



# CANCER

IN COLOMBIA'S HEALTH  
INSURANCE SYSTEM:

2024 BRIEF



Fondo Colombiano de  
Enfermedades de Alto Costo



# Cancer in Colombia's health insurance system: 2024 brief



**Cuenta de Alto Costo**  
Fondo Colombiano de Enfermedades de Alto Costo

## Cancer in Colombia's health insurance system: 2024 brief

Fondo Colombiano de Enfermedades de Alto Costo  
Cuenta de Alto Costo (CAC)

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The full textbook in Spanish of the situation of cancer in Colombia's health insurance system  
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## Change Tracking Table

Title of the publication	Version	Date	Description
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## Abbreviations

- PNCR:** proportion of new cases reported. In this document, we treat PNCR as a proxy for incidence.
- IQR:** interquartile range.
- CI:** confidence interval.
- TNM:** internationally accepted standard classification for cancer staging. (T), nodes (N), and metastases (M).
- NHL:** non-Hodgkin lymphoma.
- HL:** Hodgkin lymphoma.
- ALL:** acute lymphoblastic leukemia.
- AML:** acute myeloid leukemia.
- MM:** multiple myeloma.

1.

# Cancer Overview



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1.

# INFOGRAPHIC SUMMARY

| Chapter at a glance |

## Cancer overview

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

### Case characteristics



During the period analyzed,

**62,000** cases were diagnosed,

93.6% (n= 58,058) of which were invasive.



The most frequent cancer types among new cases in women were breast (26.1%), cervical (9.9%) and colorectal (6.3%).



In men, the most frequent cancer types among new cases were prostate (25.0%), colorectal (7.6%), and stomach cancer (5.2%).

### Morbidity and mortality of invasive cancer

Age-standardized PNCR was

**96.9 new cases**

(95% CI: 96.2 - 97.7) per 100,000 persons.



Age-standardized prevalence was 1,012 cases (95% CI: 1,009.8 - 1,014.9) per 100,000 persons.



Prostate, breast and colorectal cancers had the highest age-standardized all-causes mortality rate.

### Clinical characterization of new cases



Of new cases, 93.0% were solid tumors, 3.4% lymphomas, and 1.4 leukemia.



Stage at diagnosis was accurately reported using the TNM system in 58.7% of solid tumors and 66.7% of lymphomas.



Risk classification was reported in 68.2% leukemia cases and 54.5% of lymphomas cases.

# Surgery

was the most frequent treatment (37.7%), followed by systemic therapy (36.1%).

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# Breast cancer



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## 2.

# INFOGRAPHIC SUMMARY

| Chapter at a glance |

## Breast cancer

Period: January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

### Morbidity and mortality



A total of **8,590** new invasive cases were notified.

Age-standardized PNCr was 27 new cases (95% CI: 26.7 - 27.9) per 100,000 women.



Breast cancer was the most frequent of the 11 priority cancer types and remains the most common in women.



Of prevalent cases, 112,513 were invasive. Age-standardized prevalence was 345 cases (95% CI: 342.7 - 346.7) per 100,000 women.

### New cases characteristics

Of new cases, **65.3%** were covered by the **third-payer insurance** most (30.0%) resided in the Central region.



In total, 91.7% of cases were invasive, with a similar proportion across insurance scheme.



The HER2 testing was performed in 84.9%, and 18.1% of those tested were positive.



Systemic therapy was the most common treatment (68.9%).

### Quality measures



In 2024, Colombia overall and the third-payer insurance scheme showed improved early diagnosis compared with the prior three periods.



In the third-payer and state insurance schemes, average waiting time for medical consultation and first treatment were the best in the last five periods.



For the second consecutive period, the indicator "histopathologic diagnosis before surgical treatment" was target.

Across all regions, stage at diagnosis was accurately reported using the TNM system in \_\_\_\_\_

**90.0%** of new cases.

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# Prostate cancer



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# 3. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Prostate cancer

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



There were **6,531 new cases**, **71,231** prevalent cases, and **3,789** deaths during the period.



It was the second most frequent of the 11 priority cancer types and remains the most common in men (25.0% of total new cases).



Among prevalent cases, 70,539 were invasive.

#### New cases characteristics

Median age was

**69 years**  
(IQR: 64 - 75).



The largest proportion of new cases (25.9%) resided in the Caribbean region.



Nationally, reporting of stage at diagnosis increased by 22.6% compared with 2023. 41.7% were diagnosed at stage II.



Systemic therapy was the most frequent treatment.

#### Quality measures



In 2024, challenges persisted in achieving early detection.



Nationally, average time to diagnosis increased, with a similar trend across insurance schemes.



Average waiting time to treatment decreased by almost four days compared with 2023.

The national target for

**TNM staging**  
**of new cases was not met.**

The same pattern was observed across regions.

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# Cervical cancer



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## Colon and rectum cancer



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# 5. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Colon and rectum cancer

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



A total of **4,153** new invasive cases were notified.

Age-standardized PNCR was 7 new cases (95% CI: 6.6 - 7.0) per 100,000 people.



It was the third most frequent among the 11 types of priority cancer, accounting for 6.8% of new cases reported.



In the cohort under observation, there were 3,676 deaths among people with invasive cancer. Age-standardized all-causes mortality was 6 deaths (95% CI: 5.7 - 6.1) per 100,000 people.

#### New cases characteristics

Median age was

**66 years**  
(IQR: 57 - 74).



Over half of the cases were in women.



98.1% of cases were invasive, with similar proportion across insurance schemes.



Nationally, 37.0% were diagnosed at stage III, with a similar distribution across insurance groups.

#### Quality measures



In 2024, the indicator for TNM staging of new cases did not meet the target, particularly in the state insurance scheme.



On a national scale, average time to diagnosis decreased by four days, the third-payer scheme showed a similar reduction.



In 2024, the proportion of stage I-III cases receiving curative treatment increased.

None of the timeliness indicators reached the **target nationally** or by regions.

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# Stomach cancer



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## INFOGRAPHIC SUMMARY

| Chapter at a glance |

### Stomach cancer

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



During the period, there were

**2,272 new cases**

15,704 prevalent cases, and 2,988 deaths.



It was the fifth most frequent among the 11 priority cancer types, accounting for 3.7% of new cases reported.



Morbidity and mortality were highest in Bogotá, D. C. (as a region). These estimations were also higher in the third-payer and state insurance scheme.

#### New cases characteristics

**59.1% of the cases were men.**



In 2024, 6.9% of new cases were younger than 40 years.



99.6% were invasive, with similar proportions across insurance schemes.



49.8% of new cases were diagnosed at stage IV, with a similar distribution among insurance schemes.



Systemic therapy was the most frequent treatment (56.8%), followed by surgery (36.9%).

#### Quality measures



Early detection improved nationally and in the third-payer insurance scheme.



Nationally, average time to diagnosis decreased compared with 2023.



All regions met the intermediate performance target for timely treatment initiation.

#### Performance on the

**nutrition assessment indicator**

remained low nationally and across regions.

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# Lung cancer



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## INFOGRAPHIC SUMMARY

| Chapter at a glance |

### Lung cancer

Period: January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



There were **1,439 new cases**, 6,589 prevalent cases and 1,747 deaths.



It was the seventh most frequent among the 11 priority cancer types.



The highest morbidity and mortality estimations were observed in the Central region and the third-payer insurance.

#### New cases characteristics

Median age was

**69 years**  
(IQR: 62 - 76).



Over 50% of the cases were in men.



At the national level, 79.2% were staged at diagnosis, with a higher proportion among those with third-payer insurance.



69.9% of new cases were diagnosed at stage IV.



Systemic therapy was the most frequent treatment (46.4%), followed by surgery (23.7%).

#### Quality measures



In 2024, the goals for TNM staging of new cases were not achieved.



Nationally and within the third-payer insurance scheme, the average time to diagnosis decreased.



In 2024, the proportion of patients who underwent morphological and immunological studies at the time of diagnosis increased.

Access to multidisciplinary management and

**palliative-care**

assessment needs further strengthening across all regions.

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# Melanoma



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## INFOGRAPHIC SUMMARY

| Chapter at a glance |

### Melanoma

Period: January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



A total of **621** new invasive cancer cases were notified.

Age-standardized PCNR was 1 new case per 100,000 people (95% CI: 0.9 - 1.1).



It was the eighth most frequent among the 11 priority types of cancer.



By insurance scheme: age-standardized PCNR was highest in the special scheme, while prevalence and mortality were higher in the third-payer insurance.

#### New cases characteristics

Median age was

**64 years**  
(IQR: 53 - 73).



68.6% were invasive, with a higher proportion in the state insurance scheme (80.9%).



By TNM staging, 38.4% of new cases were stage I-II at diagnosis.



Surgery was the most common treatment for new cases (63.5%), followed by systemic therapy (12.4%).

#### Quality measures



The time from biopsy to diagnostic confirmation decreased nationally and across insurance schemes.



For the second consecutive period, the interval from diagnosis to treatment initiation was decreased.



TNM staging remains a challenge at the national level and across regions.

## Early-detection targets were met

nationally and across regions, except in the Caribbean and Amazonía-Orinoquía regions.

9.

Adult  
**non-Hodgkin  
lymphoma (NHL)**



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## INFOGRAPHIC SUMMARY

| Chapter at a glance |

### Adult non-Hodgkin lymphoma (NHL)

Period: January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



Age-adjusted PNCR was **4 new cases** per 100,000 adults (95 CI%: 3.9 - 4.2).



It was the sixth most frequent among the 11 priority types of cancer, accounting for 5.4% of new cases.



In the followed cohort, age-adjusted all-causes mortality was 3 deaths per 100,000 adults (95 CI%: 3.1 - 3.5).

#### New cases characteristics

Median age was

**63 years**  
(IQR: 52 - 72).



At the national level, 64.2% of cases had Lugano staging classification reported; proportions were similar in the third-payer and state insurance.



In 2024, reporting risk classification decreased by 10.6% compared with the previous period.



23.0% were classified as high risk; this proportion was higher in the state insurance (30.4%) scheme.



Systemic therapy was the most common treatment (74.4%).

#### Quality measures



In 2024, average time to access a biopsy and diagnosis confirmation decreased.



Since 2021, there has been a progressive improvement in timely access to treatment. In the evaluated period, the best results to date were achieved both nationally and across insurance schemes.



In most regions, the target for palliative-care among advanced-stage cases was met.

Except in the Pacific region,  
**timely biopsy**  
achieved an intermediate level  
of compliance nationwide.

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# Adult **Hodgkin** **lymphoma (HL)**



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# 10. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Adult Hodgkin lymphoma (HL)

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



There were **347 new cases,**  
6,295 prevalent cases, and 167 deaths during the period.



It ranked ninth in frequency of new cases among the 11 priority cancer types in the adult population.



PNCR was highest in Caribbean region; whereas prevalence was higher in Bogotá, D. C.

#### New cases characteristics

Median age was

**39 years**  
(IQR: 28 - 59).



70.6% of cases were affiliated with the third-payer insurance; most (26.2%) lived in the Caribbean region.



Nationwide and across insurance schemes, risk classification reporting was 59.1%, except in the special insurance (80.0%).



Over 30.0% of cases were classified as high risk.

#### Quality measures



At diagnosis, 27.7% of new cases were in stages I-II.



At the national level, the average waiting time to diagnosis decreased by one day, and the third-payer insurance met the target.



For the fourth consecutive period, average time to initial treatment decreased in the third-payer and state insurance scheme.

In 2024, access to

**palliative care**

for patients diagnosed at advanced-stage improved nationally and in the Caribbean and Pacific regions.

11.

Adult **acute**  
**lymphoblastic**  
**leukemia (ALL)**



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12.

Adult **acute**  
**myeloid**  
**leukemia (AML)**



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# 12. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Adult acute myeloid leukemia (AML)

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### Morbidity and mortality



There were **302 new cases,**  
2,297 prevalent cases and 297 deaths during the period.



It was the eleventh most frequent among the 11 priority cancer types.



Age-standardized PNCR was 0.8 new cases (95% CI: 0.6 - 0.8) per 100,000 adults.

#### New cases characteristics

**63.6% were covered** by third-payer insurance; most cases (22.5%) lived in the **Central region.**



At the national level, 55.2% of cases had risk classification at diagnosis; with a lower proportion among those under exception insurance (40.0%).



54.5% of new cases were classified as high or unfavorable risk, with a similar proportion across insurance schemes.



Systemic therapy was the most common treatment (79.5%), followed by hematopoietic stem cell transplantation (4.3%).

#### Quality measures



In 2024, average time to diagnosis decreased across all insurance schemes.



At the national level and within state insurance scheme, average time to initial treatment increased.



Target for risk classification new and prevalent cases were not met nationally or across regions.

The bone marrow biopsy quality indicator showed **high performance in nearly all regions.**

13.

**Multiple  
myeloma (MM)  
and other plasma  
cell neoplasms**



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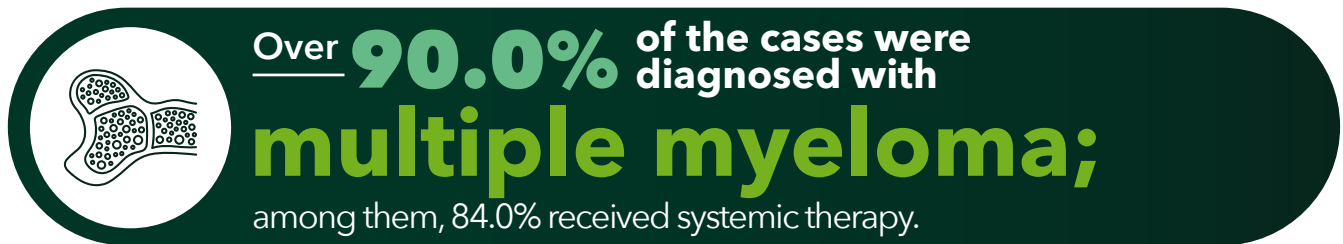
# 13. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Multiple myeloma (MM) and other plasma cell neoplasms

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.

#### New cases characteristics



There were 510 new cases. 53.7% of the cases were men.



61.1% were affiliated with the third-payer insurance; most cases (24.3%) resided in the Central region.

#### Prevalent cases characteristics

The median age was **67 years** (IQR: 59 - 74).



51.2% of the cases were women.



Most cases were reported in the Central region (26.8%) and in Bogotá, D. C. (26.0%).



92.0% of the cases were multiple myeloma; 5.4% were extramedullary plasmacytoma.

#### Quality measures



In 2024, average time to diagnosis was less than 45 days.



Average time to initial treatment remained > 15 days, both nationwide and across insurance schemes.



During this period, none of the regions met the target for the indicator assessing renal function. In addition, fewer than 20.0% of new cases underwent bone disease assessment.

The proportion of cases that **received a transplant was below 10.0%**, with a similar pattern across regions.

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## Other types of cancer



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# 14. INFOGRAPHIC SUMMARY

## | Chapter at a glance |

### Other types of cancer

**Period:** January 2<sup>nd</sup>, 2023 to January 1<sup>st</sup>, 2024.



There were **303,201** non-priority  
**CANCER CASES.**



**30,627** were new cases.



There were 13,292 new cases and 101,242 prevalent cases of other skin tumors (excluding melanoma).



There were 3,706 new cases and 53,097 prevalent cases of thyroid neoplasms.



Additionally, there were 12,536 prevalent cases of ovarian tumors and 6,754 of malignant brain neoplasms.



In 2024, **14,625** died.



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