

# Saudi Arabia



## 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.

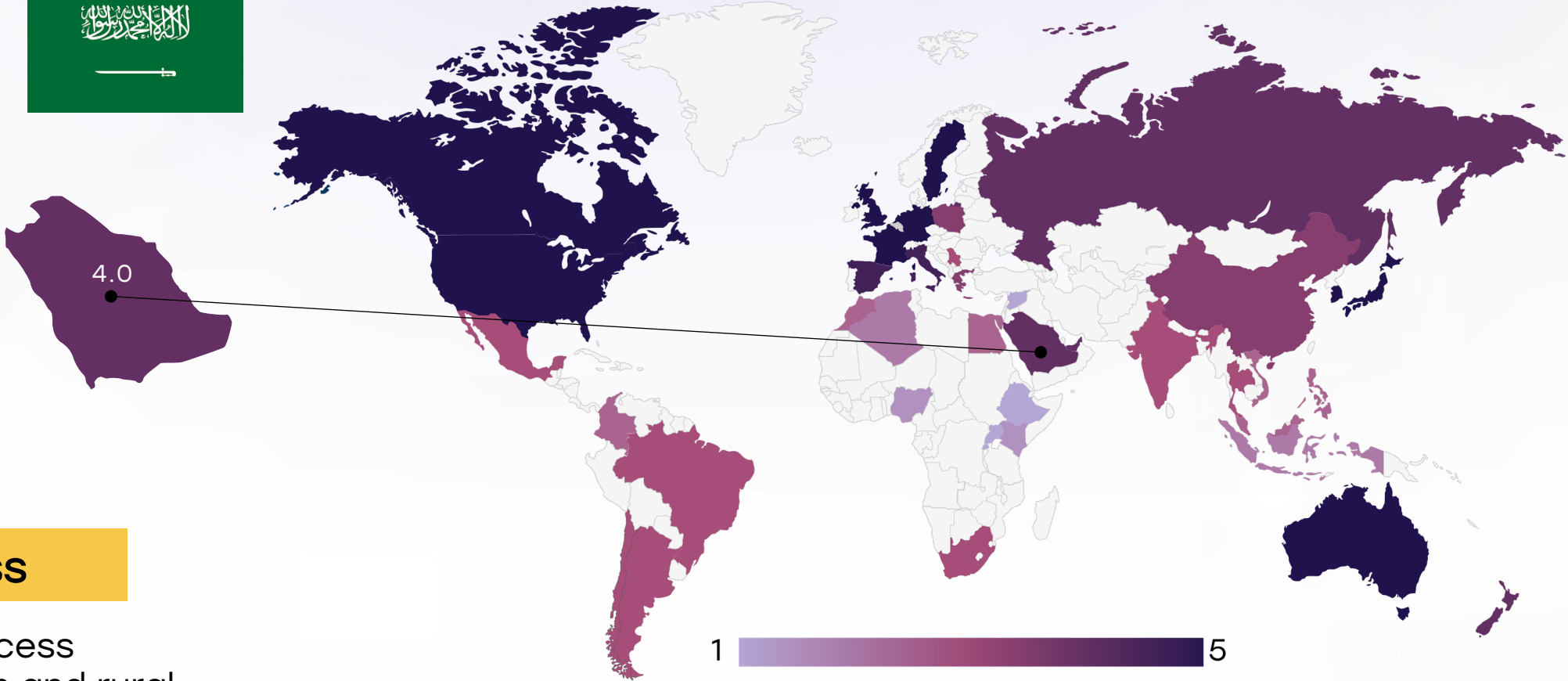
- **Incidence share:** Prostate cancer is among the top 5 male cancers.
- **Incidence rate:** About 10–12 per 100,000 men per year.
- **Total new cases (2022):** Roughly 2,500–3,000 men.
- **Daily diagnoses (2022):** Around 7–8 men per day.
- **Deaths (2022):** Estimated 800–1,000 men.
- **5-year survival rate:** Likely  $\approx$  60–70%, due to rising but still limited early detection.
- **Most affected age group:** Men aged 65 and older.
- **Screening participation:** Opportunistic PSA testing; no organized national screening.



# Saudi Arabia



## Infrastructure



### Strengths

- Saudi Arabia has a well-developed tertiary healthcare system, particularly in major cities like Riyadh, Jeddah, and Dammam.
- Specialized oncology centers such as King Faisal Specialist Hospital and Research Centre provide state-of-the-art prostate cancer care and diagnostics.

### Weakness

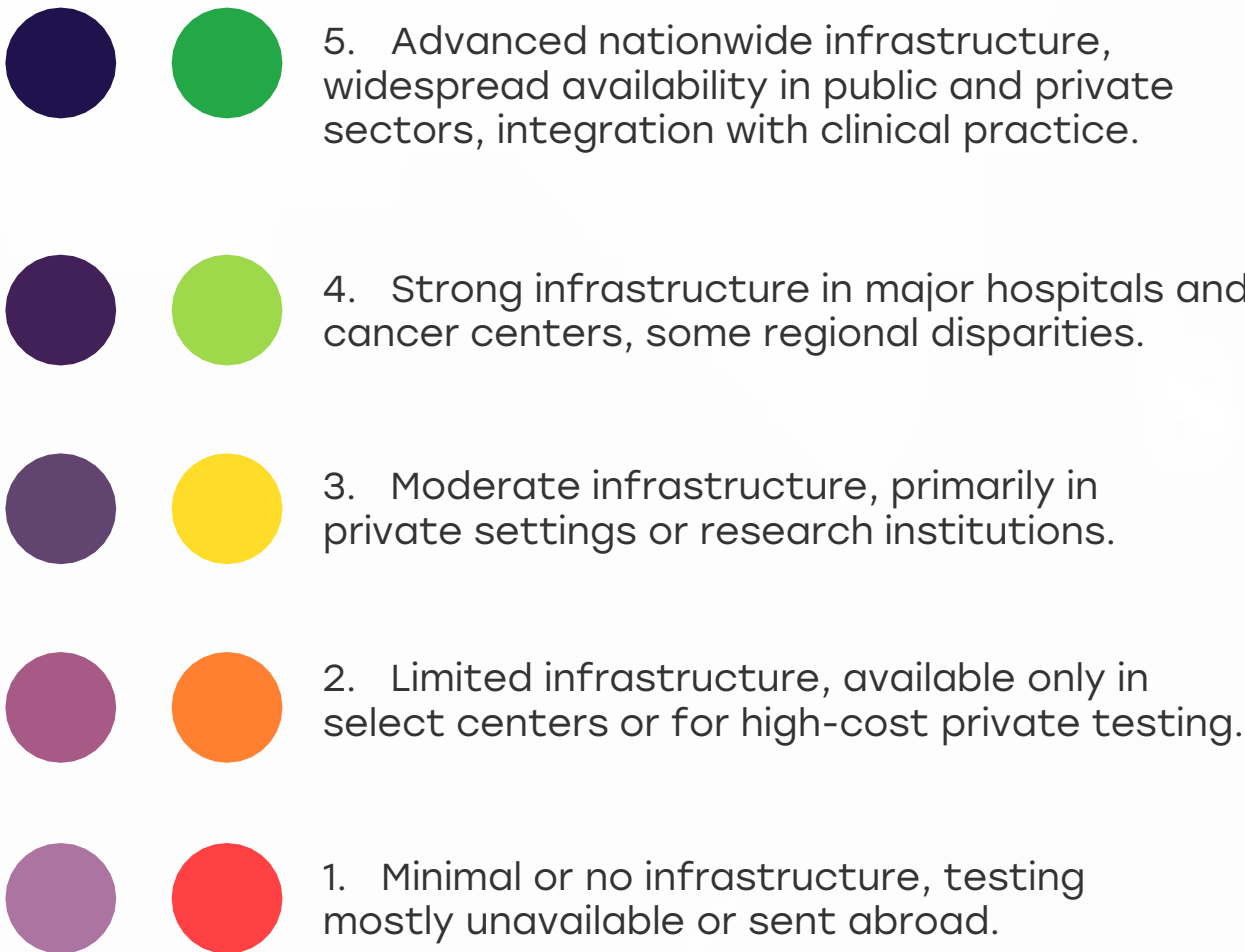
- Disparity in access between urban and rural regions; many smaller cities lack advanced oncology services.
- Overdependence on centralized healthcare infrastructure, leading to delays in referrals and treatment initiation.

### Opportunity

- Expand regional oncology centers and mobile screening units in underserved areas.
- Integrate AI and digital diagnostics to reduce geographic gaps in access.

### Threats

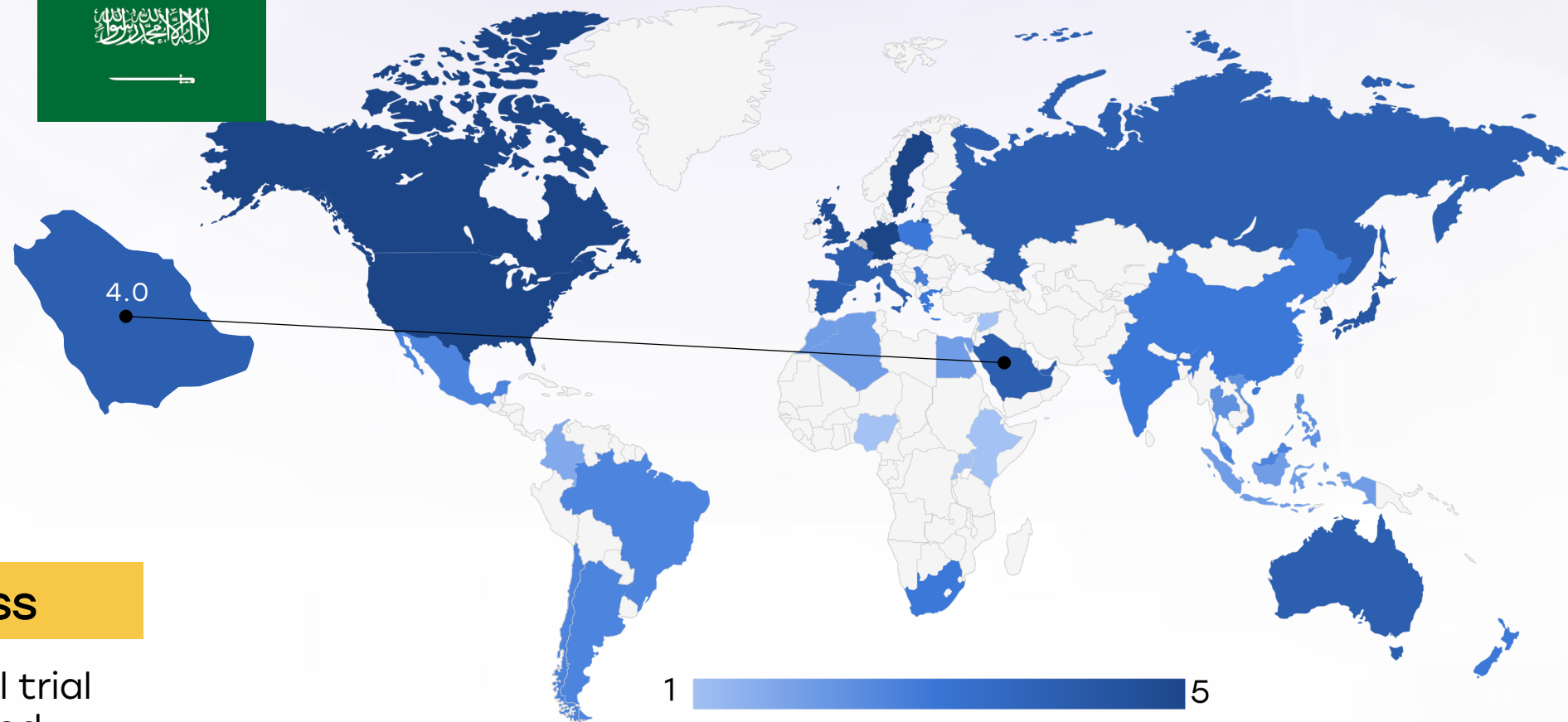
- Rapidly growing elderly population may strain existing healthcare resources.
- Urban-centric investment could exacerbate regional inequalities in prostate cancer care.



Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
Algeria	<div></div>	<div></div>
Ethiopia	<div></div>	<div></div>
India	<div></div>	<div></div>
Japan	<div></div>	<div></div>
South Korea	<div></div>	<div></div>
China	<div></div>	<div></div>
Thailand	<div></div>	<div></div>
Singapore	<div></div>	<div></div>
United Kingdom	<div></div>	<div></div>
Germany	<div></div>	<div></div>
France	<div></div>	<div></div>
Netherlands	<div></div>	<div></div>
Sweden	<div></div>	<div></div>
Italy	<div></div>	<div></div>
Spain	<div></div>	<div></div>
Poland	<div></div>	<div></div>
Mexico	<div></div>	<div></div>
Brazil	<div></div>	<div></div>
Argentina	<div></div>	<div></div>
Chile	<div></div>	<div></div>
Colombia	<div></div>	<div></div>
United States	<div></div>	<div></div>
Canada	<div></div>	<div></div>
Australia	<div></div>	<div></div>
New Zealand	<div></div>	<div></div>
Greece	<div></div>	<div></div>
Rwanda	<div></div>	<div></div>
Uganda	<div></div>	<div></div>
Serbia	<div></div>	<div></div>
Saudi Arabia	<div></div>	<div></div>
UAE	<div></div>	<div></div>
Syria	<div></div>	<div></div>
Indonesia	<div></div>	<div></div>
Vietnam	<div></div>	<div></div>
Philippines	<div></div>	<div></div>
Russia	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>

# Saudi Arabia

## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- The government provides free or heavily subsidized cancer care to all Saudi nationals through the public sector.
- Growing research investments in genomics and oncology, supported by institutions like KAIMRC and KFSHRC.

### Weakness

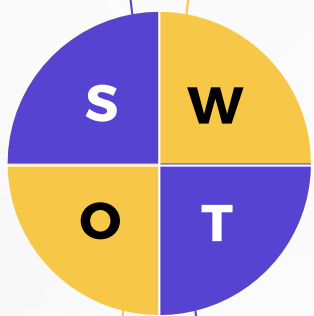
- Limited clinical trial activity focused specifically on prostate cancer compared to breast or hematologic cancers.
- Public awareness around prostate cancer is relatively low, especially in older male populations.

### Opportunity

- Launch national education campaigns tailored to male health, targeting early detection and stigma reduction.
- Expand funding for localized research on prostate cancer prevalence and genomics in Arab men.

### Threats

- Competing national health priorities like obesity, diabetes, and cardiovascular disease may limit oncology focus.
- Cultural conservatism can act as a barrier to open communication about men's reproductive health.



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.



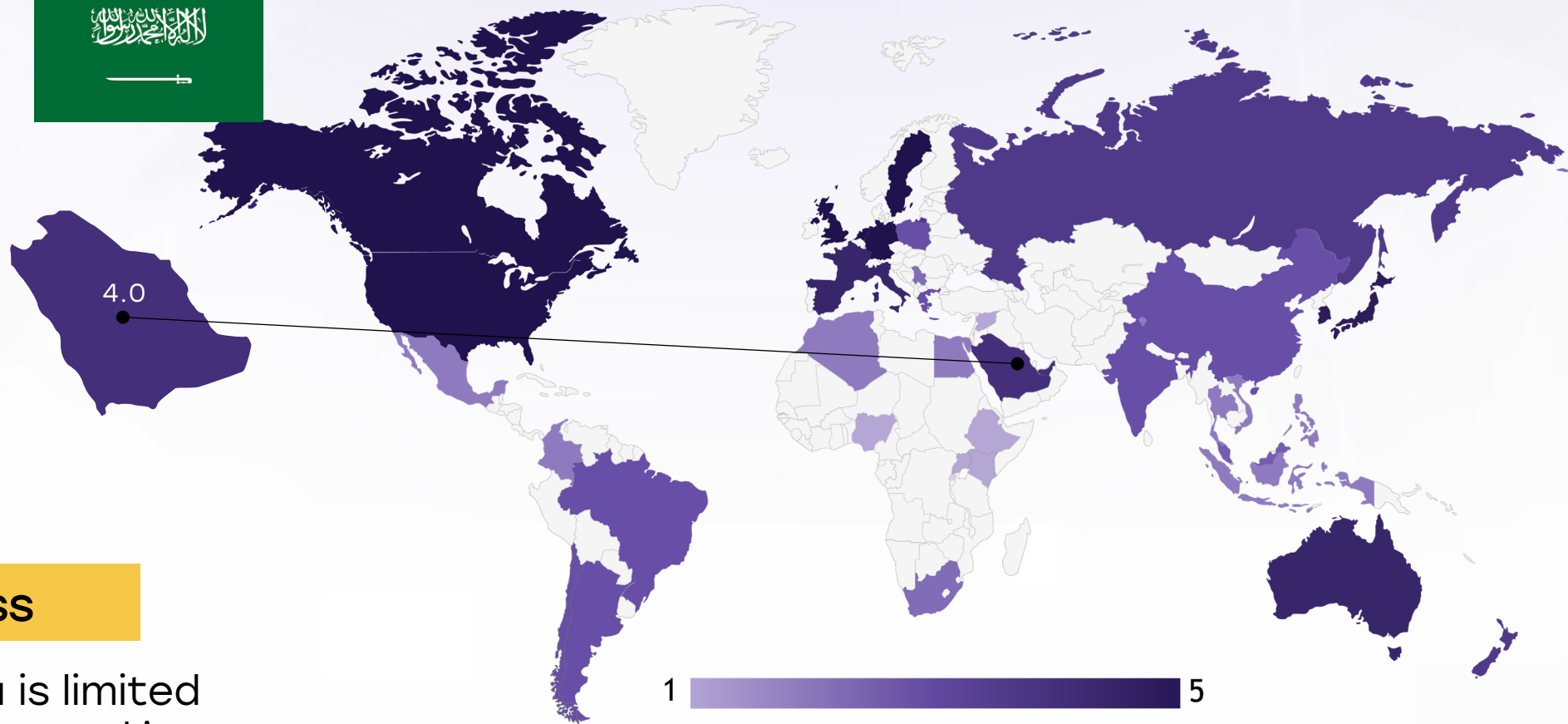
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
New Zealand	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●



# Saudi Arabia

## Survival Rates, Early Detection and Palliative Care



### Strengths

- Prostate cancer in Saudi Arabia is typically detected at earlier stages than in many other MENA countries, especially among urban populations.

- Strong palliative care systems exist in major hospitals, offering pain relief services.

- Improve surveillance and reporting through a comprehensive cancer registry.

- Integrate prostate cancer education into routine men's health checkups, especially in PHCs.

### Weakness

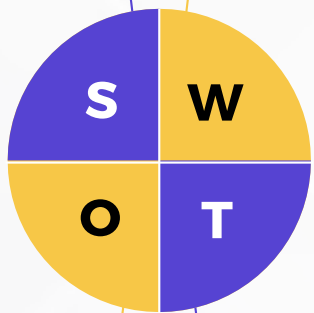
- Survival data is limited and underreported in national registries; five-year survival estimates are not consistent.

- Delayed diagnosis remains common in rural and lower-income populations.

### 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.



### Opportunity

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.

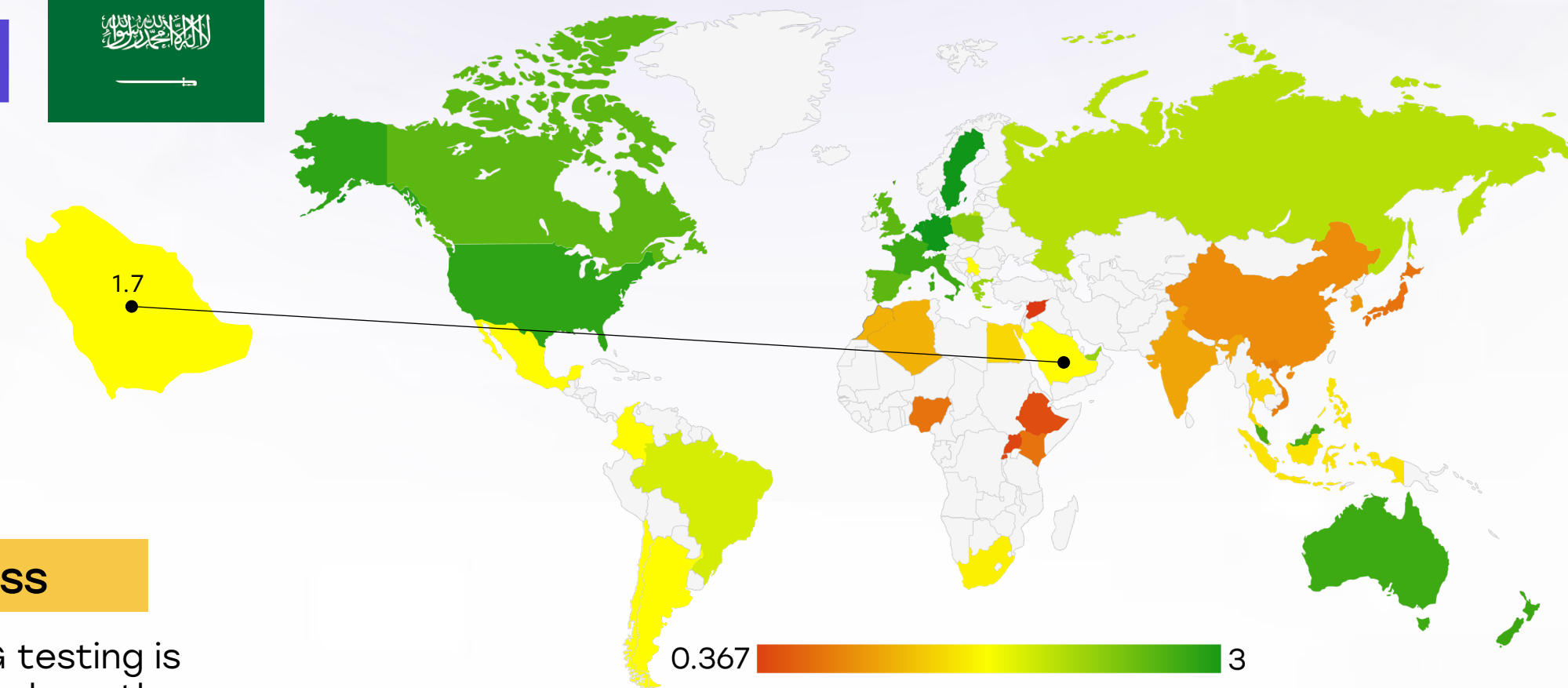
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
Brazil			
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

# Saudi Arabia



## Utilization of Biomarkers



### Strengths

- PSA testing is widely available and commonly used in private and public hospitals as a first-line diagnostic tool.
- Advanced centers offer BRCA1/2 and PTEN testing as part of comprehensive genomic panels, especially for high-risk or familial cases.

### Weakness

- TMPRSS2-ERG testing is rarely used and mostly limited to research.
- Limited physician familiarity with interpreting genomic tests beyond PSA and BRCA, especially in non-specialized facilities.

### Opportunity

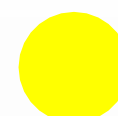
- Incorporate molecular diagnostics into national clinical guidelines for prostate cancer.
- Build training programs for oncologists and pathologists in biomarker interpretation and application.

### Threats

- Cost of advanced genomic tests may not be uniformly reimbursed across hospitals.
- Lack of standardization in biomarker use may lead to clinical inconsistencies.



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.

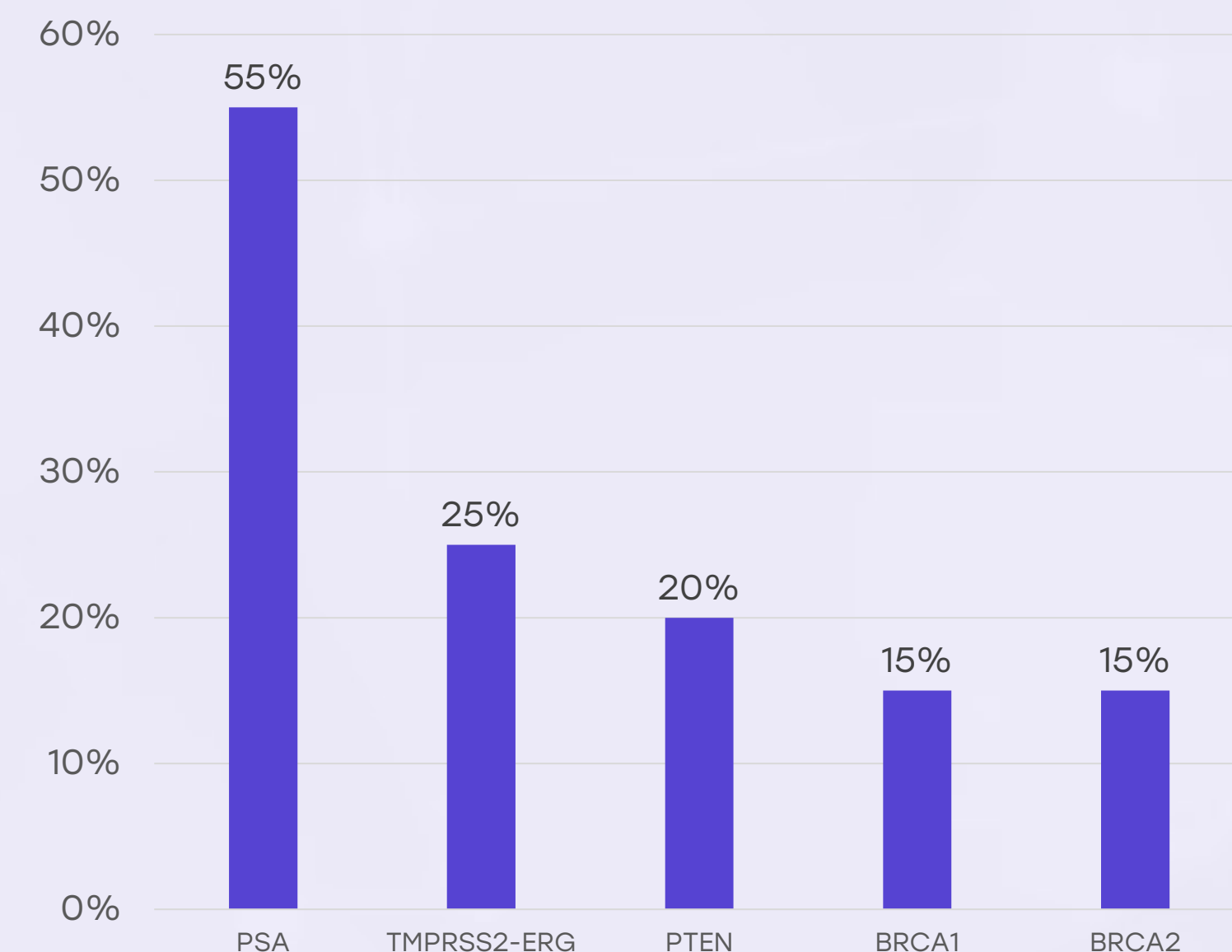


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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.

### Saudi Arabia

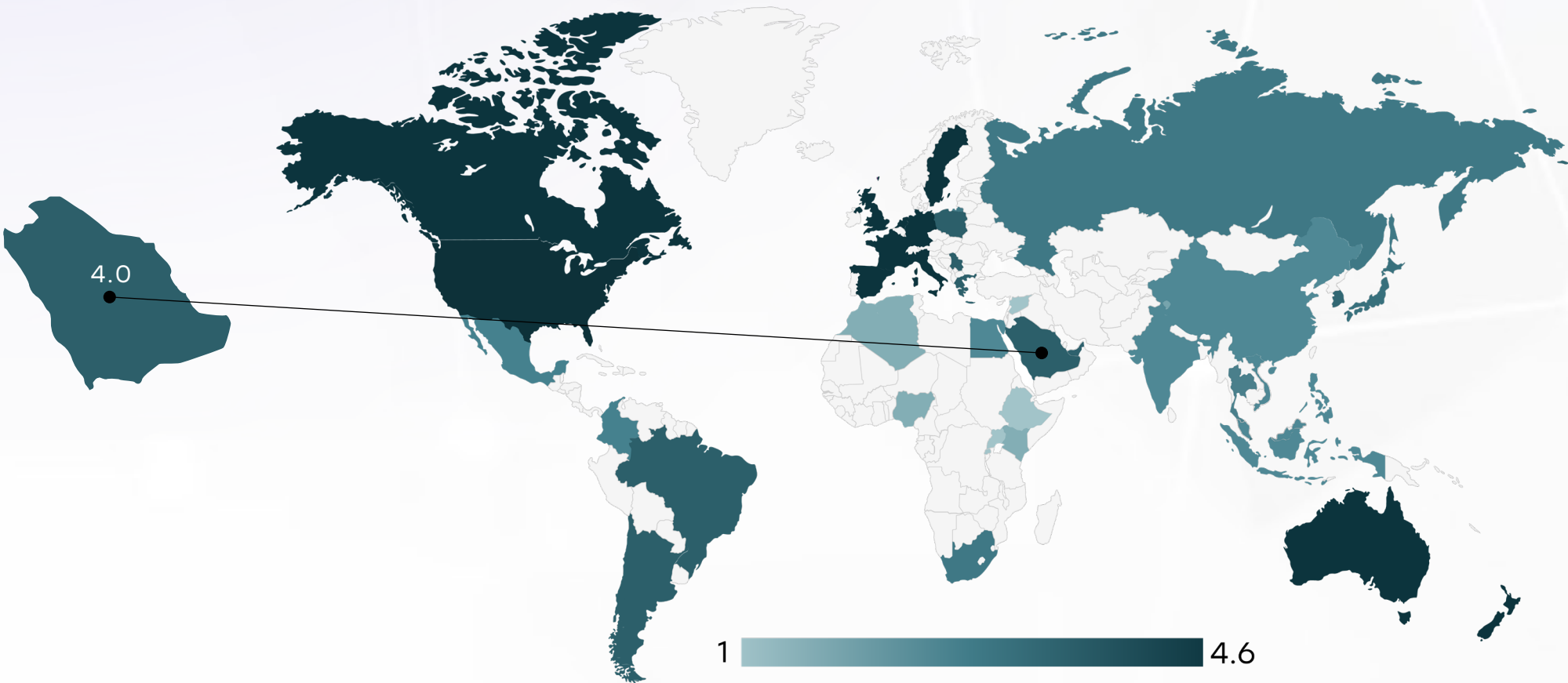
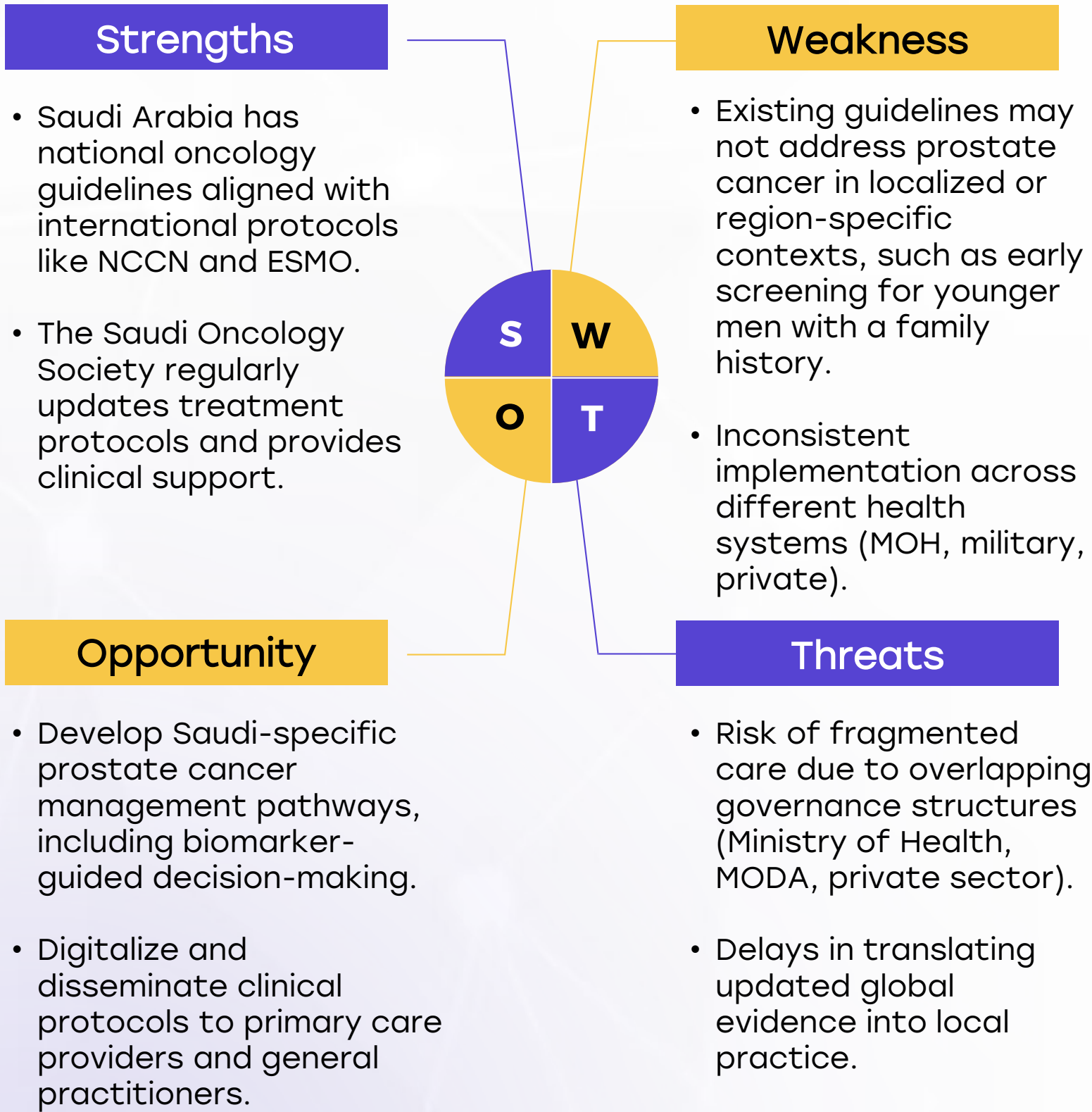




# Saudi Arabia



## Clinical Guidelines



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✗	○	✗	✗	✗
Feasibility of Integration	✗	○	✗	✗	✗
Adoption of International Guidelines	✗	○	✗	✗	✗
Engagement with Updates	✗	✗	✗	○	✗
ESMO Guidelines Implementation	✗	○	✗	✗	✗

# Saudi Arabia

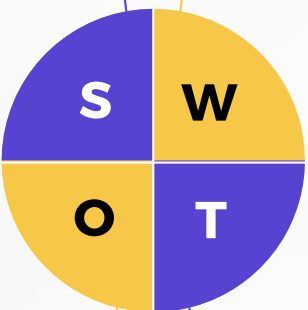


## Reimbursement



### Strengths

- All Saudi nationals receive free public healthcare, including diagnostics, surgery, and radiotherapy.
- Private insurance often covers prostate cancer screening and treatment for expats



### Weakness

- Variability in reimbursement for genomic testing and novel hormonal therapies across facilities.
- Non-nationals in lower income brackets may struggle to access care if uninsured.

### Opportunity

- Standardize reimbursement for precision oncology tools and advanced biomarkers across all sectors.
- Encourage public-private partnerships to expand access for non-Saudi residents.

### Threats

- Increasing cost of advanced therapies could strain public reimbursement models in the future.
- Potential inequity in access between Saudis and the large expatriate population.



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.

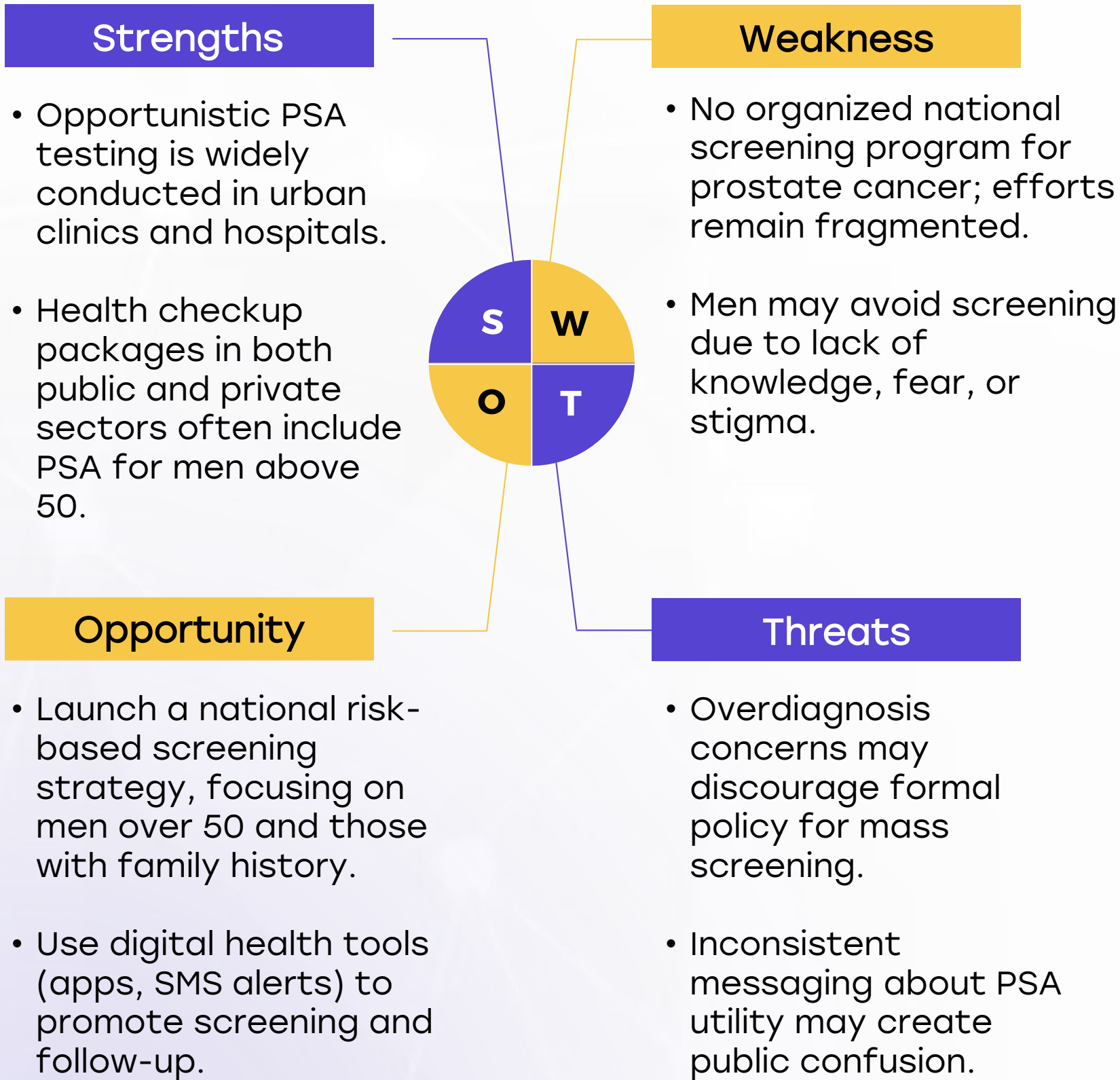
Country	Reimbursement Framework	No-cost Access
United States		
United Kingdom		
Canada		
Australia		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Japan		
South Korea		
China		
India		
Singapore		
Thailand		
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
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Brazil		
Argentina		
Chile		
Colombia		
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Rwanda		
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Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		



# Saudi Arabia



## Prostate Cancer Screening



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