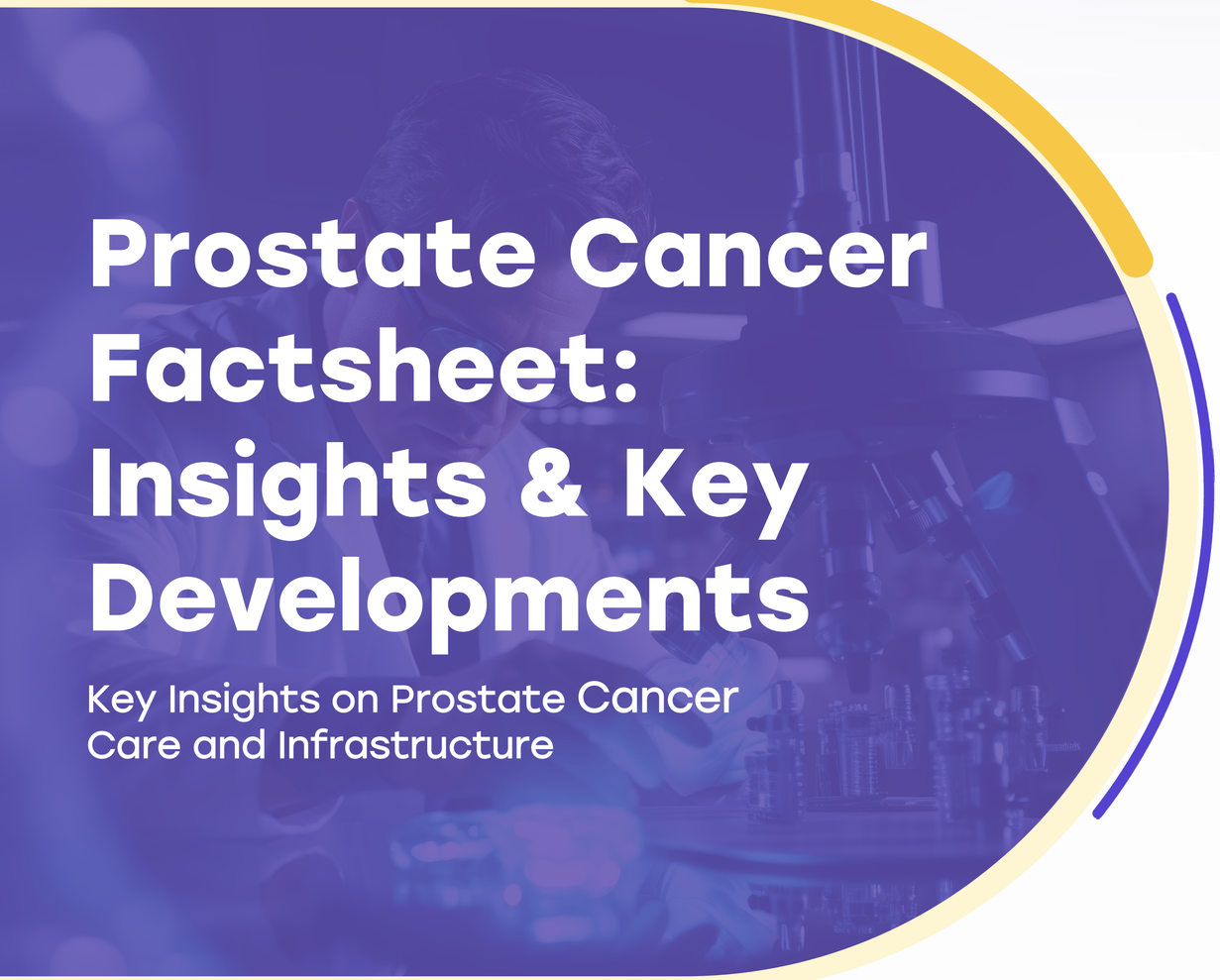
International Cancer Patient Coalition

Brazil



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:** Among the top 5 cancers in Brazilian men.
- **Incidence rate:** Approximately 25–40 per 100,000 men per year.
- **Total new cases (2022):** Estimated around 100,000+ men.
- **Daily diagnoses (2022):** Approximately 270+ men per day.
- **Deaths (2022):** Around 30,000–35,000 men.
- **5-year survival rate:** Estimated at 70–80%.
- **Most affected age group:** Primarily 65–75 years and above.
- **Screening participation:** No national program; screening is opportunistic.

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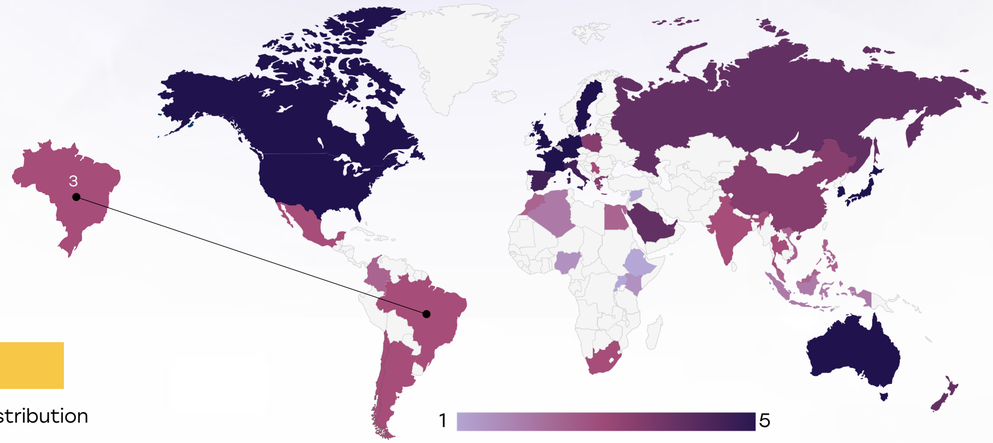
Infrastructure



Strengths

- Brazil has a large and structured public health system (SUS) that provides free cancer care to over 75% of the population.
- Major urban centers (like São Paulo and Rio de Janeiro) are equipped with advanced radiotherapy and urology centers, offering surgery and radiation therapy for prostate cancer.

Weakness

- There is uneven distribution of cancer care infrastructure across regions; northern and interior areas lack oncology centers and equipment.
- Public-sector waiting times for diagnostic imaging (MRI, CT) and biopsy often exceed 60 days, delaying treatment initiation.

S W O T

Opportunity

- **Decentralizing care** by building regional oncology hubs in underserved states can address geographic disparity.
- Investment in **digital health platforms** could streamline referrals and improve care coordination in rural and semi-urban areas.

Threats

- Public hospitals are overburdened, leading to frequent **delays in surgery or radiotherapy** beyond clinical safety windows.
- Economic pressures or funding cuts in the public system risk stalling infrastructure upgrades.

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	3	3
Kenya	1	2
Nigeria	1	2
Egypt	2	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	4
Japan	4	4
South Korea	4	4
China	4	4
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	4
France	4	4
Netherlands	5	4
Sweden	5	4
Italy	4	4
Spain	4	4
Poland	4	3
Mexico	2	3
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	3
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	4
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	4
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	4	3
Malaysia	4	4

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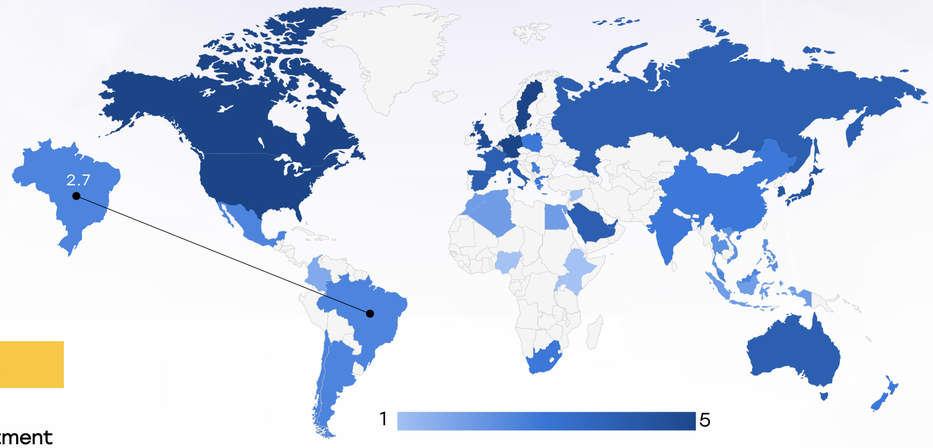
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- The SUS system offers **free treatment** for prostate cancer, including surgery, chemotherapy, and radiotherapy.
- National campaigns like **Novembro Azul (Blue November)** have significantly improved public awareness of male cancers, including prostate cancer.

Weakness

- There is a **lack of personalized treatment protocols**, with limited availability of newer drugs like second-generation androgen receptor inhibitors in the public system.
- Research funding is limited and concentrated in a few academic institutions, with low inclusion of high-risk populations in clinical studies.

S W O T

Opportunity

- Expansion of public-private research collaborations could improve understanding of genetic and regional risk patterns.
- Targeted awareness efforts in lower-income and Afro-Brazilian communities could improve early-stage diagnosis.

Threats

- Public health campaigns are often **episodic and urban-focused**, leading to low sustained awareness in rural men.
- If public funding remains stagnant, treatment inequality may widen between private and public health sectors.

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	3	3	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	5
South Korea	4	4	5
China	3	3	3
Thailand	2	3	2
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	3
Brazil	2	3	3
Argentina	2	3	3
Chile	2	3	3
Colombia	1	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	4
New Zealand	3	3	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	2	3
Philippines	2	2	3
Russia	4	4	4
Malaysia	3	2	3

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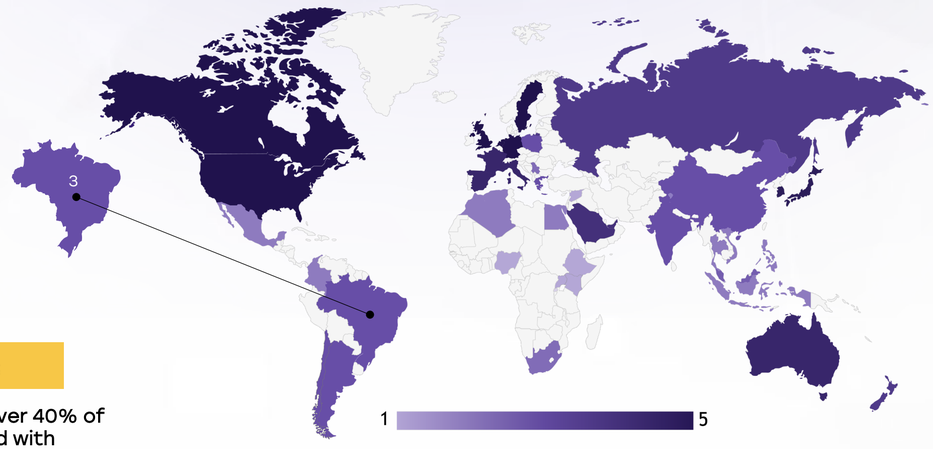
Survival Rates, Early Detection and Palliative Care



Strengths

- Five-year survival for localized prostate cancer in Brazil exceeds 90% when diagnosed early.
- Palliative care services are integrated into some tertiary hospitals, particularly in urban cancer centers.

Weakness

- In many regions, **over 40% of men are diagnosed with advanced-stage** disease due to lack of early screening.
- Brazil lacks a national registry that consistently tracks long-term prostate cancer outcomes and survival.

Opportunity

- Implementation of **community-level screening initiatives** in underserved areas could increase early detection.
- Broader training and deployment of **palliative care teams** at secondary care level could improve quality of life for metastatic patients.

Threats

- Cultural barriers, including stigma and low male engagement with health services, delay diagnosis.
- Geographic inequality continues to limit timely access to diagnostics and palliative support.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life 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.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	2	3	2
Kenya	1	1	1
Nigeria	1	1	1
Egypt	2	2	2
Morocco	2	2	2
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	5	4	5
South Korea	5	4	4
China	3	3	4
Thailand	2	2	2
Singapore	5	5	5
United Kingdom	5	5	5
Germany	5	5	5
France	5	4	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	5	4	5
Spain	5	4	5
Poland	3	3	3
Mexico	2	2	2
Brazil	3	3	3
Argentina	3	3	3
Chile	3	3	3
Colombia	2	2	2
United States	5	5	5
Canada	5	5	5
Australia	5	4	4
New Zealand	4	4	3
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	2	3	2
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	1	1	1
Indonesia	2	2	2
Vietnam	2	2	2
Philippines	2	2	2
Russia	4	4	3
Malaysia	3	2	3

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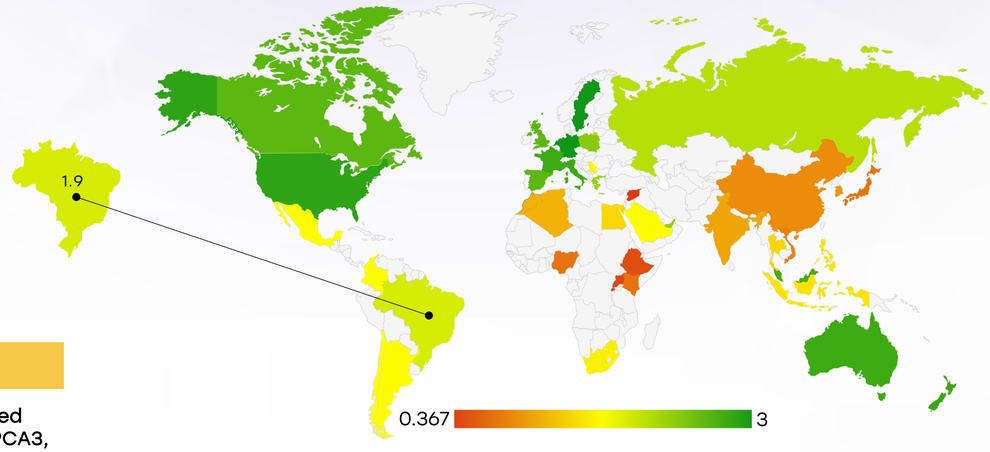
Utilization of Biomarkers



Strengths

- PSA testing is available across both public and private sectors and is routinely used for initial assessment and monitoring.
- Some academic centers in São Paulo and Minas Gerais are conducting research on genomic profiling in prostate cancer.

Weakness

- Access to **advanced biomarkers (e.g., PCA3, 4Kscore, Decipher)** is limited to private sector and research institutions.
- Public hospitals generally rely only on **PSA and DRE**, with no integration of genomic or molecular profiling into clinical pathways.

S W O T

Opportunity

- Development of **low-cost genomic tools** for risk stratification in the public system could improve treatment planning.
- Expansion of **research consortia** to include more diverse populations (especially Afro-Brazilian and Indigenous groups) may identify new local biomarkers.

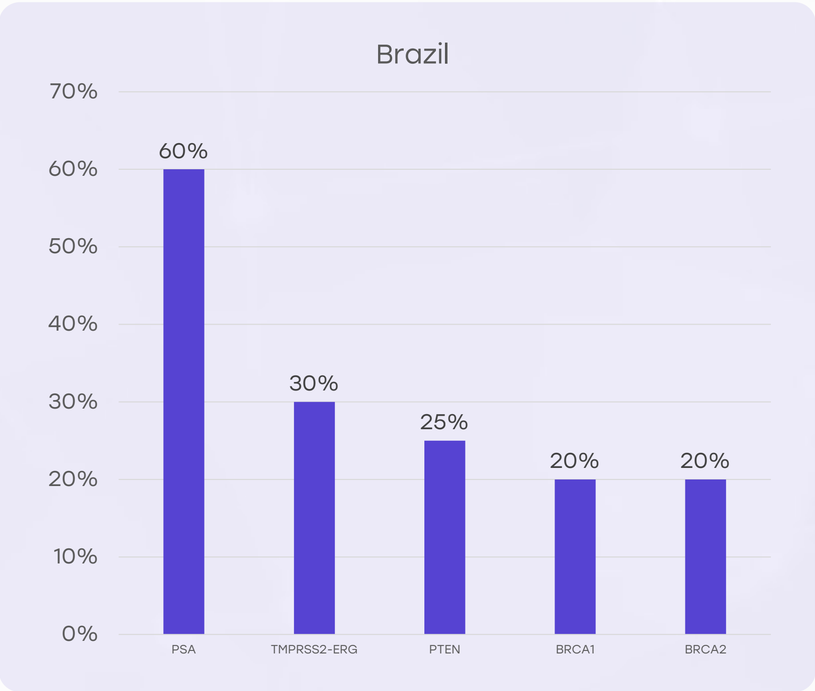
Threats

- Diagnostic reliance on PSA alone can lead to **overtreatment of indolent tumors or missed aggressive cases**.
- Without cost-effective biomarker integration, public sector patients may remain excluded from precision medicine approaches.

Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

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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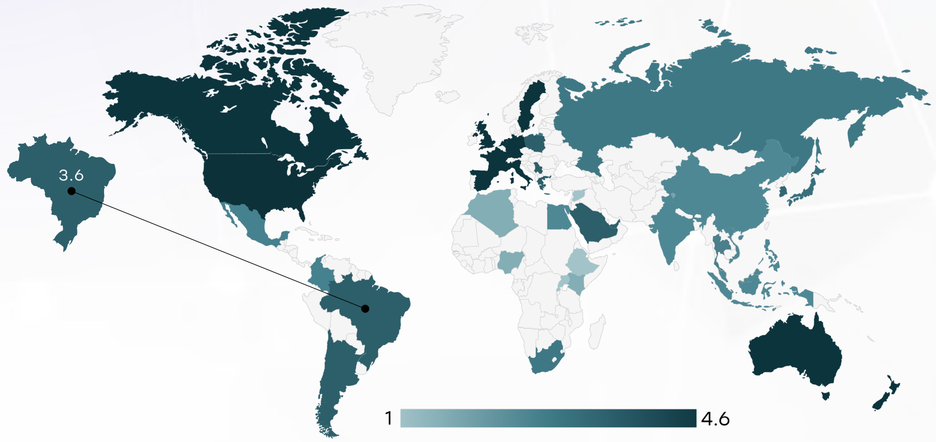
Clinical Guidelines



Strengths

- The Brazilian Society of Urology (SBU) has developed national guidelines for prostate cancer management, aligned with international standards.
- SUS provides clinical protocols for diagnosis and treatment, including surgical, hormonal, and radiotherapy pathways.

Weakness

- There is **inconsistent guideline adherence** across the country, especially in rural areas with fewer specialists.
- Some clinical practices remain outdated due to **slow update cycles** in the public protocol systems.

S W O T

Opportunity

- Nationwide training on **risk-based management** and updated protocols can align practice with evidence.
- Digital dissemination of guidelines via eHealth platforms can enhance reach and implementation.

Threats

- Resistance to change among clinicians and lack of monitoring of compliance may undermine improvements.
- If guideline updates are not accompanied by **funding and resource alignment**, recommendations may remain theoretical.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✖	O	✖	✖	✖
Feasibility of Integration	✖	O	✖	✖	✖
Adoption of International Guidelines	✖	O	✖	✖	✖
Engagement with Updates	✖	✖	O	✖	✖
ESMO Guidelines Implementation	✖	O	✖	✖	✖

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Reimbursement

Strengths

- SUS covers basic prostate cancer diagnosis and treatment at no cost, including surgery, radiotherapy, and some medications.
- Private health plans often reimburse for **advanced diagnostics and novel therapies**, including new hormone therapies.

Weakness

- **Newer treatments and biomarker tests** are not routinely reimbursed in the public system, limiting access for most patients.
- Authorization for procedures in SUS can be **bureaucratic and delayed**, leading to treatment interruptions.

S W O T

Opportunity

- **Inclusion of newer hormonal therapies** in public reimbursement protocols could improve outcomes for high-risk patients.
- Adoption of **value-based care models** could incentivize earlier diagnosis and better care coordination.

Threats

- Rising treatment costs, if not matched by SUS funding increases, may lead to **rationing of care** or prioritization of late-stage cases.
- Disparities in reimbursement will widen outcomes between insured and uninsured populations.

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

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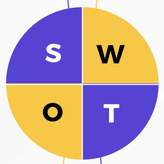
Prostate Cancer Screening

Strengths

- PSA testing is widely available and used in both public and private sectors, especially for men over 50.
- National and regional health campaigns have raised awareness, especially during November.

Weakness

- **No national organized screening program** exists; testing is opportunistic and often inconsistent.
- High-risk groups (e.g., Afro-Brazilian men, family history) are **not specifically targeted** in routine screening efforts.



Opportunity

- Risk-based screening guidelines could prioritize early testing for high-risk populations starting at age 40–45.
- Community health workers can be trained to facilitate **outreach and education in rural areas**, boosting uptake.

Threats

- Over-reliance on PSA testing without adequate follow-up or mpMRI access may lead to **overdiagnosis and overtreatment**.
- If screening remains opportunistic, disparities in early detection will persist across socio-economic groups.

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