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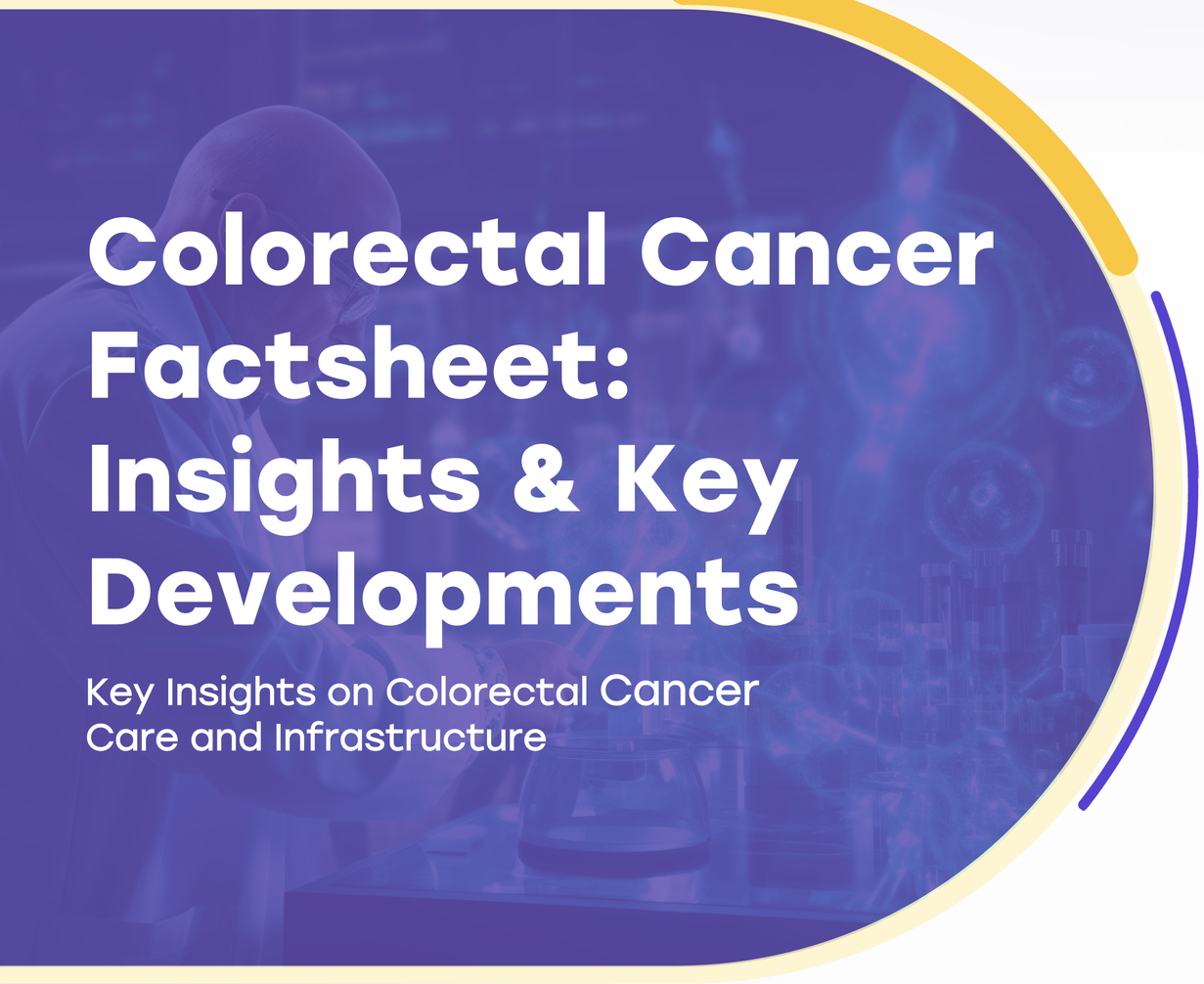

Colorectal Cancer Factsheet: Insights & Key Developments

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 the second most common cancer in men.
- Incidence rate: Approximately 55 per 100,000 men per year.
- Total new cases (2022): Around 5,300 men.
- Daily diagnoses (2022): About 15 men per day.
- Deaths (2022): About 2,100 men.
- 5-year survival rate: Estimated 70–75%, due to strong detection and treatment systems.
- Most affected age group: Primarily men aged 60–80.
- Screening participation: National screening program is expanding; participation is moderate to high.

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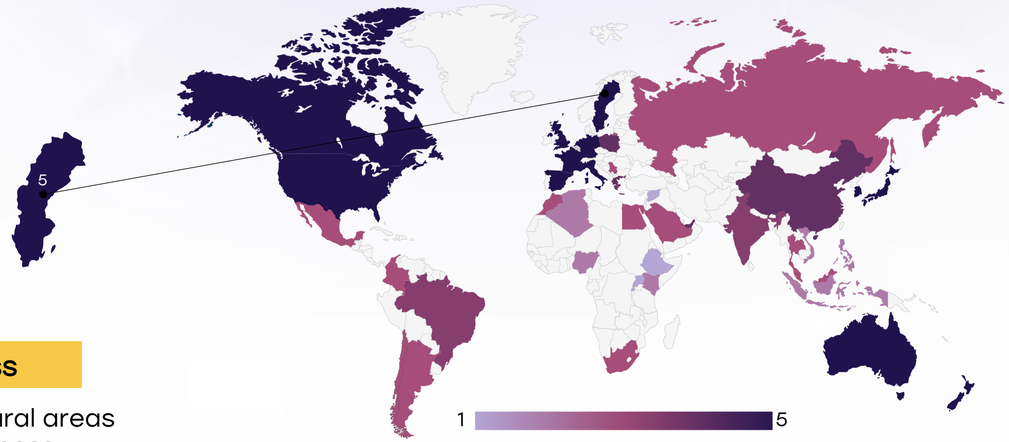
Infrastructure



Strengths

- Strong public healthcare infrastructure with centralized cancer care via six regional cancer centers (RCCs).
- Efficient national cancer registries and digital health systems support early detection and

Weakness

- Patients in rural areas may face access delays for advanced diagnostics or specialist care.
- Limited local access to some advanced diagnostic equipment in smaller hospitals.

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Opportunity

- Expand regional coordination for equal access to colorectal cancer services across the country.
- Further integrate AI and telepathology for faster pathology review and triage.

Threats

- Increasing incidence of early-onset CRC could stress current infrastructure, which is tuned for older populations.
- Workforce shortages in oncology and pathology could delay diagnosis.

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	3
Spain	4	3
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	3
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	3
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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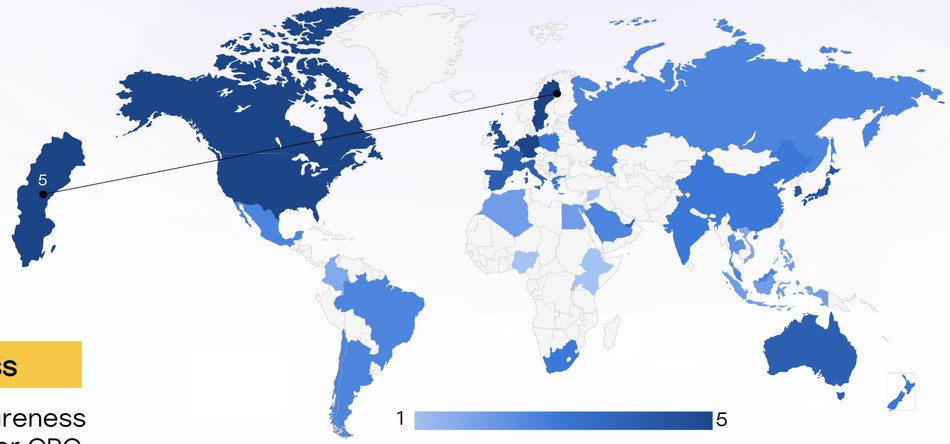
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government-funded healthcare ensures equitable access to CRC treatment and clinical trials.
- Sweden is an active participant in global oncology research, especially on precision medicine.

Weakness

- National awareness campaigns for CRC are less frequent compared to breast or prostate cancer.
- Variability in funding and participation in smaller towns and among immigrant communities

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Opportunity

- Leverage digital platforms and social media for targeted CRC awareness campaigns.
- Strengthen public-private research partnerships to expand personalized CRC care.

Threats

- Budget reallocations due to economic pressure may impact CRC-specific campaigns and research funding.
- Misinformation or apathy in certain demographic groups could reduce awareness impact.

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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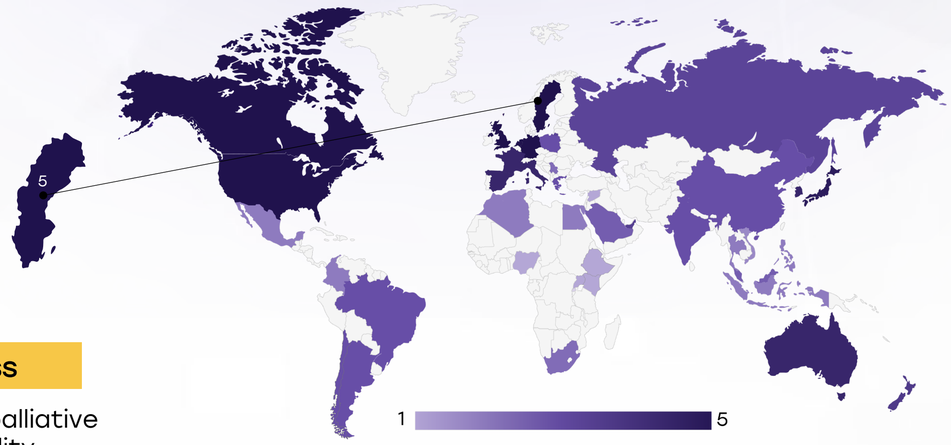
Survival Rates, Early Detection and Palliative Care



Strengths

- Sweden's 5-year survival rate for CRC is among the highest in Europe (around 65–70%).
- Early-stage detection is common due to strong primary care integration and public compliance.

Weakness

- Variation in palliative care availability between urban and rural areas.
- Under-detection of CRC in younger adults due to current age-based screening cutoffs.

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Opportunity

- Include early palliative care consults in standard oncology protocols.
- Introduce risk-based screening models to better detect CRC in under-50 age group.

Threats

- Aging population and comorbidities could reduce overall survival in the next decade.
- Cultural and language barriers may reduce detection and care-seeking among migrant populations.

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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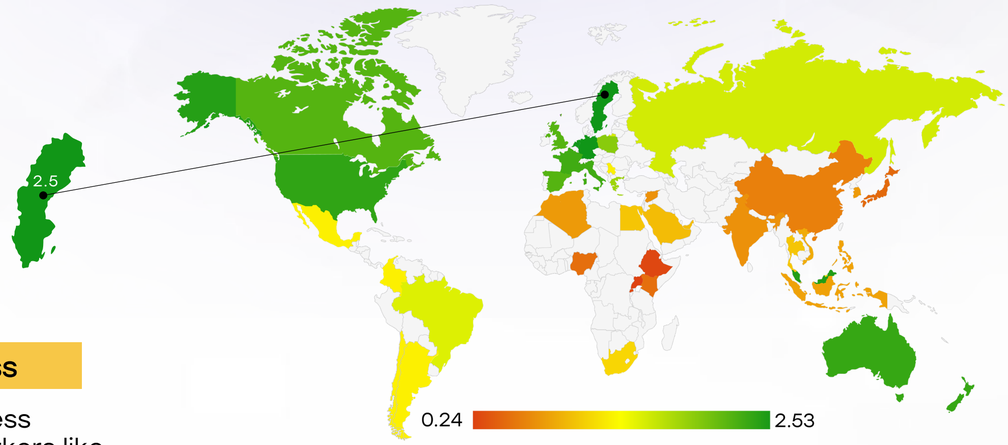
Utilization of Biomarkers



Strengths

- KRAS, NRAS, BRAF, and MSI testing is standard for metastatic CRC in university hospitals.
- Participation in Nordic precision medicine consortia enhances biomarker data sharing

Weakness

- Testing for less common markers like PIK3CA is not standardized nationally.
- Biomarker testing timelines can vary by region, delaying treatment decisions.

S W O T

Opportunity

- Expand biomarker panels and next-generation sequencing (NGS) in all cancer centers.
- Increase training for general oncologists on interpreting complex biomarker data.

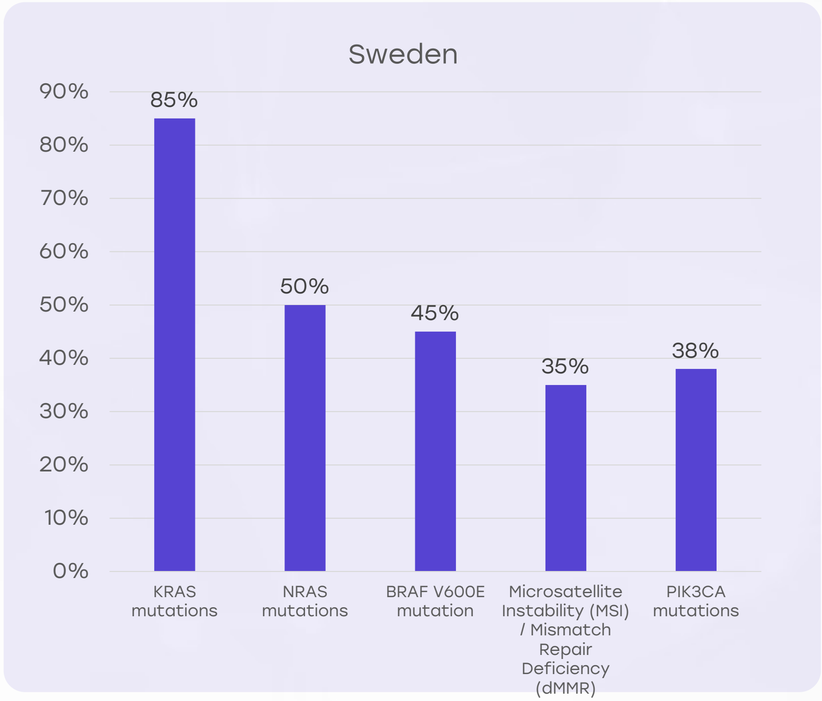
Threats

- Reimbursement challenges and evolving guidelines may delay widespread adoption of advanced panels.
- Disparities in testing access between academic and community hospitals.

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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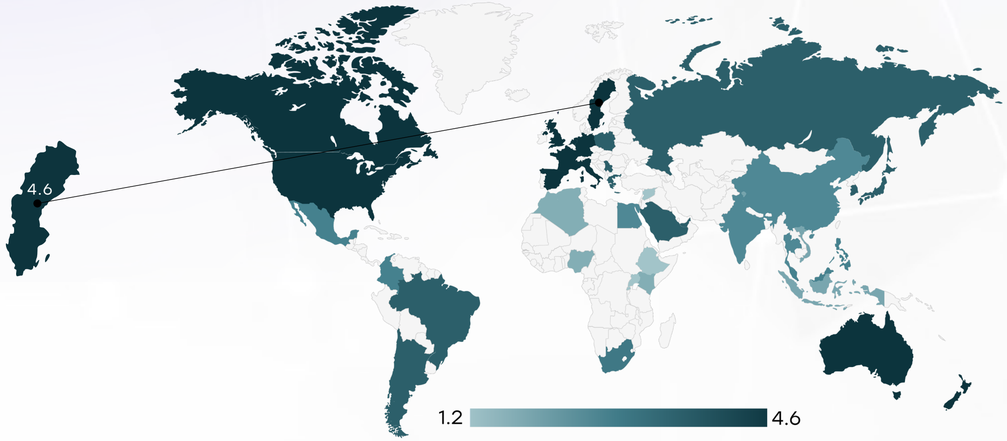
Clinical Guidelines



Strengths

- National CRC guidelines developed by RCCs are updated regularly and align with ESMO standards.
- Biomarkers like KRAS, NRAS, BRAF, and MSI are embedded in treatment decision pathways.

Weakness

- Variability in guideline adoption at local levels, especially in smaller clinics.
- Slow integration of emerging biomarkers like PIK3CA due to cost-effectiveness reviews.

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Opportunity

- Introduce decision-support tools in electronic health records to reinforce compliance.
- Harmonize molecular testing pathways across all 21 regions.

Threats

- Increasing pace of innovation may outstrip the ability of guidelines to stay updated.
- Complexity of biomarker interpretation could overwhelm non-specialist providers.

	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

- CRC care, including standard biomarker tests (KRAS, NRAS, BRAF, MSI), is covered under national health insurance.
- Drug reimbursement decisions are transparent and based on cost-effectiveness assessments.

Weakness

- High-cost molecular diagnostics like PIK3CA testing and comprehensive genomic profiling may require prior approval.
- Delays in access to newly approved therapies due to reimbursement negotiations.

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Opportunity

- Pilot value-based reimbursement models for biomarker-driven therapies.
- Expand national coverage for broader genomic panels through pooled purchasing.

Threats

- Economic slowdowns may limit coverage for emerging diagnostics.
- Regional health authorities may diverge in funding decisions, creating inequities.

● 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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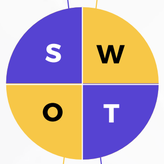
Colorectal Cancer Screening

Strengths

- National CRC screening program using FIT (Fecal Immunochemical Test) launched in 2022 for people aged 60–74.
- High uptake in early-implementing counties with organized invitations.

Weakness

- Full nationwide rollout still in progress; some populations remain uncovered.
- Participation lower in socioeconomically disadvantaged or immigrant groups.



Opportunity

- Extend screening age and frequency as program matures.
- Tailor communication to improve participation among marginalized communities.

Threats

- Delays in colonoscopy follow-up due to bottlenecks in endoscopy services.
- Public fatigue or misinformation could reduce compliance over time.

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