

# Thailand

## 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.

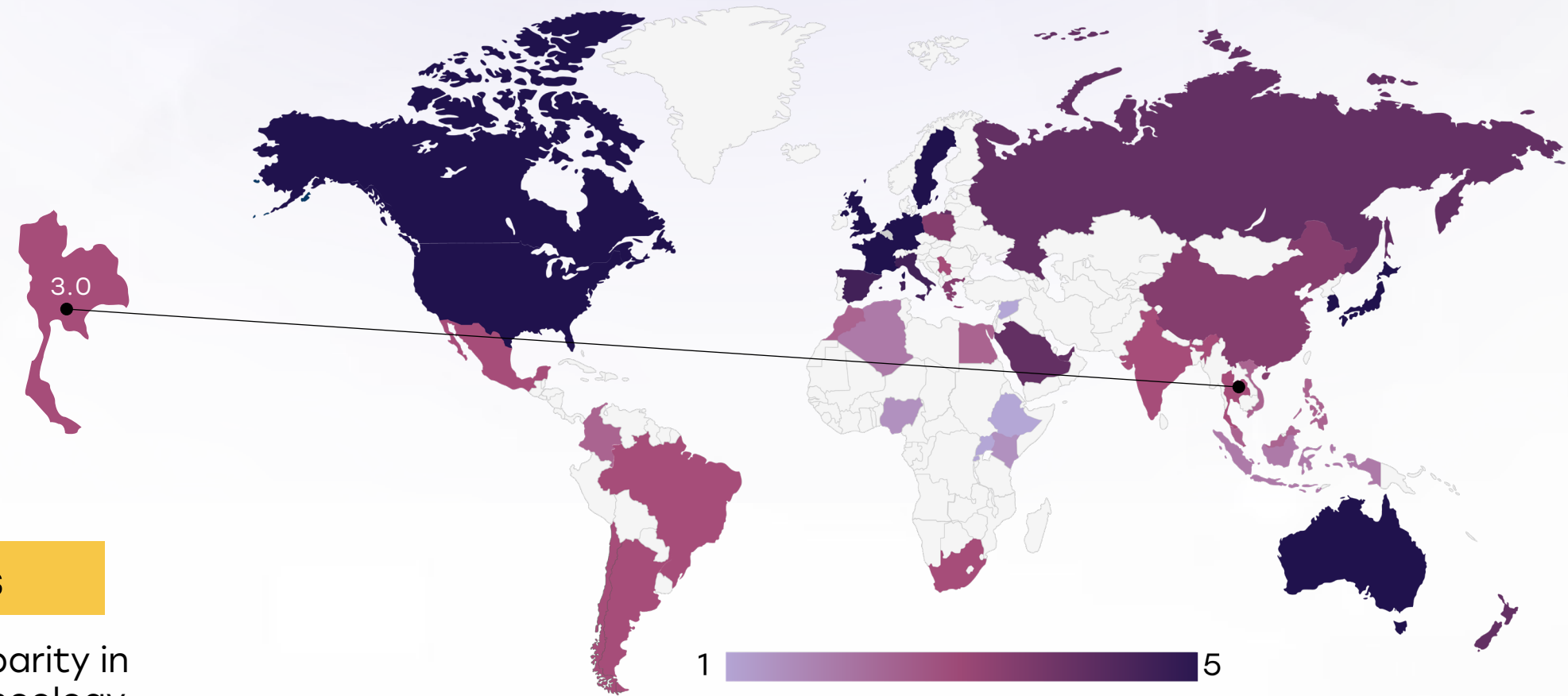
- **Incidence share:** Among the top 5 cancers in Thai men.
- **Incidence rate:** Approximately 10–12 per 100,000 men per year.
- **Total new cases (2022):** About 4,500 men.
- **Daily diagnoses (2022):** Roughly 12 men per day.
- **Deaths (2022):** Around 1,500–1,600 men.
- **5-year survival rate:** Estimated ≈ 60–70%.
- **Most affected age group:** Men aged 60–75+.
- **Screening participation:** PSA testing opportunistic; no national organized program.



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## Infrastructure



### Strengths

- Thailand has a strong public healthcare infrastructure, with regional cancer centers and tertiary hospitals equipped for prostate cancer diagnosis and treatment.
- Investment in digital health and health IT systems supports nationwide patient tracking and referral.

### Weakness

- Urban-rural disparity in availability of oncology specialists and diagnostic tools.
- Some provincial hospitals lack MRI, PET, and biopsy-guided imaging for prostate cancer.

### Opportunity

- Strengthen regional oncology networks to improve service delivery outside Bangkok and Chiang Mai.
- Leverage public-private partnerships for infrastructure upgrades in remote provinces

### Threats

- Growing elderly population may overwhelm current infrastructure if not expanded timely.
- Health workforce shortages in rural zones due to internal migration of professionals.

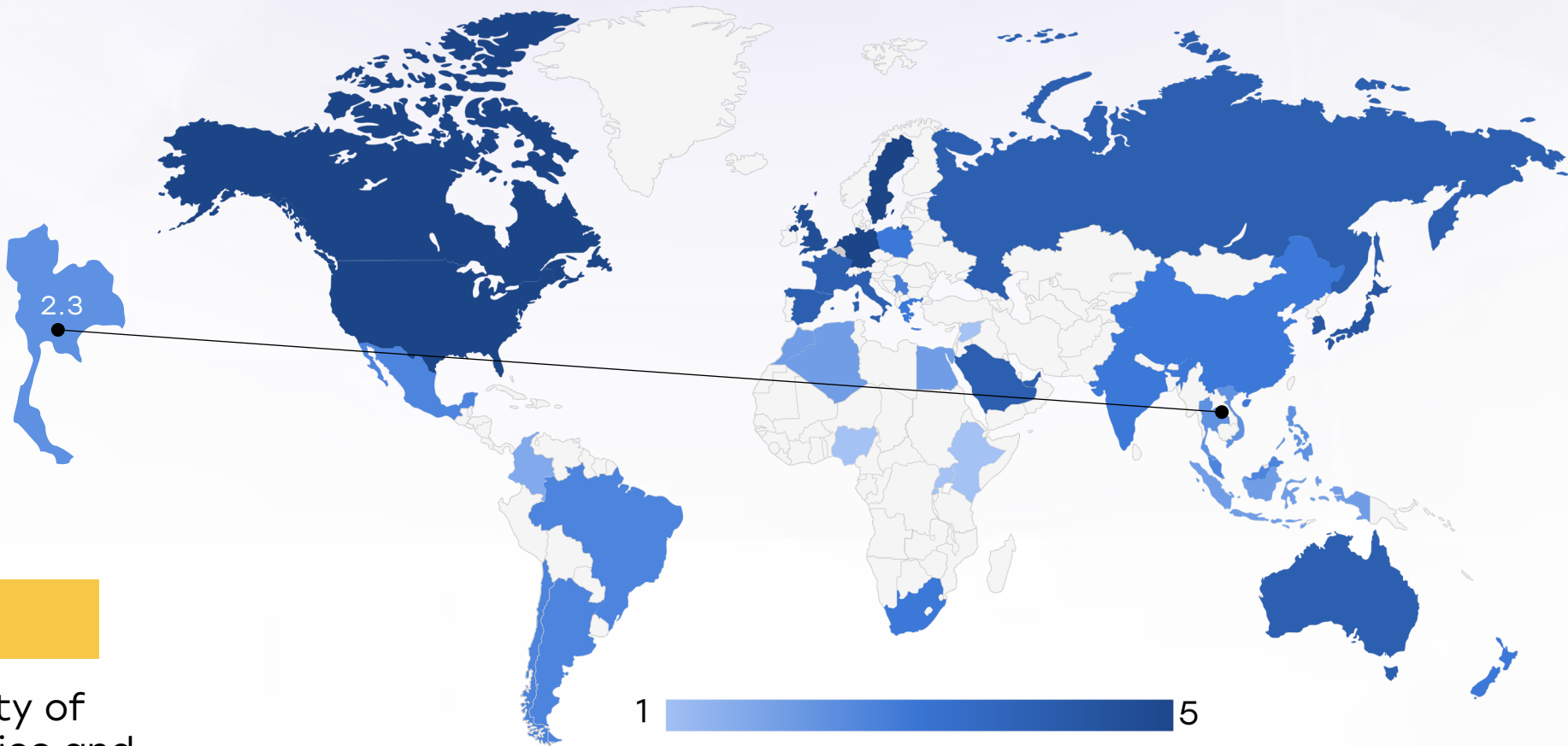


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
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Australia		
New Zealand		
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Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

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## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Universal Coverage Scheme (UCS) ensures that most citizens can access cancer care, including surgery, radiation, and chemotherapy.
- Government-backed awareness programs, especially through National Cancer Institute (NCI), have improved general cancer literacy.

### Opportunity

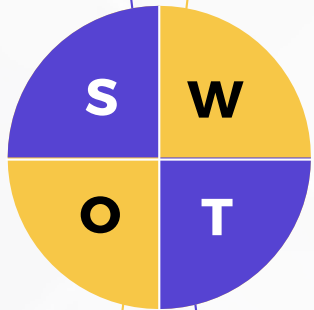
- Promote public-private research collaborations focused on urological cancers.
- Launch men’s health awareness campaigns with emphasis on PSA testing and symptoms.

### Weakness



























































































































- Limited availability of targeted therapies and immunotherapy under government schemes.
- Prostate cancer receives less research attention and awareness funding compared to other cancers like liver or cervical.

### Threats

- Inequities in funding allocation between cancer types may hinder prostate-specific interventions.
- Out-of-pocket costs for private care and imported drugs remain high for advanced cases.



- 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.

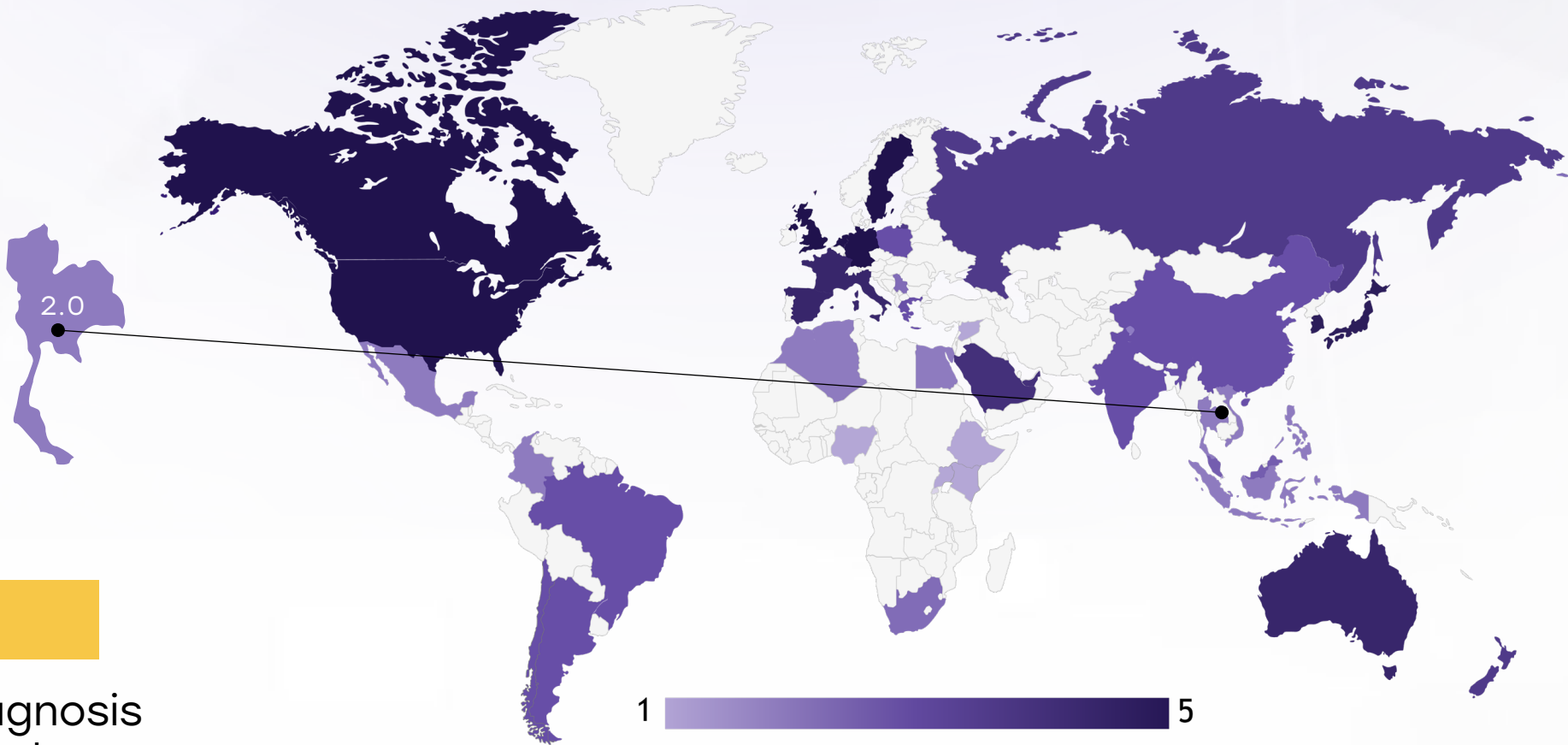
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico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



# Thailand



## Survival Rates, Early Detection and Palliative Care



### Strengths

- Five-year survival for localized prostate cancer is above 90%, especially in urban areas.
- Thailand offers structured palliative care services, integrated into public hospitals

### Weakness

- Late-stage diagnosis still prevalent in lower-income or rural populations.
- Limited community-level palliative services in non-urban regions.

### Opportunity

- Expand early detection education targeting men over 50 and high-risk populations.
- Strengthen home-based palliative care systems with mobile health and nurse support.

### Threats

- Cultural stigma and reluctance to discuss male reproductive health affects detection.
- Regional disparities may limit timely palliative interventions.



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.



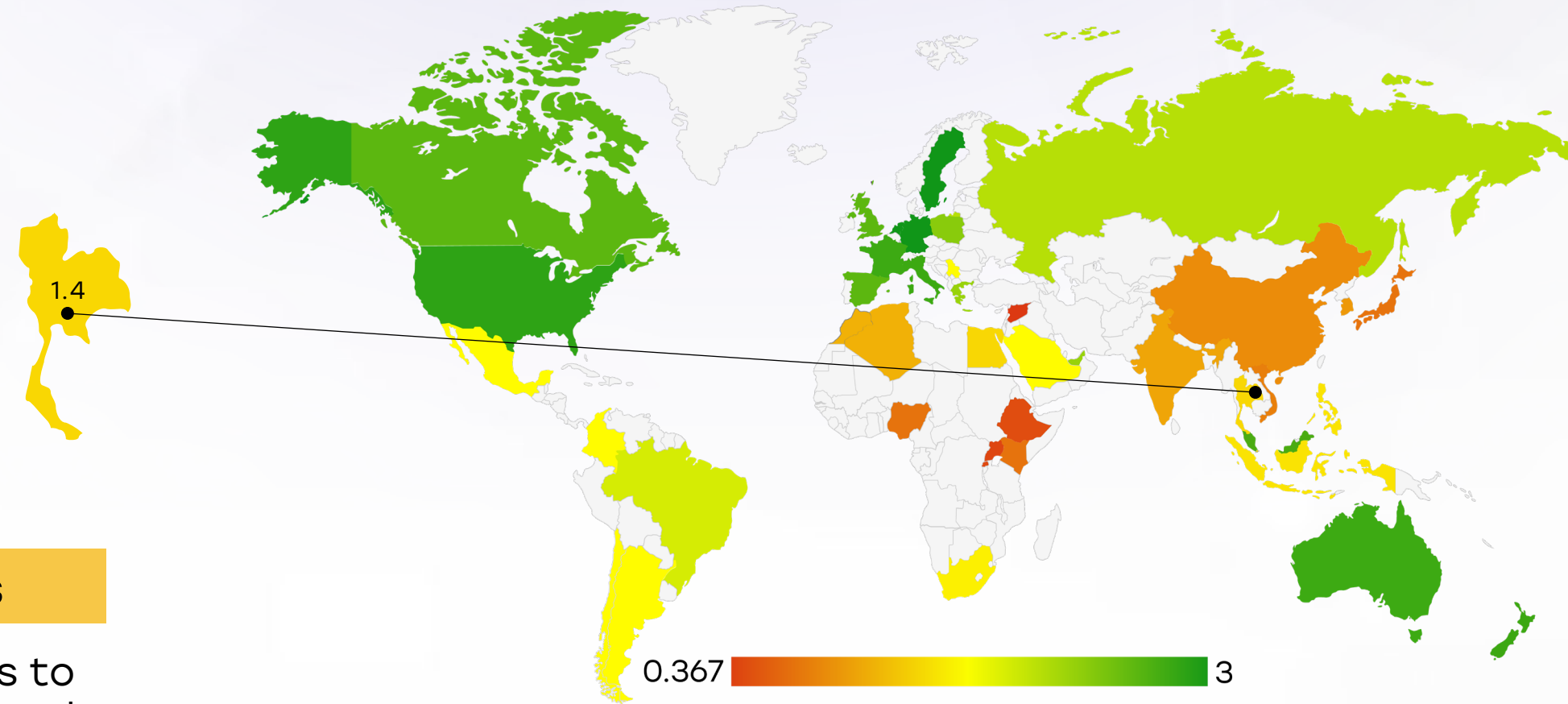
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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			
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United States			
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Rwanda			
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Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			
Malaysia			

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## Utilization of Biomarkers



### Strengths

- PSA testing is widely used in urology clinics and is covered under national insurance for symptomatic cases.
- BRCA1/2 testing available through academic institutions for high-risk patients.

### Weakness

- Limited access to advanced biomarkers like PTEN and TMPRSS2-ERG due to cost and technology constraints.
- Genetic counseling services are scarce, especially outside Bangkok.

### Opportunity

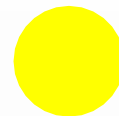
- Integrate biomarker education into urology training programs.
- Partner with regional diagnostic labs to offer cost-effective biomarker panels.

### Threats

- Lack of local validation studies for newer biomarkers in Thai populations.
- Limited reimbursement for molecular testing hinders clinical utility in routine practice.



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.

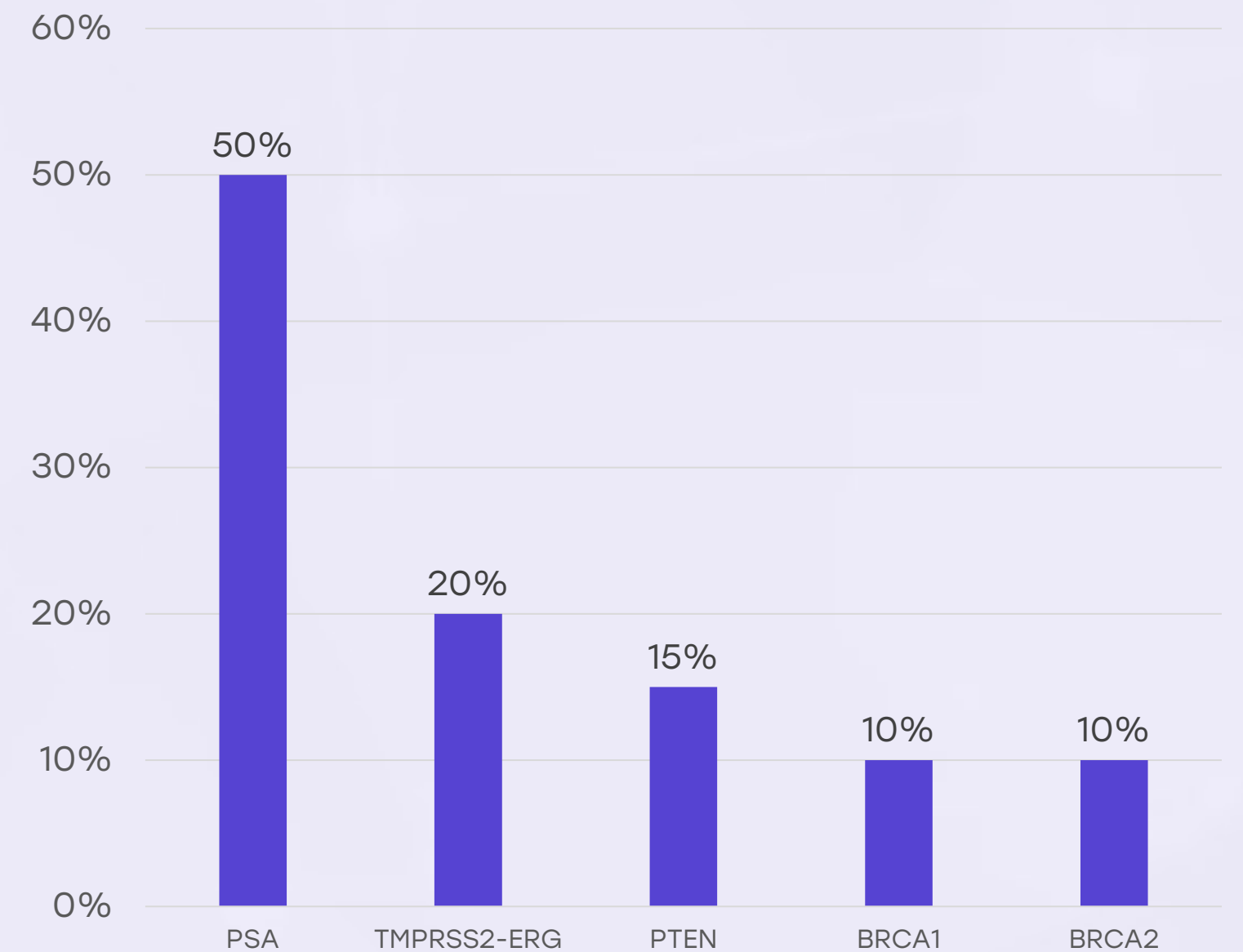


Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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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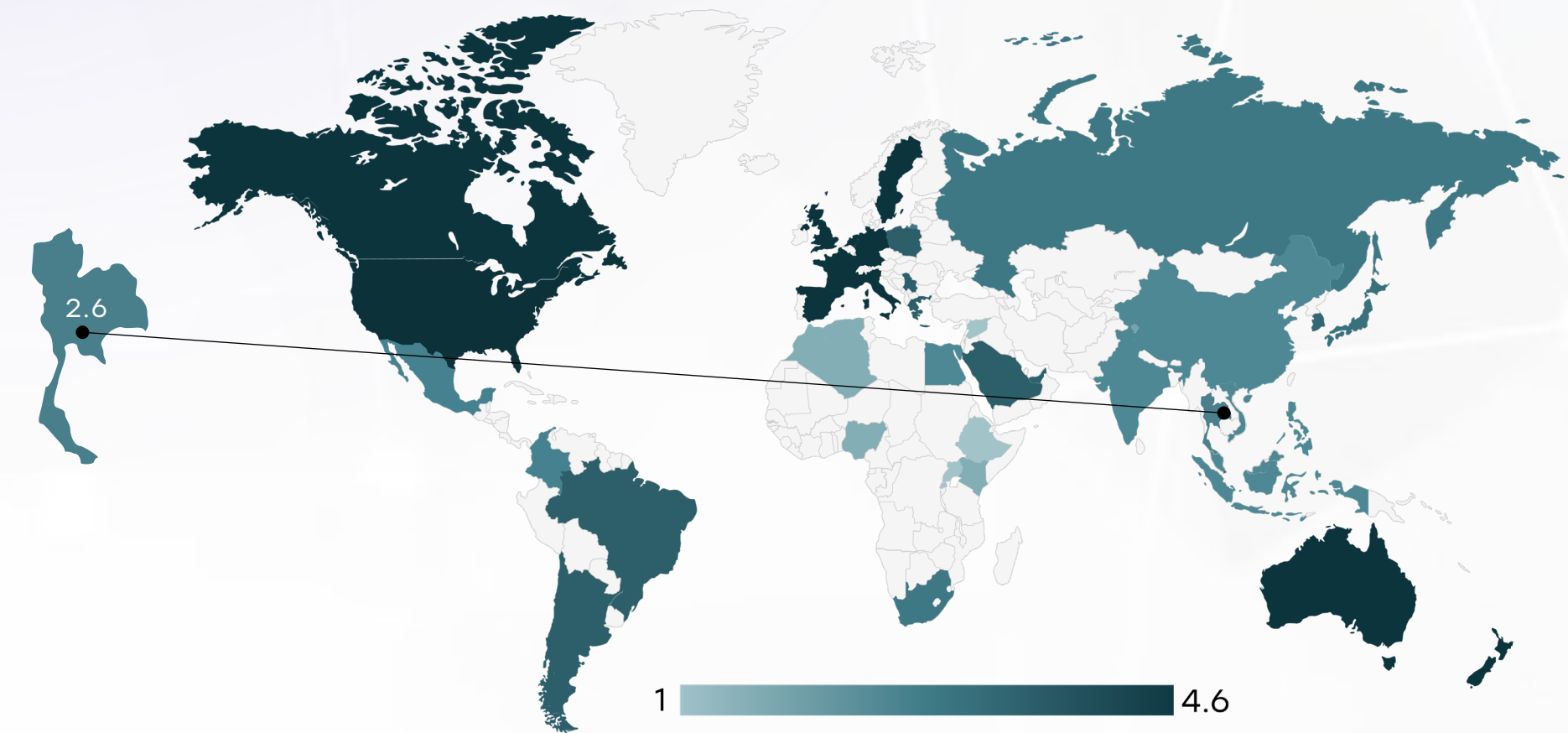
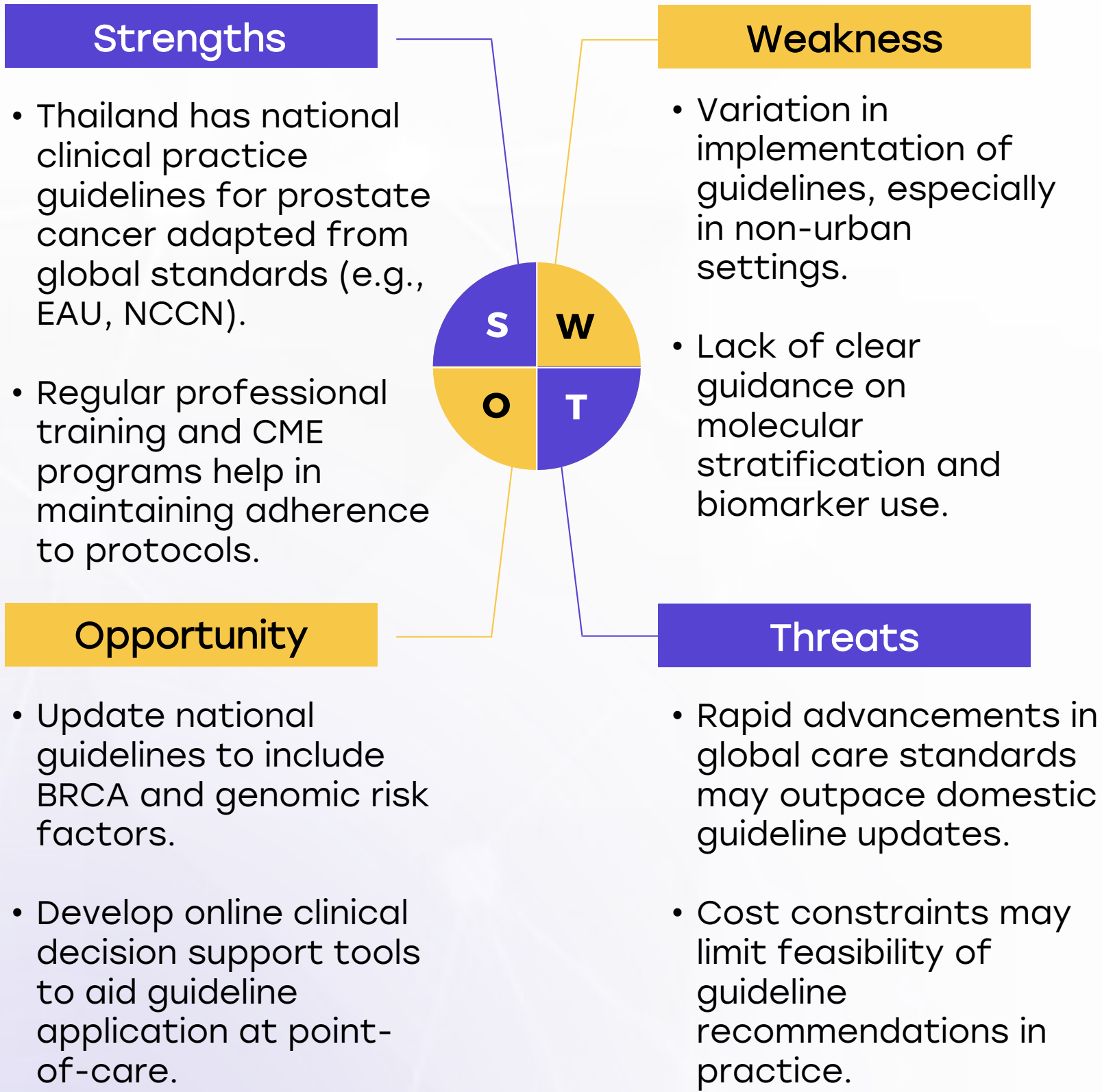




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## Clinical Guidelines



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

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## Reimbursement



### Strengths

- The UCS and Civil Servant Medical Benefit Scheme cover PSA testing, biopsy, and standard therapies.
- Generic medications reduce treatment costs for standard hormone therapy and chemotherapy.

### Weakness

- Targeted therapies, PARP inhibitors, and biomarker-based treatments are not reimbursed.
- Diagnostic imaging and advanced pathology often require out-of-pocket payment.

### Opportunity

- Evaluate inclusion of BRCA testing and PARP inhibitors in national essential medicines list.
- Use health economics data to negotiate better prices for new therapies.

### Threats

- Increasing demand for expensive technologies may strain national insurance budgets.
- Disparities between schemes (UCS vs. private insurance) could worsen outcome gaps.

- 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.

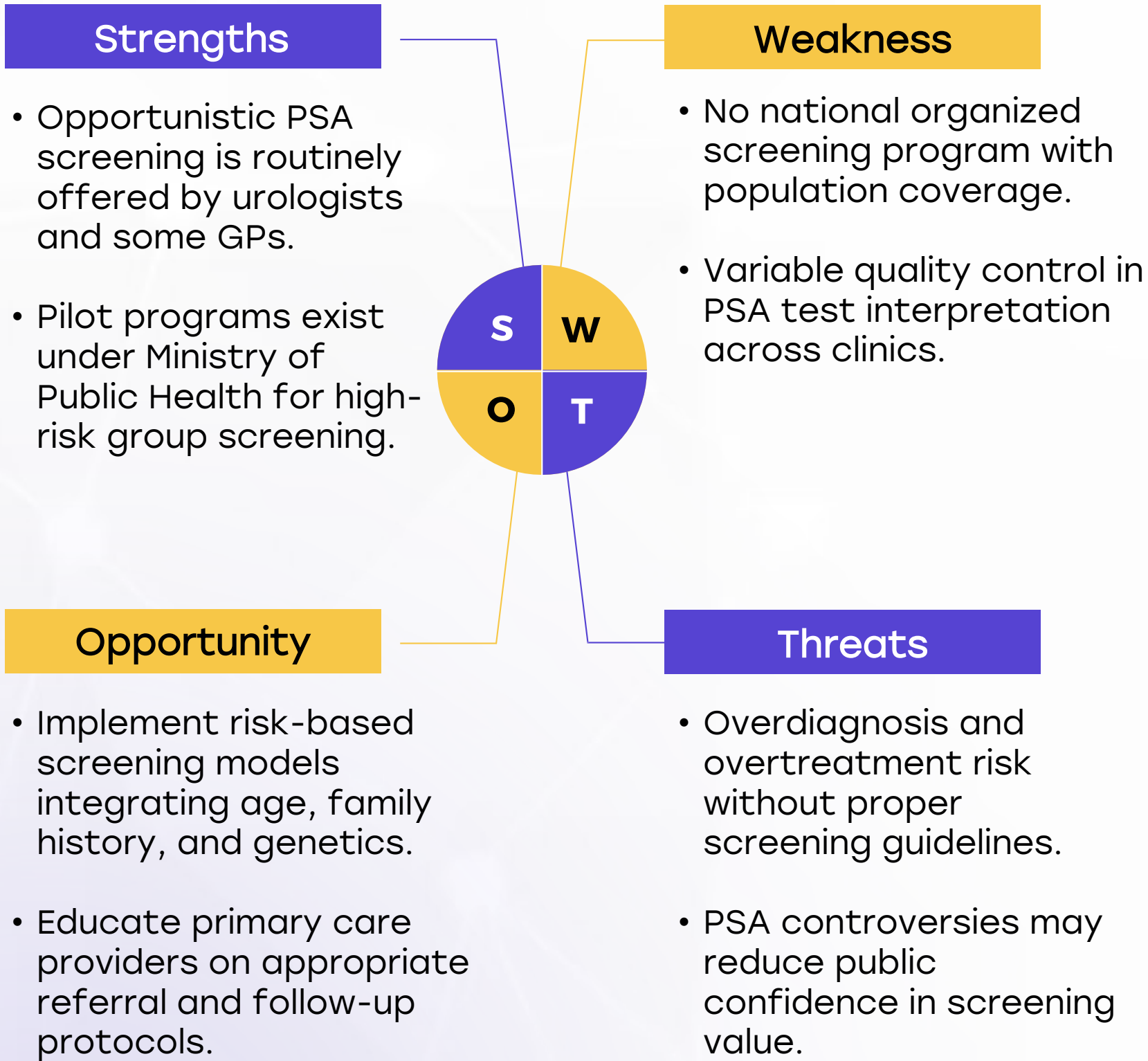
Country	Reimbursement Framework	No-cost Access
United States	●	●
United Kingdom	●	●
Canada	●	●
Australia	●	●
Germany	●	●
France	●	●
Netherlands	●	●
Sweden	●	●
Italy	●	●
Spain	●	●
Poland	●	●
Japan	●	●
South Korea	●	●
China	●	●
India	●	●
Singapore	●	●
Thailand	●	●
South Africa	●	●
Kenya	●	●
Nigeria	●	●
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



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