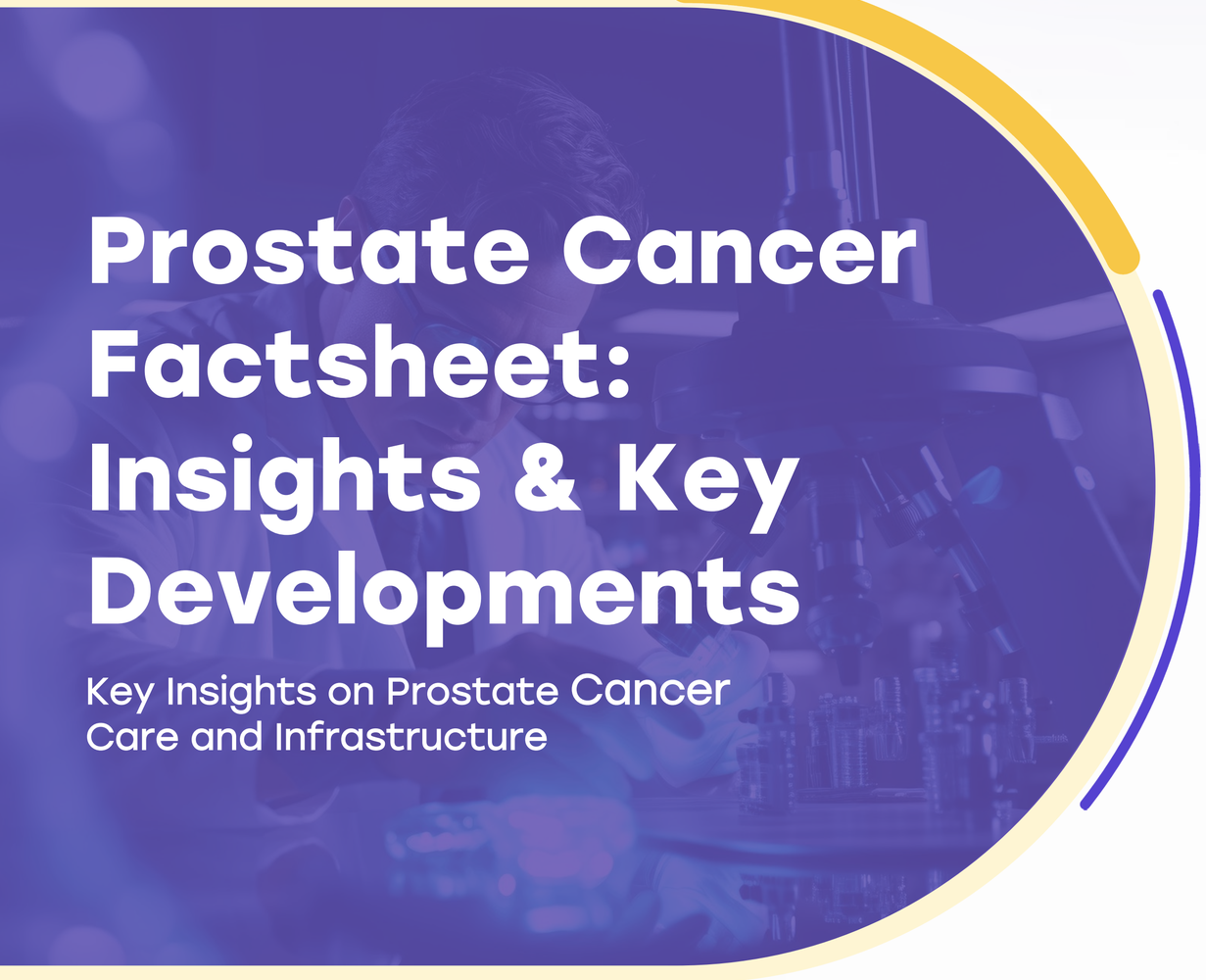
International Cancer Patient Coalition

Syria



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 less commonly reported cancers in Syrian men.
- **Incidence rate:** Estimated 5–8 per 100,000 men per year.
- **Total new cases (2022):** Approximately 600–800 men.
- **Daily diagnoses (2022):** Around 2 men per day.
- **Deaths (2022):** Estimated 300–400 men.
- **5-year survival rate:** Likely below 50%, due to conflict and limited healthcare infrastructure.
- **Most affected age group:** Men aged 65 and older.
- **Screening participation:** Virtually no organized or widespread PSA screening.

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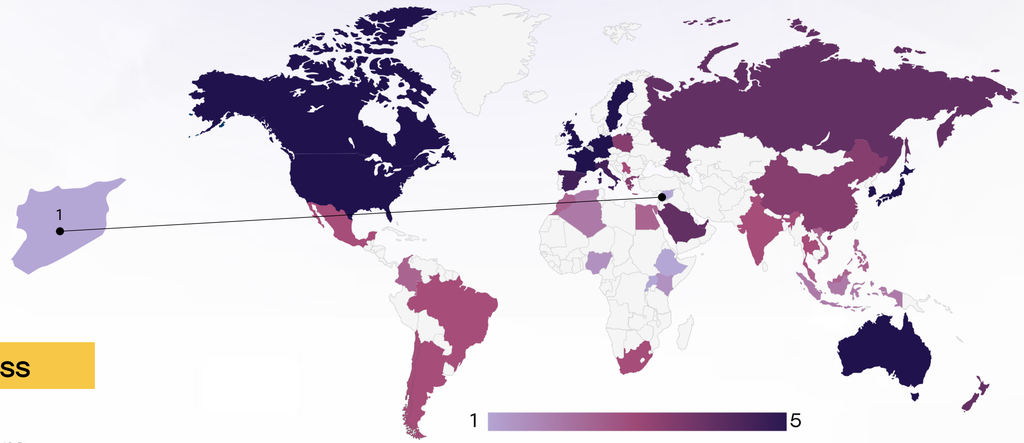
Infrastructure



Strengths

- Tertiary hospitals in Damascus and Aleppo retain a basic level of oncology services despite challenging conditions.
- Certain private sector hospitals offer limited diagnostic imaging and urological procedures.

Weakness

- Healthcare infrastructure severely weakened by over a decade of conflict.
- Many oncology centers lack radiotherapy equipment, pathology labs, and molecular diagnostics.

S W O T

Opportunity

- International support and medical aid can help rebuild cancer diagnostics capacity.
- Mobile health clinics and regional tele-oncology models could support underserved areas.

Threats

- Ongoing instability and economic sanctions limit access to essential medical supplies and technologies.
- Brain drain of trained healthcare professionals hinders system recovery.

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	2	2
Nigeria	2	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	3
Spain	4	3
Poland	4	3
Mexico	2	4
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	4
United States	5	5
Canada	5	4
Australia	4	4
New Zealand	4	3
Greece	4	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	4	4
UAE	4	3
Syria	1	1
Indonesia	2	2
Vietnam	4	4
Philippines	2	2
Russia	3	3
Malaysia	3	3

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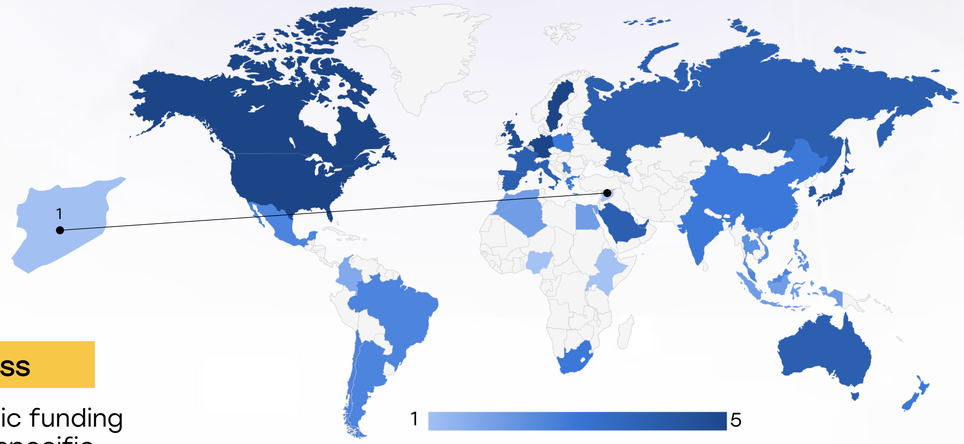
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Strong local community engagement can support awareness through NGOs and doctors' associations.
- Some private and academic centers participate in small-scale oncology research, especially on urological cancers.

Weakness

- Minimal public funding for cancer-specific programs or research.
- Very limited access to innovative therapies or clinical trials.

S W O T

Opportunity

- Collaboration with Syrian diaspora and international NGOs for awareness, training, and trial access.
- Introduce basic patient navigation systems to guide diagnosis and treatment.

Threats

- Funding constraints and lack of prioritization of non-communicable diseases like cancer.
- Public mistrust or misinformation can impede awareness campaigns.

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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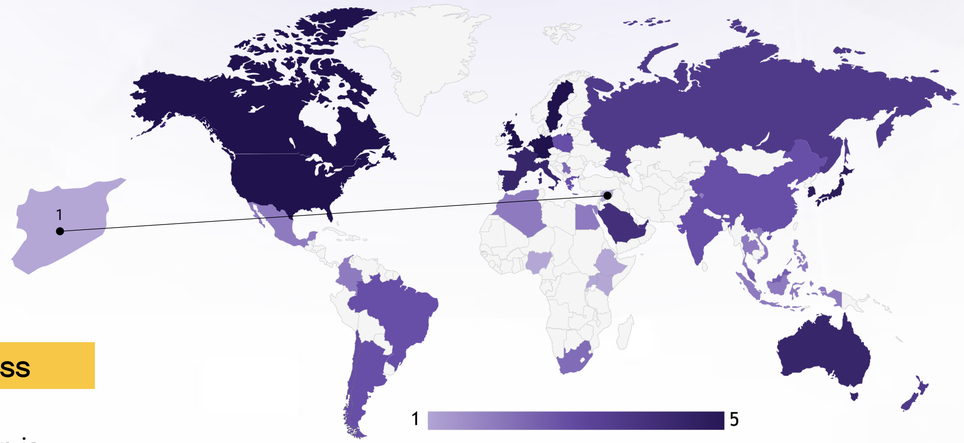
Survival Rates, Early Detection and Palliative Care



Strengths

- Early detection through clinical evaluation and opportunistic PSA testing occurs in urban clinics.
- Cultural values support family-based end-of-life care, especially at home.

Weakness

- Late-stage presentation is common due to lack of awareness and limited screening.
- Palliative care is largely underdeveloped, with opioid access severely restricted.

S W O T

Opportunity

- Implement basic symptom-relief palliative care training for general practitioners.
- Education campaigns in urban and semi-urban areas could promote early detection.

Threats

- Limited medications for pain management and psychological support.
- Continued instability may hinder program scale-up and medicine supply.

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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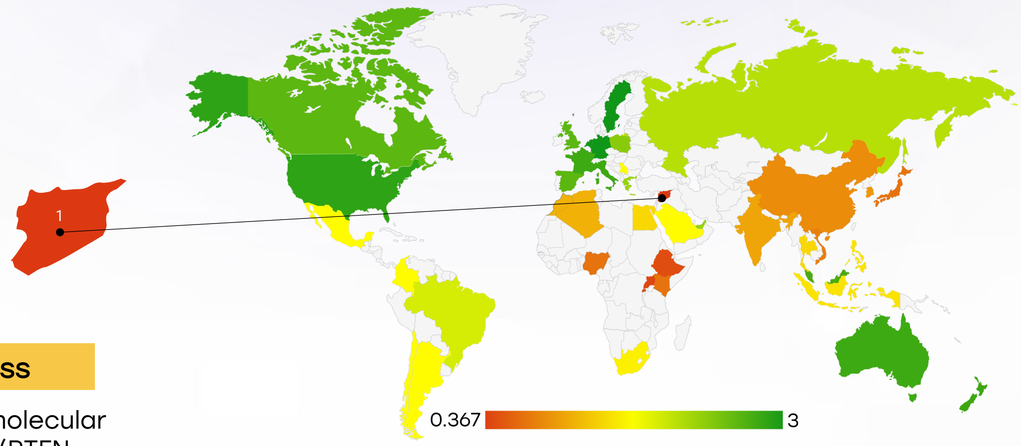
Utilization of Biomarkers



Strengths

- PSA is widely used in private hospitals and urban clinics for prostate evaluation.
- Growing awareness among urologists about the hereditary link to BRCA1/2.

Weakness

- Advanced molecular biomarkers (PTEN, TMPRSS2-ERG) are not available due to infrastructure and cost constraints.
- Lack of centralized labs for reliable and quality-controlled BRCA testing.

S W O T

Opportunity

- Introduce low-cost PSA monitoring programs in government facilities.
- Collaborate with regional labs (e.g., Lebanon or Jordan) for outsourced BRCA1/2 testing.

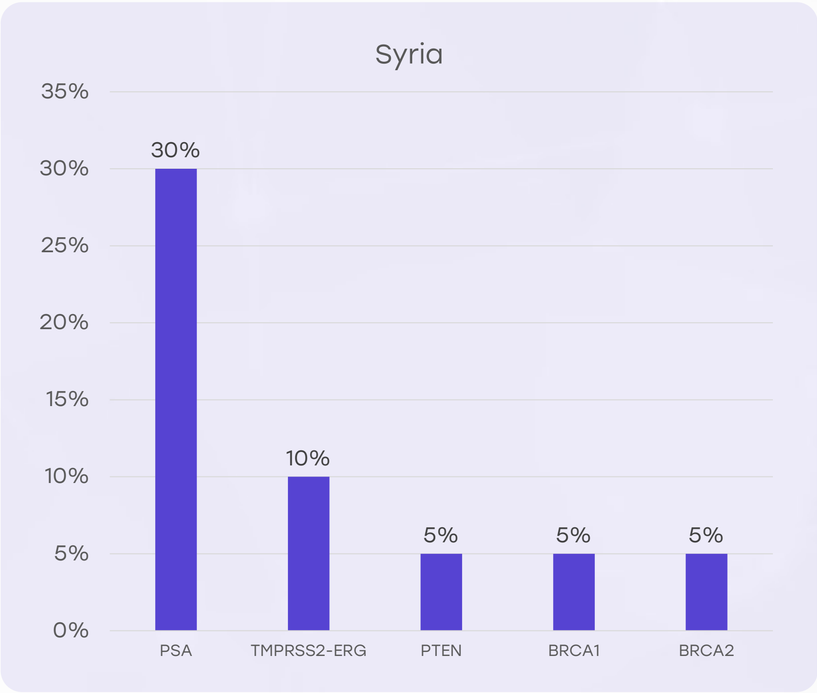
Threats

- Cost barriers and equipment unavailability for molecular testing.
- Inadequate training in interpretation and clinical application of biomarker results.

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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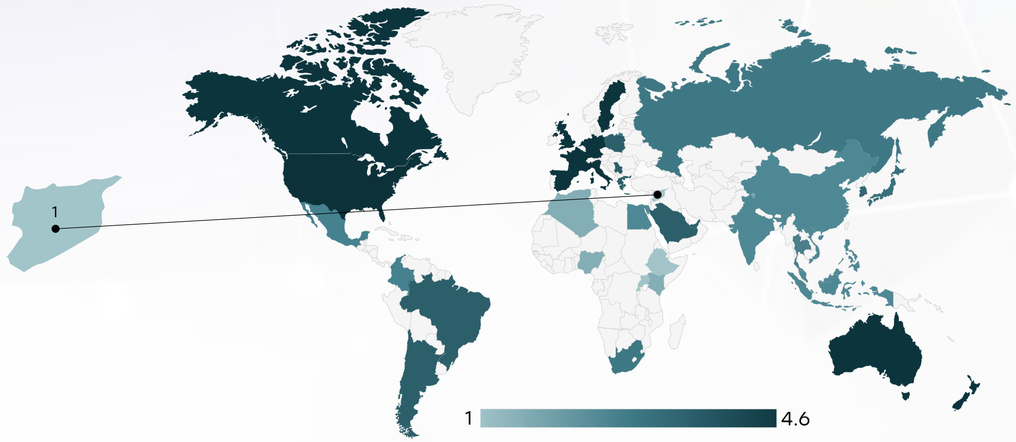
Clinical Guidelines



Strengths

- Syrian oncologists often follow global urology or ESMO guidelines informally.
- Medical associations provide basic protocols for prostate cancer diagnosis and follow-up.

Weakness

- No officially adopted national clinical guidelines tailored to Syrian context.
- Inconsistency in treatment pathways across public and private sectors.

S W O T

Opportunity

- Adapt simplified, cost-sensitive national guidelines using WHO or EAU frameworks.
- Create oncology consensus panels involving Syrian experts abroad.

Threats

- Political and logistical challenges in standardizing protocols across regions.
- Resistance due to fragmented authority and health governance.

	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

- Basic cancer services are subsidized in public hospitals, although with significant limitations.
- PSA testing is relatively affordable in private settings.

Weakness

- Out-of-pocket payments dominate in diagnostics and medication access.
- No reimbursement framework for targeted therapies or advanced biomarker tests.

S W O T

Opportunity

- Develop tiered public-private partnership models for essential prostate cancer care.
- Advocate for external donor-supported reimbursement for essential diagnostics

Threats

- Worsening inflation and economic crisis may make diagnostics even less accessible.
- Import restrictions further limit the availability of reimbursable therapies.

- 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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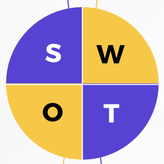
Prostate Cancer Screening

Strengths

- Opportunistic screening using PSA and physical exams occurs in private clinics.
- Physician-led initiatives in urban areas encourage early urology checkups.

Weakness

- No organized national screening program or population-level awareness.
- Stigma and low awareness among men over 50, particularly in rural regions.



Opportunity

- Use local mosques, schools, and NGOs to deliver culturally sensitive screening education.
- Train primary care doctors to screen high-risk men during general visits.

Threats

- Lack of reliable data on prostate cancer prevalence and outcomes.
- Prioritization of communicable diseases and trauma care over cancer screening in policy.

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