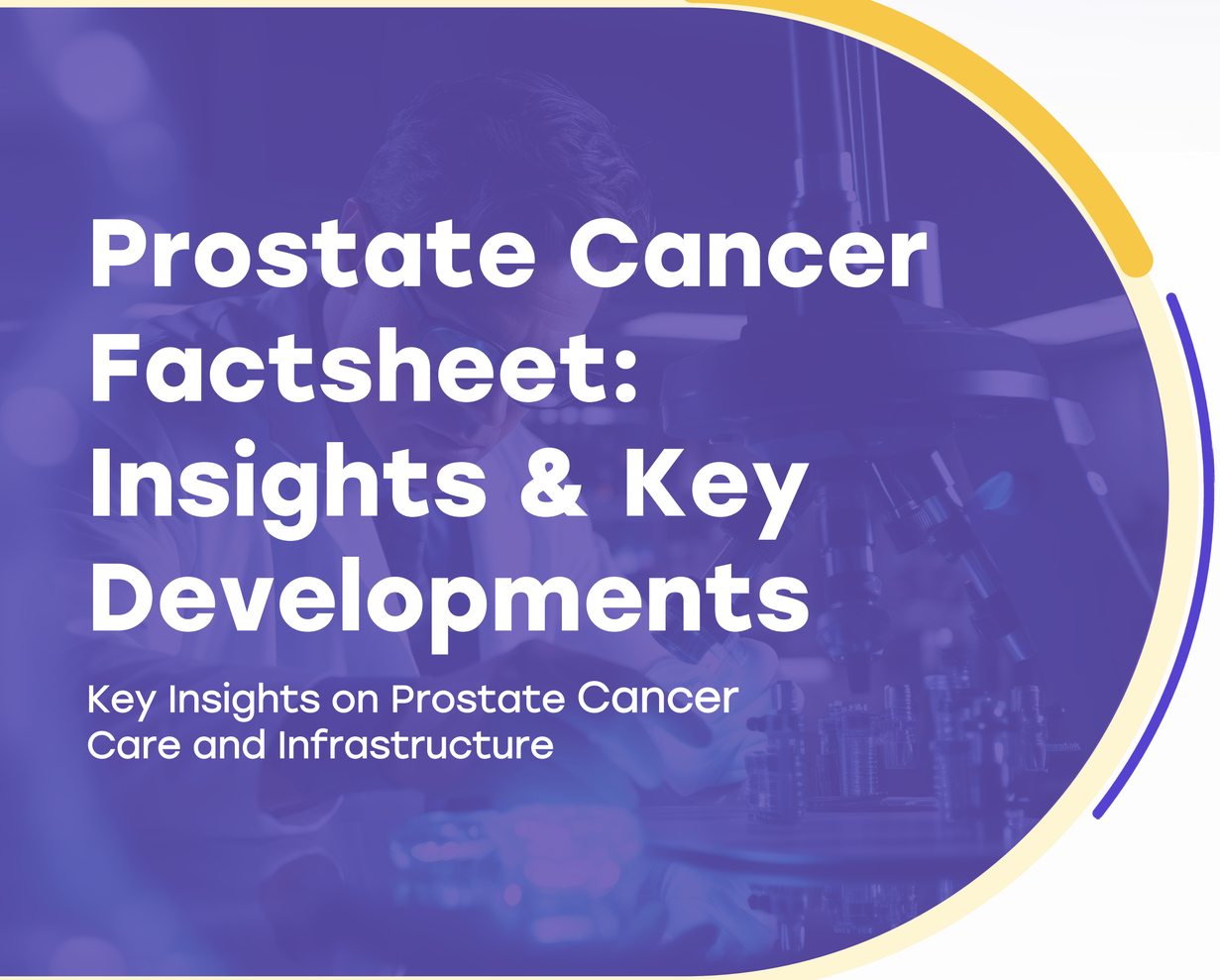
International Cancer Patient Coalition

Greece



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.

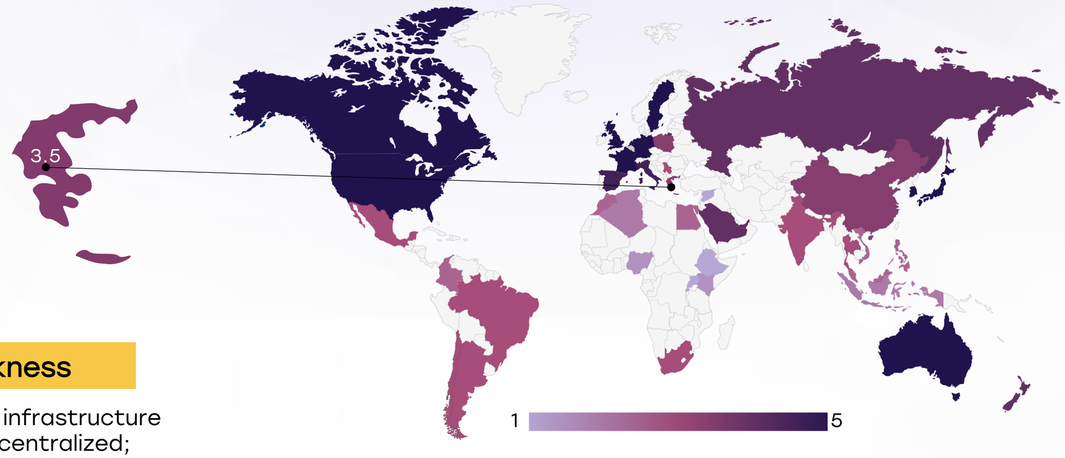
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Among the top cancers in Greek men.
- **Incidence rate:** Approximately 119 per 100,000 men per year.
- **Total new cases (2022):** Estimated around 10,000–12,000 men.
- **Daily diagnoses (2022):** Roughly 30 men per day.
- **Deaths (2022):** Around 2,500–3,000 men annually.
- **5-year survival rate:** Estimated high (~90% or above).
- **Most affected age group:** Primarily men aged 70–75 +, with median diagnosis age around 74.
- **Screening participation:** PSA screening occurs opportunistically; no national organized program.

International Cancer Patient Coalition

Greece

Infrastructure



Strengths

- Greece has major oncology services in Athens and Thessaloniki, with modern diagnostic imaging (MRI/CT), surgical, and radiotherapy facilities in tertiary hospitals.
- Private-sector healthcare in urban zones offers advanced care–complementing public hospitals and increasing overall capacity.

Weakness

- Oncology infrastructure is heavily centralized; most rural or island regions lack local cancer diagnostics or radiation therapy services.
- Medically underserved areas suffer long delays for imaging and biopsy; access remains fragmented across islands and mountainous regions.

S W O T

Opportunity

- Establish regional diagnostic hubs or mobile imaging units to bring services closer to remote populations.
- Expand tele-oncology and remote multidisciplinary team consultations to diminish urban–rural disparities.

Threats

- Continued economic constraints and austerity in public funding could weaken public hospital expansion.
- Geographic access barriers may perpetuate delays in care and regional survival inequalities.

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.

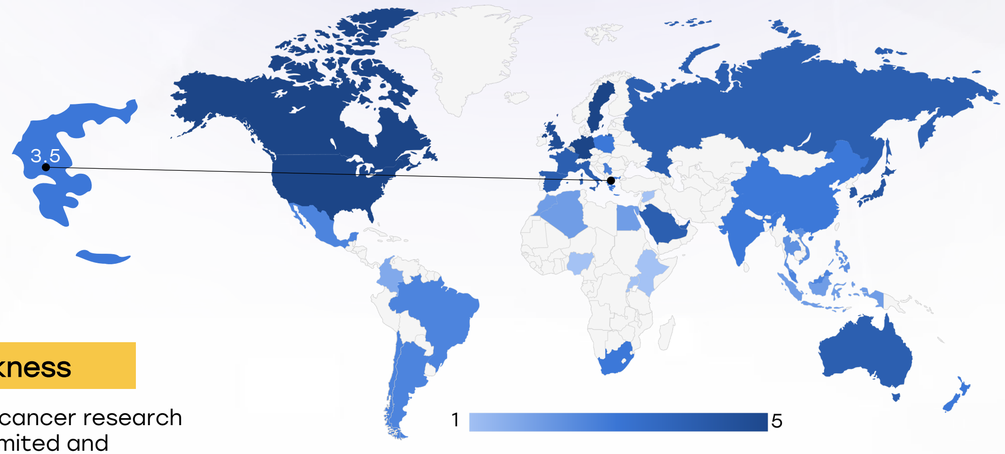
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

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	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

International Cancer Patient Coalition

Greece

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Public insurance (national system) provides coverage for PSA testing, surgery, radiotherapy, and hormonal therapies.
- Private hospitals and NGOs in cities organize awareness efforts, including World Prostate Cancer Day events.

Weakness

- Prostate cancer research remains limited and concentrated in academic centers in major cities; rural or high-risk groups (e.g. rural men) are under-represented.
- Public awareness is low; stigma around men's health issues and poor health literacy contribute to limited engagement.

Opportunity

- Collaborative outreach via primary care and community networks could raise awareness and increase early detection behavior among older men.
- Government or EU funding could support research into the epidemiology of prostate cancer across diverse regions and populations.

Threats

- Without sustained public education, presentations will remain late-stage, particularly in underserved zones.
- Cultural barriers around masculinity and illness may continue to deter screening and treatment-seeking behaviors.

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.

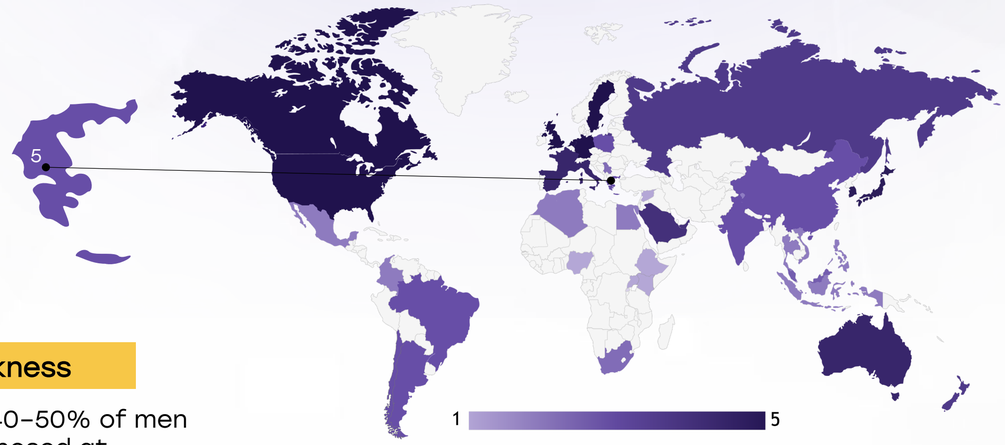
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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

International Cancer Patient Coalition

Greece

Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage disease has over 90% 5-year survival when caught early.
- Palliative care teams in tertiary hospitals offer symptom management and support.

Weakness

- Around 40–50% of men are diagnosed at advanced (locally advanced or metastatic) stages.
- Rural and lower-income patients have limited access to androgen deprivation therapy (ADT) and palliative radiotherapy.

S W O T

Opportunity

- Educate barangay health workers and GPs on prostate symptoms and referral guidelines.
- Decentralize ADT through local health centers to improve rural access.

Threats

- Cultural stigma and reluctance to discuss urinary or sexual health may delay diagnosis.
- Poor adherence to palliative treatment pathways, especially in non-urban areas.

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.

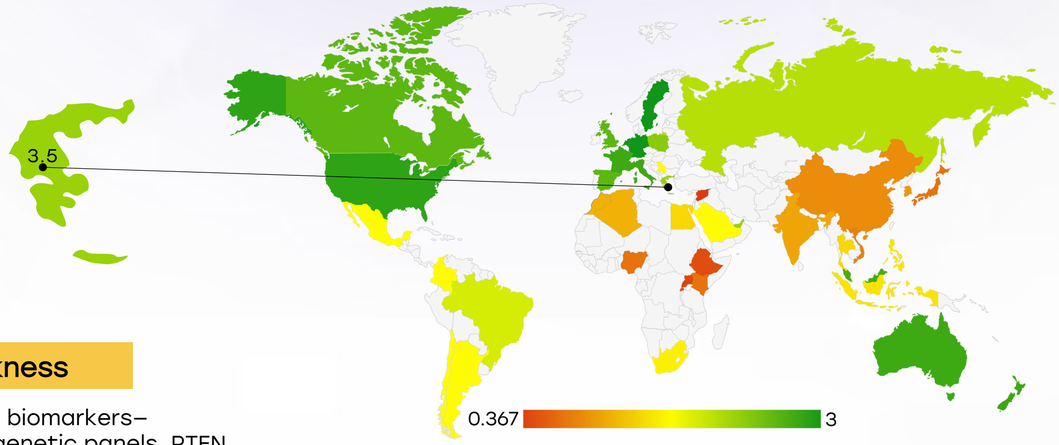
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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

International Cancer Patient Coalition

Greece

Utilization of Biomarkers



Strengths

- PSA testing is widely available and forms the backbone of initial prostate assessment across public and private clinics.
- Some urban academic centers and research groups have started molecular profiling–including BRCA1/2, PTEN, ATM, CHEK2–among men with advanced prostate cancer.

Weakness

- Advanced biomarkers–including genetic panels, PTEN testing, and molecular imaging–are mostly unavailable outside major cities and are not reimbursed.
- Clinician familiarity with advanced biomarker interpretation is inconsistent; limited infrastructure and standardization delay integration into routine care.

S W O T

Opportunity

- Introduce accessible triage tools such as PSA reflex testing, risk calculators, and percent-free PSA in public outpatient settings.
- Advocate for reimbursement expansion to incorporate molecular testing (e.g. BRCA1/2 status) in metastatic prostate cancer management.

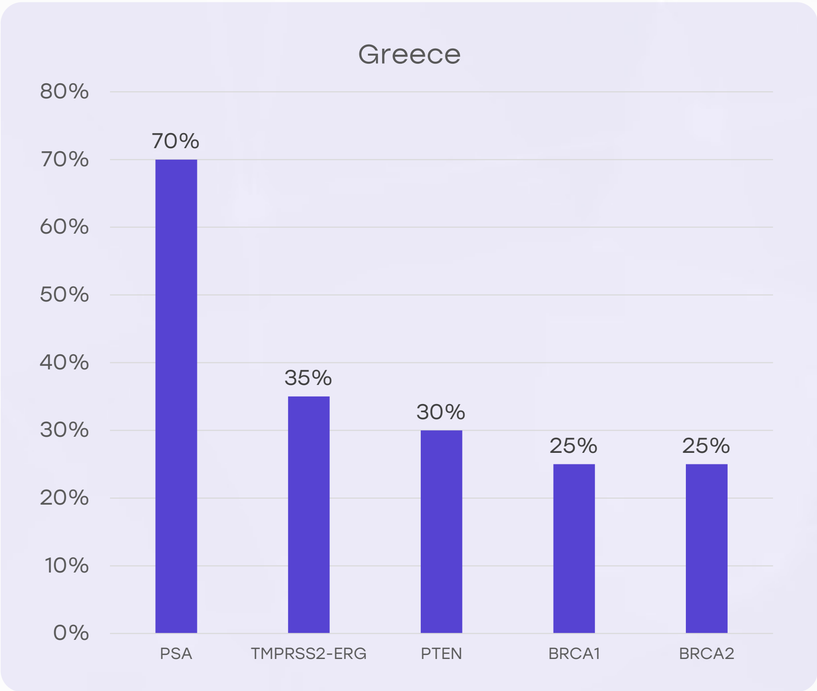
Threats

- Without reimbursement and capacity support, advanced biomarker testing may remain confined to urban research centers.
- Overreliance on PSA alone may perpetuate overdiagnosis, overtreatment, and missed detection of aggressive cases.

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.

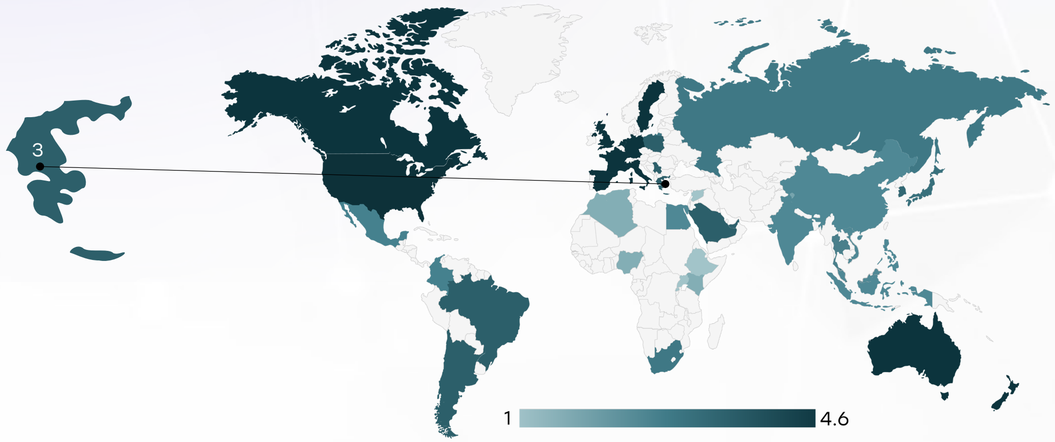
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Greece

Clinical Guidelines



Strengths

- National medical bodies endorse PSA screening for men over 50 or earlier for those with family history or genetic risk, promoting informed shared decision-making.
- Awareness among urologists regarding active surveillance protocols for low-risk disease is growing.

Weakness

- Guidelines are rarely implemented in primary care; inconsistent provider guidance leads to variability in referrals and screening approaches.
- Limited availability of culturally or linguistically adapted decision aids impairs patient-centered discussions.

S W O T

Opportunity

- Train primary care providers in guideline-aligned screening and referral pathways, focusing on early detection.
- Develop multilingual, culturally tailored decision aids to support shared decision-making in diverse populations

Threats

- Guidelines may remain aspirational without structured implementation and provider support.
- Provider biases toward aggressive treatment may undermine best-practice surveillance pathways.

	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	✖	✖	✖

International Cancer Patient Coalition

Greece

Reimbursement

Strengths

- Greek national insurance covers standard prostate cancer diagnostics and treatments for most patients, including public hospital access.
- Centralized procurement for standard therapies helps keep costs manageable in public facilities.

Weakness

- Advanced molecular testing and novel therapeutic agents are seldom reimbursed; most patients must pay out-of-pocket.
- Treatment disparities exist between public and private patients, especially regarding access to latest therapies or precision diagnostics.

S W O T

Opportunity

- Policy reform to include reimbursement for genomic tests (e.g. BRCA1/2 panels) and advanced imaging in metastatic prostate care.
- Bundled care packages—integrating screening, diagnosis, treatment, and follow-up—could streamline access and improve coordination.

Threats

- Rising costs of new therapies without corresponding insurance expansion may exacerbate inequity in care outcomes.
- Financial barriers may limit options for low-income or rural patients who cannot afford private services.

● 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	◐	◐

International Cancer Patient Coalition

Greece

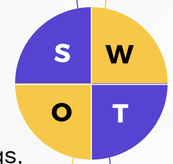
Prostate Cancer Screening

Strengths

- Opportunistic PSA screening is commonly practiced in urban clinics, particularly during routine health checks for men over 50.
- Patient-initiated screening is supported by urologists in primary and tertiary care settings, boosting engagement among insured urban populations.

Weakness

- Greece lacks an organized national prostate cancer screening program; practice is inconsistent and varies by region and provider.
- Screening rates are low overall—especially among rural, older, or lower-educated men—due to limited public health messaging and access.



Opportunity

- Launch community- and primary care–based outreach campaigns in underserved areas to increase PSA uptake and follow-up.
- Introduce risk-based screening strategies and workflow prompts (e.g. via GPs) to encourage targeted early detection.

Threats

- Without structured screening protocols, rising screening may lead to overdiagnosis and overtreatment without benefits.
- Screening inequities may deepen disparities in detection and survival between urban/private and rural/public populations.

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