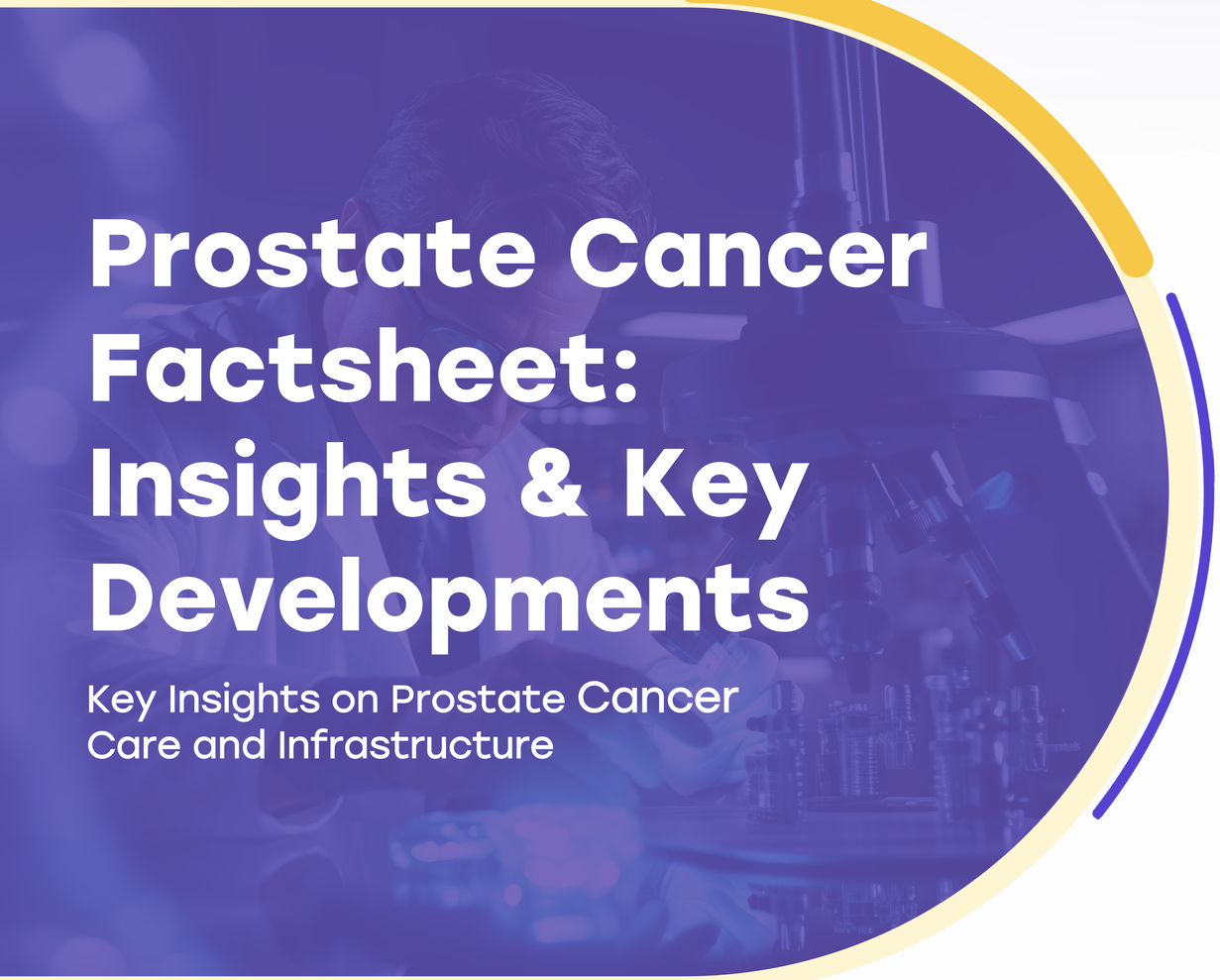
International Cancer Patient Coalition

UAE



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.

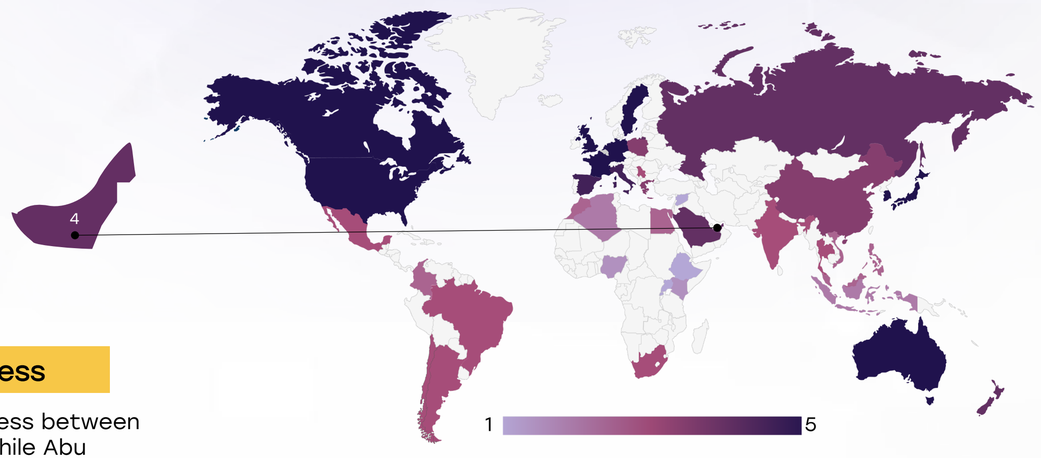
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Prostate cancer is among the leading cancers in Emirati men.
- **Incidence rate:** About 20 per 100,000 men per year.
- **Total new cases (2022):** Around 1,800–2,000 men.
- **Daily diagnoses (2022):** Approximately 5–6 men per day.
- **Deaths (2022):** Estimated 400–500 men.
- **5-year survival rate:** Likely ≈ 80%, benefiting from modern healthcare infrastructure.
- **Most affected age group:** Men aged 65 and older.
- **Screening participation:** Opportunistic PSA testing available; no structured national screening.

International Cancer Patient Coalition

UAE

Infrastructure



Strengths

- Advanced tertiary hospitals (e.g., Cleveland Clinic Abu Dhabi, Tawam Hospital) with world-class cancer diagnostic and treatment facilities.
- Investment in medical tourism and specialized oncology centers elevates care quality and global standards.

Weakness

- Uneven access between emirates—while Abu Dhabi and Dubai are well-equipped, smaller emirates often rely on referrals.
- Some public sector hospitals still lack comprehensive in-house oncology departments.

Opportunity

- Integrate cancer care services across emirates through a federal health infrastructure.
- Expand tele-oncology and remote diagnostics in under-resourced areas.

Threats

- Dependence on expatriate workforce in oncology could pose sustainability risks.
- High reliance on imported technologies and drugs may disrupt supply chains during global crises.

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.

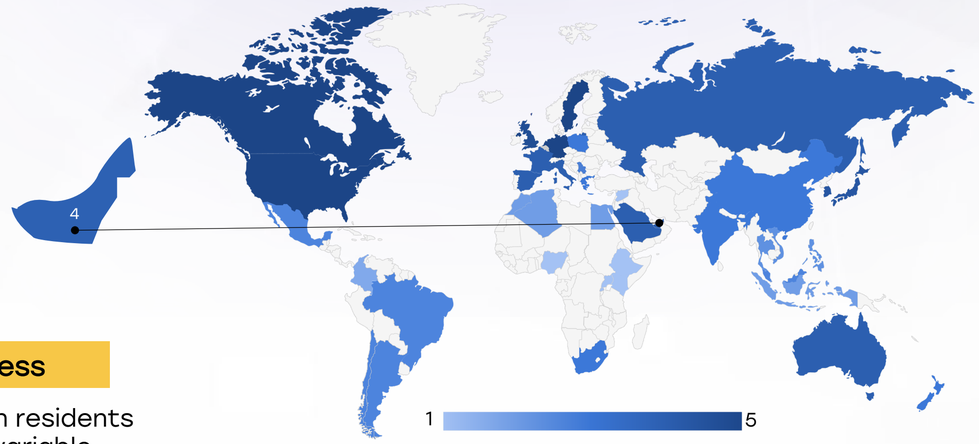
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

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	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

International Cancer Patient Coalition

UAE

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Citizens benefit from comprehensive healthcare coverage, including cancer care.
- Ongoing public awareness initiatives supported by Ministry of Health and Prevention (MOHAP) and private foundations.

Weakness

- Non-citizen residents may face variable insurance coverage, especially for advanced treatment options.
- Limited domestic research focused on prostate cancer; data mostly imported or adapted.

Opportunity

- Strengthen local research ecosystem with UAE-specific prostate cancer registries.
- Scale up men's health campaigns targeting middle-aged and senior men in all communities.

Threats

- Cultural stigma around men's urological health can delay help-seeking behavior.
- Research funding may remain concentrated on more prevalent cancers like breast and colorectal.

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.

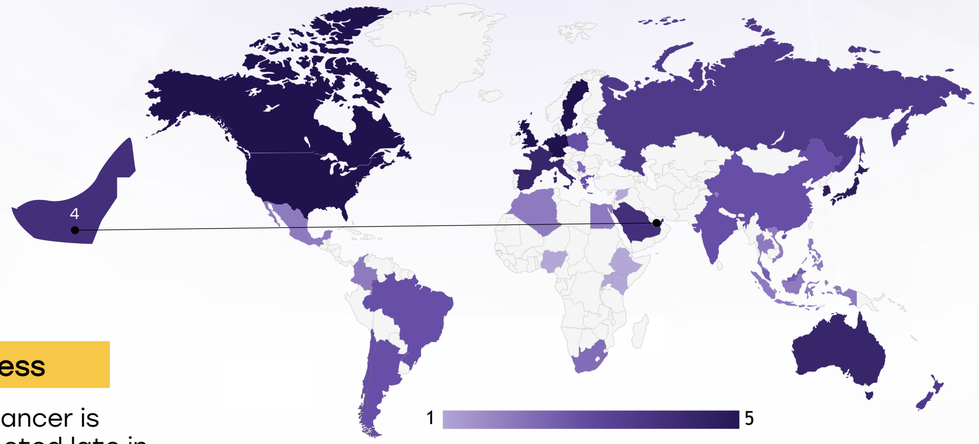
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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

UAE

Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage detection leads to excellent outcomes in insured Emirati populations.
- Availability of palliative and supportive care units in most tertiary hospitals.

Weakness

- Prostate cancer is often detected late in expatriate populations with limited health access.
- Underdevelopment of community-based palliative services and home care for cancer patients.

S W O T

Opportunity

- Enhance mobile screening units to reach labor camps and non-citizen male populations.
- Expand palliative care training for primary care physicians and home-based nursing.

Threats

- Inequities in survival rates between citizens and long-term residents.
- Persistent underreporting of cases due to social reluctance to discuss symptoms

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.

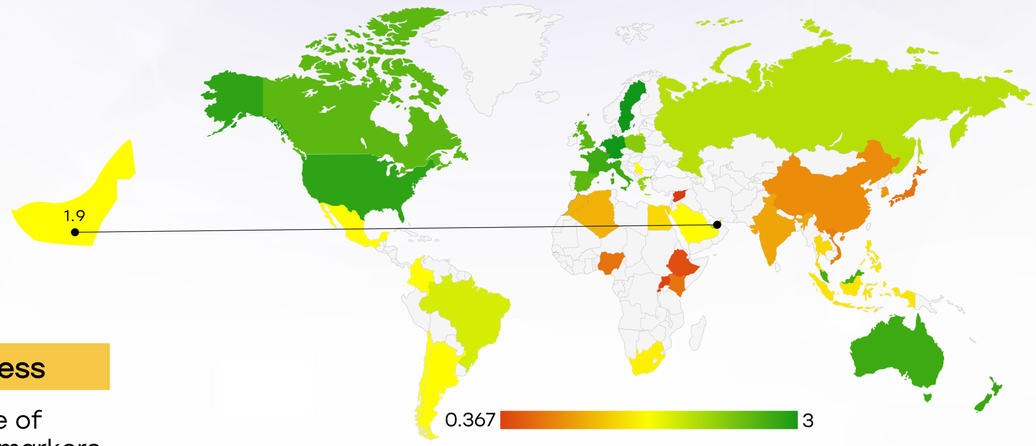
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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

UAE

Utilization of Biomarkers



Strengths

- PSA testing is standardized and available in most hospitals and clinics.
- BRCA1/2 testing available, especially in private hospitals and for patients with strong family history.

Weakness

- Limited use of advanced markers (TMPRSS2-ERG, PTEN) in routine practice due to cost and lab capacity.
- Lack of trained genetic counselors in many institutions.

S W O T

Opportunity

- Promote risk stratification using biomarker panels for personalized care pathways.
- Establish molecular pathology training programs within UAE-based medical schools.

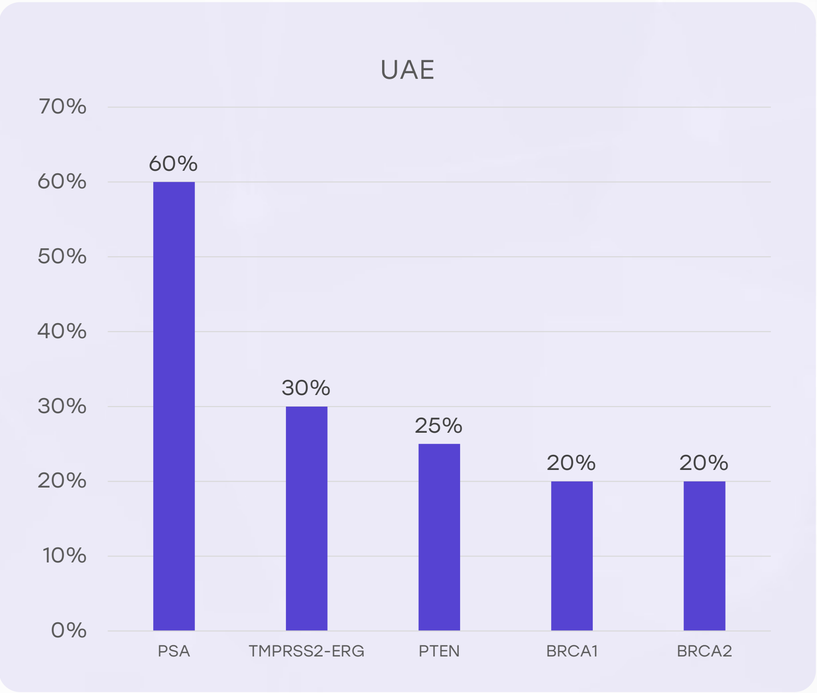
Threats

- Overdependence on imported test kits can lead to high patient costs.
- Lack of national standardization for when and how to use genetic or molecular tests

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.

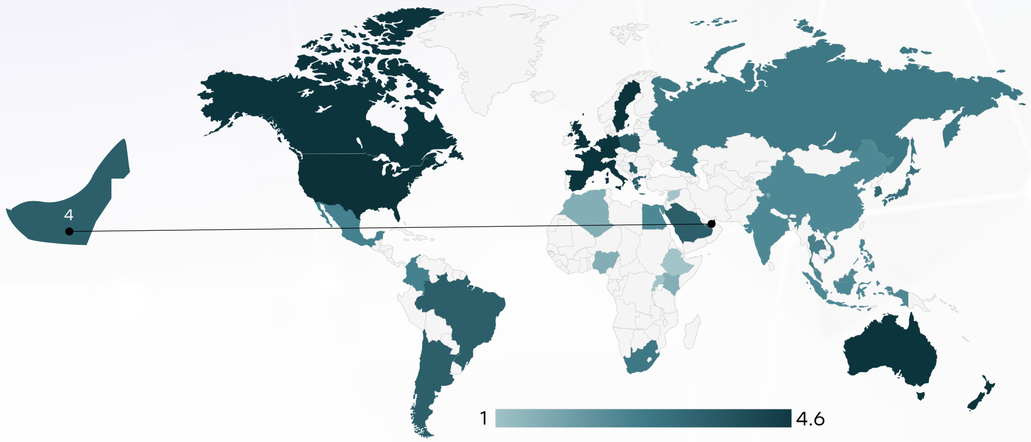
Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

UAE

Clinical Guidelines



Strengths

- UAE hospitals follow internationally recognized prostate cancer guidelines (e.g., NCCN, EAU).
- Regular training and updates through CME and hospital protocols.

Weakness

- No unified national clinical guideline that reflects UAE-specific epidemiology and access realities.
- Limited local research to inform guideline adaptation or decision thresholds.

S W O T

Opportunity

- Develop UAE-specific evidence-based prostate cancer guidelines, incorporating local screening strategies.
- Integrate biomarker recommendations (PSA + BRCA/PTEN panels) into clinical pathways.

Threats

- Variability in practice between public and private hospitals may lead to inconsistent care quality.
- Delays in updating clinical practice with emerging global standards.

	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

UAE

Reimbursement

Strengths

- Citizens are fully covered for most cancer services under government-funded insurance.
- Many private insurance plans also cover PSA screening and primary treatments.

Weakness

- Molecular diagnostics and targeted therapies may not be covered for expatriates or under basic plans.
- Price variability across hospitals can create financial burden for self-paying patients.

S W O T

Opportunity

- Introduce tiered insurance benefits that include coverage for high-risk biomarkers and genomic tests.
- Use real-world data to demonstrate cost-effectiveness of BRCA and PTEN testing in guiding therapy.

Threats

- Fragmentation of insurance policies across emirates and employers complicates access.
- High-tech care may become inaccessible to lower-income or uninsured residents.

● 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	●	●

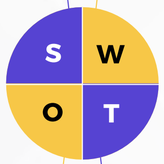
International Cancer Patient Coalition

UAE

Prostate Cancer Screening

Strengths

- PSA testing is commonly offered as part of annual health checks in private and corporate settings.
- Periodic MOHAP-led screening drives conducted in partnership with hospitals and NGOs



Weakness

- No national population-based screening program with uniform criteria.
- Language and cultural barriers limit effective outreach among some expat communities.
- `

Opportunity

- Launch a national risk-stratified screening framework, targeting men over 50 and those with family history.
- Leverage corporate health programs to reach insured working men in urban areas.

Threats

- Low uptake among uninsured or low-income expats.
- Risk of overdiagnosis without proper follow-up pathways and education.

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