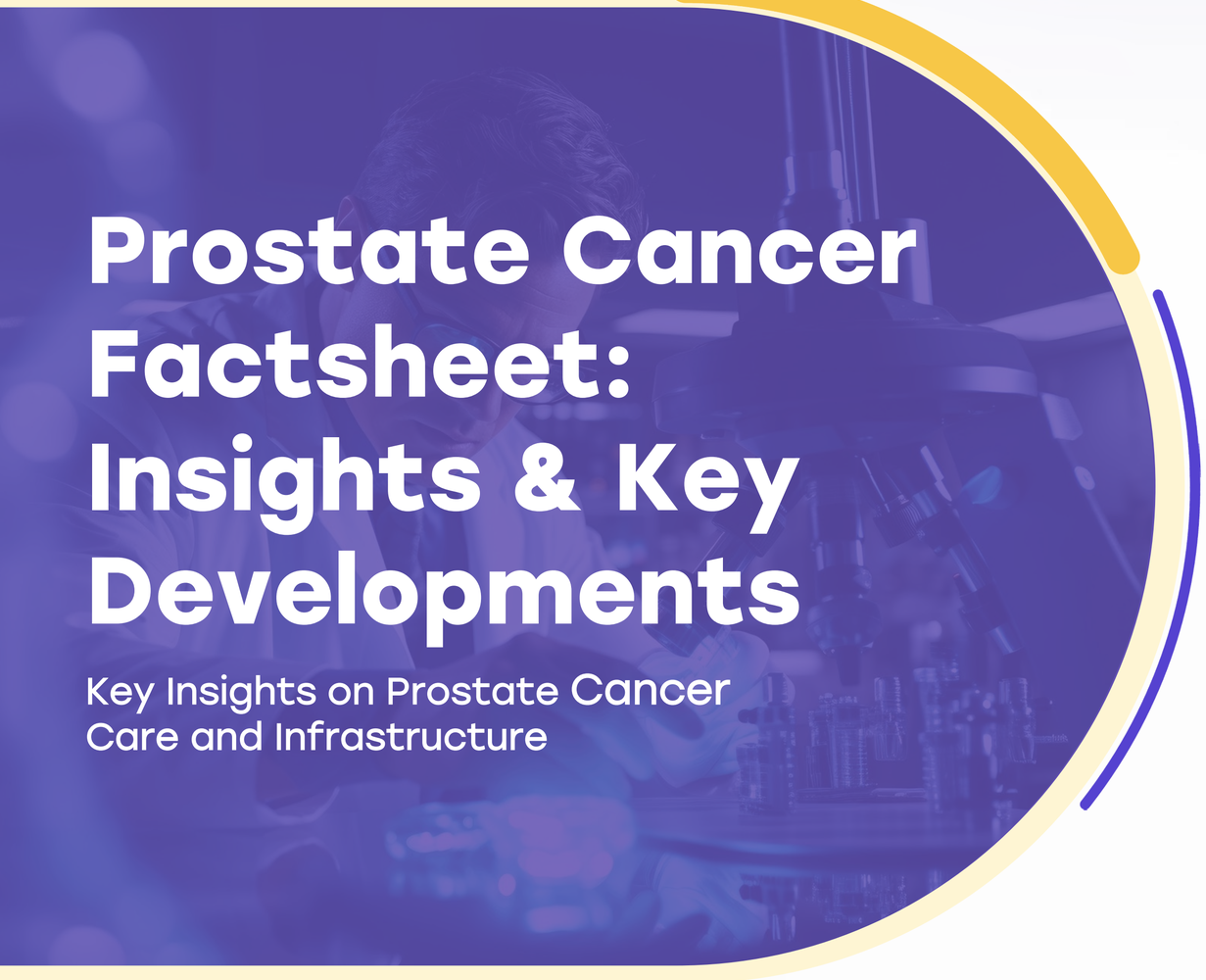
International Cancer Patient Coalition

South Korea



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 Korean men.
- **Incidence rate:** Approximately 35–40 per 100,000 men per year.
- **Total new cases (2022):** Around 8,000–9,000 men.
- **Daily diagnoses (2022):** About 22–25 men per day.
- **Deaths (2022):** Estimated 1,500–1,800 men.
- **5-year survival rate:** Around 93%, matching national cancer statistics.
- **Most affected age group:** Men aged 70 and older.
- **Screening participation:** PSA testing available opportunistically; no universal program

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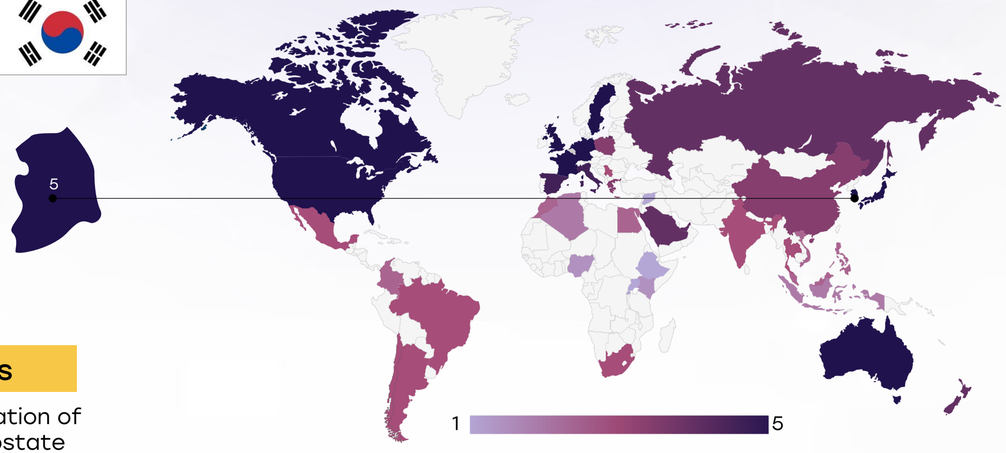
Infrastructure



Strengths

- South Korea has a highly developed and technologically advanced healthcare system, with top-tier cancer centers like the National Cancer Center Korea and Seoul National University Hospital.
- Availability of robot-assisted prostatectomy, advanced radiotherapy (IMRT, SBRT), and nuclear medicine imaging.

Weakness

- Over-centralization of top-quality prostate cancer care in Seoul and other major urban areas.
- Limited prostate-specific cancer infrastructure in rural and remote provinces

S W O T

Opportunity

- Strengthen regional oncology networks and telemedicine services to reduce urban-rural disparities.
- Expand hospital accreditation incentives for urologic oncology specialization outside Seoul.

Threats

- Rapidly aging population may place pressure on the healthcare system.
- Over-reliance on tertiary centers may strain capacity for complex cancer care.

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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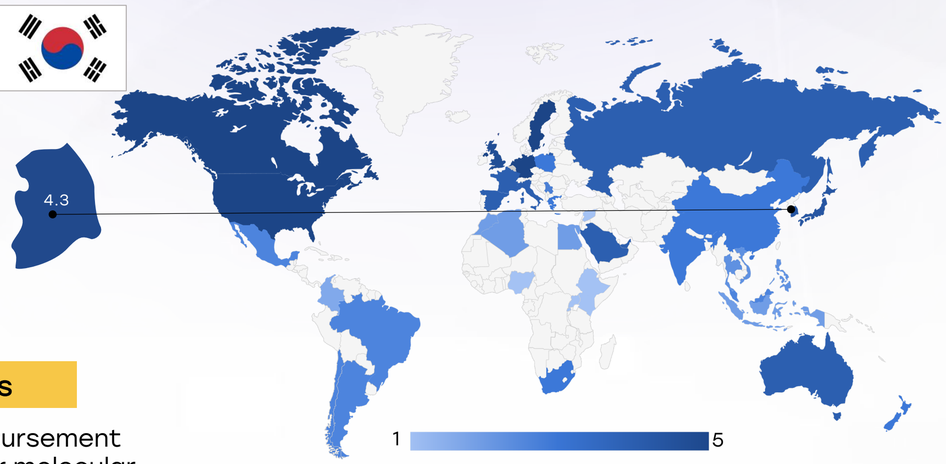
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal healthcare coverage under the National Health Insurance Service (NHIS) includes major cancer treatments.
- Strong national focus on precision medicine research, with growing government funding.

Weakness

- Limited reimbursement for genetic or molecular testing, including BRCA1/2 and PTEN.
- Awareness campaigns for prostate cancer are less prominent than for gastric or liver cancer, which have higher local incidence.

S W O T

Opportunity

- Scale up public education campaigns for men over 50, particularly targeting PSA awareness.
- Increase government-industry partnerships to accelerate biomarker research and clinical trials.

Threats

- Competing health policy priorities (e.g., infectious diseases, colorectal cancer) may divert focus and funding.
- Gender-based health taboos may delay early symptom reporting among men.

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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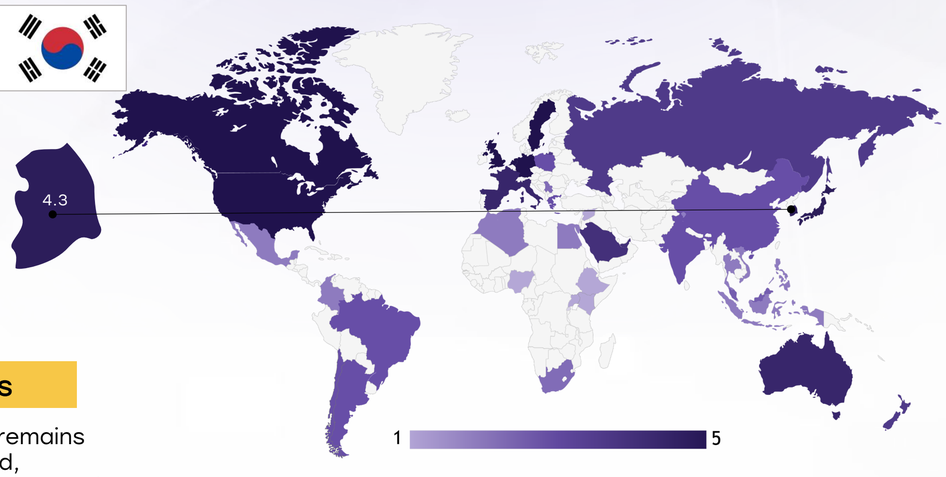
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year relative survival rate for prostate cancer exceeds 93%, indicating strong early detection and effective treatment.
- Comprehensive cancer centers offer multi-specialty care, including surgery, radiology, and hormonal therapy.

Weakness

- Palliative care remains underdeveloped, especially for advanced-stage patients.
- Psychosocial and survivorship care not yet fully integrated into oncology services.

S W O T

Opportunity

- Build structured survivorship clinics to monitor long-term health and quality of life.
- Promote early-stage palliative care referral protocols to improve outcomes in metastatic disease.

Threats

- Increasing prostate cancer burden among aging men may escalate costs.
- Potential underdiagnosis in rural or conservative communities due to lack of awareness.

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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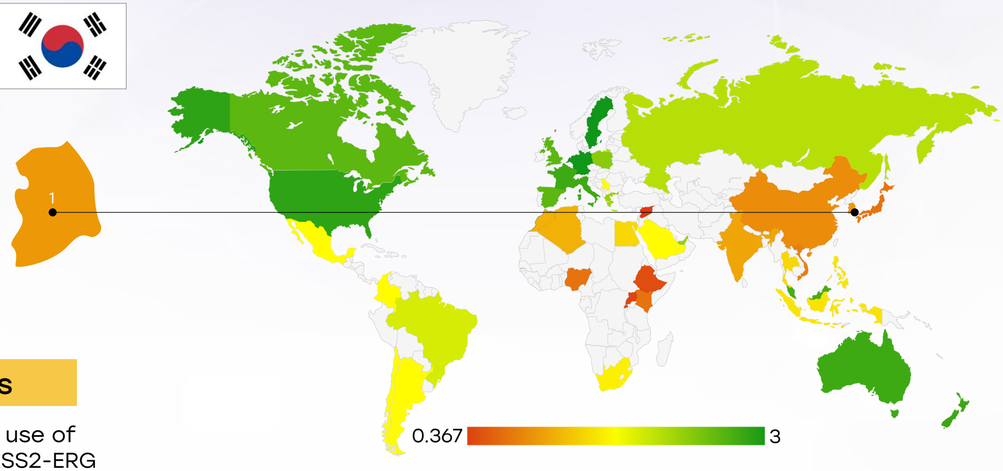
Utilization of Biomarkers



Strengths

- PSA testing is widely used in both public and private hospitals, and often covered in executive health exams.
- Academic hospitals offer BRCA1/2 testing, particularly for patients with family histories or high-risk features.

Weakness

- Limited routine use of PTEN and TMPRSS2-ERG in clinical decision-making due to cost and lack of standardization.
- Low physician-patient engagement on genetic counseling, which reduces the uptake of biomarker-led stratification.

S W O T

Opportunity

- Integrate multigene panel testing in high-risk and castrate-resistant prostate cancer cases.
- Participate in Asia-specific biomarker trials to validate their relevance in Korean populations.

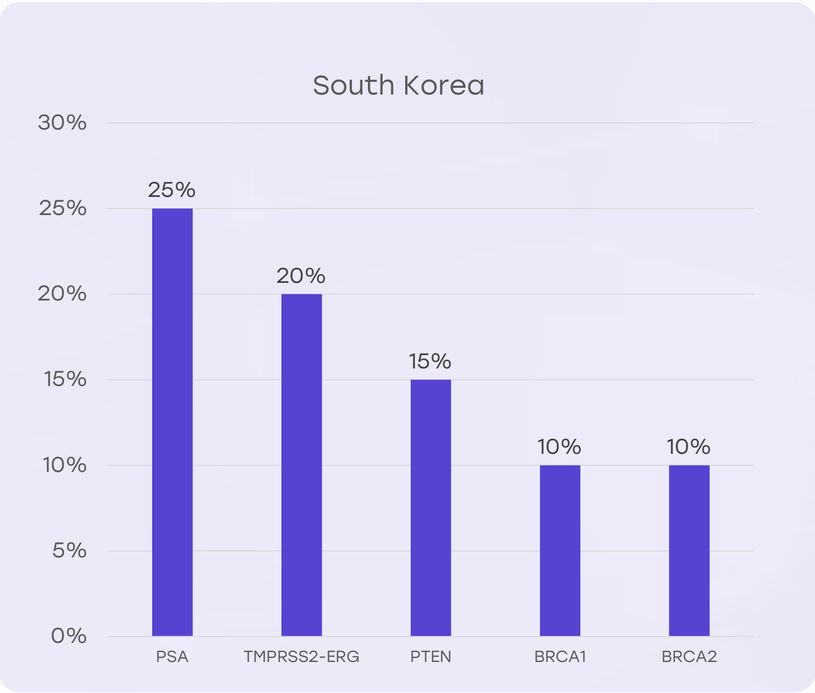
Threats

- No universal coverage for biomarker testing like PTEN or TMPRSS2-ERG may limit accessibility.
- Over-dependence on PSA can lead to overdiagnosis and overtreatment without stratified follow-up.

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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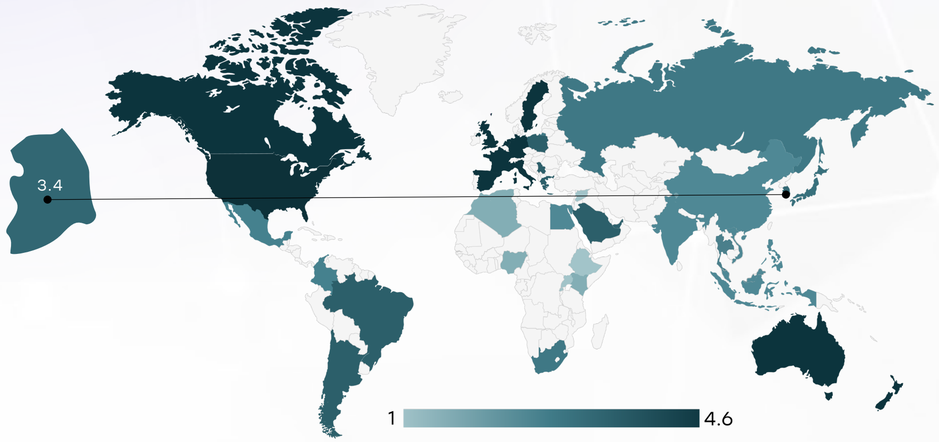
Clinical Guidelines



Strengths

- South Korea adopts clinical protocols influenced by international standards (NCCN, ESMO), along with national adaptations from the Korean Urological Association.
- Use of multidisciplinary tumor boards (MDTs) in major cancer centers for treatment planning.

Weakness

- National guidelines do not yet fully incorporate biomarker-driven personalization for prostate cancer.
- Limited flexibility for rare or aggressive prostate cancer subtypes in current protocols.

S W O T

Opportunity

- Update guidelines to include BRCA and PTEN status in metastatic decision-making.
- Develop Asian-specific clinical practice guidelines that reflect local genetic and environmental factors.

Threats

- Delayed adaptation of global innovations due to policy lags.
- Disparities in adherence to guidelines across smaller or regional hospitals.

	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

- The NHIS covers surgery, radiation, hormonal therapy, and chemotherapy for prostate cancer.
- Out-of-pocket expenses are relatively low for core cancer treatments.

Weakness

- Genetic tests (e.g., BRCA1/2, PTEN) are not fully reimbursed, particularly for those without a hereditary risk profile.
- Novel drugs (e.g., PARP inhibitors) often face reimbursement delays or limited access through private channels.

S W O T

Opportunity

- Include biomarker testing in coverage for metastatic and high-risk patients.
- Pilot value-based reimbursement models tied to treatment outcomes

Threats

- Budget limitations may delay adoption of newer diagnostic or targeted therapies.
- High cost of precision diagnostics could create inequalities in access.

● 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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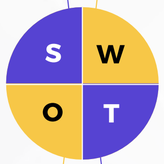
Prostate Cancer Screening

Strengths

- PSA testing is available in general and executive health exams, especially for men aged 50 and above.
- Routine opportunistic screening is performed in urology clinics and health screening centers.

Weakness

- South Korea does not have a national prostate cancer screening program.
- No uniform follow-up guidelines after elevated PSA, leading to variation in clinical practice.



Opportunity

- Launch risk-adapted screening programs using PSA + genetic risk (e.g., BRCA carriers).
- Use EMR systems to identify high-risk individuals for targeted screening.

Threats

- Public perception of PSA may be negatively influenced by overdiagnosis concerns.
- Inconsistency in screening could lead to missed early detection opportunities.

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