



BRIDGING THE GAP

Advancing Comprehensive and Equitable **Prostate Cancer Care** in Chile

EXECUTIVE SUMMARY

Chile has made notable progress in prostate cancer care, with established screening programs, robust diagnostic capacity in urban areas, and access to a range of treatment modalities. However, gaps remain in rural service delivery, timely access to advanced therapies, and integrated survivorship care. While the health system supports many patients through public coverage under the Garantías Explícitas en Salud (GES/AUGE) plan, geographic disparities and waiting times still limit equitable access.

With a **Level 3 – Advanced** maturity in prostate cancer care, Chile is well-positioned to close remaining gaps through targeted investment in rural outreach, precision medicine, and long-term patient support.

INTRODUCTION

Building on Strong Foundations to Reduce Inequities

Prostate cancer is the most commonly diagnosed cancer among Chilean men. Early detection has improved through national screening recommendations, leading to relatively high survival rates compared to regional averages. The public health insurance system provides significant coverage for diagnosis and treatment, and oncology services are available in major cities.

However, patients in remote regions experience delays in diagnosis and treatment, and access to cutting-edge therapies such as advanced hormone therapy and targeted treatments is inconsistent. Strengthening equity, precision diagnostics, and survivorship programs will be key to advancing Chile's progress.







PROSTATE CANCER IN CHILE

Current Landscape and Strategic Gaps

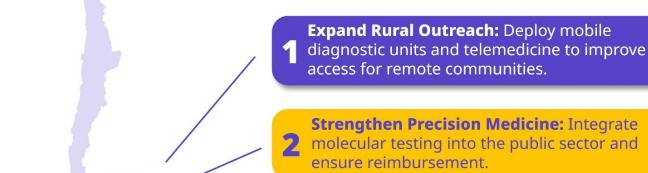
Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	PSA testing is widely available & encouraged for men aged 50+, with opportunistic screening in primary care. Urban areas have rapid access to diagnostics; rural areas face delays.	National screening recommendations integrated into public health system.	Expand mobile screening units for rural areas and improve referral pathways to reduce delays.
Biomarker & Molecular Testing	Basic biomarker testing is available in public hospitals; advanced molecular profiling primarily in private sector.	Increasing use of biomarkers in treatment planning.	Expand molecular diagnostic capabilities within public facilities and include coverage under GES/AUGE.
Treatment Access	Surgery, radiotherapy, and first-line hormonal therapies widely available; access to advanced systemic therapies can be limited in the public sector.	Established oncology infrastructure in major cities.	Ensure equitable access to advanced therapies by including them in public procurement and reimbursement lists.
Clinical Guidelines	National prostate cancer management guidelines exist and are based on international standards.	Strong adherence among oncology specialists.	Update guidelines regularly to include emerging treatments and technologies; monitor compliance nationally.
Palliative & Survivorship Care	Palliative care integrated into the public system but uneven in quality; survivorship programs underdeveloped.	Legal framework supports palliative care coverage.	Develop structured survivorship programs and enhance palliative services in underserved regions.





CONCLUSION & Call to Action

Chile's prostate cancer system demonstrates strong foundations in screening, diagnosis, and treatment, but still faces geographic inequities and gaps in access to precision medicine and survivorship support. Advancing from Level 3 to an optimal system will require targeted efforts to close rural-urban divides, ensure timely adoption of innovative therapies, and build comprehensive survivorship care pathways.





- Improve Access to Advanced Therapies:
 Include new-generation hormonal and targeted therapies in national coverage lists.
- **Enhance Survivorship Care:** Develop structured follow-up and rehabilitation services for prostate cancer survivors.
- Optimize Palliative Care: Expand capacity and ensure consistent quality across all regions.

CONCLUSION

Chile's **Level 3 – Advanced** maturity in prostate cancer care reflects a well-functioning system with established national guidelines, strong public insurance coverage, and high survival rates. However, regional inequities and limited access to precision treatments risk undermining these achievements. Through focused policy actions—particularly in rural outreach, advanced diagnostics, and survivorship—Chile can transition toward a fully equitable, innovation-driven prostate cancer care model that ensures timely, high-quality services for all men, regardless of geography or socioeconomic status.