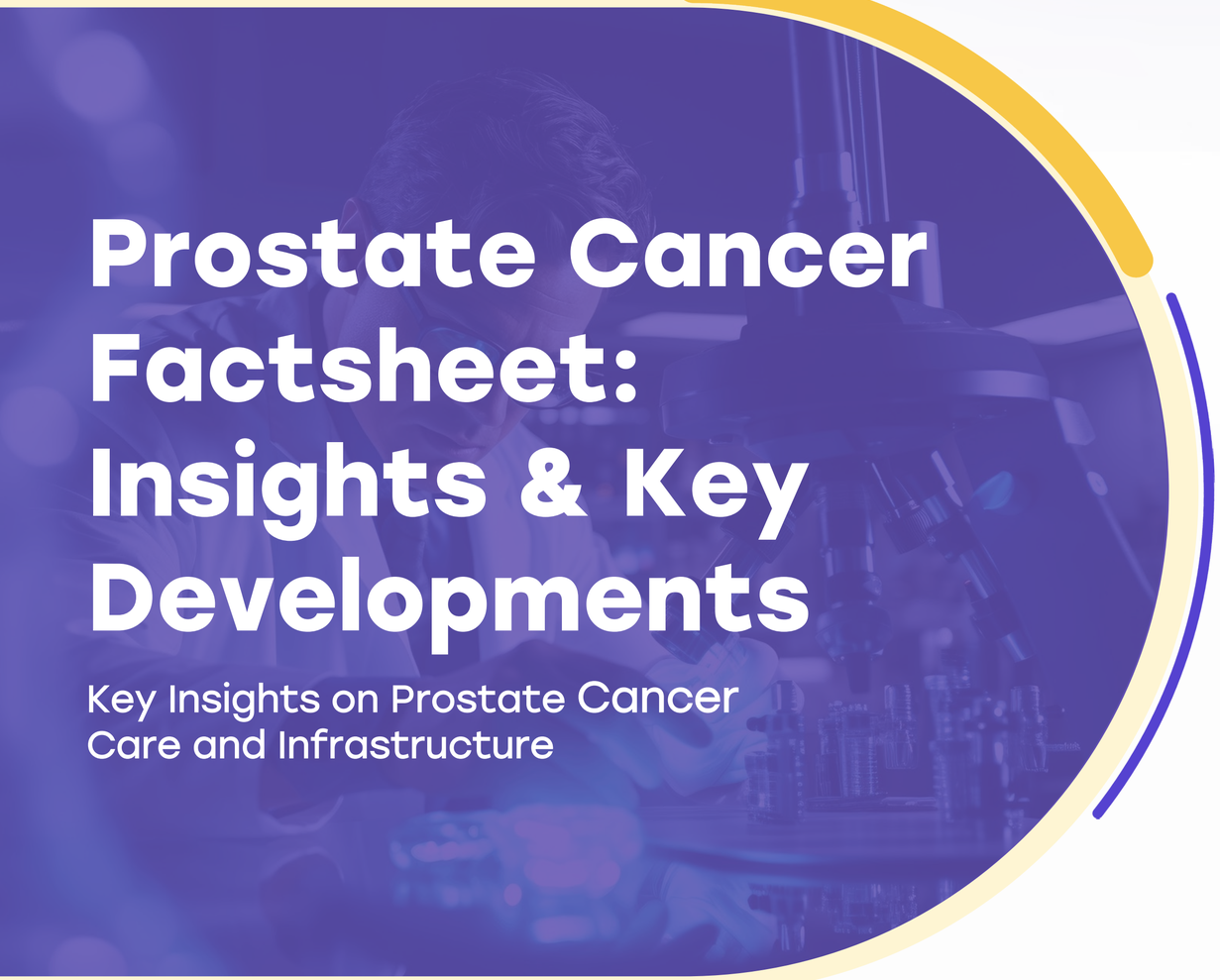
International Cancer Patient Coalition

Italy



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 Italian men (often 1st or 2nd).
- **Incidence rate:** Approximately 50 per 100,000 men per year.
- **Total new cases (2024 estimate):** Around 39,000 men diagnosed.
- **Daily diagnoses (2024 est.):** ~107 men per day.
- **Deaths (2024 est.):** Approximately 8,400 men annually.
- **5-year survival rate:** Estimated ≈90% or slightly above.
- **Most affected age group:** Typically men aged 70 and above.
- **Screening participation:** PSA screening occurs opportunistically; no nationwide organized program.

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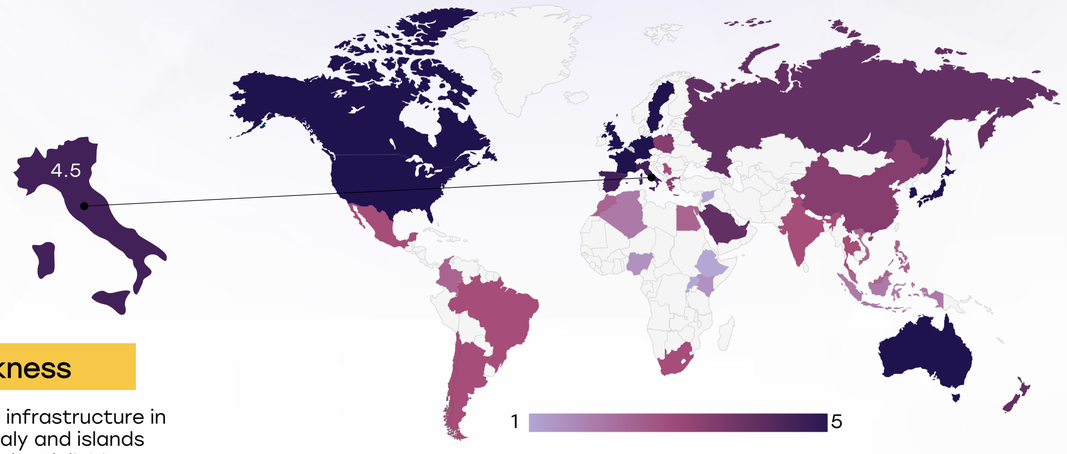
Infrastructure



Strengths

- Italy has a decentralized but universal healthcare system (Servizio Sanitario Nazionale – SSN), ensuring widespread access to oncology care through regional hospitals.
- Advanced diagnostic services like MRI, PET, PSA testing, and robotic prostatectomy are well-established in Northern and Central Italy.

Weakness

- Healthcare infrastructure in Southern Italy and islands (e.g., Calabria, Sicily) lags behind the North in terms of oncology capacity and equipment availability.
- Waiting times for biopsies, surgeries, and imaging remain long in certain public facilities.

S W O T

Opportunity

- Investment from EU health funds can further strengthen oncology infrastructure in under-served regions.
- Integration of AI-assisted diagnostic tools and digital pathology to streamline early detection.

Threats

- Persistent regional inequalities may lead to disparities in prostate cancer outcomes.
- Aging infrastructure and workforce shortages in some regions can strain capacity.

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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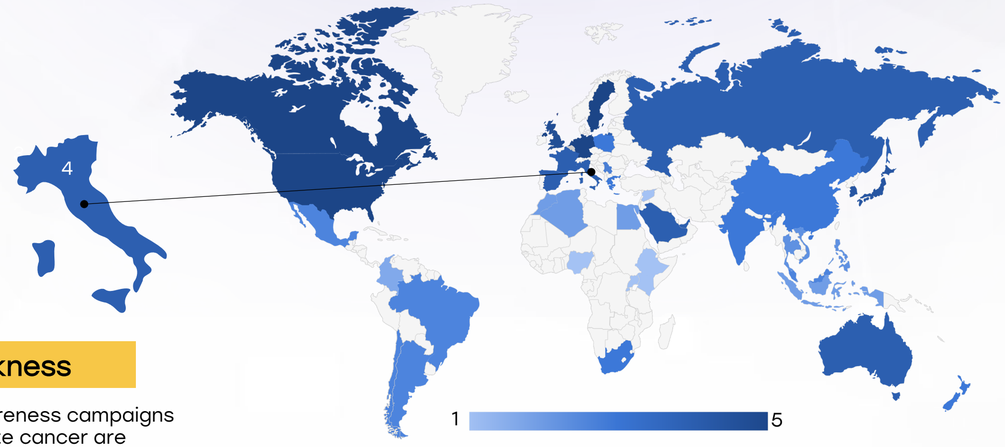
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Italy offers universal cancer treatment access, including surgery, radiotherapy, hormonal therapy, and chemotherapy.
- It is home to major prostate cancer research centers (e.g., Humanitas, Fondazione IRCCS Istituto Nazionale dei Tumori) involved in global trials and genomic studies.

Weakness

- Public awareness campaigns for prostate cancer are limited compared to breast or colorectal cancer.
- Research into male-specific cancer receives relatively less funding from national sources.

S W O T

Opportunity

- Increase media-based outreach targeting older men to improve awareness of early symptoms and PSA testing.
- Promote public-private partnerships for advanced research into BRCA-related prostate cancer and precision medicine.

Threats

- Uneven uptake of awareness campaigns and low screening among asymptomatic men may continue to result in late-stage diagnoses.
- Funding pressures post-COVID may slow momentum in non-urgent cancer research.

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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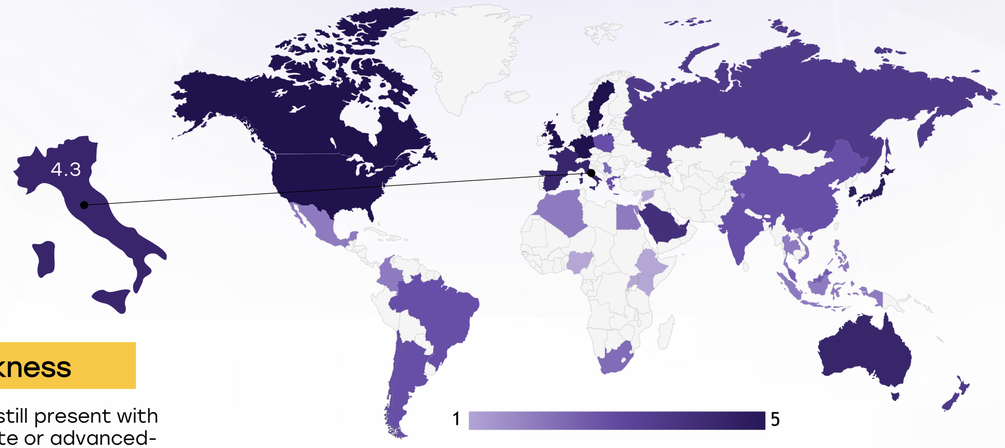
Survival Rates, Early Detection and Palliative Care



Strengths

- Italy reports 5-year survival rates above 90% for localized prostate cancer due to early detection and effective treatment.
- Well-integrated palliative care networks in regions like Lombardy and Emilia-Romagna, with home-based services and pain management.

Weakness

- Many men still present with intermediate or advanced-stage disease, especially in areas with low PSA testing uptake.
- Palliative care access in rural Southern areas remains fragmented.

S W O T

Opportunity

- Strengthen GP education to identify symptoms and refer early for PSA or urology consult.
- Expand hospice and end-of-life care capacity in under-resourced regions.

Threats

- Aging population (22% of Italians are over 65) could put pressure on oncology and palliative services.
- Delayed diagnosis may reduce quality-adjusted life years in men with comorbidities.

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	3	2	3
Kenya	1	1	1
Nigeria	1	1	1
Egypt	3	3	3
Morocco	3	3	3
Algeria	3	3	3
Ethiopia	1	1	1
India	2	2	2
Japan	5	4	5
South Korea	5	4	4
China	2	2	4
Thailand	3	3	3
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	2	2	2
Mexico	3	3	3
Brazil	2	2	2
Argentina	2	2	2
Chile	2	2	2
Colombia	3	3	3
United States	5	5	5
Canada	5	5	5
Australia	5	4	4
New Zealand	4	4	2
Greece	2	2	2
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	2	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	1	1	1
Indonesia	3	3	3
Vietnam	3	3	3
Philippines	3	3	3
Russia	4	4	2
Malaysia	2	3	2

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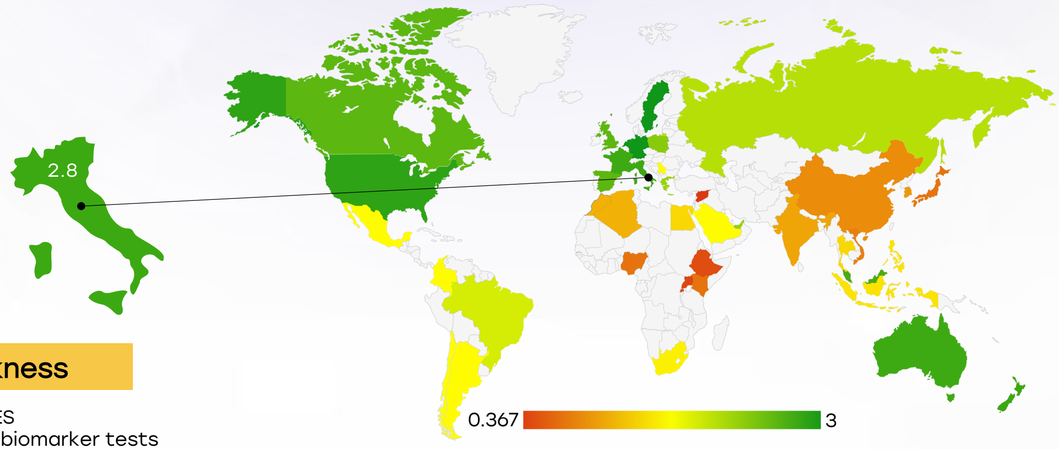
Utilization of Biomarkers



Strengths

- Research and genetic testing for BRCA1/2 mutations in prostate cancer are supported in high-risk families, especially with family history of breast/ovarian cancer.
- PTEN loss and TMPRSS2-ERG fusion testing are available in specialized cancer centers as part of precision oncology protocols.

Weakness

- WEAKNESSES
- •Advanced biomarker tests (e.g., genomic profiling) are not yet standard practice across all regions and are usually confined to research settings or private labs.
- •Public reimbursement for BRCA1/2 testing in prostate cancer is inconsistent and limited to select indications.
- •

Opportunity

- Scale access to BRCA, PTEN, and TMPRSS2-ERG testing by integrating into national prostate cancer pathways.
- Encourage use of biomarker panels to guide treatment decisions, especially in castration-resistant or metastatic prostate cancer.

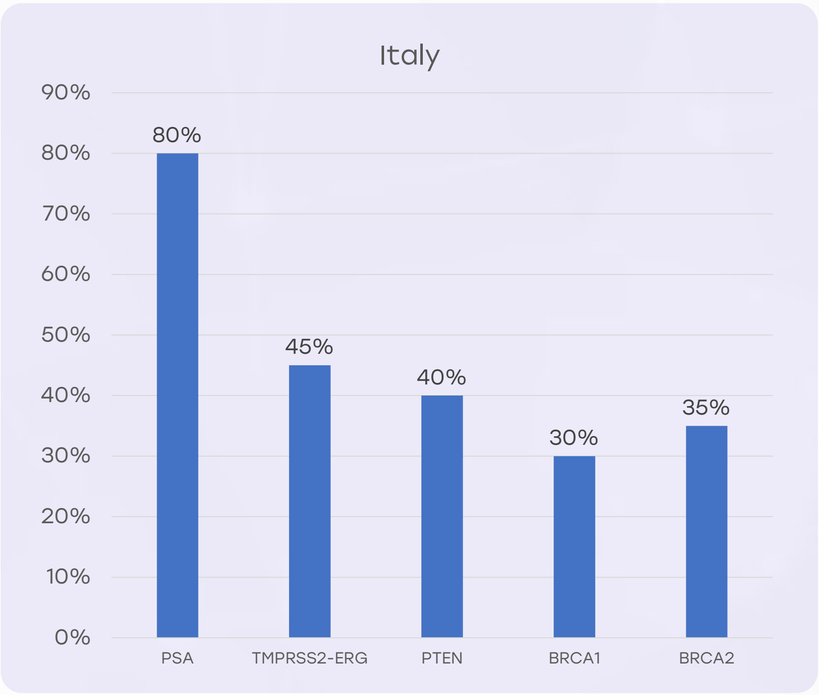
Threats

- Uneven application of biomarker testing could result in inequitable treatment options across regions.
- Cost barriers and delays in implementing national precision medicine strategies may stall progress.

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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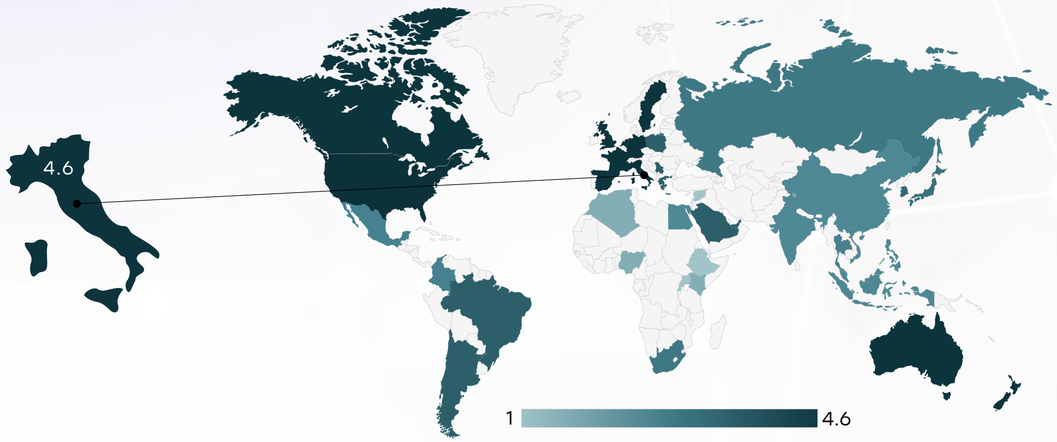
Clinical Guidelines



Strengths

- Italy follows evidence-based clinical guidelines developed by AIOM (Italian Association of Medical Oncology) and EAU, including clear pathways for PSA testing, imaging, and treatment.
- National Cancer Plan includes a commitment to multidisciplinary tumor boards and guideline adherence.

Weakness

- Regional variations in clinical practice due to health decentralization can lead to inconsistencies in care delivery.
- Some primary care providers still lack training in updated prostate cancer guidelines.

S W O T

Opportunity

- National audits and digital platforms can improve consistency in guideline implementation.
- Develop simplified tools or e-health apps to support GPs in rural areas.

Threats

- Without national enforcement or monitoring, clinical quality may vary, especially for biomarker-based decisions.
- Resistance to changing old screening practices could hinder adoption of newer evidence-based protocols.

	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

- SSN provides free or low-cost treatment for prostate cancer including surgery, RT, ADT, and most chemotherapy regimens.
- Reimbursement of essential medications and supportive therapies is standard through regional formularies.

Weakness

- Reimbursement of genetic tests (BRCA1/2) or next-generation sequencing (NGS) in prostate cancer is not yet uniformly implemented.
- New precision medicines (e.g., PARP inhibitors) may require individual regional approvals or private co-pay.

S W O T

Opportunity

- Expand the reimbursement scheme for biomarker testing in line with emerging evidence for precision oncology.
- Utilize EU recovery funds to support access to innovative diagnostics and treatments.

Threats

- Delayed inclusion of cutting-edge therapies in reimbursement lists may disadvantage public hospital patients.
- Budget constraints across regions may limit updates to reimbursed cancer care protocols.

● 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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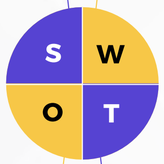
Prostate Cancer Screening

Strengths

- Opportunistic PSA screening is common through primary care physicians for men over 50, especially those with family history.
- Shared decision-making models are increasingly used to explain risks and benefits of PSA testing.

Weakness

- No formal national screening program for prostate cancer exists, despite high incidence in the male population.
- PSA screening uptake varies by education level and region.



Opportunity

- Pilot organized PSA-based screening in high-risk areas or for men over 55 as part of broader male cancer prevention.
- Use urology clinics and primary care to promote risk-based screening discussions.

Threats

- Overtesting and overdiagnosis remain concerns if PSA testing is not properly guided.
- Lack of national coordination may cause uneven access to early detection.

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