



BRIDGING THE GAP

Advancing **Prostate Cancer Care** in Colombia

EXECUTIVE SUMMARY

Colombia has made progress in prostate cancer awareness and access to basic diagnostic and treatment services, but gaps remain in early detection, biomarker availability, and equitable access to advanced therapies. While public health insurance covers many essential services, geographic disparities and limited access to high-cost treatments hinder optimal outcomes.

With a **Level 2 – Developing** maturity, Colombia is positioned to strengthen its prostate cancer care framework through policy reforms, infrastructure expansion, and improved clinical standardization.

INTRODUCTION

Building on Progress Amid Persistent Inequities

Prostate cancer is one of the most common cancers among Colombian men, and public health efforts have increased awareness and screening uptake in urban centers.

However, late-stage presentation remains frequent in rural and underserved regions, where diagnostic and treatment infrastructure is limited. While the national health insurance system (EPS) provides coverage for many interventions, delays in authorization and gaps in access to advanced hormonal and targeted therapies remain a challenge.









PROSTATE CANCER IN COLOMBIA

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	PSA testing is available and partially covered, but participation is higher in urban areas; rural men often diagnosed late.	National health insurance facilitates access to PSA and DRE in many regions.	Expand outreach programs to rural areas, strengthen referral systems, and implement targeted screening for high-risk groups.
Biomarker & Molecular Testing	Access to advanced biomarker and genomic testing is limited, with most availability in private and academic centers.	Some advanced hospitals in Bogotá and Medellín offer biomarker testing.	Integrate biomarker diagnostics into public insurance coverage and establish regional molecular pathology hubs.
Treatment Access	Surgery and radiotherapy available in major cities; high-cost drugs and newer therapies have limited access.	Strong urology and oncology workforce in urban tertiary centers.	Improve equitable distribution of radiotherapy equipment, negotiate pricing for newer hormonal therapies, & expand treatment access in rural regions.
Clinical Guidelines	National oncology guidelines exist but implementation varies by institution.	Colombia participates in Latin American oncology networks and adopts evidence-based protocols.	Enforce consistent guideline adherence across all regions through auditing and clinician training.
Palliative & Survivorship Care	Palliative care is recognized and partially integrated into cancer care, but rural coverage is insufficient.	Presence of established palliative care programs in major hospitals.	Expand community-based palliative care, integrate survivorship support into routine follow-up, and improve access to pain management





CONCLUSION & Call to Action

Colombia's **Level 2 – Developing** prostate cancer maturity reflects a healthcare system that has taken important steps in awareness, screening, and treatment provision, yet still struggles with equitable access and advanced care availability. Focused investment in rural healthcare delivery, molecular diagnostics, and consistent treatment standards can help Colombia progress toward higher maturity levels.



CONCLUSION

With the right combination of targeted investment, equitable policy implementation, and regional infrastructure development, Colombia can transition from a **Level 2 – Developing to a Level 3 – Advancing** prostate cancer maturity. The foundation for progress exists in the form of public insurance coverage, trained specialists, and urban oncology infrastructure; the challenge lies in extending these benefits to all Colombians, regardless of geography or socioeconomic status.