

Indonesia

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.

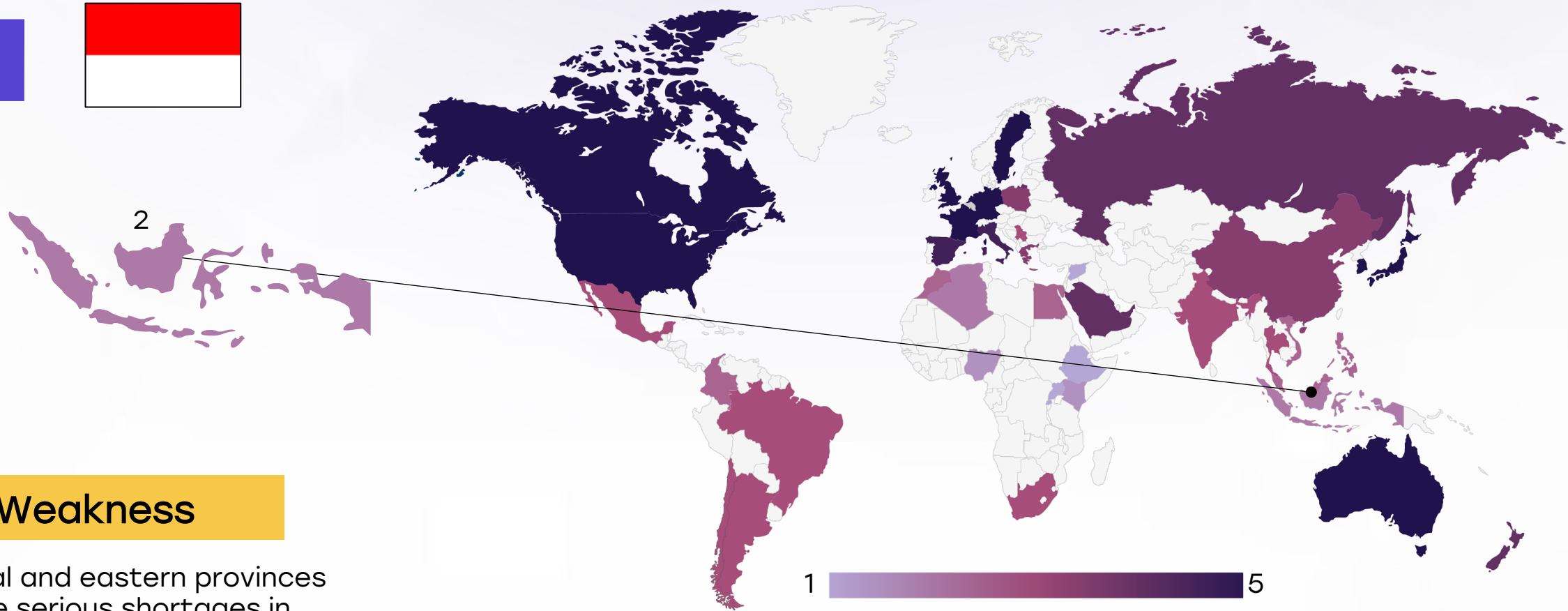
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Not among the top cancers for men; relatively low ranked.
- **Incidence rate:** Approximately 7–10 per 100,000 men per year.
- **Total new cases (2022):** Estimated around 10,000–13,000 men.
- **Daily diagnoses (2022):** ~30 men per day.
- **Deaths (2022):** Likely 5,000–6,000 men annually.
- **5-year survival rate:** Likely 30–50%, reflecting late diagnosis trends.
- **Most affected age group:** Primarily men aged 65 and older.
- **Screening participation:** Virtually no organized screening; PSA testing extremely limited.

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Infrastructure



Strengths

- Major public hospitals like RSUP Dr. Cipto Mangunkusumo (Jakarta) and Dr. Sardjito Hospital (Yogyakarta) have established oncology departments offering surgery, radiotherapy, and urology services.
- Urban centers increasingly provide MRI, PSA testing, and digital pathology for prostate cancer diagnosis.

Weakness

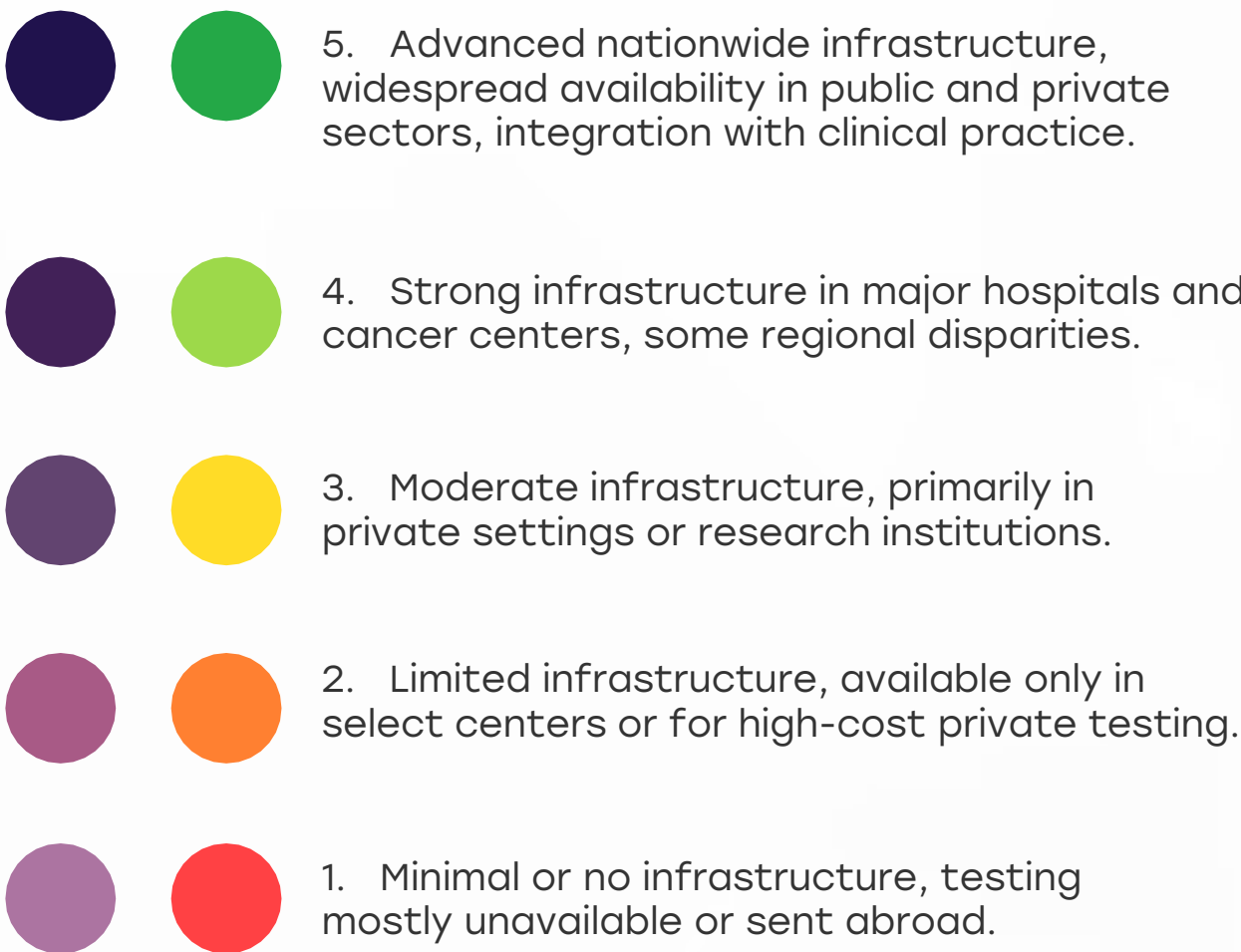
- Rural and eastern provinces face serious shortages in oncology infrastructure, with limited access to urologists, MRI machines, or surgical care.
- Long referral chains from Puskesmas (primary care clinics) to central hospitals delay diagnosis and treatment initiation.

Opportunity

- Expand infrastructure under Indonesia's National Health Insurance (JKN) by investing in provincial cancer care facilities.
- Use mobile health units and telemedicine to bridge service gaps across islands.

Threats

- Geographical fragmentation (17,000+ islands) severely limits equal access to timely diagnosis and treatment.
- Urban concentration of cancer services may leave rural areas underdiagnosed or untreated.



Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
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		

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Weakness

...ding for male-specific
...ers like prostate

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Weakness

- Funding for male-specific cancers like prostate remains very low compared to cervical and breast cancer.
- Public awareness about prostate cancer symptoms and the importance of screening is minimal, especially in rural and older male populations.

Opportunity

- National cancer strategies could include prostate cancer awareness under the “Healthy Indonesia” framework.
- Encourage local universities to collaborate with ASEAN institutions on male-specific cancer research and BRCA1/2 mutations.

Threats

- Persistent low health literacy among older men and limited government campaigns may continue to result in late-stage diagnosis.
- Health funding challenges may deprioritize prostate cancer as other communicable diseases take precedence.

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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.

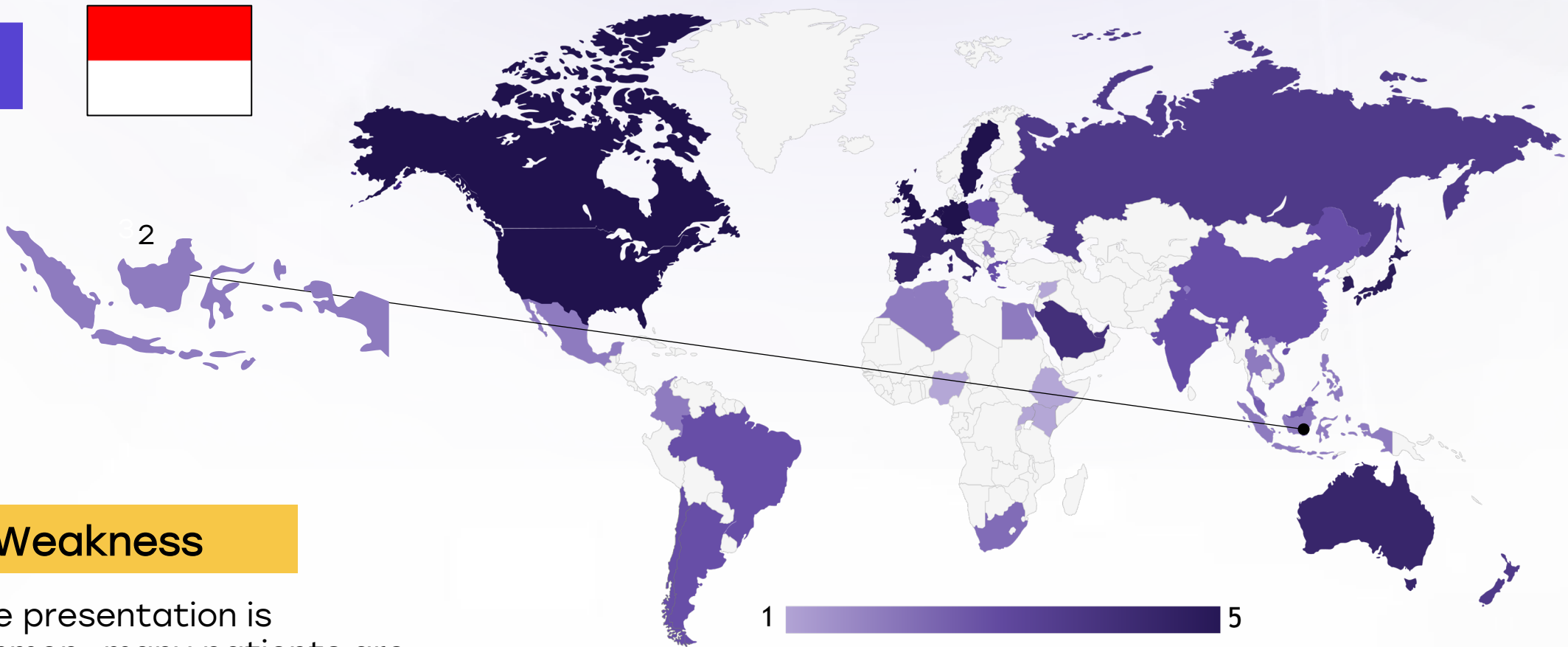
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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	🟡	🟠	🟡

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Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage patients treated at academic hospitals in Java show favorable outcomes with surgery and hormonal therapy.
- Palliative care has received more attention through national initiatives (e.g., Palliative Care Guidelines 2018) supported by Ministry of Health.

Weakness

- Late presentation is common—many patients are diagnosed in metastatic stages due to poor screening or delayed referrals.
- Availability of palliative care remains concentrated in Jakarta and a few tertiary centers.

Opportunity

- Train Puskesmas and district hospitals to identify prostate symptoms early and refer efficiently.
- Expand basic palliative services at the community level, especially in eastern Indonesia.

Threats

- Without scaling early detection, survival rates may remain low due to metastatic diagnosis.
- Underdevelopment of rural palliative systems may affect quality of end-stage care.



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.



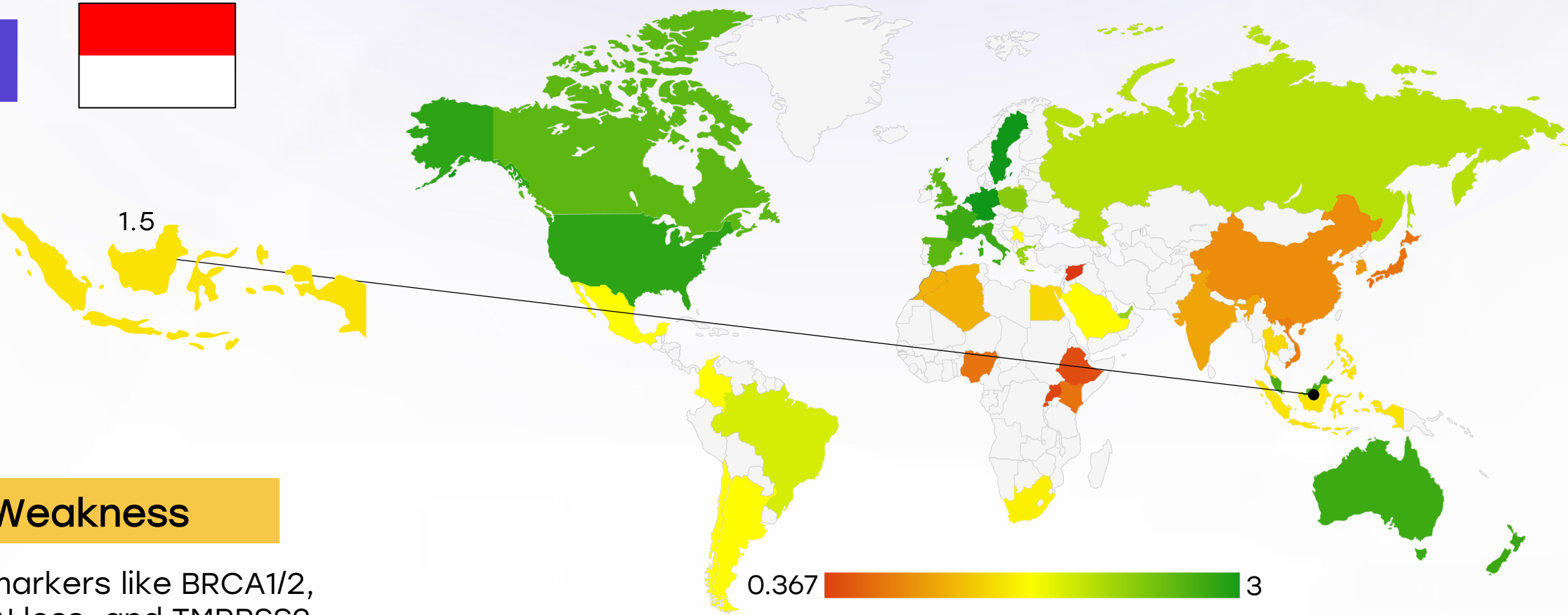
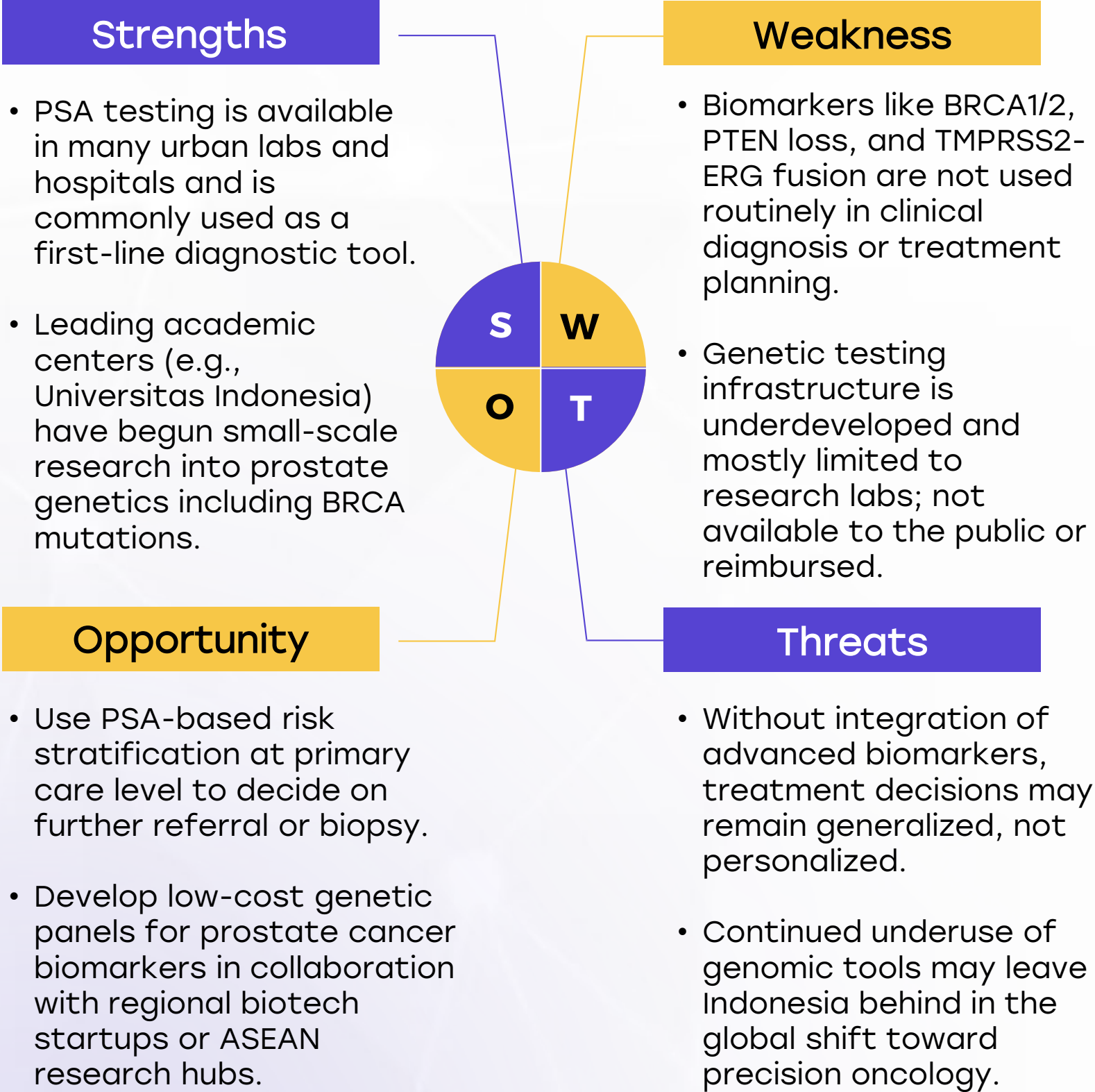
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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	●	●	●

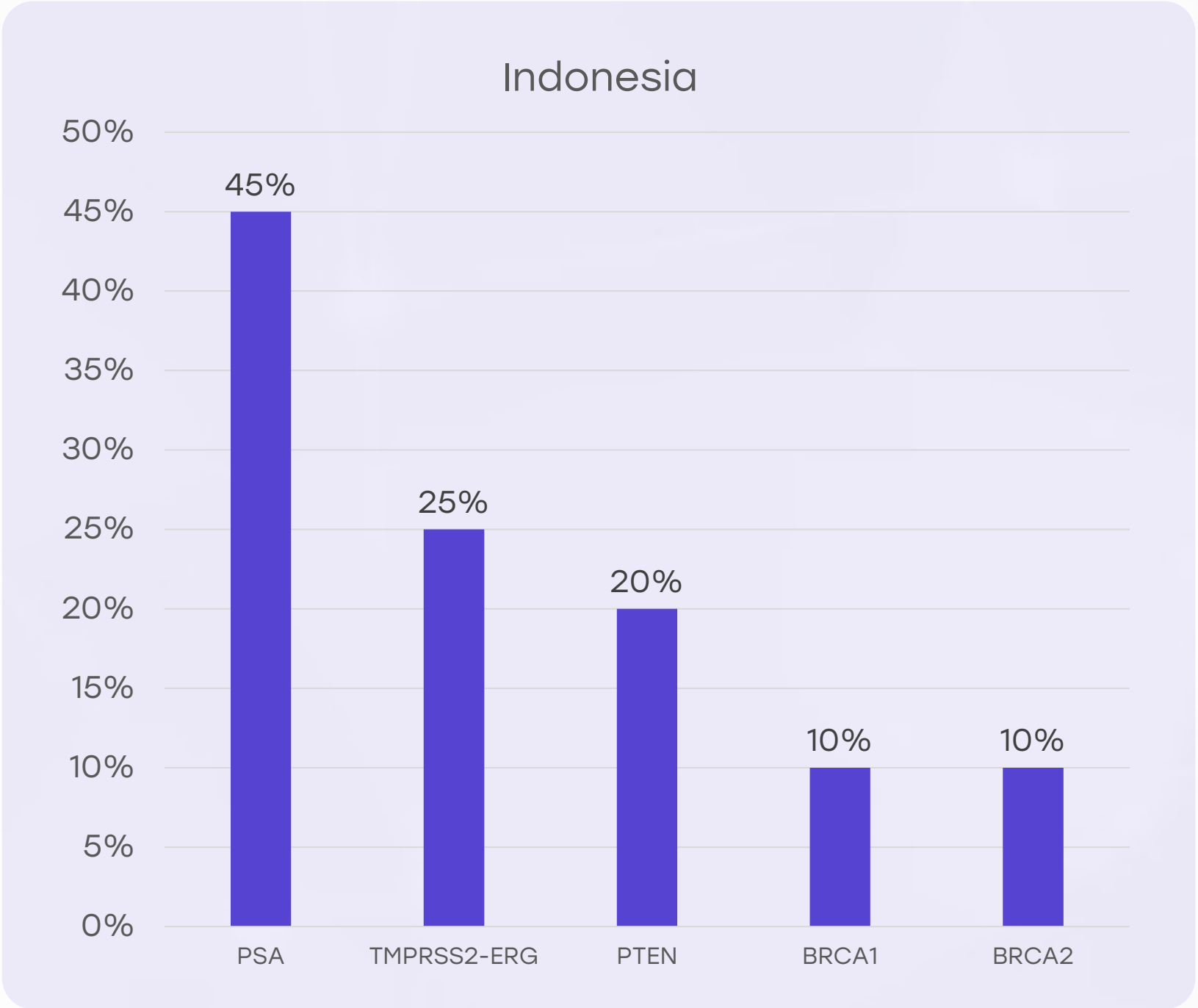
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Utilization of Biomarkers



- 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

- Philippine Urological Association (PUA) guidelines follow international standards (e.g., NCCN, EAU).
- Public sector doctors are largely aware of protocol-based standards.

Weakness

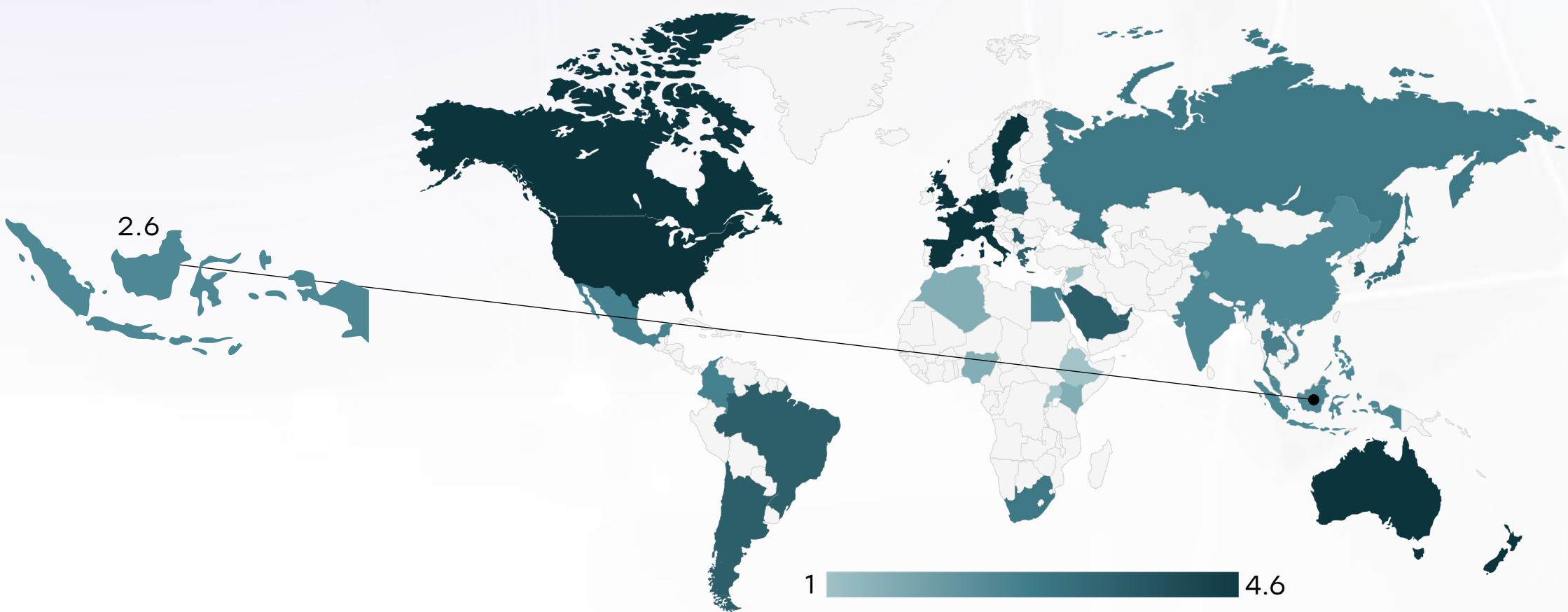
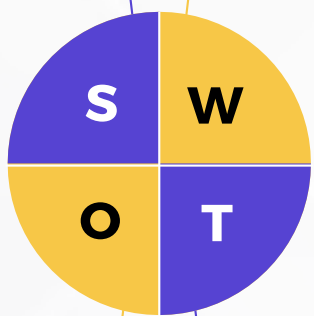
- Implementation gaps in community hospitals and rural clinics.
- GPs have inconsistent knowledge of recent guideline updates on screening and risk stratification.

Opportunity

- Disseminate easy-to-use clinical toolkits via DOH and electronic platforms.
- Conduct virtual CME sessions focused on rural practitioners.

Threats

- Potential resistance from providers due to outdated habits.
- Busy schedules in primary care clinics reduce focus on guideline adoption.

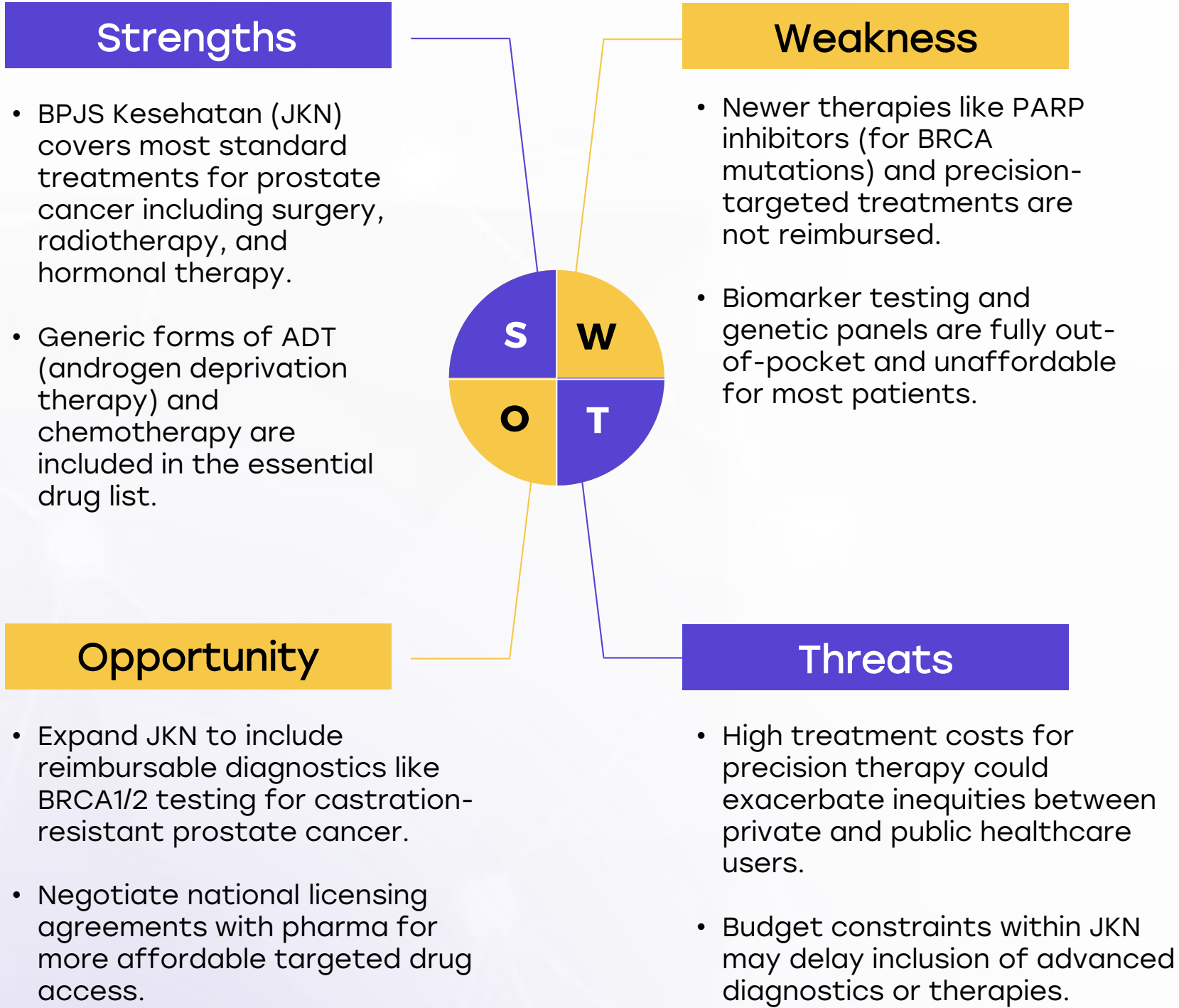


	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	✗	✗	○	✗	✗
Feasibility of Integration	✗	✗	○	✗	✗
Adoption of International Guidelines	✗	✗	○	✗	✗
Engagement with Updates	✗	✗	○	✗	✗
ESMO Guidelines Implementation	✗	✗	✗	○	✗


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Reimbursement



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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