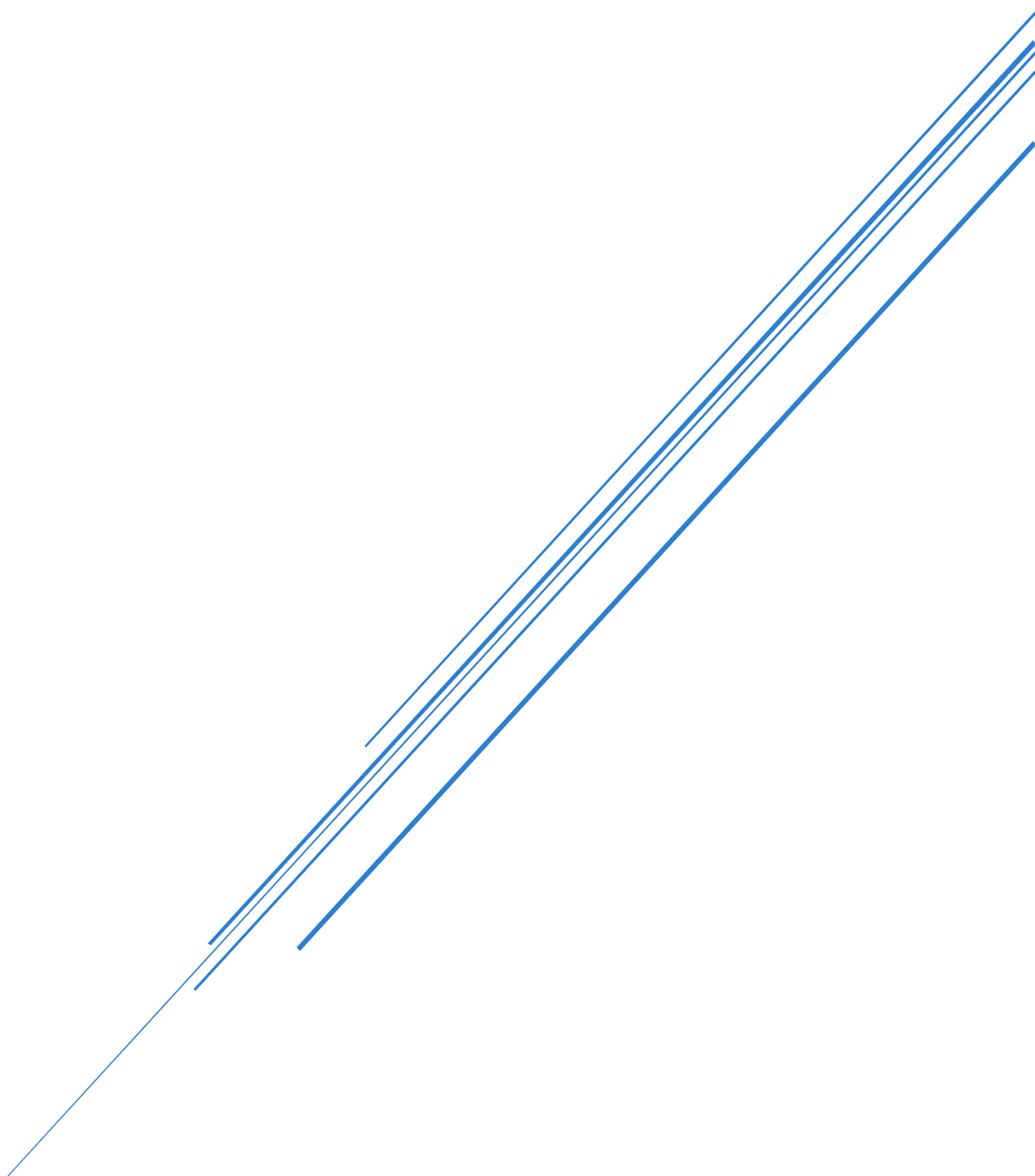


# SINGAPORE'S APPROACH TO CANCER



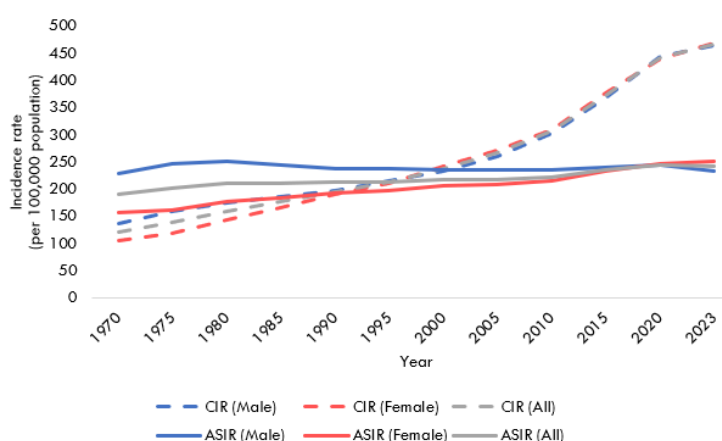
Ministry of Health, Singapore

## Introduction

The burden of cancer is rising globally. In Singapore, rising cancer incidence (Figure 1) is observed in tandem with an increasing burden of risk factors and an ageing population. From 2006 to 2023, cancer was consistently the leading cause of death in Singapore<sup>1</sup>. To address the rising burden of cancer, Singapore consistently reviews and monitor our efforts in cancer prevention and care.

**Figure 1:** Cancer Incidence Rates (1968-2023)<sup>2</sup>

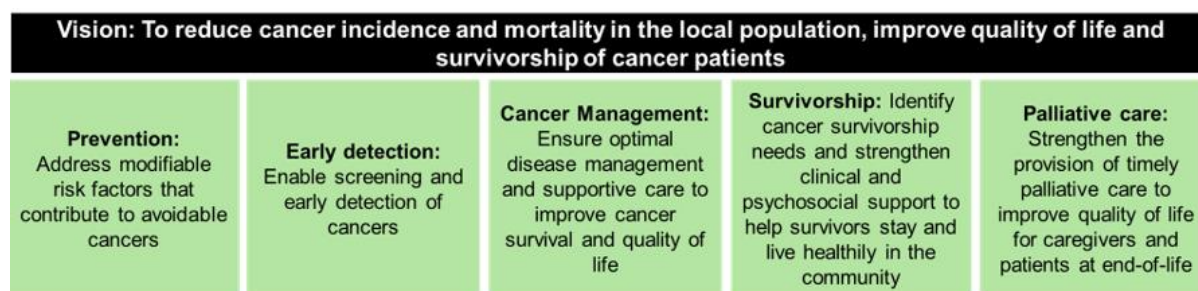
Crude and age-standardised incidence rate (per 100,000 population) of cancer by sex, 1968-2023



Note: ASIR – Age Standardised Incidence Rate

2. The Ministry of Health (MOH) aims to reduce cancer incidence and mortality in the local population, improve quality of life and survivorship of cancer patients (Figure 2). MOH's approach to cancer comprises five thrusts across the disease continuum – Prevention, Early Detection, Cancer Management, Survivorship and Palliative Care.

**Figure 2:** Singapore's approach to cancer



3. The National Advisory Committee on Cancer (NACC) was convened in 2018-2022 to recommend strategies for cancer prevention and to improve care for cancer patients. MOH has reviewed NACC's findings and recommendations, bearing in mind

<sup>1</sup> Ministry of Health . Principal Causes of Death. *Ministry of Health*. [Online] 25 July, 2024. <https://www.moh.gov.sg/others/resources-and-statistics/principal-causes-of-death/>.

<sup>2</sup> National Registry of Disease Office. *Singapore Cancer Registry Annual Report 2023*. Singapore : Health Promotion Board, 2026.

the current landscape, policies and initiatives. This report summarises the key cancer trends, current efforts and future areas that will be worked on or explored.

## **Prevention**

4. A key approach to cancer prevention is to address modifiable risk factors. According to the 2023 Global Burden of Disease (GBD) study, 32.8% of cancer disability-adjusted life years (DALYs) in Singapore can be averted if all risk factors were eliminated<sup>3</sup>. The top two risk factors that caused cancer-related disease burden in Singapore were tobacco use and unhealthy diet<sup>3</sup>. Eliminating tobacco use and dietary risks would eliminate 11.0% and 8.1% of cancer-related disease burden respectively<sup>3</sup>.

5. Therefore, Singapore has implemented various efforts targeting modifiable risk factors such as smoking, unhealthy diet, lack of physical activity and alcohol use, as well as encouraging vaccinations that lowers cancer risk. For example, school-based vaccination programmes have been rolled out for Human Papillomavirus (HPV) since 2019, to lower cervical cancer risk. Hepatitis B vaccination (which lowers liver cancer risk) is included in both the childhood and adult immunisation schedules. Figure 3 provides more details of these cancer prevention efforts. More recently, the launch of Healthier SG in July 2023 has strengthened preventive care efforts which help tackle risk factors for cancers and chronic diseases, such as through healthier lifestyles and screening.

**Figure 3:** Key efforts in cancer prevention

<b>Risk factor</b>	<b>Key efforts</b>
Smoking	<ul style="list-style-type: none"> <li>• Policy and regulatory measures to reduce access to and demand for tobacco products e.g., Minimum Legal Age of 21 years old, Standardised Packaging including enlarged Graphic Health Warnings, Point-of-Sale Display ban, taxation of tobacco products</li> <li>• Provision of smoking cessation support across healthcare settings and in the community, e.g., Health Promotion Board's I Quit programme</li> <li>• Preventive education efforts to reduce smoking initiation among children and youth</li> </ul>
Unhealthy diet and lack of physical activity	<ul style="list-style-type: none"> <li>• Regulatory measures to support healthier diets, e.g. Nutri-Grade labelling and advertisement prohibitions, ban on partially hydrogenated oils.</li> <li>• Industry partnerships to increase availability &amp; accessibility to healthier F&amp;B options, e.g. Healthier Choice Symbol, Healthier Ingredient Development Scheme, Healthier Dining Programme</li> </ul>

<sup>3</sup> **Global Burden of Disease Collaborative Network.** *Global Burden of Disease Study 2023 (GBD 2023)*. Seattle : Institute for Health Metrics and Evaluation (IHME), 2025.

	<ul style="list-style-type: none"> <li>• Promoting physical activity, e.g. National Steps Challenge and MOVE IT! Programmes</li> <li>• Tech-enabled health promotion to encourage users to adopt and sustain healthier lifestyles, e.g. Healthy 365 app</li> </ul>
Alcohol use	<ul style="list-style-type: none"> <li>• Alcohol Tax</li> <li>• Minimum legal age of alcohol consumption (18 years)</li> <li>• Education on harmful effects of excessive alcohol consumption in school curricula and in life-skills programmes and substance abuse talks conducted in tertiary institutions</li> </ul>
Vaccinations	<ul style="list-style-type: none"> <li>• Inclusion of Hepatitis B and HPV vaccinations in national recommendations</li> <li>• National school-based HPV vaccination programme: fully-subsidised HPV vaccinations in female Secondary 1 and 2 students</li> <li>• Subsidies and Medisave-use for vaccinations for eligible groups</li> </ul>

6. With these efforts, we have observed improvements in smoking prevalence, level of physical activity, as well as HPV and Hepatitis B vaccinations uptake. However, the proportion of obese residents (Body Mass Index (BMI)  $\geq 30.0$  kg/m<sup>2</sup>) increased from 10.5% in 2019-2020 to 12.7% in 2023-2024<sup>4</sup>. High BMI is a risk factor for cancer and accounted for 4.3% of cancer-related disease burden in 2023<sup>5</sup>. To target rising obesity, MOH and the Health Promotion Board (HPB) will sustain efforts to encourage healthier eating and regular physical activity. There are also structured weight management programmes available in both hospitals and primary care settings for overweight and obese individuals. MOH will continue to work with relevant stakeholders on further efforts to tackle cancer risk factors.

### **Early Detection**

7. Attending regular health screenings for screenable cancers and necessary follow-ups, recommended based on one's age and sex, can facilitate early detection of cancer and timely intervention, improving prognosis and outcomes. MOH and HPB have implemented efforts to improve screening rates such as increasing awareness of screening and providing heavily subsidised screening for breast, colorectal and cervical cancers under Healthier SG Screening.

8. Based on the National Population Health Survey (NPHS) 2024, about 35-45% of eligible individuals participated in cancer screening within the recommended frequency for breast, colorectal and cervical cancers<sup>4</sup>. Between 2019 and 2024, the proportion of eligible residents participating in screening for breast, colorectal, and cervical cancers decreased during the COVID-19 period, but has gradually returned to pre-pandemic levels<sup>4</sup>. MOH will continue to monitor the impact of Healthier SG on cancer screening rates and will work with relevant stakeholders (e.g. HPB) to further

<sup>4</sup> **Ministry of Health**. *National Population Health Survey 2024*. Singapore : Ministry of Health, 2025.

<sup>5</sup> **Global Burden of Disease Collaborative Network**. *Global Burden of Disease Study 2023 (GBD 2023)*. Seattle : Institute for Health Metrics and Evaluation (IHME), 2025.

drive improvements in screening uptake. In addition to population-wide efforts to increase cancer screening rates, MOH and HPB are also working on efforts targeting specific population segments with tailored interventions.

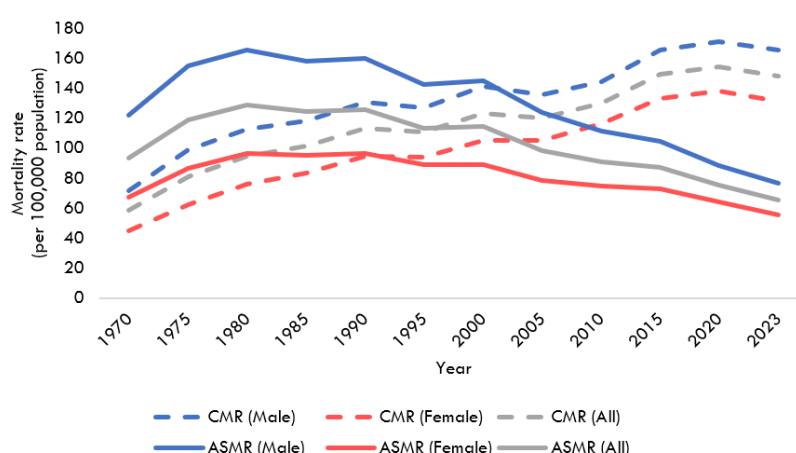
9. To ensure that cancer screening policies are up-to-date and evidence based, MOH regularly reviews the recommendations for cancer screening, including genetic screening tests for genetic syndromes which may predispose individuals to developing cancer. For example, we are exploring national genetic testing for hereditary cancers such as Hereditary Breast and Ovarian Cancer (HBOC) to identify individuals at risk of these cancers and provide earlier intervention.

## **Cancer Management**

10. Over the last 50 years, while cancer incidence rates have risen, age-standardised cancer mortality rates ([Figure 4A](#)) and survival rates ([Figure 4B](#)) have improved, which indicate improvements in cancer management.

**Figure 4A:** Crude and age-standardised mortality rate of cancer (1968-2023)<sup>6</sup>

Crude and age-standardised mortality rate (per 100,000 population) of cancer by sex, 1968-2023

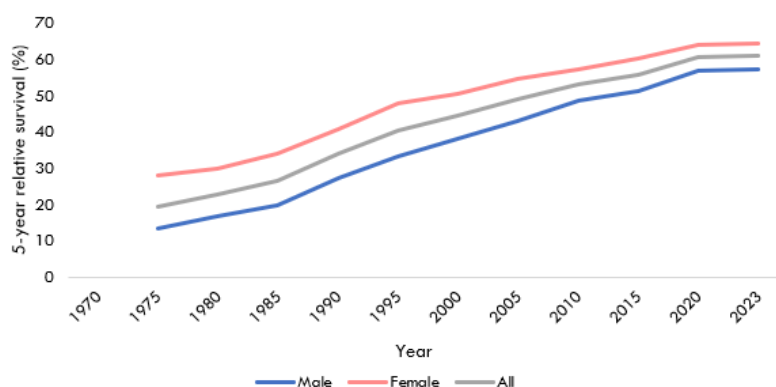


Note: CMR – Crude Mortality Rate; ASMR – Age Standardised Mortality Rate

<sup>6</sup> National Registry of Disease Office. Singapore Cancer Registry Annual Report 2023. Singapore : Health Promotion Board, 2026.

**Figure 4B:** Five-year age-standardised relative survival rate of cancer (1968-2023)<sup>6</sup>

Five-year age-standardised relative survival rate (%) of cancer by sex, 1968-2023



11. With the rising cancer incidence, it is important that we continue to manage risk factors and provide appropriate, accessible, and affordable cancer treatment:

- a. To facilitate appropriate care, national clinical guidelines on topics related to (i) cancer risk factors (e.g. smoking, obesity, chronic hepatitis B) and (ii) early interventions for hereditary cancer gene carriers have been or are being developed by the Agency for Care Effectiveness (ACE)<sup>7</sup>.
- b. To ensure affordable access to clinically proven and cost-effective treatments, MOH regularly reviews and updates the Cancer Drug and Cell, Tissue and Gene Therapy Product (CTGTP) Lists, guided by ACE's health technology assessments (HTA). Listed treatments that have been assessed to be clinically and cost-effective are subsidised and covered by MediShield Life and MediSave. Patients can also access subsidised cancer services at two national specialty cancer centres (National Cancer Centre Singapore (NCCS), National Cancer Institute Singapore (NCIS)) and most public healthcare institutions<sup>8</sup>.
- c. Service capacity and competency are supported by a medical workforce of specialists working alongside general-hospital practice doctors. There is also the development of pharmacists (including specialist pharmacists) to provide cancer services such as oncology ambulatory care clinics. Efforts are underway to right-site more types of cancer care in the community and home (e.g. provision of cancer services in the community), to further improve patient access to cancer services.

12. Besides cancer treatment, another important aspect is supportive care to improve quality of life of cancer patients and families. Supportive care encompasses the proactive prevention and management of the adverse effects of cancer and its treatment, including the management of physical and psychological symptoms and side effects throughout the entire cancer journey, from the shock of initial diagnosis

<sup>7</sup> ACE is Singapore's national health technology assessment (HTA) and clinical guidelines agency.

<sup>8</sup> The range of services provided differs across institutions. While all PHIs are able to offer diagnosis of cancers, not all PHIs are able to provide the full range of treatment and management of all cancers.

through intensive treatment to post-treatment care and survivorship. A network of healthcare institutions and dedicated community partners delivers essential services that restore health, hope and dignity, including peer support groups, rehabilitation, counselling and psychosocial services.

### **Survivorship**

13. With improving survival rates, survivorship care is increasingly important. Survivorship care, such as support groups and counselling, helps survivors and their caregivers re-establish holistic normalcy after cancer treatment completion.

14. To strengthen care for cancer survivors, MOH and the healthcare clusters have implemented a shared care programme for breast and colorectal cancer survivors, where primary care providers and specialists co-manage suitable individuals to anchor cancer survivorship care in the community.

### **Palliative Care**

15. Palliative care improves the quality of life of patients facing the problems associated with life-threatening illnesses like cancer, as well as their families. It aims to prevent and relieve suffering through early identification, holistic assessment, as well as treatment of pain and other physical, psychosocial, and spiritual issues.

16. Singapore's 2023 National Strategy for Palliative Care (NSPC) aims to ensure that all Singaporeans, including their caregivers, have access to affordable, quality palliative care services that are delivered by trained professionals, and are supported by a conducive palliative care environment<sup>9</sup>. In the two years since its launch, we have increased palliative care capacity significantly. Home Palliative care places have increased by 25%, from 2,400 to almost 3,000 places, and we are on track to have 3,600 places by the end of the year. Inpatient hospice beds have also grown by 15% from 260 beds to about 300 beds. We have also strengthened palliative care competencies in the community and made palliative care more affordable for end-of-life patients with the recent financing enhancements implemented in 2024. MOH will continue with our efforts under NSPC to improve palliative care in Singapore.

### **Conclusion**

17. MOH will continue to monitor national cancer trends and work with stakeholders on efforts across the cancer continuum. We will also continually review emerging technologies and explore more interventions for the identified areas for improvement.

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<sup>9</sup> Ministry of Health . 2023 National Strategy for Palliative Care Report . Singapore : Ministry of Health, 2023.

## **Acknowledgement**

We would like to thank the members and Secretariat of the **National Advisory Committee on Cancer (NACC)**, who provided recommendations which have guided MOH's efforts in cancer care.

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