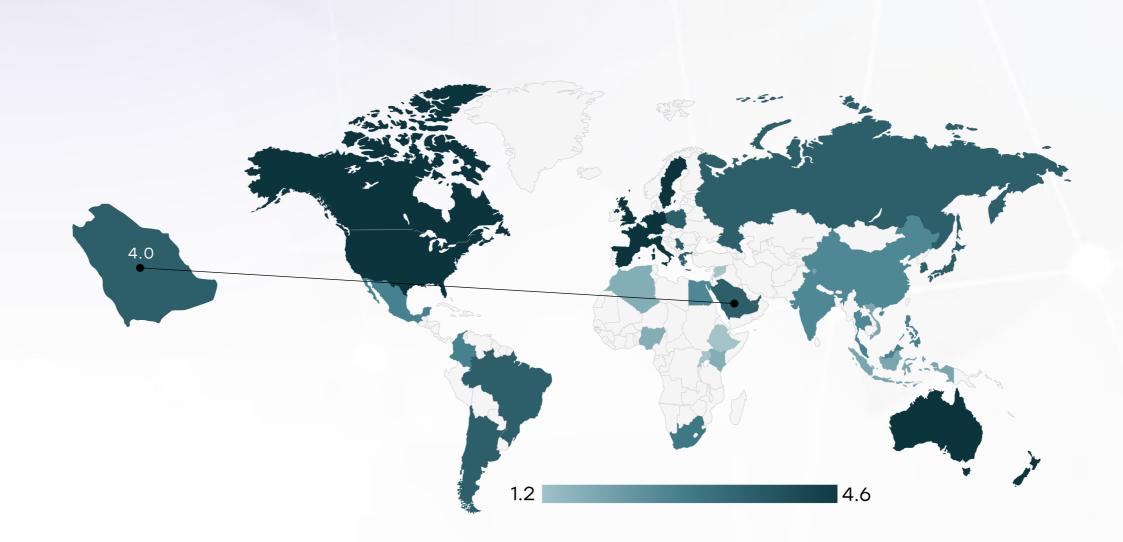
Opportunity

- Regular revision and localization of CRC guidelines, incorporating Saudi epidemiological data.
- Mandatory training programs for guideline adherence across all healthcare levels.

Weakness

- Guidelines are not uniformly applied across all regions.
- Updates may lag behind global innovations in CRC management.

- Physician inertia or deviation from guidelines due to personal practice preferences.
- Variability in implementation across public vs. private sectors.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	*	*	0	×	*
Feasibility of Integration	*	*	0	×	*
Adoption of International Guidelines	*	*	0	*	*
Engagement with Updates	*	*	0	*	*
ESMO Guidelines Implementation	*	*	*	0	*



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Reimbursement

Strengths

- Full reimbursement for CRC diagnostics and treatment through government insurance for nationals.
- Many private insurers also cover CRC treatment and diagnostics.

Opportunity

- Expand unified reimbursement policy to cover expatriates for preventive and early CRC care.
- Inclusion of advanced biomarker testing in reimbursement schemes.

Weakness

- Expatriate population may have variable coverage depending on employer insurance.
- Some newer therapies or diagnostic tools may require preauthorization or are delayed in availability.

- Budget constraints may limit introduction of newer immunotherapies or high-cost diagnostics.
- Reimbursement delays can impact continuity of care, particularly in private hospitals.



- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or publicprivate 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		\bigcirc
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India	0	0
Singapore		
Thailand		
South Africa	0	0
Kenya	0	\circ
Nigeria	0	0
Egypt	0	0
Morocco	0	0
Algeria		0
Ethiopia	0	0
Mexico		
Brazil		
Argentina		0
Chile	0	0
Colombia		
New Zealand	0	
Greece	0	
Rwanda	0	0
Uganda	0	0
Serbia		
Saudi Arabia	0	
UAE		
Syria	0	
Indonesia	0	
Vietnam		
Philippines	0	
Russia	0	0
Malaysia		



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Colorectal Cancer Screening

Strengths

- National CRC screening program exists for individuals aged 45+, using FIT and colonoscopy in selected hospitals.
- Strong public health campaigns supported by government media and primary care clinics.

Opportunity

- Use digital tools (apps, SMS alerts) to increase screening adherence.
- Incorporate CRC screening into routine health check-ups under UHC.

Weakness

- Participation rates remain below targets; public reluctance due to fear, cultural taboos.
- Follow-up systems for abnormal screening results not uniformly robust.

- Failure to scale beyond urban centers could limit overall impact.
- Misconceptions about screening procedures reduce uptake.

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