



BRIDGING THE GAP

Strengthening Prostate Cancer Care in Serbia

EXECUTIVE SUMMARY

Serbia's prostate cancer care framework remains in the early stages of development, with uneven access to diagnostics, treatment, and palliative care across regions. Most cases are detected at advanced stages, while high out-of-pocket expenses and concentration of advanced services in urban areas limit equitable access. Although Serbia has a growing pool of oncology specialists, the lack of a national screening program, limited biomarker availability, and fragmented treatment guidelines hinder progress.

This policy brief examines current challenges and outlines strategic reforms to advance Serbia's **Level 1 – Nascent** prostate cancer maturity toward a coordinated and equitable care system.

INTRODUCTION

Addressing a Rising Cancer Burden Amid Fragmented Services

Prostate cancer ranks among the most common cancers in Serbian men, yet the majority of diagnoses occur at late stages due to the absence of systematic screening and inconsistent referral pathways. While public awareness of general cancer risks is increasing, there is no targeted national awareness campaign for prostate cancer. Structural limitations, regional disparities in access, and the affordability of modern therapies remain major obstacles.

Moving from Level 1 maturity will require investment in infrastructure, implementation of standardized guidelines, and strategic awareness programs.



Serbia Ranks at Level 1 – Nascent Prostate Cancer Maturity Framework



PROSTATE CANCER IN SERBIA

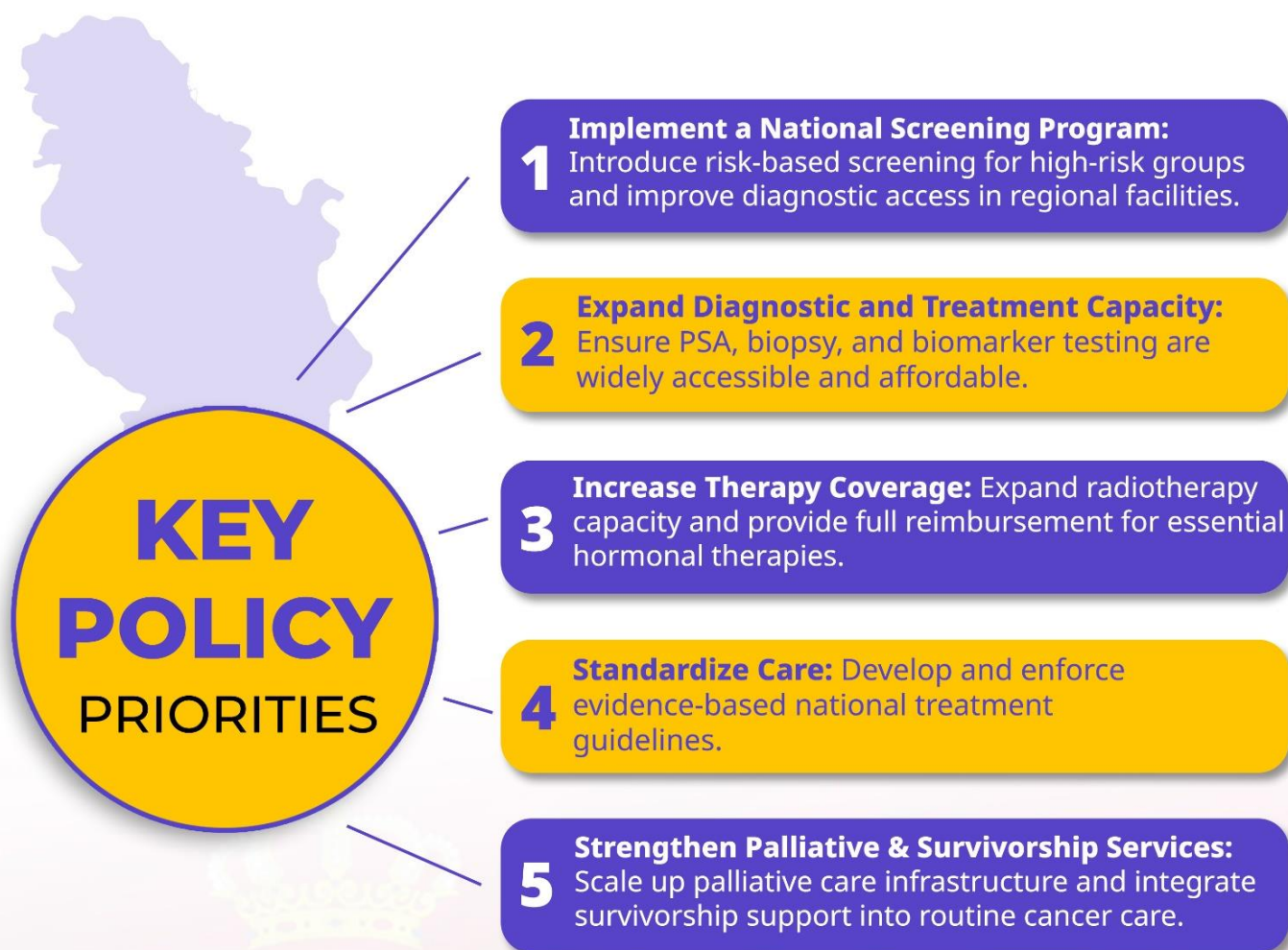
Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	No organized national screening program; PSA testing and DRE are available mostly in urban hospitals and private clinics. Late-stage presentation is common.	Established urology departments in leading hospitals.	Launch a national screening framework targeting men aged 50+ (or earlier for high-risk groups), improve PSA and biopsy access in regional hospitals.
Biomarker & Molecular Testing	Minimal public sector availability; offered primarily in select private laboratories.	Some biomarker testing available for patients who can self-fund.	Integrate biomarker services into public hospitals and partner with diagnostics providers for subsidized access.
Treatment Access	Surgical treatment is available in tertiary hospitals; radiotherapy units are limited and concentrated in urban areas. Hormonal therapy can be costly and not fully reimbursed.	Skilled surgical teams in leading oncology centers.	Expand radiotherapy coverage to underserved regions and ensure hormonal therapies are covered under public insurance.
Clinical Guidelines	No dedicated national prostate cancer guidelines; treatment approaches vary by institution.	Oncologists reference EAU and NCCN guidelines informally.	Develop and adopt standardized national prostate cancer guidelines, train physicians, and monitor adherence.
Palliative & Survivorship Care	Palliative care services are available in some hospitals, but capacity is limited; psychological and survivorship services are rare.	Existing oncology networks that can integrate palliative care.	Establish dedicated palliative units across major hospitals and introduce survivorship programs for post-treatment follow-up.



CONCLUSION & Call to Action

Serbia's prostate cancer system is constrained by late diagnosis, limited regional service coverage, and inconsistent treatment protocols. Early detection, equitable access to modern therapies, and the formal adoption of clinical guidelines are critical for improving outcomes.



CONCLUSION

With prostate cancer care at **Level 1 – Nascent** maturity, Serbia faces a significant gap between the growing disease burden and the healthcare system's ability to respond effectively. A coordinated, well-funded national strategy—centered on early detection, equitable treatment access, and standardized clinical practice—will be essential to improving survival rates and quality of life. Leveraging Serbia's existing oncology expertise, investing in regional cancer care capacity, and ensuring financial protection for patients can set the stage for a stronger, more inclusive prostate cancer response.