



SINGAPORE
CANCER
SOCIETY



Closing the Cancer Care Gap

Seven Asks

from Singapore's Cancer Community

Advocacy Paper | June 2026



People assume once treatment ends, you're fine. **But actually, that's when the struggle really starts.**

– A cancer survivor



Vulnerable populations... people who may be intellectually disabled, or struggling to meet everyday demands, **they won't think about prevention. More can be done to reach this group now.**

– A cancer survivor



Cancer has moved beyond the hospital walls into everyday life. With five-year survival rates tripling over recent decades,¹ the disease is no longer a death sentence—but it is an enduring one. How we support patients and families during treatment and after makes the difference between them merely surviving and truly thriving. The work in cancer prevention is also far from done. Less than half of Singaporeans screen,² a symptom of deeper issues including literacy gaps, daily frictions and the need for more tailored outreach strategies.

In 2025, Singapore Cancer Society (SCS) engaged patients, survivors, caregivers, the public and practitioners across the healthcare and community care ecosystem in a research study. Drawing on these findings, SCS has set out Seven Asks spanning the cancer journey, from prevention to survivorship.

We invite policymakers, healthcare institutions, employers, and community partners to join SCS in closing these ecosystem gaps so we can help all in Singapore overcome cancer and live well.

1. National Registry of Diseases Office. Singapore Cancer Registry Annual Report 2023. Health Promotion Board, Singapore. Released January 2026.
2. Ministry of Health, Singapore. National Population Health Survey 2024. Disease Policy and Strategy Division, and Health Analytics Division, Ministry of Health; Policy, Research & Surveillance Group, Health Promotion Board, Singapore. ISBN 978-981-94-3421-3.

The Seven Asks



1 Make patient navigation part of healthcare reform:
Every patient should have access to guidance and support throughout their journey

To have coordinators who guide patients in the care-seeking process, including pointing them to tools, resources, and other support services through diagnosis, treatment, survivorship, and palliative care.



2 Strengthen cancer prevention through screening and education:
More efforts are needed to encourage early detection and healthier lifestyles

This includes health education, screening, and early diagnosis initiatives for both common and emerging cancers.



3 Ensure accessible and affordable cancer treatment:
Financial barriers should not prevent anyone from receiving life-saving care

This includes treatment affordability, clear subsidy pathways, access to insurance or financial support schemes, and service accessibility for underserved populations.



4 Integrate rehabilitation needs assessment into the cancer care journey:
Every patient should be assessed for rehabilitation needs and supported with appropriate care pathways based on clinical assessment

Rehabilitation includes prehabilitation (before treatment), functional rehabilitation (during and after treatment), and palliative treatment aimed at improving quality of life and reducing disability.



5 Support cancer patients in returning to work:
Employers should provide fair opportunities and workplace support for those affected by cancer

Return-to-work support for cancer survivors includes employer accommodations, flexible work arrangements, anti-discrimination policies, and support for sustained employment during or after cancer treatment.



6 Recognise that cancer affects younger people too:
Early detection and targeted support for young patients are crucial

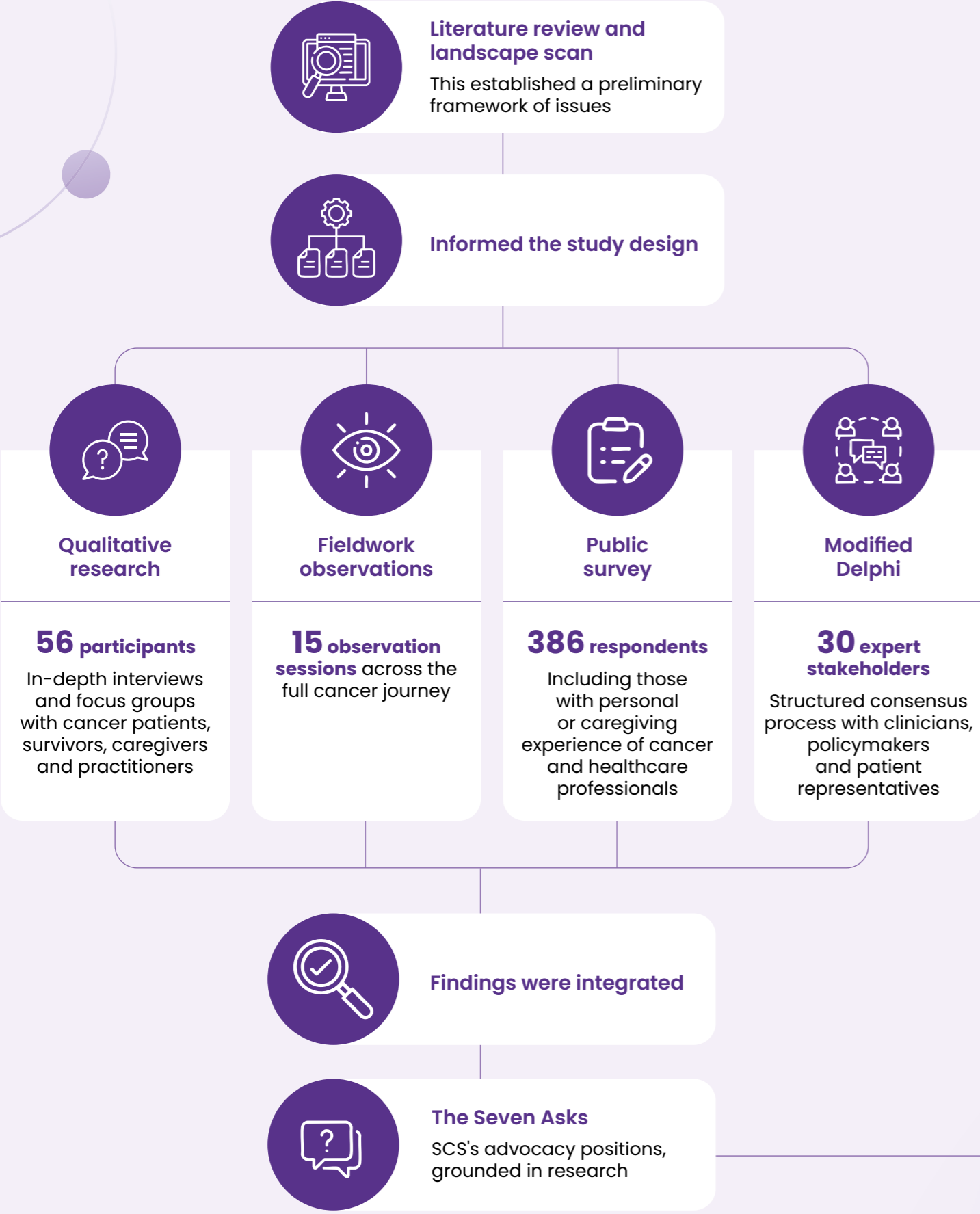
Address the needs of individuals between 16 and 35 affected by cancer, including fertility preservation, psychosocial support, insurance access, and long-term survivorship.



7 Build a stronger support system for cancer patients:
The community plays a vital role in the well-being of those affected by cancer

This includes support services, such as psychosocial services, caregiver support, non-profit programmes, peer- and faith-based initiatives, and informal networks that contribute to overall patient wellbeing.

The Evidence Behind The Asks



To inform the positions in this Advocacy Paper, Singapore Cancer Society commissioned research that combined multiple evidence sources, reflecting both lived experience and expert insight.

A targeted literature review and landscape scan established a preliminary framework of issues across the cancer continuum. This also informed the design of subsequent research components.

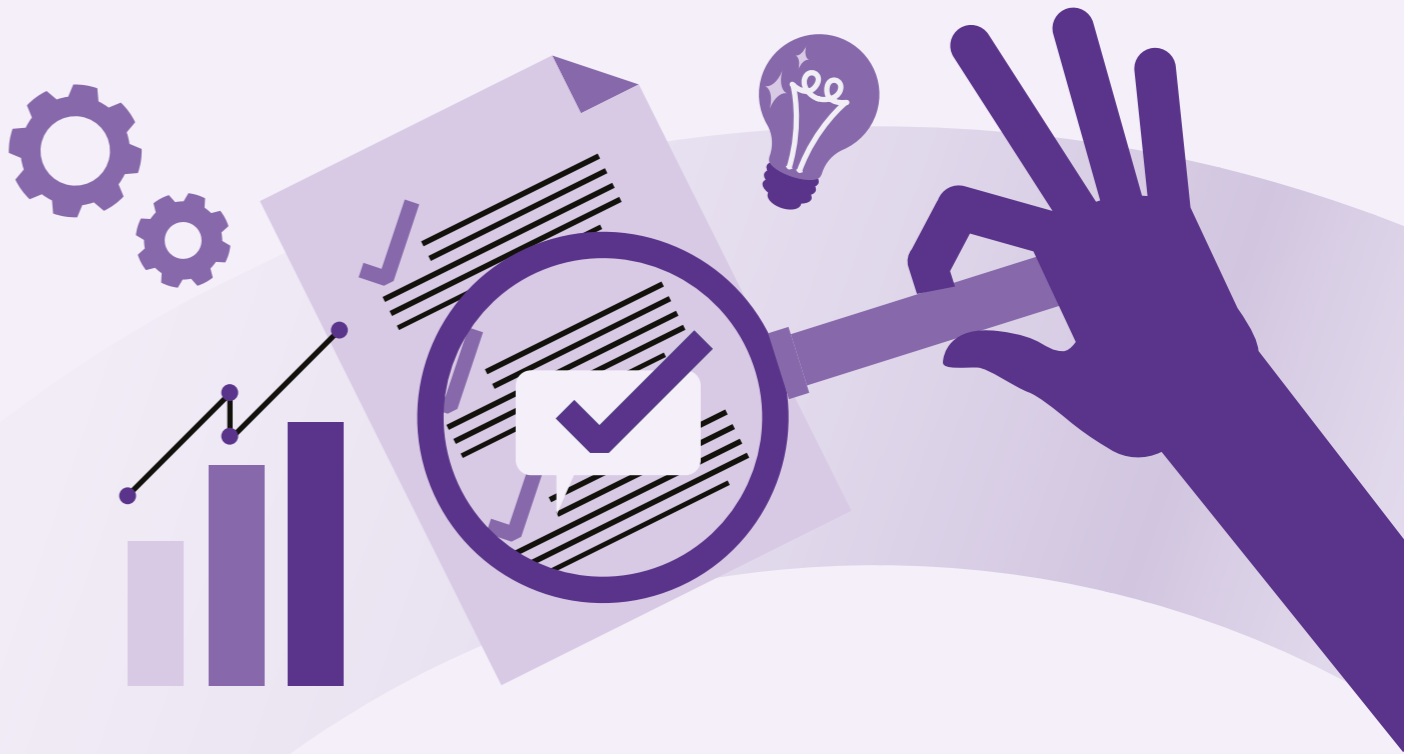
We spoke with 56 patients, survivors, caregivers, and healthcare practitioners through in-depth interviews and focus groups. We also conducted 15 fieldwork observation sessions spanning the full cancer journey – from screening and diagnosis through to rehabilitation and community care.

A public survey of 386 respondents, including those with personal or caregiving experience

of cancer, and healthcare professionals, captured community perspectives on needs and priorities.

A modified Delphi process of 30 expert stakeholders, including clinicians, policymakers, and patient representatives, was conducted to validate and test areas of consensus and inform the development of the Asks.

The Seven Asks in the Advocacy Paper are grounded in the research described here. Where the evidence pointed clearly to a need, we articulated it as an Ask. In other cases, the Asks reflect SCS's considered judgment on issues we believe matter to patients, drawing on the research, expert input, and our over six decades of direct experience supporting cancer patients in Singapore.



01 Make Patient Navigation Part of Healthcare Reform



We didn't know what support existed until much later—everything felt very fragmented and we were just **trying to cope one step at a time.**

— A caregiver



The Issue

The cancer journey comes with an overwhelming amount to navigate - and patients and families are left to find their own way. While support exists, it may not be clearly signposted or is experienced as fragmented, hard to find or inconsistently offered. Individuals and families describe feeling uncertain about what to do next, or who to approach for non-medical concerns including financial assistance, rehabilitation or counselling. They piece information together through their own persistence instead of a clear care pathway. This includes interpreting their doctor's advice, seeking second opinions, requesting referrals or doing their own research into supportive resources. The burden is especially heavy on vulnerable populations—the elderly, lower-income, and those with weaker social networks. Caregivers, too, often end up coordinating information and care, a role few are equipped for.

What The Research Told Us



75% of our expert panel ranked patient navigation among the **top 3** priorities.



A literature review found that only a handful of dedicated cancer care navigation services exist in Singapore. Structured, sustained models are needed nationally.



69% of survey respondents had never heard of the term “patient navigator,” despite the role existing in some hospitals today. Help, even when it exists, is not visible or understood.



4.89 out of 10 – the median score survey respondents gave for how well patients' needs are met during the transition from treatment into rehabilitation and survivorship. Support is perceived as weak precisely when patients are discharged into the community and need it most.

How We Can Work Together



Embed patient navigators as part of multidisciplinary cancer care teams. Their roles should be standardised across various care settings (e.g. hospitals, social service agencies, and community services) and made accessible and available for all along the cancer journey.



Create a national patient navigation framework with clear policies, quality standards and benchmarks. Establish professional navigation as a recognised career with training, certification, accreditation, competitive pay, and career growth.



What A Lack of Patient Navigation Looks Like

A cancer survivor completes surgery and is told she can be discharged, but she does not feel reassured. She insists on getting a referral memo but also does not fully understand what tests are needed or what she should be watching out for. Over time, she finds herself doing her own research, suggesting scans, and piecing together the next steps by herself. Even so, she reflects that she is “fortunate” because she is educated enough to push and ask questions. She worries about patients who may not know how to navigate the system at all.

The above is a composite case study based on qualitative and quantitative findings.

02 Strengthen Cancer Prevention Through Screening and Education



The challenge is to balance intervention with prevention—which cancers can be prevented, vaccinations, lifestyle modifications. Sometimes I feel that that doesn't get enough airtime.

– A doctor



The Issue

Screening rates in Singapore sit between 35 and 45 per cent, with less than half of the eligible population screening regularly. But low uptake is a symptom, not the root cause. People described their screening engagement as episodic, triggered by a reminder or a scare rather than embedded as a regular health habit. Underneath this is a literacy gap where cancer education tends to reach people too late, too generically, or not at all. For vulnerable groups—the elderly, lower-income communities, or those with disabilities—education messages are not sufficiently tailored, relevant, or actionable. Closing the screening gap requires more than awareness campaigns. It requires meeting people where they are—in schools, workplaces, and communities—and removing barriers that stand between knowing and doing.

What The Research Told Us



Less than **60%** of female survey participants correctly identified the recommended screening age bands for the major female cancers in Singapore, while just **30%** of male participants knew the correct screening age band for colorectal cancer.



This was despite more than **80%** of respondents identifying as a cancer patient, caregiver, survivor, or healthcare provider. Even among those most directly affected by cancer, awareness of basic screening guidelines remains incomplete.



9 in 10 on our expert panel agreed that strengthening cancer prevention and early detection is a priority—one of the strongest consensus findings across the entire research process.

How We Can Work Together



Integrate cancer prevention into schools, workplaces, and community programmes, including partnerships with religious and civic leaders.



Establish a population-based registry and target hard-to-reach groups such as lower-income communities and minority populations.

03 Ensure Accessible and Affordable Cancer Treatment



If the cancer patient is the sole breadwinner... [it is] a very challenging stage, because this person cannot work, and then the other family members may or may not be able to take over this role to provide for the family.

– A case worker

The Issue

Financial barriers should not prevent anyone from receiving life-saving care. While Singapore's healthcare financing system primarily addresses treatment costs, the costs of cancer extend well beyond that. Patients and caregivers describe being caught off guard by significant out-of-pocket expenses that fall outside standard insurance coverage. These include transport, dietary changes, specialised garments, or supportive care that accumulates well after treatment. Support schemes like the Cancer Drug List and Medisave exist but do not fully cover the lived burden patients describe.

Compounding this is an information gap: Patients described "not knowing what they don't know" when it comes to subsidy eligibility and insurance coverage. People shared paying for various insurance premiums, only to discover that certain treatments, scans, and medical procedures are not covered. This has an impact that goes beyond financial uncertainty: When faced with sudden and unexpected out-of-pocket expenses, people make trade-offs including delaying or reconsidering services like counselling and rehabilitation—the very things that could have made a difference to their recovery.

What The Research Told Us



9 in 10 in our expert panel agreed: Financial access to timely cancer treatment is the top priority.



61% of survey respondents disagreed that people with cancer can maintain financial stability and avoid financial hardship.



56% of survey respondents felt that cancer treatment in Singapore is affordable, but financial hardship still remained a major concern.

How We Can Work Together



Broaden financial assistance to cover non-Cancer Drug List treatments, supportive care, and its related costs, as well as clinically proven drugs currently unaffordable by patients who need them.



Increase the speed of access to drugs through a more responsive and agile process to incorporate new drugs in the Cancer Drug List while ensuring that the approach adheres to our national approach of value-based care.



Provide holistic financial counselling and support across the care continuum, extending beyond treatment. This includes preparing individuals financially before a cancer or pre-cancer diagnosis and supporting their financial planning after diagnosis.



What The True Cost of Cancer Looks Like

A woman starts cancer treatment. She has paid her insurance premiums for years but soon discovers that certain scans, supportive care services, and newer treatments fall outside what her insurance will reimburse. What she thought was "full coverage" may depend on riders, exclusions, claim limits, and policy changes she did not fully understand when she bought the plan.

During chemotherapy, fatigue and nausea cause her to vomit when taking the MRT, so she pays more for taxi rides to and from hospital. At the same time, she is told to adjust her diet, which means pricier specialised foods. Later, new costs emerge which she was never prepared for: follow-up PET scans, blood tests, oral medications, rehabilitation, and lymphedema therapy. Because she is too unwell to work, the family's income drops just as expenses rise.

The real burden turns out to not only be the treatment bill, but the steady build-up of all these other less visible expenses.

The above is a composite case study based on qualitative and quantitative findings.

04 Integrate Rehabilitation Needs Assessment Into The Cancer Care Journey



After treatment ended, I was told things would slowly get better, but no one really talked about how to rebuild strength or cope with the fatigue.

– A cancer survivor



The Issue

Rehabilitation can play an important role across the cancer journey—before, during, and after treatment—helping patients to maintain function, manage debilitating side effects like lymphedema and neuropathy, and cope better. Yet access is inconsistent, and rehabilitation is often introduced only when a patient asks or deteriorates. As one clinician shared: "We focus heavily on treatment and disease control, but recovery and function are not always built into the pathway unless the patient asks or deteriorates." However, patients should not have to deteriorate before rehabilitation is surfaced as an option. A more systematic approach, where every patient is assessed and supported with appropriate care pathways, can help close this gap.

What The Research Told Us



Fieldwork observations noted that rehabilitation referrals often occur reactively rather than as part of a planned recovery process.



71% expressed confidence that patients would use rehabilitation services, but views on affordability were weaker. Only **28%** agreed that rehabilitation was affordable.



90% of survey participants agreed that exercise should be a core component in cancer rehabilitation

How We Can Work Together



Form a committee or work group to define the scope and roles for cancer rehabilitation. The proposed committee could explore how to integrate rehabilitation into cancer care pathways for routine, early screening for functional and psychosocial needs.

05 Support Cancer Patients in Returning To Work



That is why I don't dare to take on a full-time job, I only can take on a part-time job, because my other time, then at least I can go for my medical appointment.

– A cancer survivor



The Issue

Employers should provide fair opportunities and workplace support for those affected by cancer. For many survivors, work is not just income. Returning to work represents a return to normalcy and to who they were before. However, the path is rarely straightforward. Many survivors grapple with symptoms invisible to their employers and colleagues—brain fog, fatigue, reduced stamina, and a fear of recurrence. Without structured support or a graduated return-to-work pathway, many survivors scale back their ambitions—avoiding full-time employment or quietly exiting jobs—compounding financial insecurity, social isolation and mental wellbeing. With an ageing population, chronic diseases like cancer are expected to rise. Employers who are unprepared to empower this important group in the workforce stand to lose experienced and capable talent.

What The Research Told Us



70% of survey participants disagreed that cancer survivors do not face difficulties returning to work, indicating a recognition of barriers.



Survey respondents' estimates of employer willingness to hire cancer survivors clustered between **20 - 50%**, while perceived levels of employers currently hiring were lower, around **10 - 40%**. This suggests a gap between perceived openness and actual employment practices.

How We Can Work Together



For key stakeholders and employers across industries to support a collective movement to build cancer-inclusive workplaces.



To support return-to-work-programmes, including employment matching, for cancer patients and survivors.



For the planned Tripartite Advisory on reasonable accommodations for persons with disabilities—which is under development—to cover workers recovering from serious health conditions like cancer.

06 Recognise That Cancer Affects Younger People Too



Everyone else my age was building their career, but I was just trying to get through treatment and recover.

– A cancer survivor



The Issue

A cancer diagnosis at 30 is different from one at 60. And even though younger onset cancer is on the rise—growing fastest among 30something men and 40something women—support systems are not consistently organised around their needs. For adolescents and young adults, a diagnosis arrives “out of sequence” in life—interrupting school, careers and family formation. Some have their symptoms dismissed early, by doctors or even themselves, because cancer does not fit the mental image of someone their age. When diagnosed, they find the system was not built for them. Support groups skew older, and services don’t always cater to concerns like fertility, relationships, career interruptions, or practical realities like arranging for childcare during treatment. The consequences extend beyond treatment. Disruptions to education or employment can affect long-term earning potential and financial security, while the psychosocial toll of cancer is especially pronounced among younger adults.

What The Research Told Us



Between 1988 and 2022, the number of cancer cases among those under 50 increased by **90%**—nearly doubling in a single generation.



More than **8 in 10** on our expert panel agreed that the needs of younger cancer patients represent a priority gap.



Public confidence in support for this group is low. When asked to rate systems supporting cancer patients with young children, **86%** of survey respondents gave a score of 6 and below out of 10. Nearly half (44%) rated support at zero to 3 out of 10.

How We Can Work Together



Create focused clinics and/or programmes and pathways catered to the complex needs of adolescents and young adults (AYAs).



To develop AYA-specific training for support staff to build the competency and capability to respond this group’s distinct needs.

07 Build A Stronger Support System For Cancer Patients



After treatment, it felt like you were on your own.

– A social worker

The Issue

When cancer patients leave hospitals, the community plays an active role in helping them return to normalcy. In Singapore, a broad ecosystem of community resources exists—including caregiver support, faith-based initiatives, non-profit programmes, support groups and informal networks. However, many community resources are not designed with cancer survivors in mind. A befriender, for instance, may offer companionship but be unequipped for the psychosocial needs of a cancer survivor. A meal delivery service may feed an individual but not account for a survivor’s specific dietary needs. Yet with cancer expected to affect 1 in 4 Singapore residents in their lifetime, many community organisations are already likely serving cancer-affected individuals. The opportunity—and need—to build cancer literacy across the community sector has never been greater.

What The Research Told Us



Qualitative and fieldwork data showed that community and cross-sectoral support becomes especially important after formal treatment tapers off, when families are under strain, and when patients do not fit neatly into standard hospital-based pathways.



The expert panels noted the diversity of actors involved—including community organisations, employers, social services, and informal networks. This complexity makes coordination challenging.

How We Can Work Together



Establish a cross-sector platform for cancer awareness and care that enables community organisations, employers, civic groups and social services to align efforts on cancer prevention, screening and care, reducing fragmentation across the sector.



Enhance joint collaborations and partnerships with different systems and between organisations to better support cancer post-diagnostic and survivorship journeys. Caregiver support should also be integrated into cancer support systems.



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Singapore Cancer Society (SCS) envisions a Singapore where we overcome cancer and live well. We support people from well to end of life through trusted information and care navigation, cancer screening and education, rehabilitation, financial assistance, psychosocial and survivorship support, and home hospice care.

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