

BRIDGING THE GAP

Strengthening Colorectal Cancer Care in the Philippines

EXECUTIVE SUMMARY

Colorectal cancer (CRC) is among the top five cancers in Filipino men and women, yet most cases are still diagnosed late due to lack of organized screening, fragmented referral pathways, and unequal access to treatment. While tertiary hospitals in Manila and other major cities offer advanced diagnostic and treatment options, access remains limited in rural and underserved regions. Financial barriers and uneven infrastructure reduce equitable outcomes.

With a **Level 2 – Developing** maturity, the Philippines has begun addressing CRC through pilot programs, awareness initiatives, and investments in oncology care, but progress is slowed by system fragmentation and uneven implementation.

INTRODUCTION

Rising Burden, Emerging Initiatives

CRC incidence is steadily increasing in the Philippines, with most patients diagnosed at advanced stages. The country has no nationwide screening program, though opportunistic testing is offered in urban hospitals and select private facilities. Access to surgery, chemotherapy, and radiotherapy exists in tertiary centers, but costs are often prohibitive. Some public health financing programs, such as PhilHealth, partially cover treatment, but gaps remain.

Building on current momentum, the Philippines has an opportunity to accelerate CRC control by scaling up screening, expanding equitable access, and adopting standardized national guidelines.



COLORECTAL CANCER IN PHILIPPINES

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No national screening program; opportunistic FIT, FOBT, and colonoscopy mainly in urban hospitals. Late-stage presentation common.	Increasing awareness in urban centers; some pilot screening efforts.	Develop a national risk-based screening program using FIT with colonoscopy referral; expand diagnostic services to regional hospitals.
Biomarker & Molecular Testing	Limited availability in major private and tertiary hospitals; not routinely accessible in public facilities.	Growing capacity in specialized cancer centers in Manila and Cebu.	Expand biomarker testing to public hospitals, integrate costs into PhilHealth reimbursement, and promote partnerships for test affordability.
Treatment Access	Surgery, chemotherapy, and radiotherapy available in tertiary hospitals; access limited in rural areas. Targeted therapies costly and often unavailable publicly.	Presence of skilled oncology workforce in major centers.	Improve geographic distribution of oncology services, subsidize chemotherapy, and expand access to advanced therapies.
Clinical Guidelines & Quality Standards	No dedicated national CRC guidelines; oncologists often follow international standards (ESMO/NCCN).	Specialists trained in evidence-based practices.	Develop and disseminate standardized national CRC treatment guidelines; provide continuous training for clinicians across the country.
Palliative & Survivorship Care	Palliative care services exist but are limited outside major cities; survivorship care is not well structured.	NGO-led initiatives and palliative care integration in select hospitals.	Expand palliative care networks nationwide, ensure access to pain relief medicines, and develop survivorship programs.

CONCLUSION & Call to Action

The Philippines is progressing in its response to colorectal cancer but remains constrained by limited screening, fragmented access to diagnostics, and high treatment costs. Moving beyond **Level 2 – Developing** maturity requires a comprehensive national strategy and better integration of services across the care continuum.

KEY POLICY PRIORITIES

- 1 Launch a National Screening Program:** Introduce FIT-based screening nationwide with referral pathways for colonoscopy.
- 2 Expand Diagnostic and Biomarker Access:** Equip regional hospitals with biomarker testing and integrate coverage into PhilHealth.
- 3 Standardize Care Protocols:** Develop national CRC guidelines and ensure clinician adherence.
- 4 Strengthen Palliative & Survivorship Services:** Create structured survivorship programs and expand palliative care networks.
- 5 Improve Treatment Equity:** Increase funding for chemotherapy and radiotherapy, expand oncology facilities outside Manila, and make advanced therapies more affordable.

CONCLUSION

At **Level 2 – Developing** maturity, the Philippines has laid the groundwork for stronger colorectal cancer control but faces significant equity and affordability challenges. By scaling up screening, standardizing treatment practices, and ensuring wider access to diagnostics and therapies, the country can transition toward a more resilient, patient-centered CRC care system. Continued investment, policy alignment, and integration of survivorship and palliative care will be essential to improving outcomes for Filipino patients.