International Cancer Patient Coalition

Italy

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: Among the top 3 cancers in Italian men.
- Incidence rate: Approximately 49 per 100,000 men per year.
- Total new cases (2022): Around 21,000 men.
- Daily diagnoses (2022): About 58 men per day.
- Deaths (2022): Approximately 9,800 men.
- 5-year survival rate: Estimated 65–70%, due to early detection.
- Most affected age group: Men aged 60–79.
- Screening participation: National screening program (biennial FIT for 50–69); participation is moderate to high depending on region.

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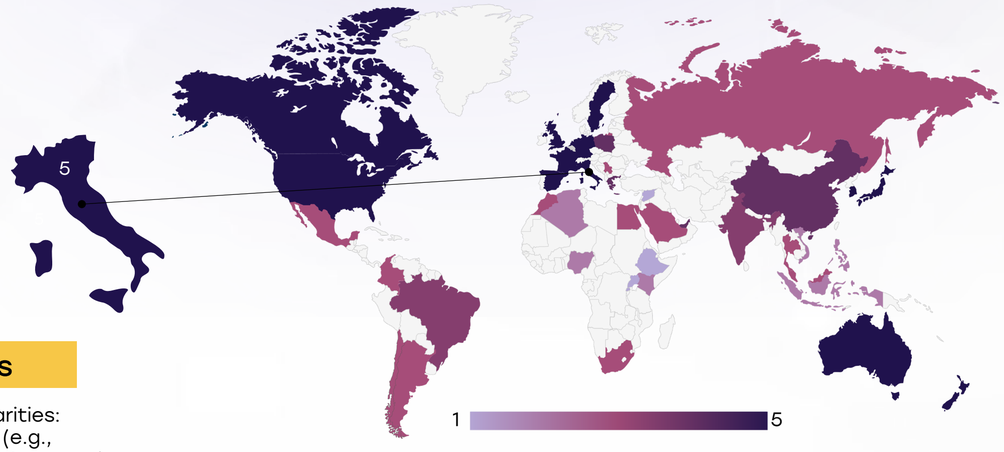
Infrastructure



Strengths

- Italy has a well-established national healthcare system (Servizio Sanitario Nazionale, SSN), offering equitable cancer services.
- Specialized cancer centers (IRCCS) and university hospitals provide comprehensive colorectal cancer treatment and diagnostics.

Weakness

- Geographic disparities: Northern regions (e.g., Lombardy, Emilia-Romagna) have more advanced facilities than Southern regions (e.g., Calabria, Sicily).
- Waiting times for colonoscopy and surgery can be long, especially in under-resourced areas.

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Opportunity

- Continued investment in digital health infrastructure and centralized cancer registries to improve resource allocation.
- EU funding can support upgrades in oncology services in southern Italy.

Threats

- Regionalized health administration sometimes leads to inconsistent care quality across the country.
- Aging infrastructure in older hospitals may not meet modern oncology standards.

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	1	2
Nigeria	1	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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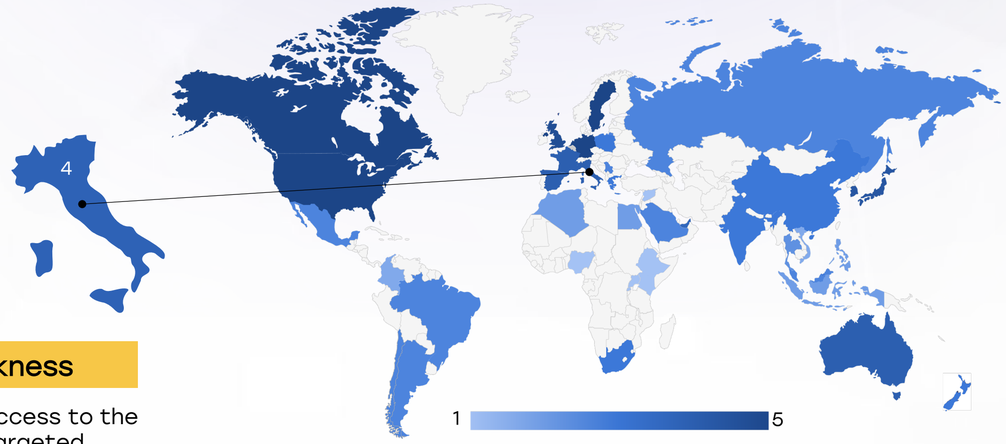
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal health coverage ensures access to standard colorectal cancer treatment, including surgery, chemotherapy, and radiotherapy.
- Italy is active in EU-funded oncology research, with several ongoing trials in precision medicine.

Weakness

- Limited access to the newest targeted therapies in smaller cities or peripheral hospitals.
- Public campaigns on colorectal cancer awareness lag behind breast and prostate cancer initiatives.

Opportunity

- Enhancing collaboration with European Cancer Mission projects can improve research capacity.
- Expanding media and digital awareness campaigns focused on colorectal cancer prevention and early signs

Threats

- Budget limitations may hinder sustained research funding or rapid adoption of innovative treatments.
- Risk of unequal access to cutting-edge therapies based on hospital or region.

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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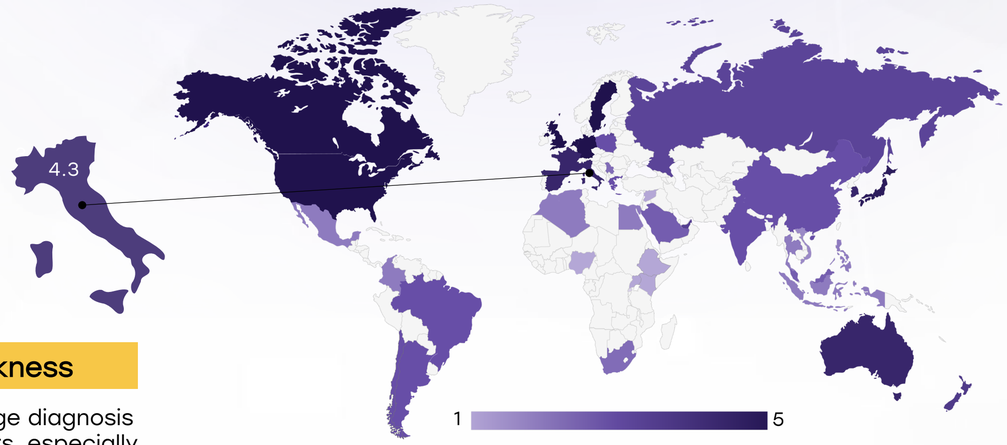
Survival Rates, Early Detection and Palliative Care



Strengths

- Italy has one of the highest 5-year survival rates for colorectal cancer in Europe (above 60%), thanks to early detection and standardized treatment.
- Strong palliative care framework integrated into oncology units and supported by national policy.

Weakness

- Late-stage diagnosis still occurs, especially in populations not reached by screening programs.
- Psychological and social support in palliative care is underdeveloped in non-urban regions.

S W O T

Opportunity

- Expanding early detection through mobile units and general practitioner engagement.
- Continued training of palliative care specialists and integration with community health services.

Threats

- Rising aging population may increase demand for end-stage cancer care.
- Regional differences in palliative care access could exacerbate inequalities.

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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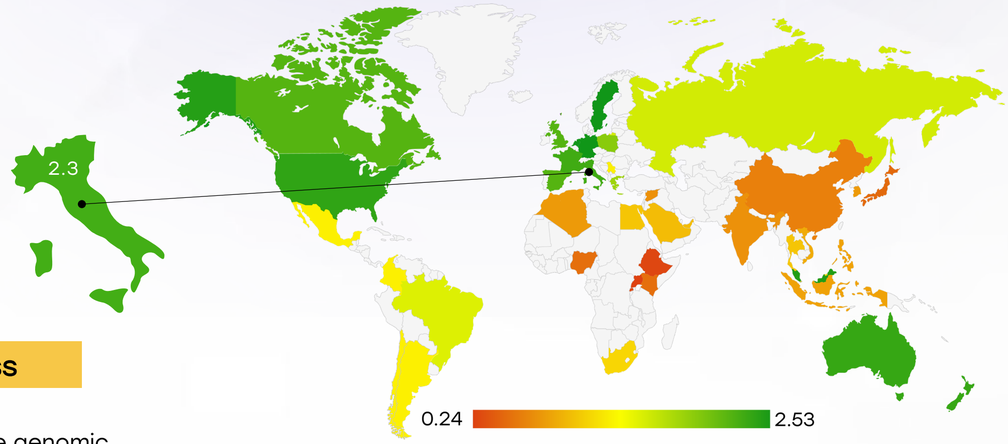
Utilization of Biomarkers



Strengths

- Biomarker testing for KRAS, NRAS, and MSI is standard in metastatic colorectal cancer cases, guiding use of targeted therapies.
- Testing for BRAF V600E and PIK3CA is available in major centers and supported by pathology guidelines.

Weakness

- Access to comprehensive genomic profiling (NGS panels) may be limited to major cancer centers.
- Reimbursement for all biomarker tests is not uniformly enforced across regions.

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Opportunity

- National guidelines promoting mandatory biomarker testing for all advanced colorectal cancer patients.
- Wider use of liquid biopsy and cost-effective genomic technologies can expand precision oncology.

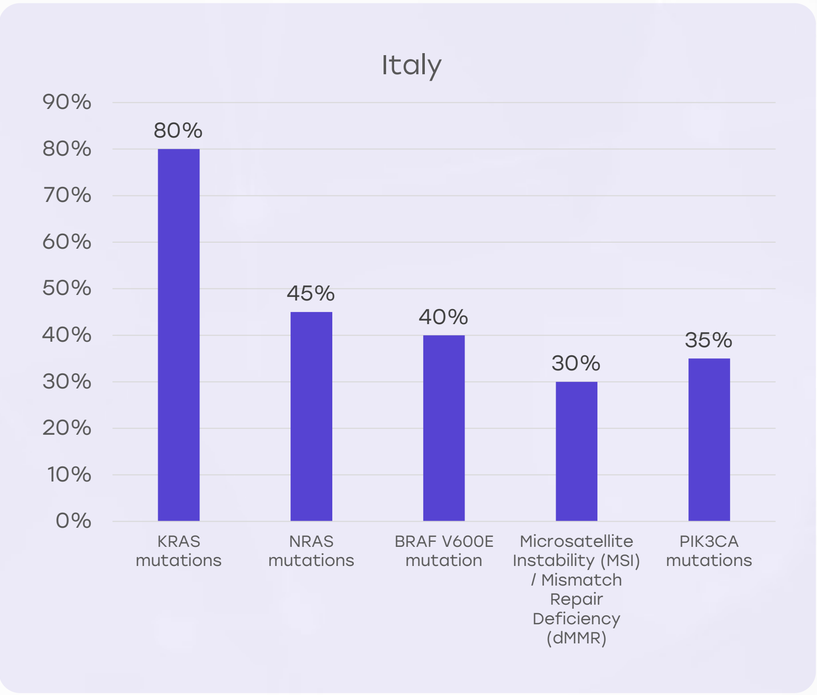
Threats

- Variability in biomarker testing infrastructure between regions may lead to unequal care.
- Over-reliance on local lab standards without external quality controls may risk diagnostic 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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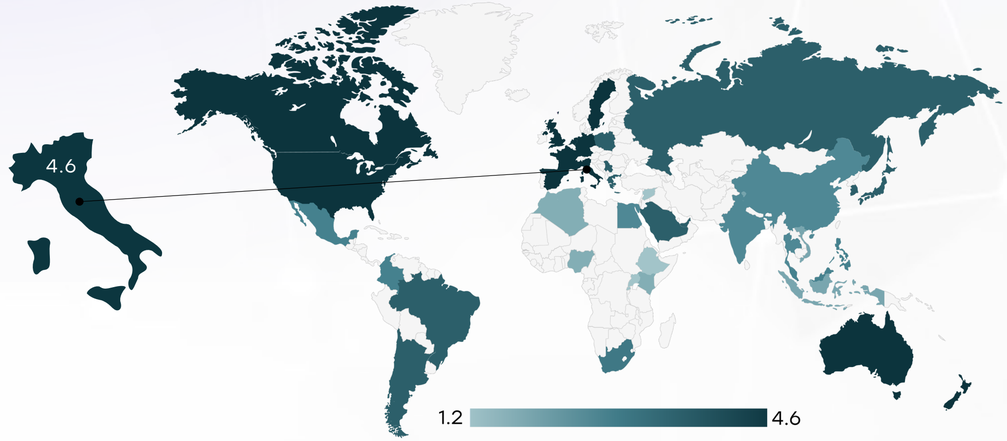
Clinical Guidelines



Strengths

- Italy follows ESMO and AIOM (Italian Association of Medical Oncology) colorectal cancer guidelines, ensuring evidence-based treatment.
- Guidelines include biomarker testing and personalized therapy pathways.

Weakness

- Implementation of guidelines varies between large academic centers and smaller provincial hospitals.
- Updates to national clinical pathways may lag behind rapid treatment innovations.

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Opportunity

- National digital tools can support real-time decision-making aligned with guidelines.
- Periodic training and CME credits tied to adherence can improve consistency across care settings.

Threats

- Resistance to change or guideline adoption in conservative clinical environments.
- Discrepancies in funding between regions may limit guideline application.

	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

- SSN covers standard colorectal cancer diagnostics and treatment, including surgery, chemotherapy, and radiotherapy.
- Reimbursement for KRAS/NRAS biomarker testing is generally provided in metastatic settings.

Weakness

- Some advanced targeted therapies and companion diagnostics may require case-by-case approval or delay.
- Regional health authority decisions can result in inconsistent reimbursement policies.

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Opportunity

- National reimbursement packages for next-generation sequencing and emerging therapies (e.g., immunotherapies).
- Use of value-based assessments to streamline coverage of high-cost drugs.

Threats

- Economic constraints may impact reimbursement for high-cost drugs or delay listing of newer agents.
- Reimbursement rules may discourage hospitals from performing multiple biomarker tests.

● 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

- Organized, population-based colorectal cancer screening using FIT is offered every two years to people aged 50–74.
- Screening has led to improved early detection and decreased mortality in Northern and Central Italy.

Weakness

- Screening participation is lower in Southern Italy and among underserved populations.
- Follow-up after positive tests (i.e., colonoscopy) is sometimes delayed due to capacity constraints.

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Opportunity

- Expanding targeted outreach to improve screening uptake among lower-income and rural groups.
- Integration of screening with broader digital health initiatives.

Threats

- Rising health misinformation could reduce participation rates.
- Healthcare worker shortages may affect capacity for colonoscopy follow-up.

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