



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: Prostate cancer is the most diagnosed cancer in New Zealand men.
- Incidence rate: Approximately 83 per 100,000 men per year (ASR).
- Total new cases (2022): About 3,800 men.
- Daily diagnoses (2022): Roughly 10 men per day.
- Deaths (2022): Around 600 men annually.
- 5-year survival rate: High, approximately 90% or more.
- Most affected age group: Primarily men aged 70 and above.
- Screening participation: No national screening program; widespread opportunistic PSA testing, especially in older age groups.



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Infrastructure

Strengths

- Well-established public and private healthcare systems, with specialized oncology and urology units in major hospitals (e.g., Auckland, Wellington, Christchurch).
- Presence of multidisciplinary cancer care teams in regional cancer centers.

Opportunity

- Invest in telemedicine and mobile cancer units to bridge regional gaps.
- Improve capacity for robotic surgeries in key centers outside of Auckland.

Weakness

- Rural and Māori communities face geographical barriers to accessing specialized services.
- Limited availability of advanced diagnostic tools like MRI or PET in remote areas.

Threats

- Health inequities continue to impact indigenous and Pacific populations disproportionately.
- System strain due to ageing population and rising incidence of prostate cancer.



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



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Treatment Access, Research Funding and Awareness Campaigns

Strengths

- Government-supported Pharmac system ensures affordable access to many prostate cancer drugs.
- Non-profits such as Prostate Cancer Foundation NZ run effective awareness campaigns like Blue September.

Opportunity

- Increase clinical trial recruitment and partnerships with global research bodies.
- Launch targeted awareness in Māori and Pasifika communities, which have higher latestage diagnoses.

Weakness

- Access to newer therapies like PARP inhibitors or second-line hormonal agents may face funding delays.
- Research funding for male cancers remains significantly lower than for other major cancers.

- Funding limitations could delay access to precision oncology treatments.
- Public focus on other health priorities may dilute attention to prostate cancer.

- 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.

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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





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Survival Rates, Early Detection and Palliative Care

Strengths

- 5-year prostate cancer survival rate exceeds 93%, among the highest in the world.
- Availability of palliative care services integrated into the national healthcare framework.

Opportunity

- Implement culturally sensitive early detection and navigation programs.
- Expand communitybased palliative care teams.

Weakness

- Late-stage diagnoses are more frequent in rural and underserved populations.
- Palliative services are underutilized by certain ethnic groups due to cultural barriers.

Threats

- Health inequity in early detection may lower survival rates in specific demographics.
- Resource pressures may affect timely delivery of supportive care.

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.

 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.

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



New Zealand ***

Utilization of Biomarkers

Strengths

- PSA is the primary diagnostic tool widely used across GP and hospital settings.
- Genetic testing for BRCA1/2 is available in high-risk cases, especially with family history of cancer.

Weakness

- Use of PTEN and TMPRSS2-ERG is mostly confined to academic or research contexts.
- Interpretation of biomarkers lacks consistency across healthcare settings.

Opportunity

- Incorporate BRCA1/2 mutation screening into standard treatment pathways for metastatic prostate cancer.
- Develop national policies to integrate multi-gene panels into risk stratification.

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Threats

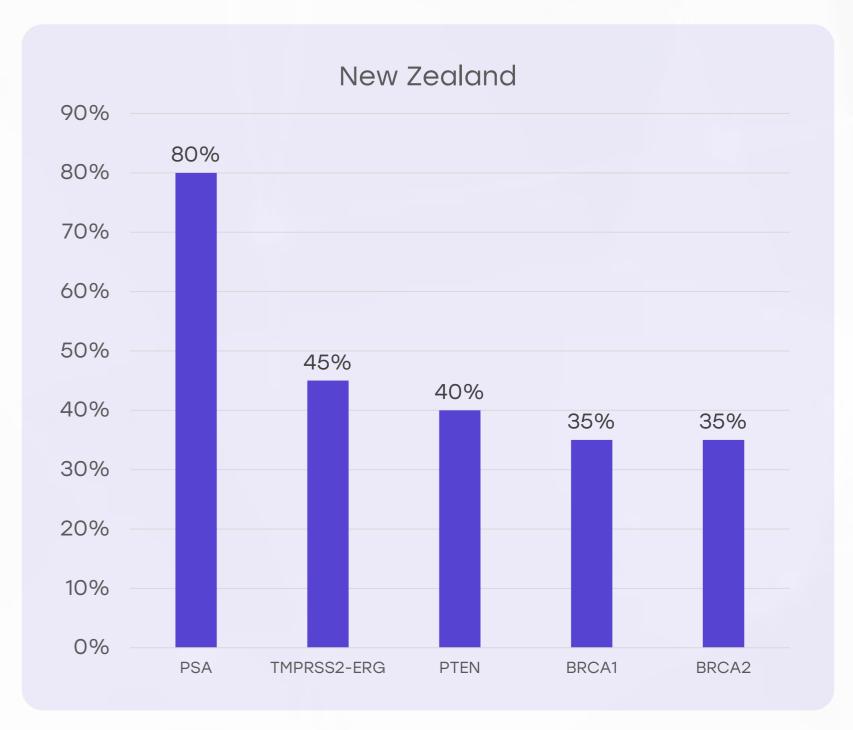
- · High cost and limited lab capabilities restrict broader use of advanced molecular diagnostics.
- Lack of local evidence may slow policy-level acceptance of newer biomarkers

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.

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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

- New Zealand follows well-defined, evidence-based guidelines adapted from international standards.
- Emphasis on active surveillance for lowrisk disease is well integrated in practice.

Opportunity

- Update clinical pathways to include genomic profiling and molecular markers.
- Create localized guidelines that address the unique needs of Māori and Pacific men.

Weakness

- Guidelines may not reflect emerging genomic approaches or new therapies in real-time.
- Disparities in guideline adherence between public and private sectors.

- Slow policy updates may delay clinical uptake of precision medicine.
- Inconsistent application of guidelines could lead to variable care quality.



	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	*	*	*	*



New Zealand ***

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Reimbursement

Strengths

- New Zealand's public health model covers major diagnostic tests and treatments, including standard surgery and radiotherapy.
- Many hormonal therapies are subsidized by Pharmac, making them affordable.

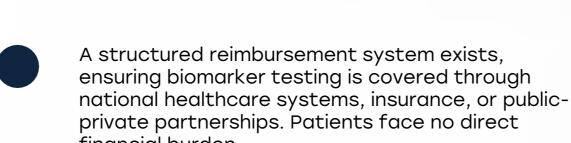
Opportunity

- Advocate for Pharmac inclusion of genetic tests and biomarkerdriven therapies.
- Explore value-based care models for cancer care packages.

Weakness

- Delays in approving reimbursement for new treatments (e.g., olaparib, darolutamide).
- No guaranteed funding for genetic testing unless part of familial cancer pathway.

- Rising costs of novel treatments may strain Pharmac's budget.
- Disparity in private insurance coverage may widen equity gaps.



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. Kenya Nigeria Egypt Morocco Algeria Ethiopia		Country	Reimbursement Framework	No-cost Access
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Colombia New Zealand Greece Rwanda Uganda Serbia Saudi Arabia UAE Syria Indonesia Vietnam Philippines Russia	toothig out or pooket.	Argentina		
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Greece		Colombia	0	
Rwanda Uganda Serbia Saudi Arabia UAE Syria Indonesia Vietnam Philippines Russia		New Zealand	0	
Uganda ○ ○ Serbia ● ● Saudi Arabia ○ ○ UAE ● ● Syria ○ ○ Indonesia ○ ○ Vietnam ○ ○ Philippines ○ ○ Russia ○ ○		Greece		
Serbia Saudi Arabia UAE Syria Indonesia Vietnam Philippines Russia		Rwanda		
Saudi Arabia UAE Syria Indonesia Vietnam Philippines Russia		Uganda		
Syria O O O O O O O O O O O O O O O O O O O		Serbia		
Syria Indonesia Vietnam Philippines Russia		Saudi Arabia		
Indonesia		UAE		
Vietnam O Philippines O Russia O		Syria		
Philippines O O Russia O		Indonesia		0
Russia O		Vietnam		
		Philippines		
Malaysia		Russia		
		Malaysia		



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Strengths

- PSA screening is widely accessible through GPs, and men are encouraged to discuss it during checkups.
- Shared decisionmaking model aligns with best practices to reduce overtreatment.

Opportunity

- Introduce risk-adapted PSA screening pilots in high-risk populations.
- Use community health workers to improve screening awareness among Māori and Pacific men.

Weakness

- No national organized prostate cancer screening program; uptake depends on awareness.
- Men in low-income or rural areas may not proactively seek screening

- Concerns about overdiagnosis and overtreatment could restrict political will for national programs.
- Cultural stigma around male cancers may delay helpseeking behavior

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