

Prostate Cancer Factsheet: Insights & Key Developments

Key Insights on Prostate 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. Prostate Cancer Screening

Prostate 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 Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Not among the top cancers for men; relatively low ranked.
- Incidence rate: Approximately 7-10 per 100,000 men per year.
- Total new cases (2022): Estimated around 10,000-13,000 men.
- Daily diagnoses (2022): ~30 men per day.
- Deaths (2022): Likely 5,000-6,000 men annually.
- 5-year survival rate: Likely 30-50%, reflecting late diagnosis trends.
- Most affected age group: Primarily men aged 65 and older.
- Screening participation: Virtually no organized screening; PSA testing extremely limited.



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Infrastructure

Strengths

- Major public hospitals like RSUP Dr. Cipto Mangunkusumo (Jakarta) and Dr. Sardjito Hospital (Yogyakarta) have established oncology departments offering surgery, radiotherapy, and urology services.
- Urban centers increasingly provide MRI, PSA testing, and digital pathology for prostate cancer diagnosis.

Opportunity

- Expand infrastructure under Indonesia's National Health Insurance (JKN) by investing in provincial cancer care facilities.
- Use mobile health units and telemedicine to bridge service gaps across islands.

Weakness

- Rural and eastern provinces face serious shortages in oncology infrastructure, with limited access to urologists, MRI machines, or surgical care.
- Long referral chains from Puskesmas (primary care clinics) to central hospitals delay diagnosis and treatment initiation.

- Geographical fragmentation (17,000+ islands) severely limits equal access to timely diagnosis and treatment.
- Urban concentration of cancer services may leave rural areas underdiagnosed or untreated.

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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		<u> </u>	
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand		0	
Singapore			
United Kingdom			
Germany		0	
France			
Netherlands			
Sweden		0	
Italy			
Spain			
Poland		0	
Mexico		0	
Brazil	\bigcirc	0	
Argentina	\bigcirc	0	
Chile	<u> </u>	0	
Colombia		0	
United States			
Canada		0	
Australia			
New Zealand		0	
Greece		0	
Rwanda			
Uganda			
Serbia	<u> </u>	0	
Saudi Arabia		0	
UAE		0	
Syria		0	
Indonesia		0	
Vietnam	<u> </u>	0	
Philippines		0	
Russia		0	
Malaysia			





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Strengths

- The Jaminan Kesehatan Nasional (JKN) covers a large segment of the population, providing subsidized access to cancer treatment including prostatectomy, hormonal therapy, and chemotherapy.
- Some university hospitals engage in localized prostate cancer research and early detection programs.

Opportunity

- National cancer strategies could include prostate cancer awareness under the "Healthy Indonesia" framework.
- Encourage local universities to collaborate with ASEAN institutions on male-specific cancer research and BRCA1/2 mutations.

Weakness

- Funding for male-specific cancers like prostate remains very low compared to cervical and breast cancer.
- Public awareness about prostate cancer symptoms and the importance of screening is minimal, especially in rural and older male populations.

- Persistent low health literacy among older men and limited government campaigns may continue to result in late-stage diagnosis.
- Health funding challenges may deprioritize prostate cancer as other communicable diseases take precedence.

- 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			
Kenya			
Nigeria			
Egypt	0		
Morocco	0	0	
Algeria			
Ethiopia			
India	<u> </u>	<u> </u>	<u> </u>
Japan	0	0	
South Korea	0	0	
China	0	<u> </u>	<u> </u>
Thailand		<u> </u>	
Singapore	0		
United Kingdom	0		
Germany			
France	0	0	0
Netherlands			
Sweden			
Italy	0		
Spain			
Poland	<u> </u>		
Mexico			
Brazil			
Argentina			<u> </u>
Chile	•	<u> </u>	<u> </u>
Colombia			<u> </u>
United States			
Canada			
Australia	0	0	0
New Zealand	0	0	0
Greece	<u> </u>	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia		<u> </u>	0
Saudi Arabia	0		
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Indonesia	0	0	
Vietnam	0	0	0
Philippines		0	0
Russia	0	0	0
Malaysia			



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Survival Rates, Early Detection and Palliative Care



 Early-stage patients treated at academic hospitals in Java show favorable outcomes with surgery and hormonal therapy.

Strengths

 Palliative care has received more attention through national initiatives (e.g., Palliative Care Guidelines 2018) supported by Ministry of Health.

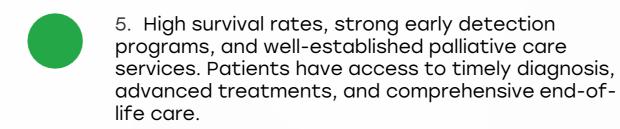
Opportunity

- Train Puskesmas and district hospitals to identify prostate symptoms early and refer efficiently.
- Expand basic palliative services at the community level, especially in eastern Indonesia.

- Late presentation is common-many patients are diagnosed in metastatic stages due to poor screening or delayed referrals.
- Availability of palliative care remains concentrated in Jakarta and a few tertiary centers.

Threats

- Without scaling early detection, survival rates may remain low due to metastatic diagnosis.
- Underdevelopment of rural palliative systems may affect quality of end-stage 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.

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Argentina	<u> </u>	<u> </u>	0
Chile	<u> </u>	<u> </u>	<u> </u>
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UAE			0
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Philippines			
Russia			<u> </u>
Malaysia			<u> </u>

Palliative

Care

Early

Detection

Survival

Rates

Country

South Africa



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Utilization of Biomarkers

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Strengths

- PSA testing is available in many urban labs and hospitals and is commonly used as a first-line diagnostic tool.
- Leading academic centers (e.g., Universitas Indonesia) have begun small-scale research into prostate genetics including BRCA mutations.

Opportunity

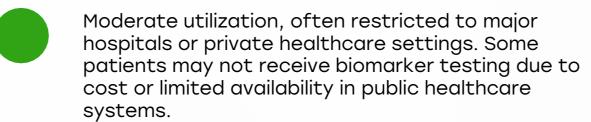
- Use PSA-based risk stratification at primary care level to decide on further referral or biopsy.
- Develop low-cost genetic panels for prostate cancer biomarkers in collaboration with regional biotech startups or ASEAN research hubs.

Weakness

- Biomarkers like BRCA1/2, PTEN loss, and TMPRSS2-ERG fusion are not used routinely in clinical diagnosis or treatment planning.
- Genetic testing infrastructure is underdeveloped and mostly limited to research labs; not available to the public or reimbursed.

Threats

- Without integration of advanced biomarkers, treatment decisions may remain generalized, not personalized.
- Continued underuse of genomic tools may leave Indonesia behind in the global shift toward precision oncology.





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

- Philippine Urological Association (PUA) guidelines follow international standards (e.g., NCCN, EAU).
- Public sector doctors are largely aware of protocol-based standards.

Opportunity

- Disseminate easy-touse clinical toolkits via DOH and electronic platforms.
- Conduct virtual CME sessions focused on rural practitioners.

Weakness

- Implementation gaps in community hospitals and rural clinics.
- GPs have inconsistent knowledge of recent guideline updates on screening and risk stratification.

- Potential resistance from providers due to outdated habits.
- Busy schedules in primary care clinics reduce focus on guideline adoption.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	*	*	0	*	*
Feasibility of Integration	×	*	0	×	*
Adoption of International Guidelines	*	*	0	*	*
Engagement with Updates	*	*	0	*	*
ESMO Guidelines Implementation	*	*	*	0	*





Reimbursement

Strengths

- BPJS Kesehatan (JKN) covers most standard treatments for prostate cancer including surgery, radiotherapy, and hormonal therapy.
- Generic forms of ADT (androgen deprivation therapy) and chemotherapy are included in the essential drug list.

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Weakness

- Newer therapies like PARP inhibitors (for BRCA mutations) and precisiontargeted treatments are not reimbursed.
- Biomarker testing and genetic panels are fully outof-pocket and unaffordable for most patients.

Opportunity

- Expand JKN to include reimbursable diagnostics like BRCA1/2 testing for castrationresistant prostate cancer.
- Negotiate national licensing agreements with pharma for more affordable targeted drug access.

- High treatment costs for precision therapy could exacerbate inequities between private and public healthcare users.
- Budget constraints within JKN may delay inclusion of advanced diagnostics or therapies.



- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or publicprivate 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		0
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India	0	0
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria	0	
Egypt		
Morocco	0	
Algeria		
Ethiopia		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
Rwanda	0	0
Uganda	0	0
Serbia		
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Syria		
Indonesia		0
Vietnam		
Philippines		0
Russia		
Malaysia		



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Prostate Cancer Screening

Strengths

- PSA-based screening is used opportunistically in high-risk patients visiting urban hospitals.
- Some medical associations and NGOs run small-scale awareness drives for elderly men in Java and Bali.

Weakness

- No national screening policy; screening is not routine in primary care or community health centers.
- Lack of male-focused health promotion reduces prostate cancer visibility compared to cervical or breast cancer.

Opportunity

- Integrate opportunistic prostate cancer screening into Posbindu PTM (community-based noncommunicable disease program).
- Use culturally sensitive male health outreach to encourage symptom reporting and testing.

- Continued reliance on reactive diagnosis will maintain high late-stage presentation rates.
- Without protocols, PSA screening may lead to unnecessary biopsies and false positives.

Country	Prostate 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	Prostate 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