

# Saudi Arabia



## 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.

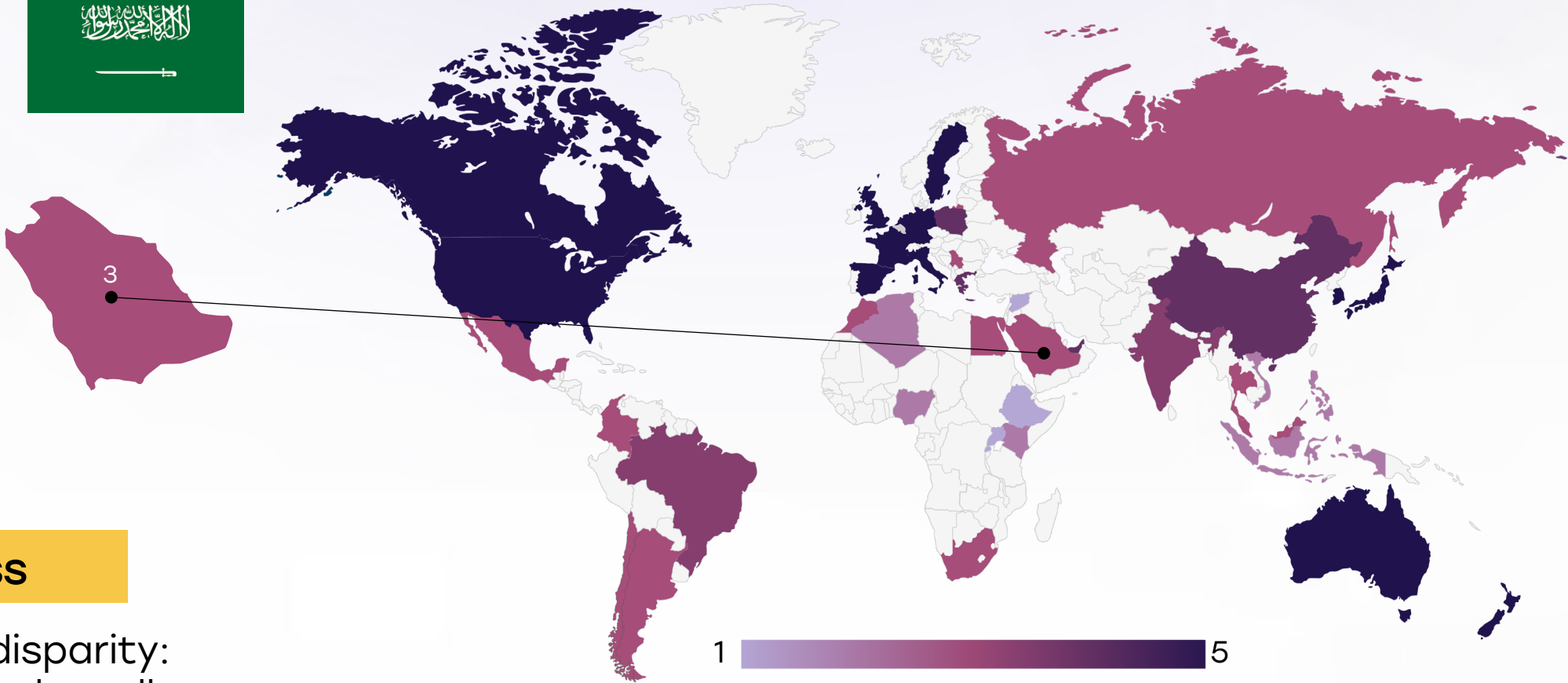
- Incidence share: Colorectal cancer is one of the top 5 cancers in men.
- Incidence rate: Around 13 per 100,000 men per year.
- Total new cases (2022): Approximately 2,600 men.
- Daily diagnoses (2022): Around 7 men per day.
- Deaths (2022): Around 1,600 men.
- 5-year survival rate: Estimated 45–50%.
- 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 major cities.
- Vision 2030's health sector transformation program includes digitalization and infrastructure upgrades.
- Expansion of regional oncology hubs in underserved provinces.

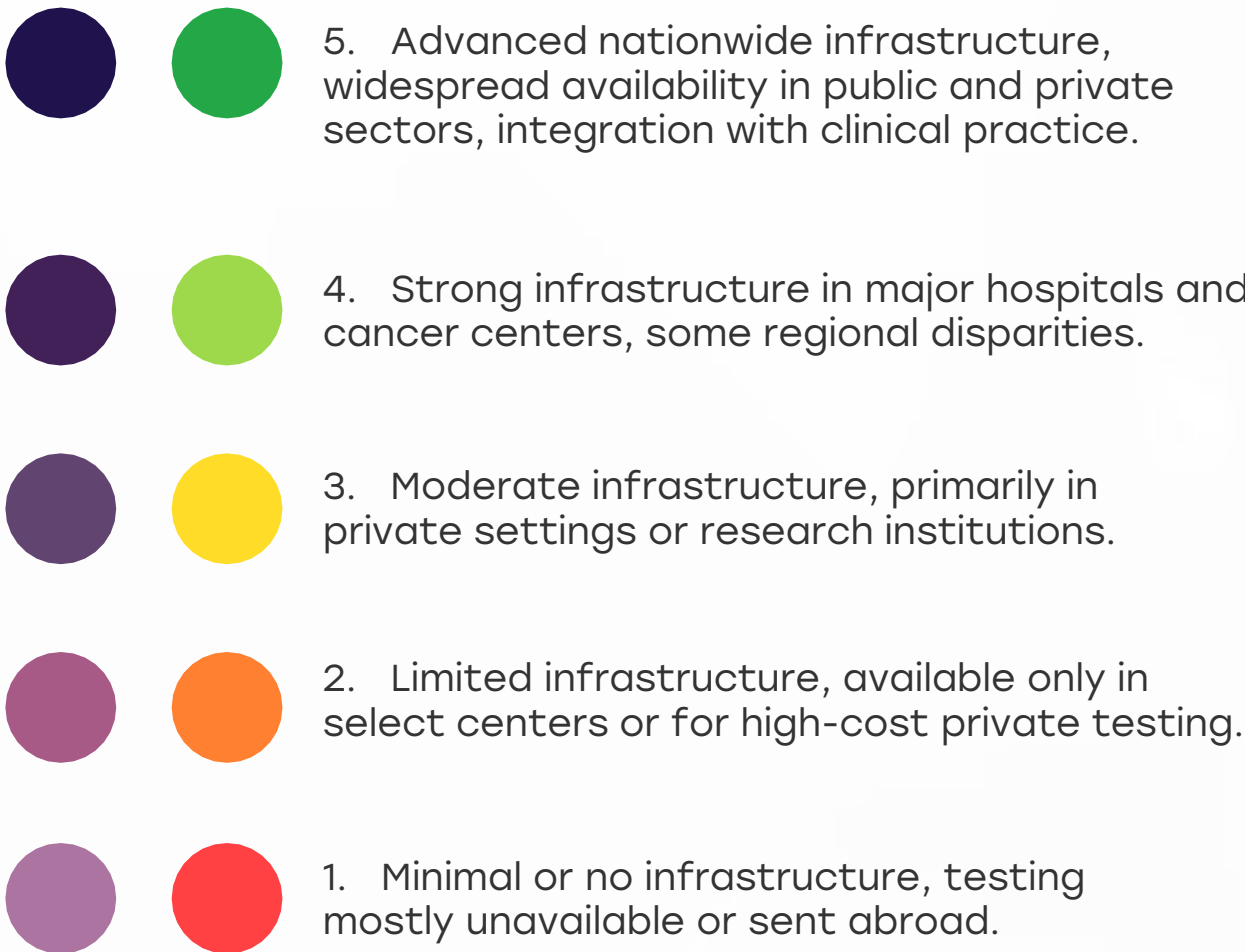
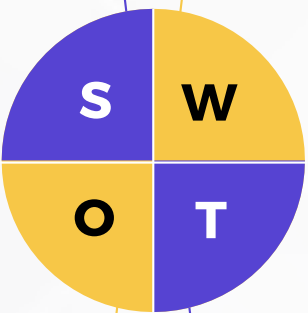
### Weakness

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

### Opportunity

### Threats

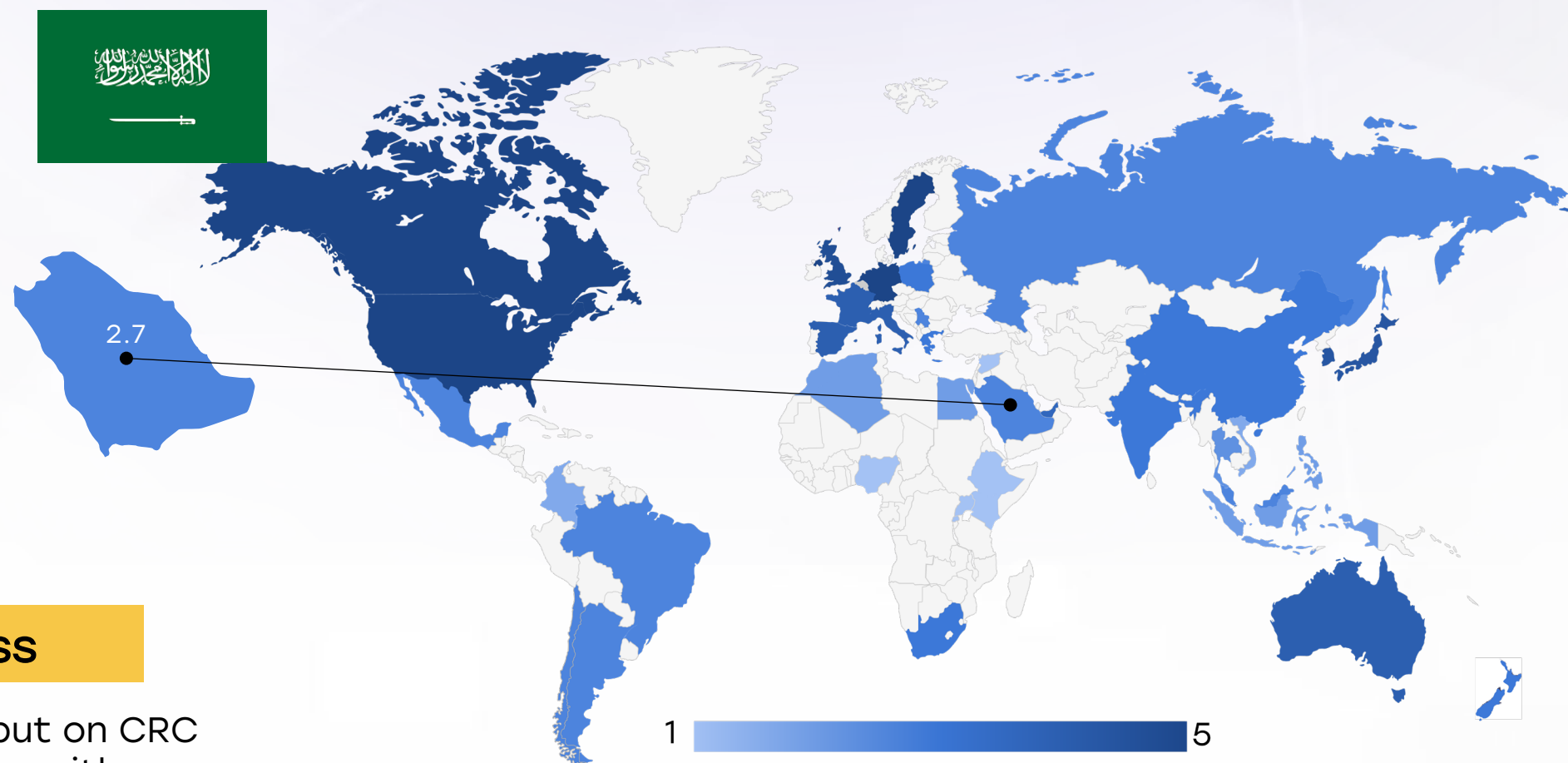
- Over-dependence on urban hospitals may overburden central systems.
- Limited number of trained oncology professionals in smaller regions.



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		
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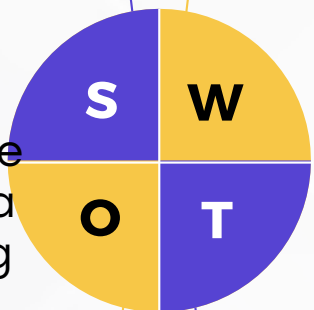
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## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Government covers full cancer treatment through public hospitals, including chemotherapy, surgery, and some targeted therapies.
- Awareness efforts like the “#Prevent\_Colorectal\_Cancer” 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.

### Opportunity

- Increased government research funding and support for Saudi Cancer Registry.
- Collaborations with international cancer research institutions.

### Threats

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

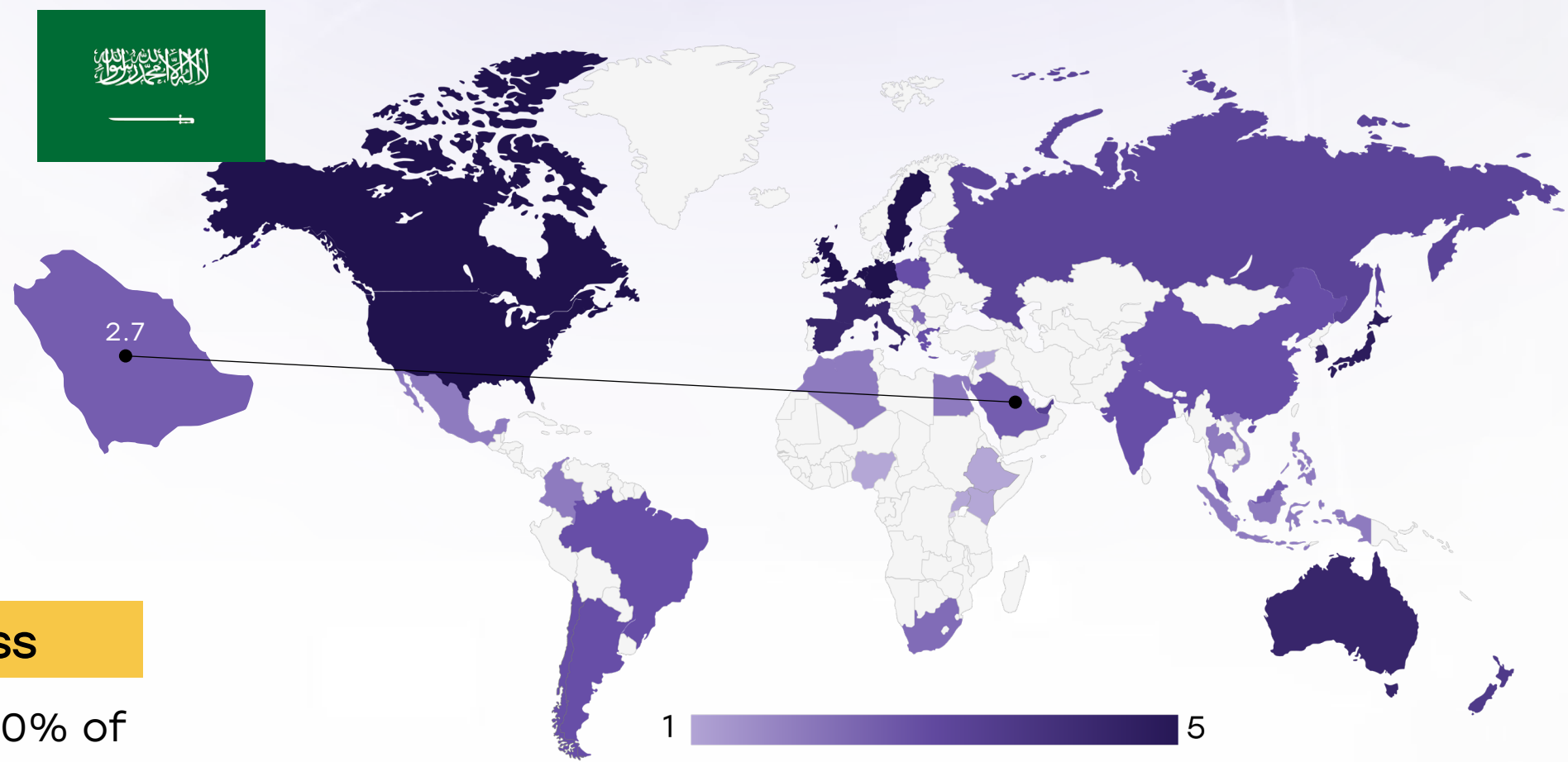
- 5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
- 4. Well-developed system with good treatment availability, strong 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
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Thailand	●	●	●
Singapore	●	●	●
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Netherlands	●	●	●
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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

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

Weakness

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

Opportunity

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

Threats

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

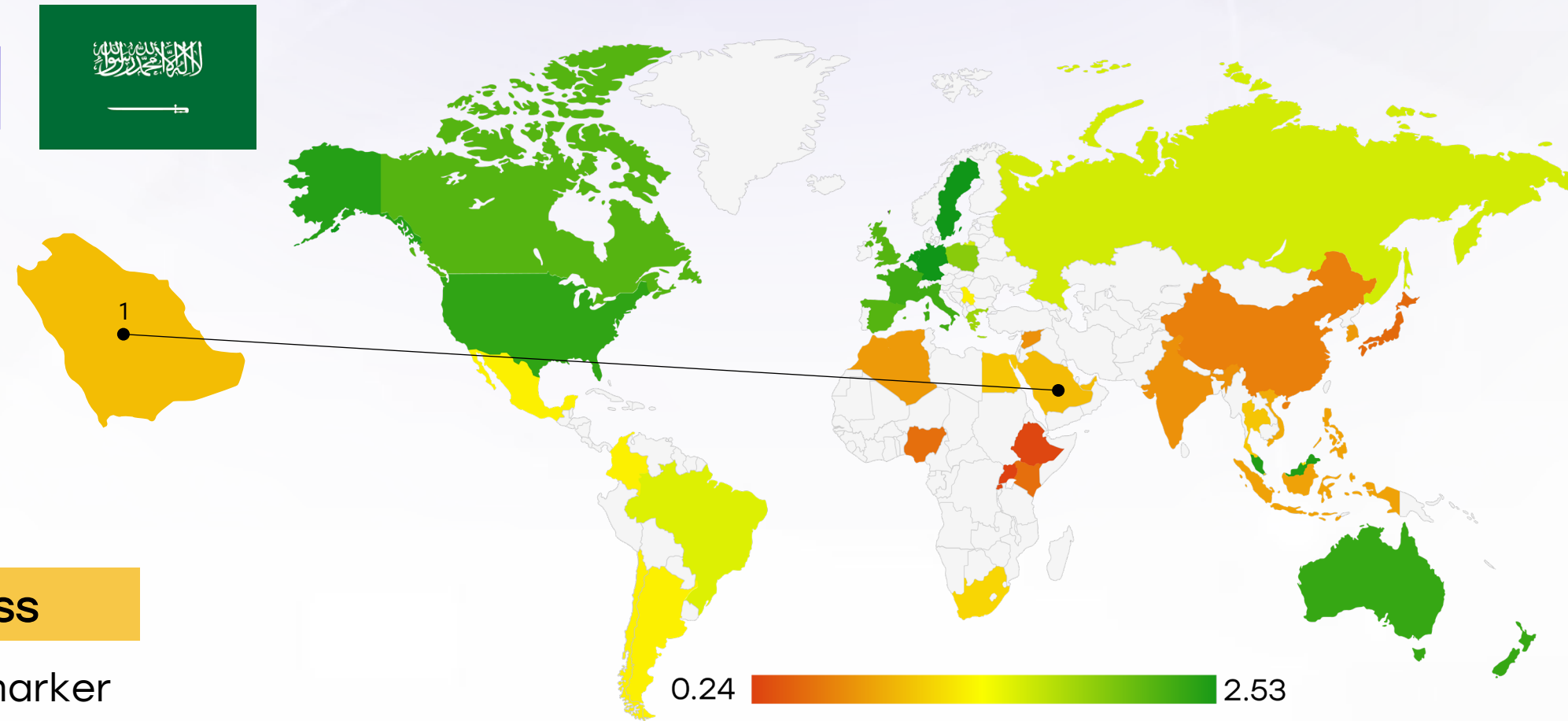
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5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection 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	<div></div>	<div></div>	<div></div>
Kenya	<div></div>	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>	<div></div>
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Russia	<div></div>	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>	<div></div>

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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.

### Weakness

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

### Opportunity

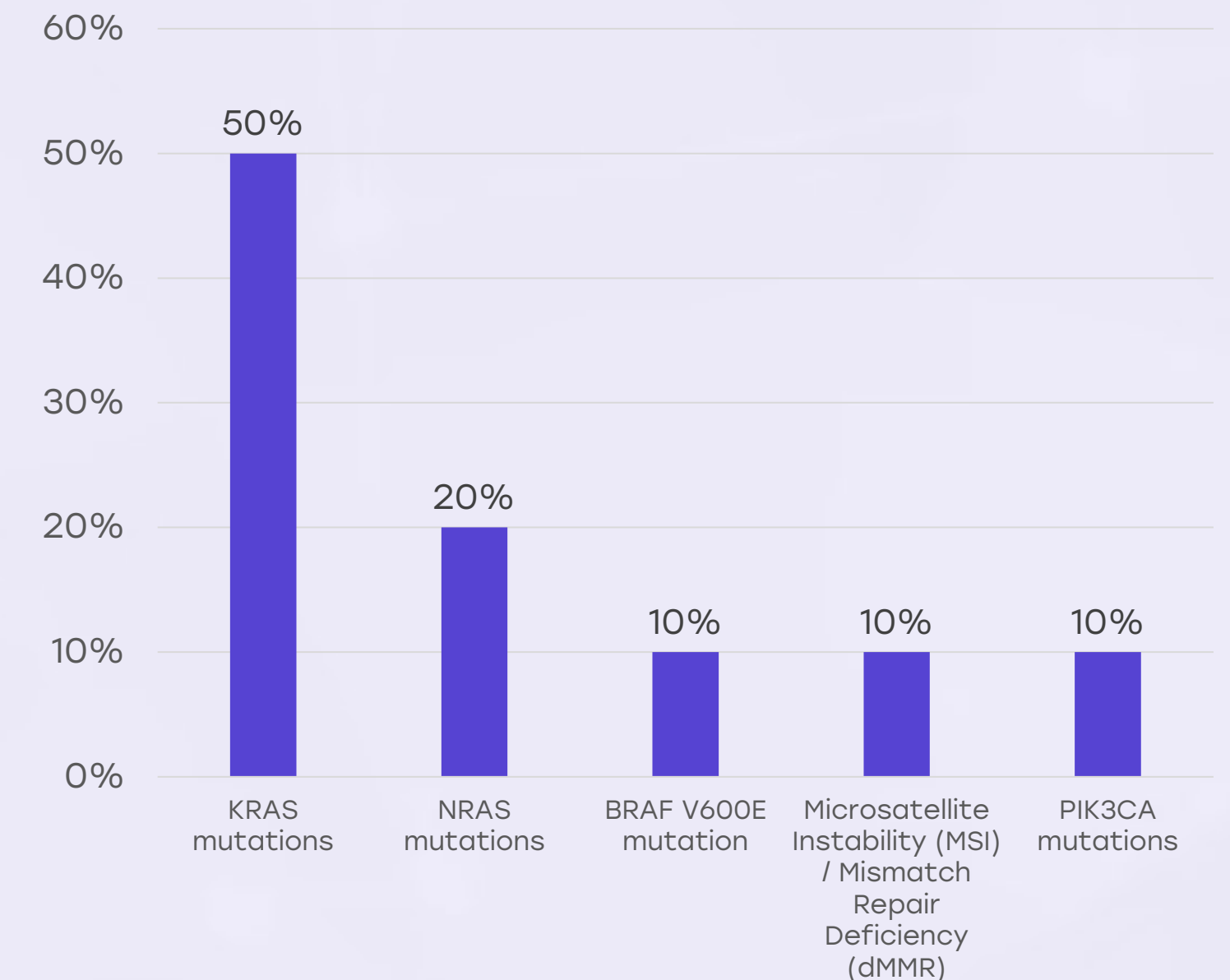
- Integration of biomarker testing into national CRC protocols for personalized treatment.
- Subsidize biomarker testing as part of UHC benefits for broader access.

### Threats

- Costs and logistical challenges of biomarker testing in secondary-level 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.
- 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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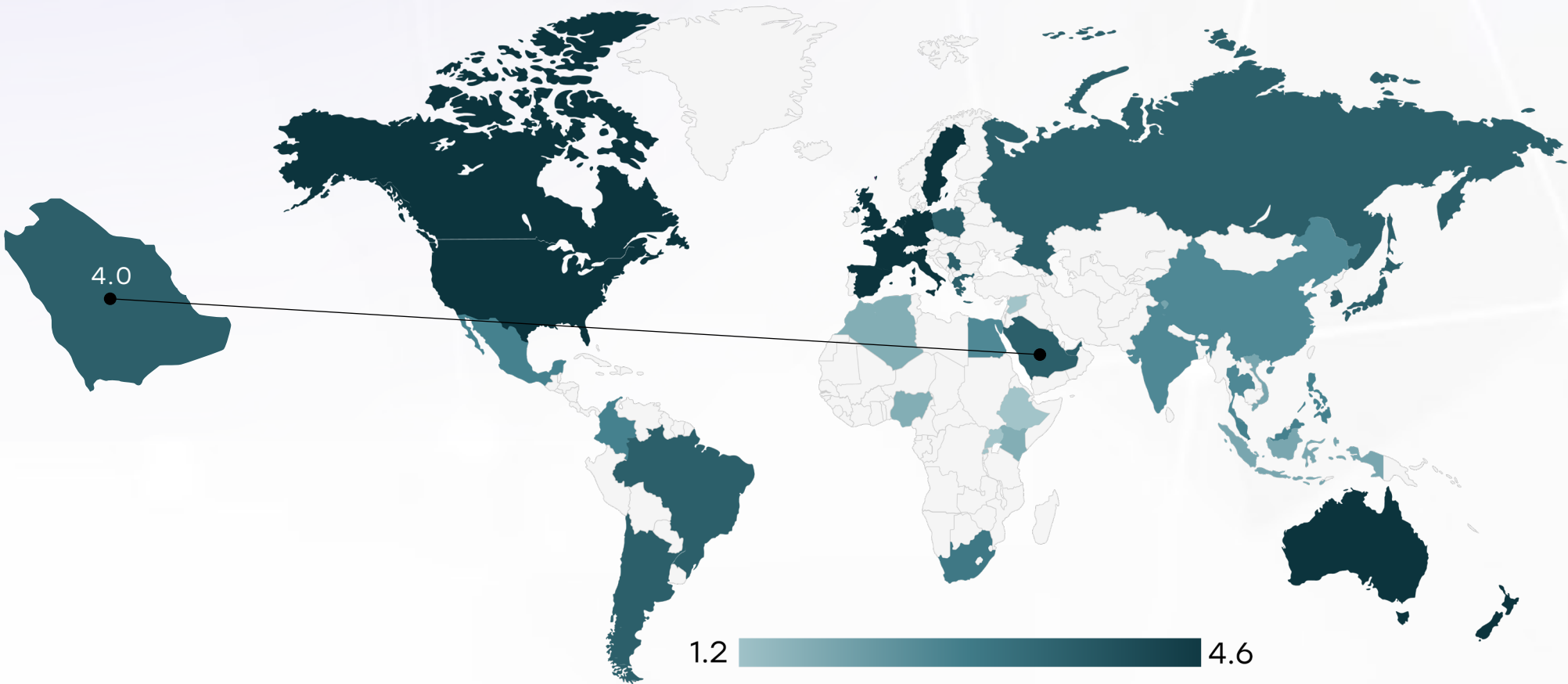
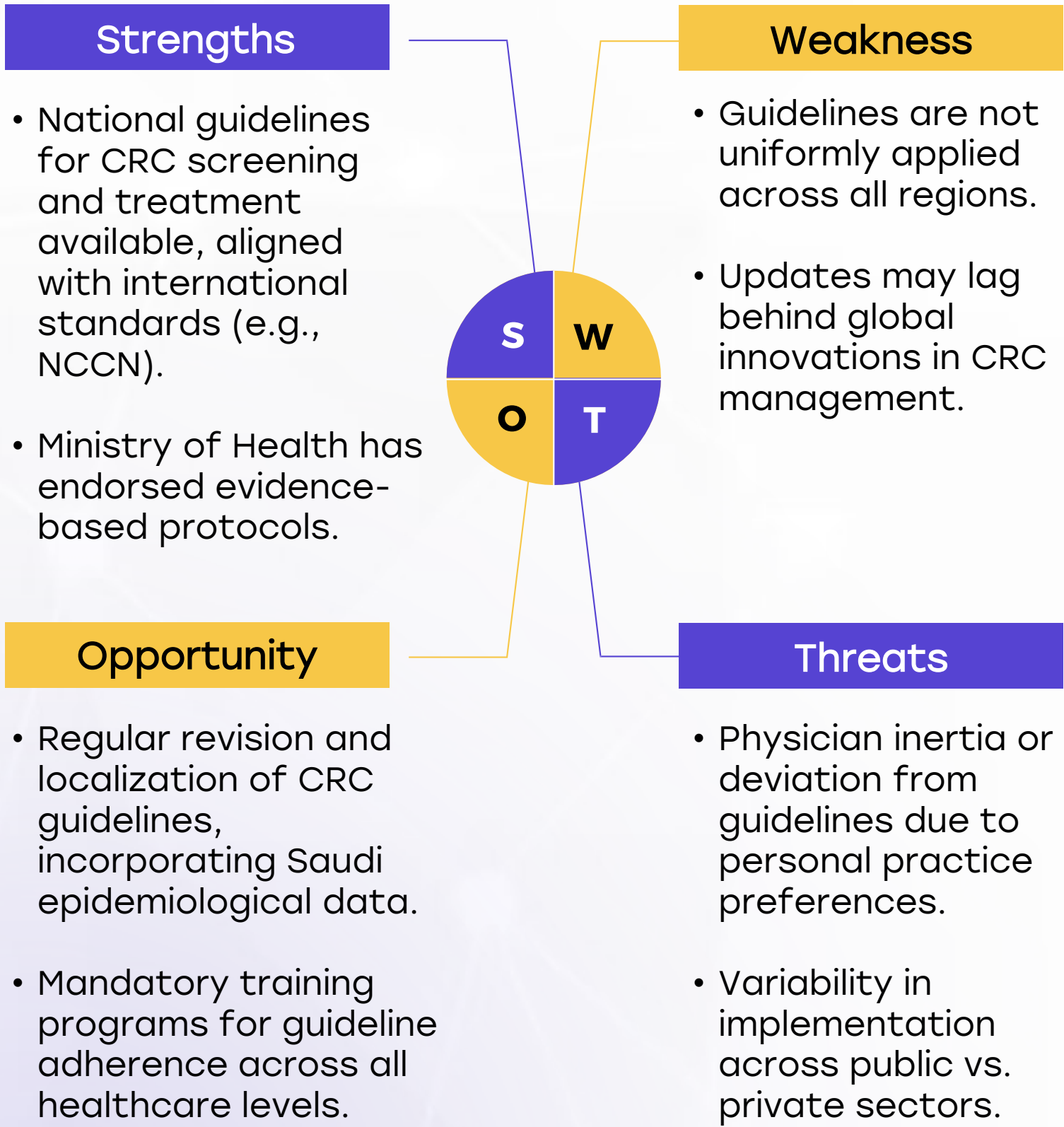




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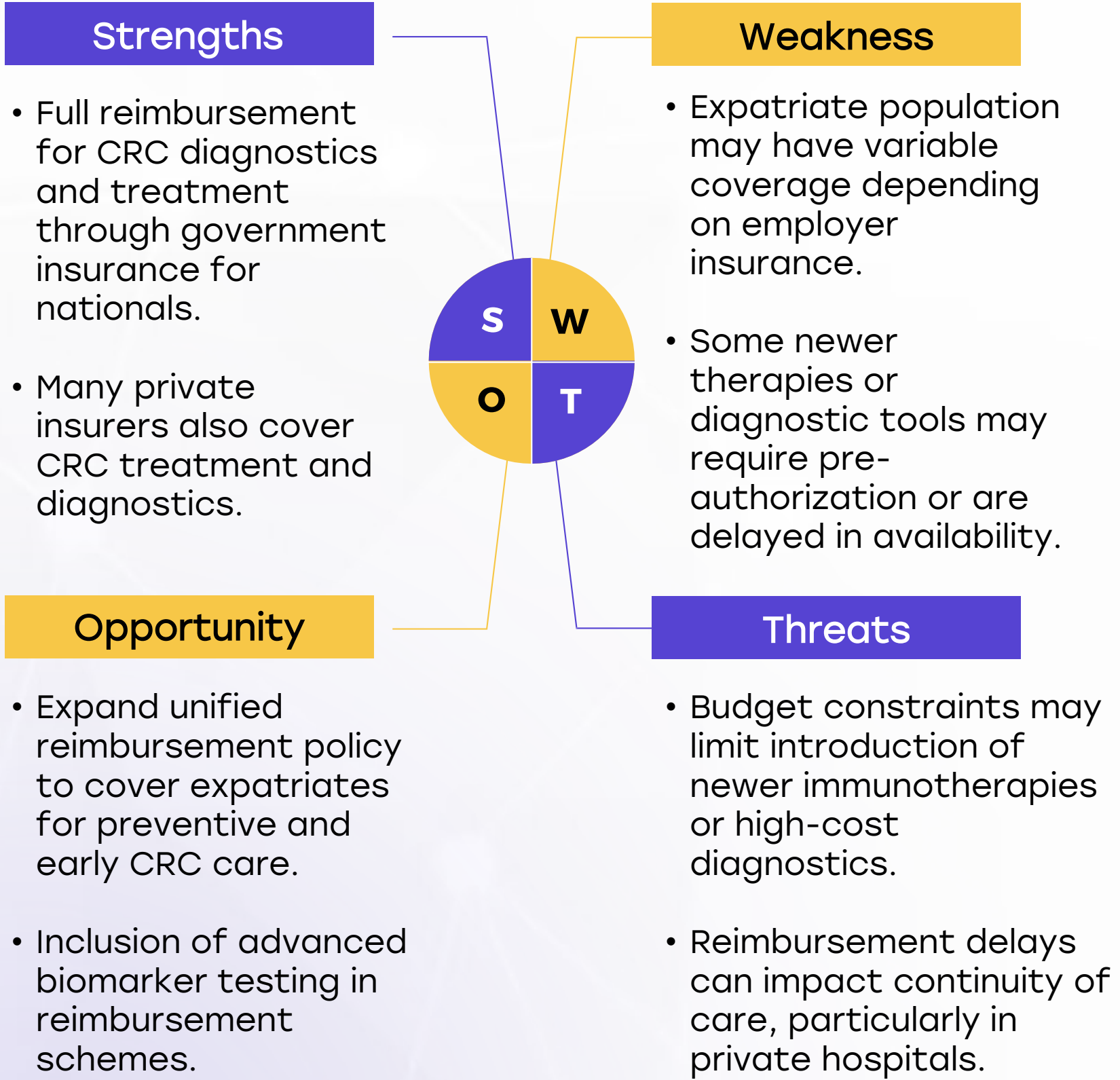


## Clinical Guidelines



	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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- 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.

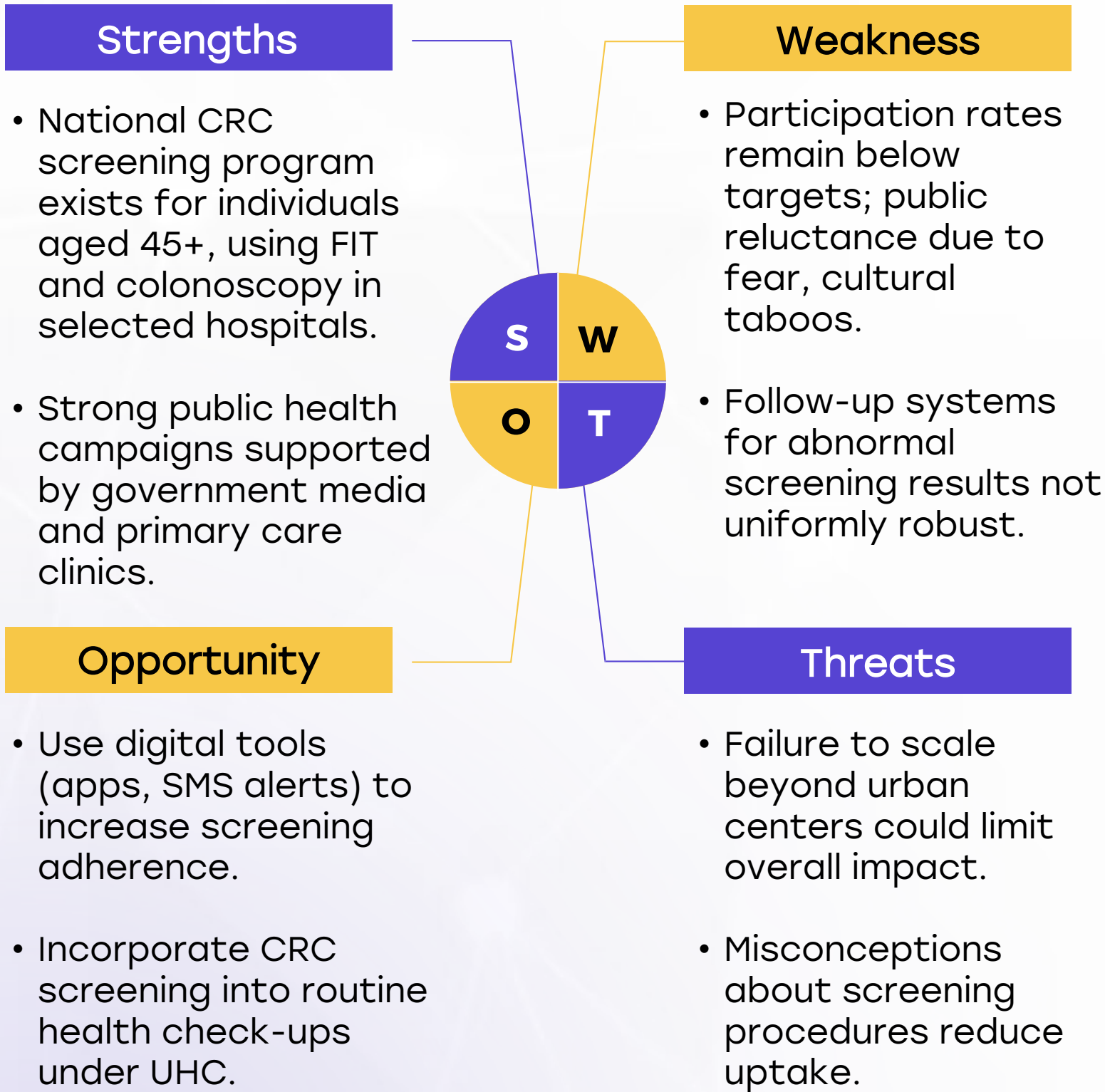
Country	Reimbursement Framework	No-cost Access
United States	<div></div>	<div></div>
United Kingdom	<div></div>	<div></div>
Canada	<div></div>	<div></div>
Australia	<div></div>	<div></div>
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Vietnam	<div></div>	<div></div>
Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>



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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