

New Zealand

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

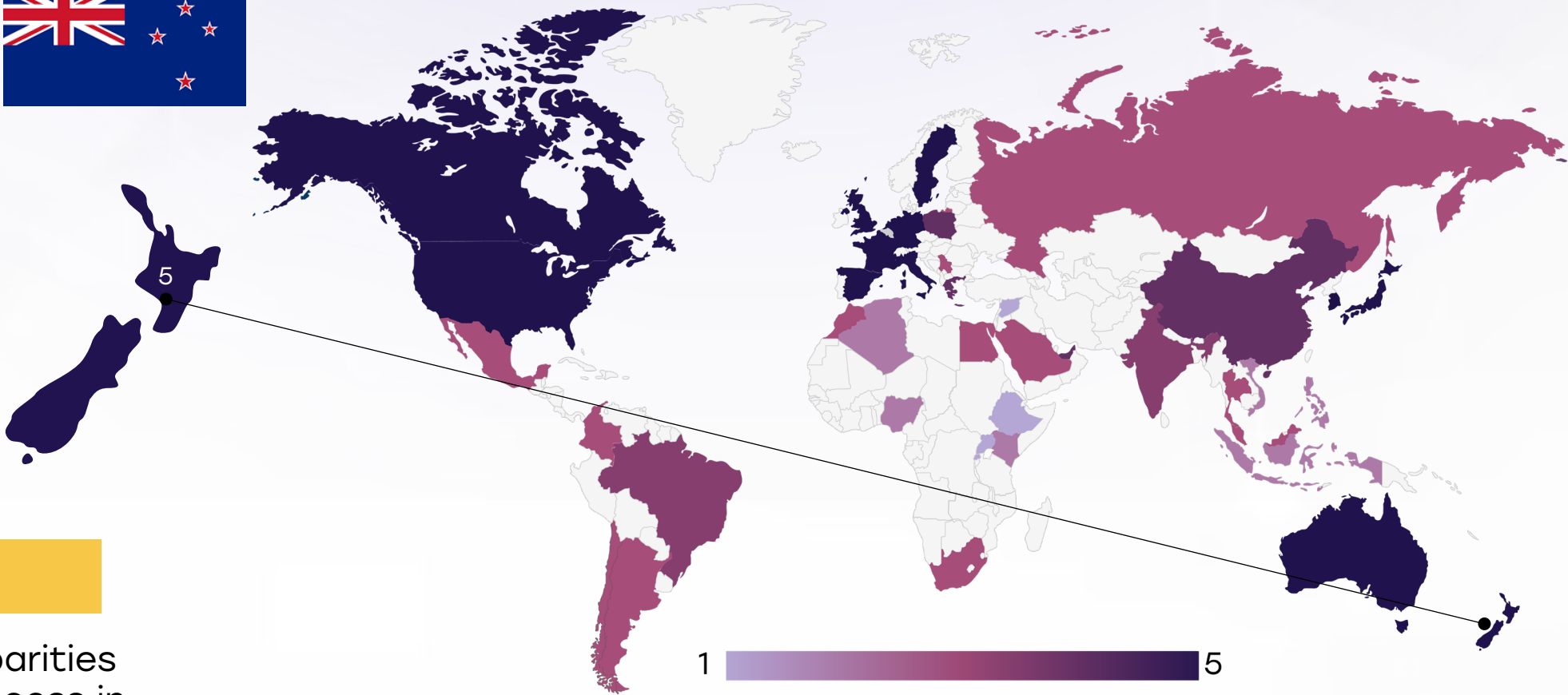
Colorectal cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

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 men.
- Incidence rate: Around 50 per 100,000 men per year.
- Total new cases (2022): About 2,100 men.
- Daily diagnoses (2022): Around 6 men per day.
- Deaths (2022): Approximately 900 men.
- 5-year survival rate: Estimated 65–70%.
- Most affected age group: Primarily men aged 60–75.
- Screening participation: National screening program using FIT exists and is being scaled up.

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Infrastructure



Strengths

- High-quality public and private cancer centers (e.g., Auckland, Wellington, Christchurch) deliver advanced CRC treatment, including surgery, radiotherapy, and chemotherapy.
- Centralized cancer registries and data infrastructure support nationwide monitoring.

Weakness

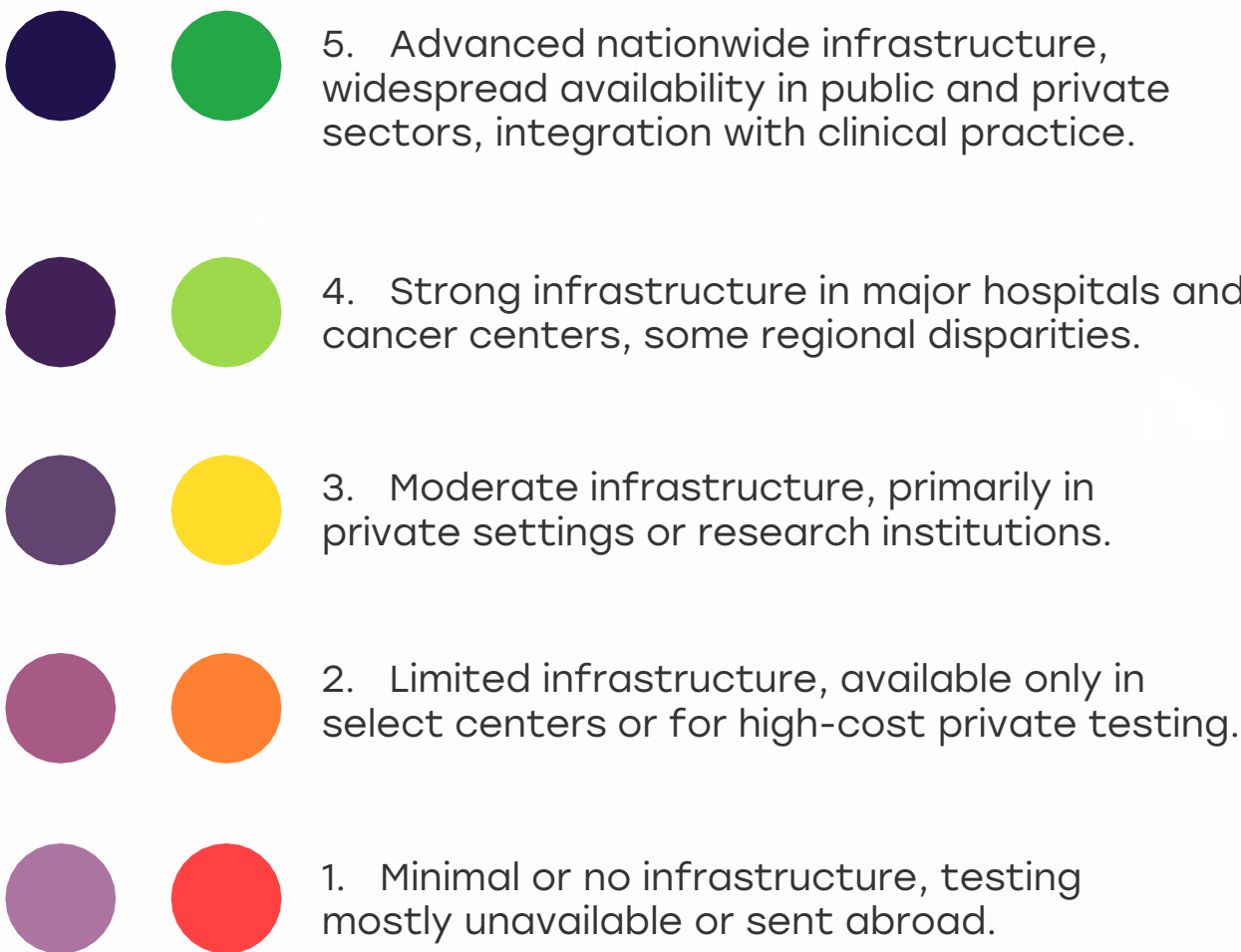
- Geographic disparities affect timely access in rural and Māori/Pasifika communities.
- Workforce shortages in oncology and diagnostics create delays, especially for colonoscopy.



Opportunity

- Telehealth and mobile diagnostic units can expand reach to underserved areas.
- Integration of Māori health frameworks into cancer services can improve outcomes.

Threats

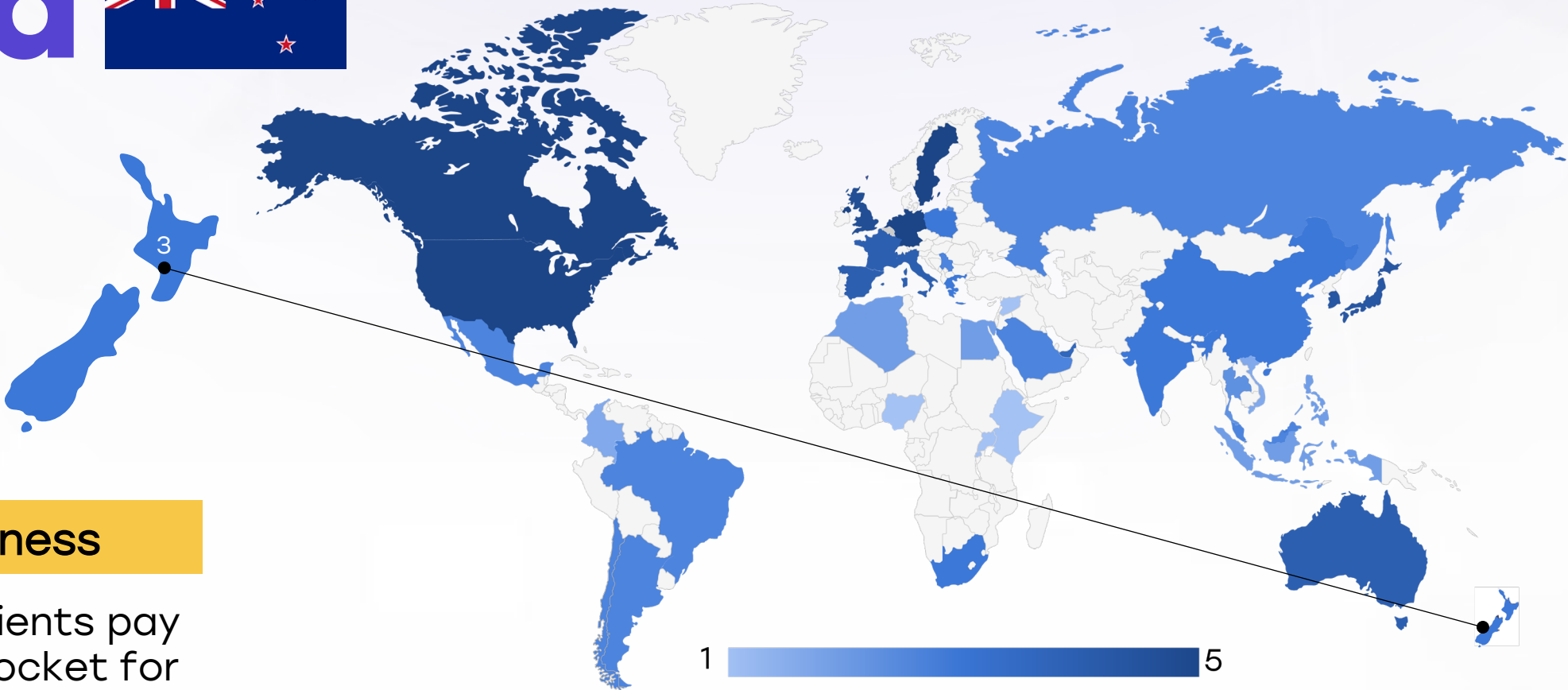
- Ongoing workforce attrition and aging infrastructure may constrain care delivery.
- Vulnerability to natural disasters (e.g., earthquakes) can disrupt regional care access



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

- Government prioritization of non-communicable diseases has increased attention to cancer care.
- Some NGOs and private entities run awareness programs focused on colorectal and other GI cancers

Weakness

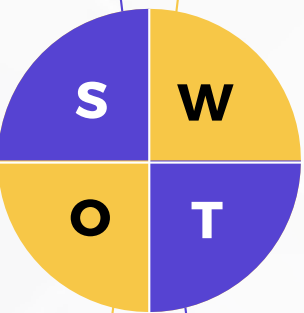
- Most patients pay out-of-pocket for chemotherapy, biomarker testing, and specialized surgeries.
- Minimal domestic research funding and very few local clinical trials for colorectal cancer.

Opportunity

- International collaborations could boost trials and access to new therapies.
- Awareness campaigns tailored to high-risk and underserved groups could drive earlier presentation.

Threats

- Cultural stigmas and limited health literacy hinder public engagement with cancer services.
- Competing priorities (e.g., infectious diseases) may dilute cancer-related funding.



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.



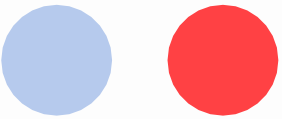
4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.



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.

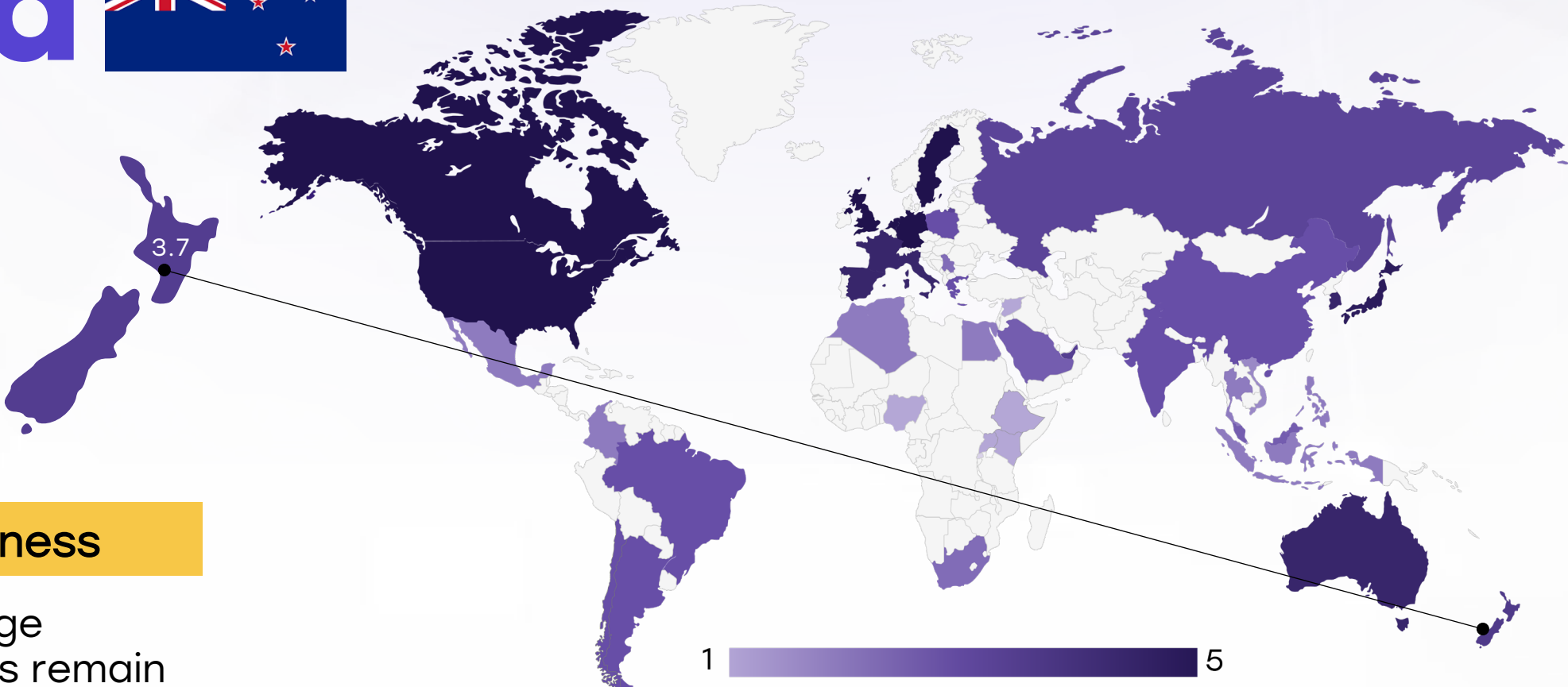


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			

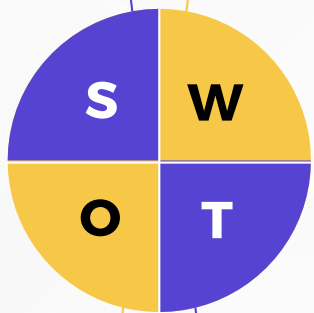
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Survival Rates, Early Detection and Palliative Care



Strengths

- CRC survival is improving, especially for stage I and II due to screening and standard treatment.
- Good palliative care models, including hospice and community services, with national reach.



Weakness

- Late-stage diagnoses remain common in underserved groups, with poor 5-year outcomes.
- Access to psychosocial and survivorship care varies widely.

Opportunity

- Expanded culturally appropriate early detection strategies can improve equity in outcomes.
- Digital health tools can support post-treatment survivorship tracking and mental health.

Threats

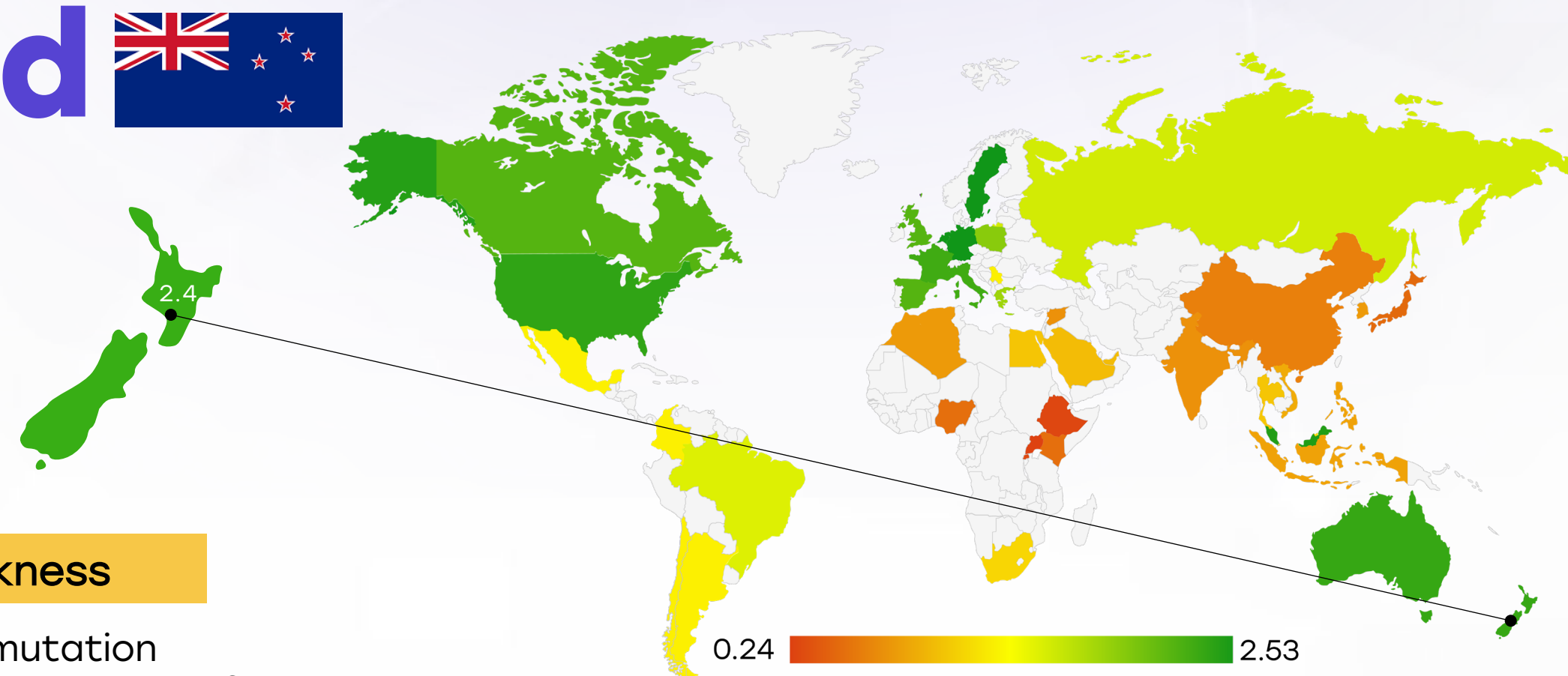
- CRC incidence is increasing among adults under 50 – currently outside the screening age.
- Rural communities experience delays in palliative care transitions and hospice access.

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			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

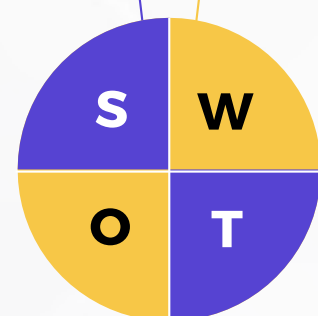
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Utilization of Biomarkers



Strengths

- KRAS/NRAS/BRAF testing is standard for advanced CRC to guide targeted therapies.
- MSI/dMMR testing is done for identifying immunotherapy candidates, particularly in stage IV CRC.



Weakness

- **PIK3CA** mutation testing is not part of routine protocols and often requires out-of-pocket testing or clinical trials.
- Inconsistent reporting of biomarker results across public vs. private labs.

Opportunity

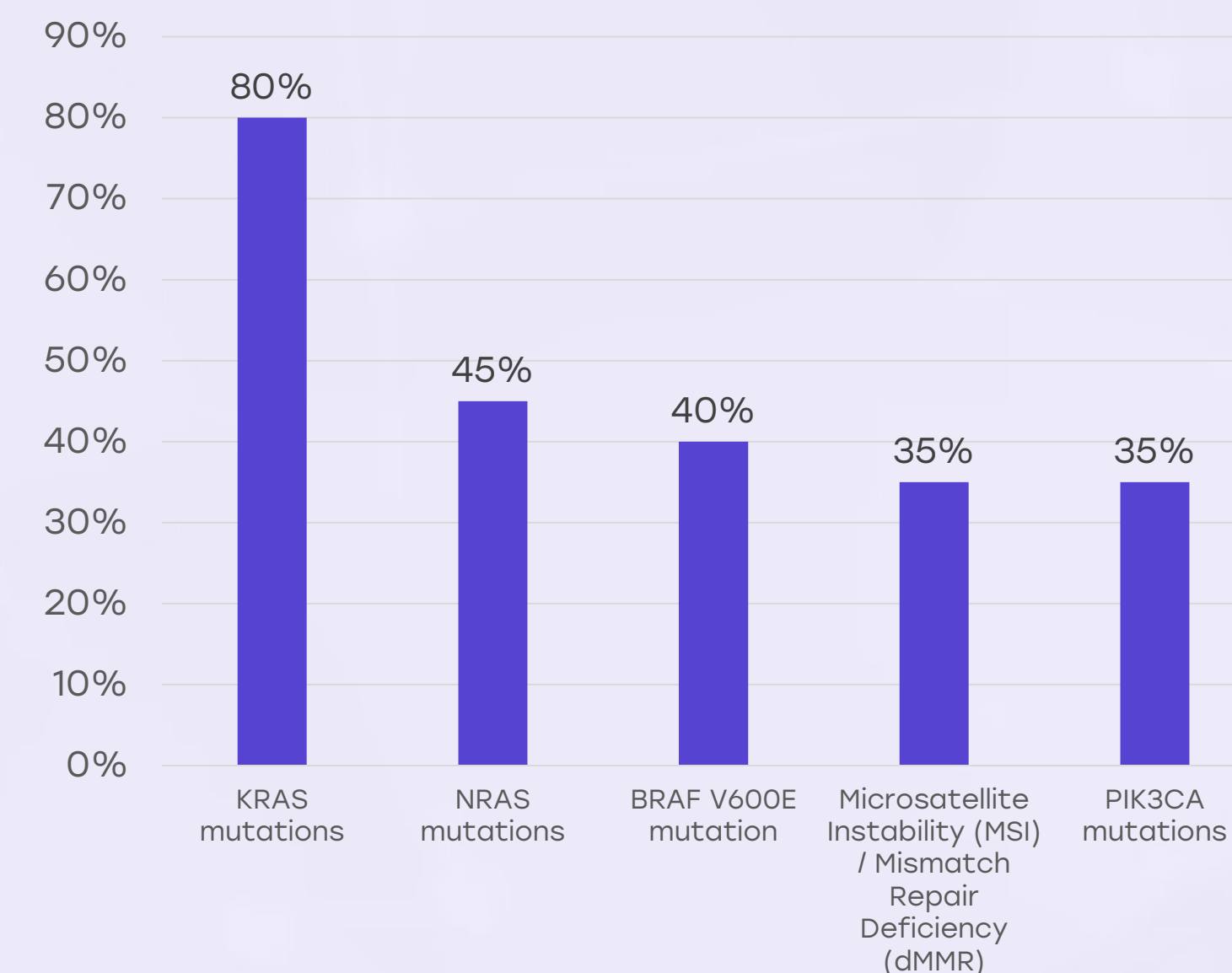
- National pathology standardization can ensure consistent and equitable biomarker use.
- Registry-linked genomic initiatives can improve population-level insights.

Threats

- Rising costs of biomarker panels may lead to variable reimbursement across DHBs.
- Lack of national genomics policy could delay adoption of next-gen diagnostics.

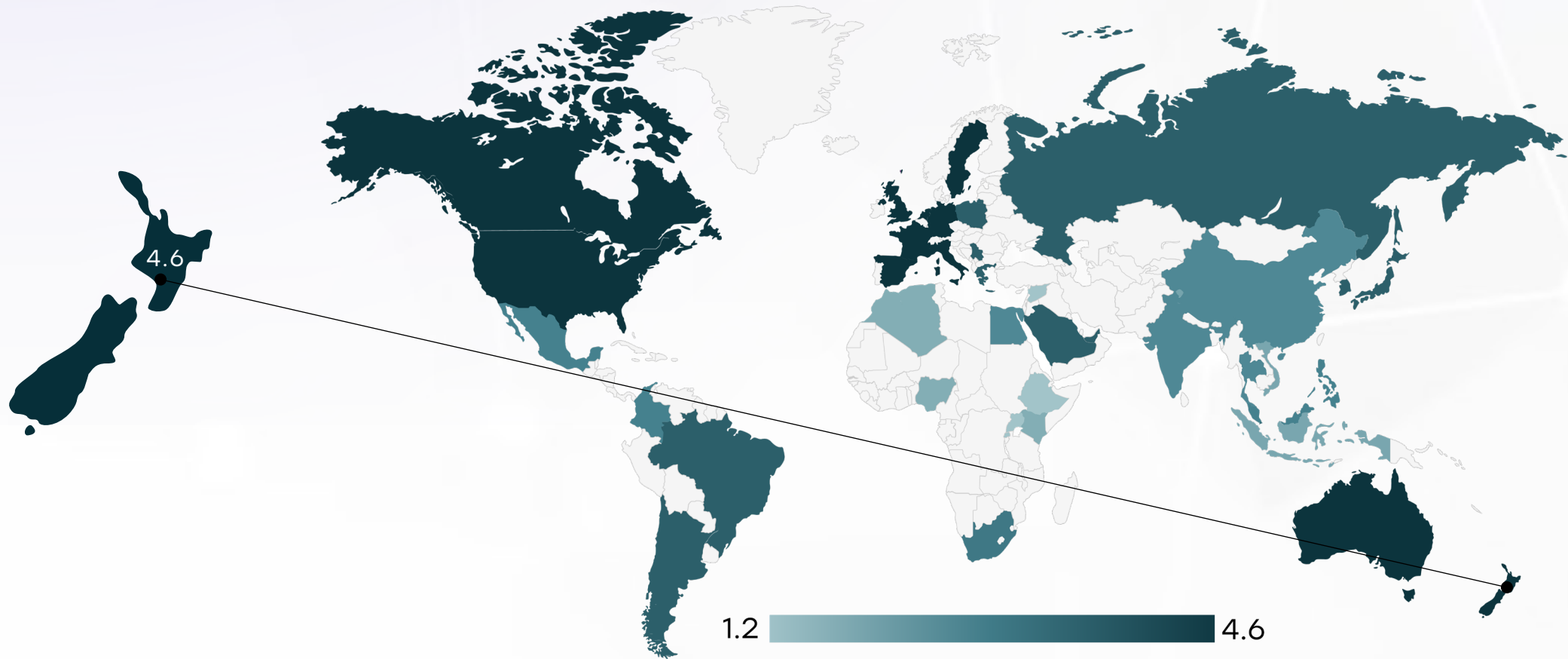
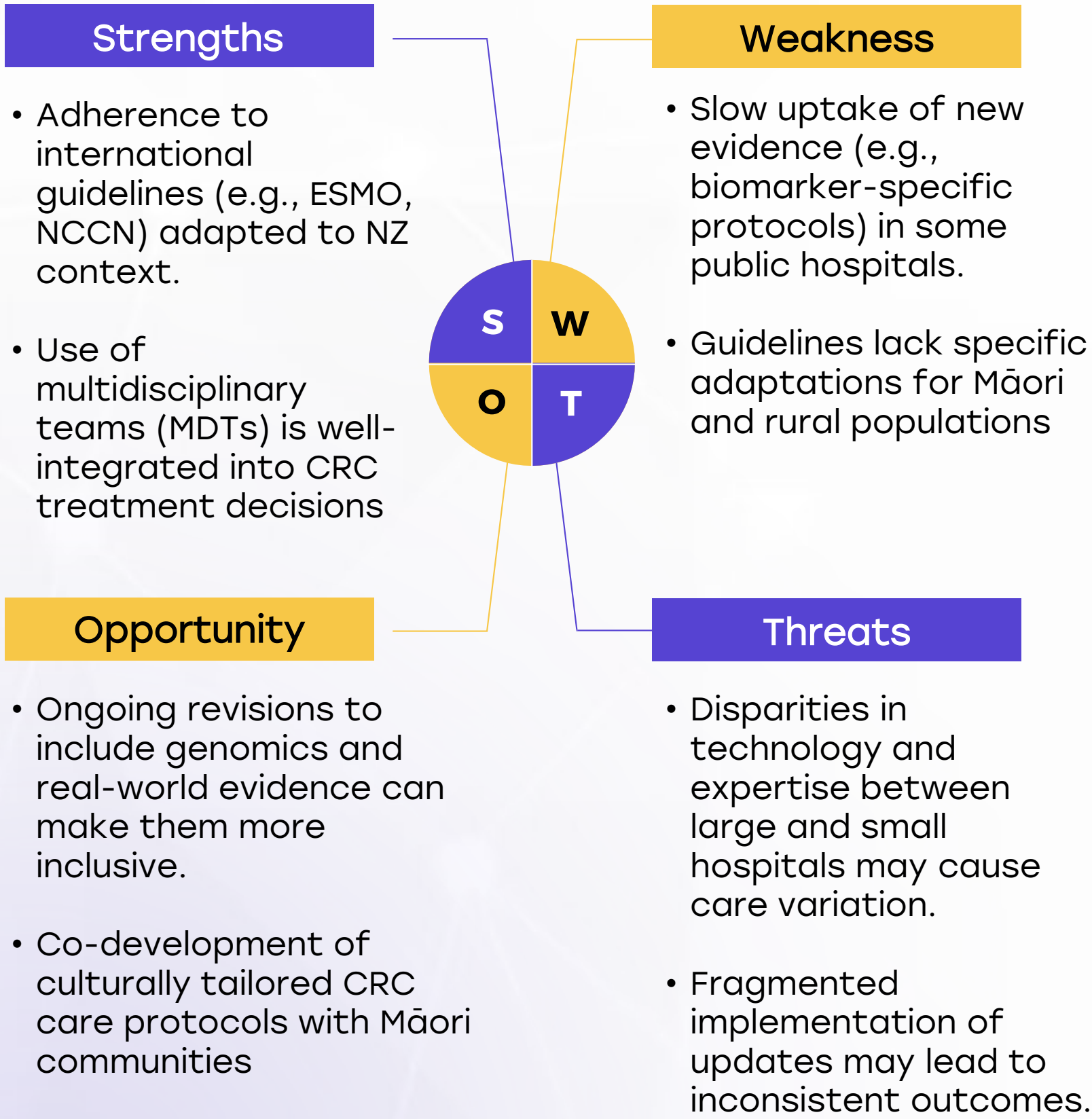
- Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.
- Biomarker testing is available but underutilized, with significant barriers such as high costs,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

- Public system funds key CRC diagnostics and treatment including surgery, chemotherapy, and radiotherapy.
- Targeted drugs (e.g., cetuximab) reimbursed for eligible biomarker-confirmed patients.

Weakness

- New biomarker-based or immunotherapy drugs may face slow listing processes via PHARMAC.
- Private sector patients may have faster access but at high out-of-pocket costs.

Opportunity

- Outcome-based reimbursement models can align cost with value in CRC treatments.
- Negotiation for biosimilars and generics can lower costs of biologics

Threats

- Fiscal constraints may delay listing of expensive precision medicines.
- Equity concerns if novel treatments are only available privately first.



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.

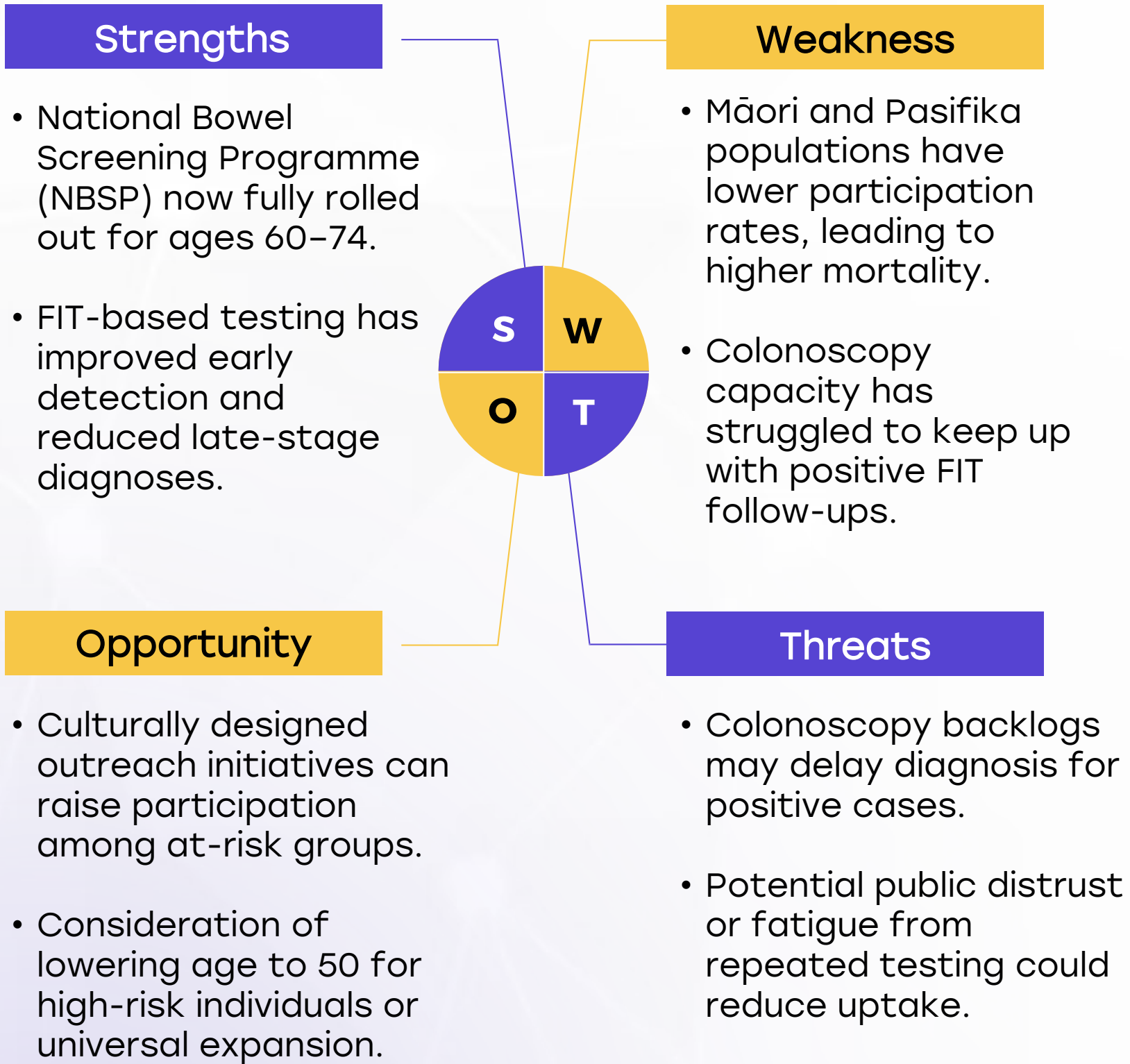


No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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



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