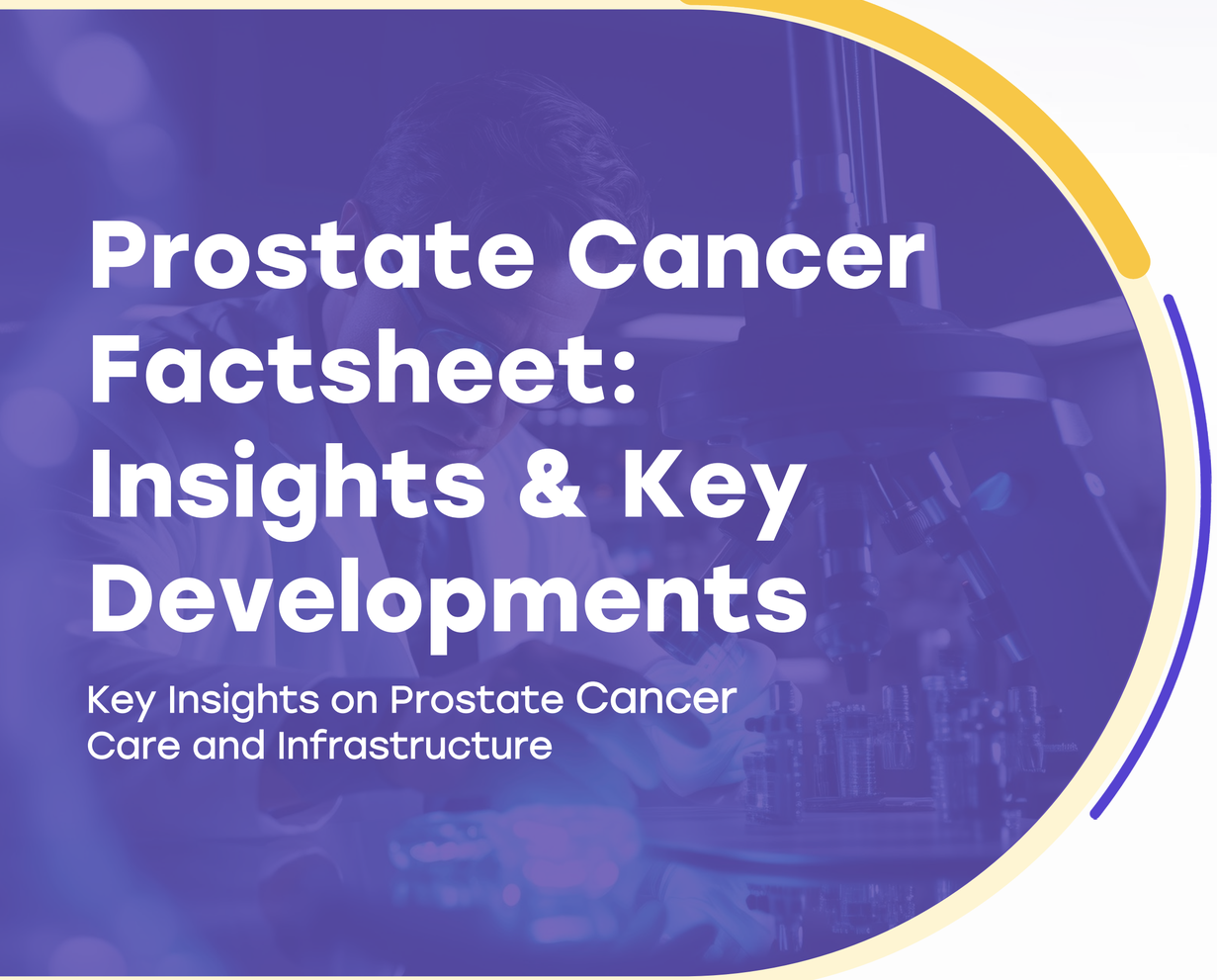
International Cancer Patient Coalition

Sweden



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 one of the most common cancers in Swedish men.
- **Incidence rate:** Approximately 116 per 100,000 men per year.
- **Total new cases (2022):** Around 11,000 men.
- **Daily diagnoses (2022):** About 30 men per day.
- **Deaths (2022):** Estimated 2,700–3,000 men.
- **5-year survival rate:** High, approximately 91–94%.
- **Most affected age group:** Men aged 65–80+.
- **Screening participation:** Opportunistic PSA testing; no national screening program.

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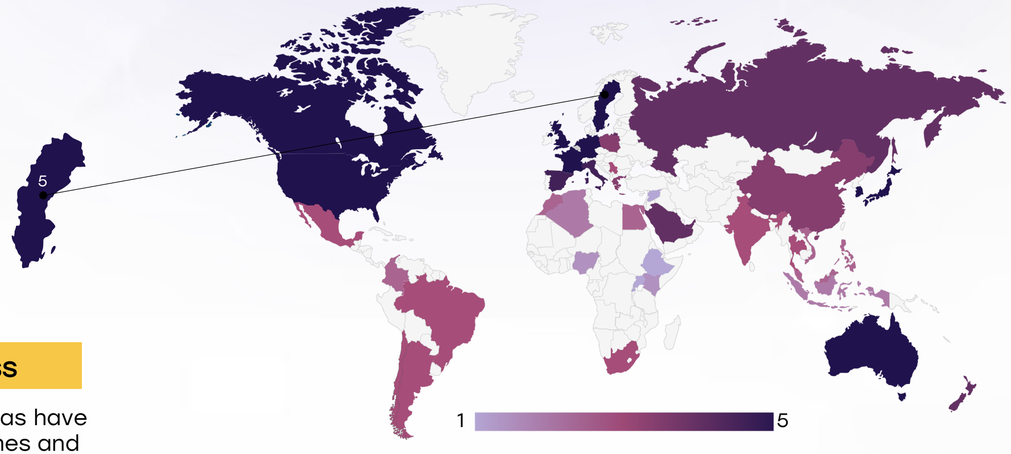
Infrastructure



Strengths

- Sweden has a highly digitized, decentralized universal healthcare system with strong infrastructure for cancer diagnostics and treatment.
- Leading cancer centers (e.g., Karolinska University Hospital) offer state-of-the-art imaging, surgery, and genomics.

Weakness

- Some rural areas have longer wait times and reduced access to specialist care.
- Limited on-site molecular testing capabilities in non-tertiary hospitals

S W O T

Opportunity

- Expand telemedicine and centralized pathology/genomics services to rural clinics.
- Leverage Sweden's national health data registries to better allocate infrastructure resources.

Threats

- Rising costs for maintaining cutting-edge molecular equipment in regional hospitals.
- Human resource shortages in oncology and molecular diagnostics in rural provinces.

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	3
Spain	4	3
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	3
Syria	1	1
Indonesia	2	2
Vietnam	3	3
Philippines	2	2
Russia	3	3
Malaysia	3	3

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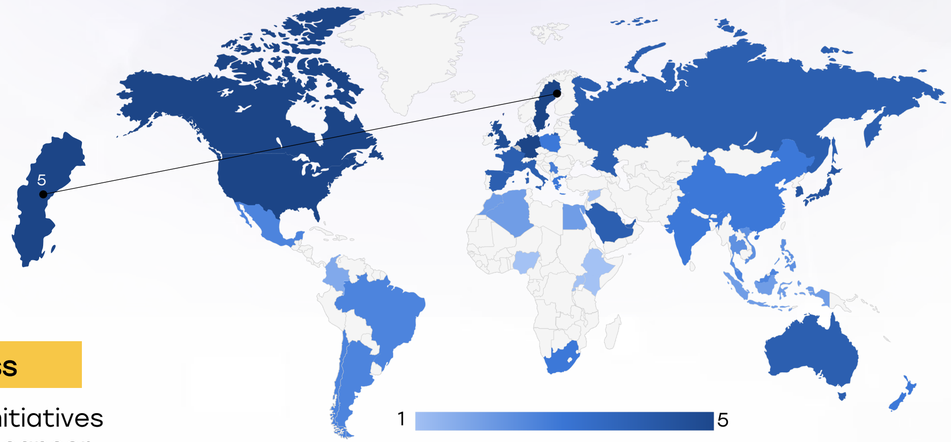
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Sweden ranks among the highest in Europe for public research funding in cancer.
- Strong involvement in pan-European prostate cancer clinical trials.

Weakness

- Awareness initiatives for prostate cancer are not as visible as for breast or lung cancer.
- Uptake of genomic profiling is still selective and mainly in academic settings.

S W O T

Opportunity

- Launch targeted campaigns for men aged 50+, leveraging Sweden's trust in public health authorities.
- Increase public-private partnerships to boost biomarker-driven treatment trials.

Threats

- Demographic shifts (aging population) could strain the system's ability to fund expansive programs.
- Dependence on centralized approvals can slow deployment of new awareness initiatives.

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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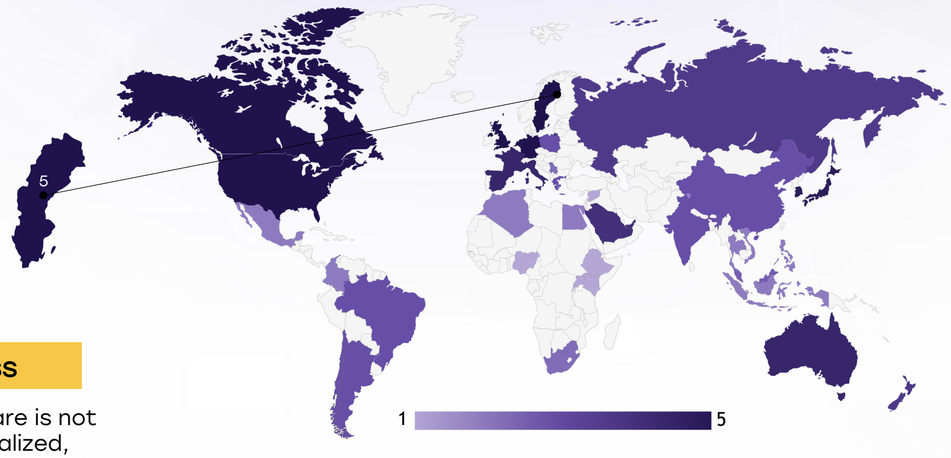
Survival Rates, Early Detection and Palliative Care



Strengths

- Sweden has one of the highest 5-year prostate cancer survival rates in Europe (~93%), thanks to early detection and prompt treatment.
- Palliative care is integrated into the national health plan, including psychological support

Weakness

- Survivorship care is not always personalized, especially for men with long-term hormone therapy side effects.
- Variability in follow-up care models across counties.

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Opportunity

- Enhance follow-up programs using digital tracking and personalized risk scoring.
- Introduce nurse-led survivorship clinics for localized and metastatic disease follow-up.

Threats

- Rising number of survivors could overwhelm follow-up systems if not optimized.
- Societal taboos may still deter some men from open discussions about urinary or sexual dysfunction.

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

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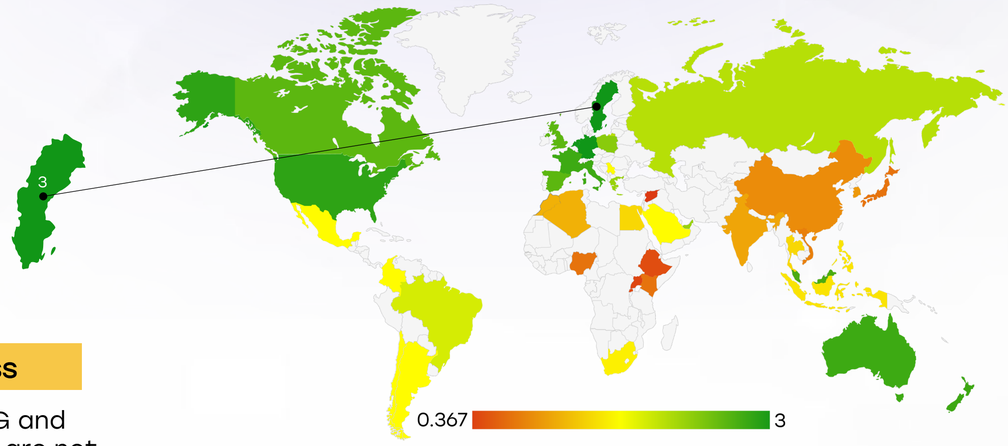
Utilization of Biomarkers



Strengths

- PSA screening is commonly used in clinical evaluation, with high awareness among Swedish physicians.
- BRCA1/2 testing is available in hereditary cancer programs and for advanced prostate cancer patients.

Weakness

- TMPRSS2-ERG and PTEN testing are not widely implemented in routine clinical practice.
- Lack of standardized national protocols to act upon BRCA or PTEN test results.

S W O T

Opportunity

- Scale up panel-based NGS testing in mCRPC and high-risk localized prostate cancer.
- Expand research on predictive value of TMPRSS2-ERG in Swedish population.

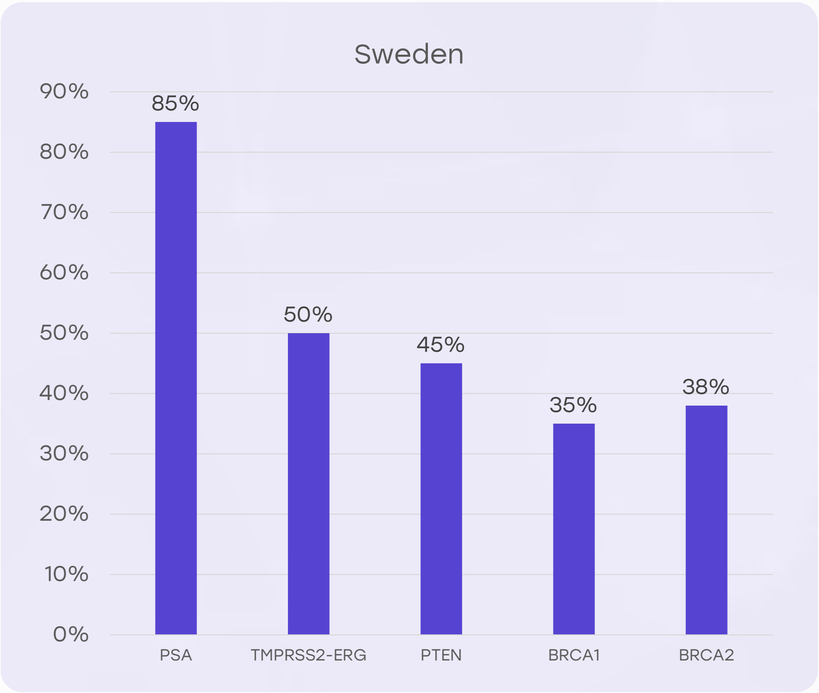
Threats

- Reimbursement uncertainty for molecular biomarkers beyond PSA and BRCA1/2.
- Clinician familiarity with clinical implications of newer markers like PTEN is still evolving.

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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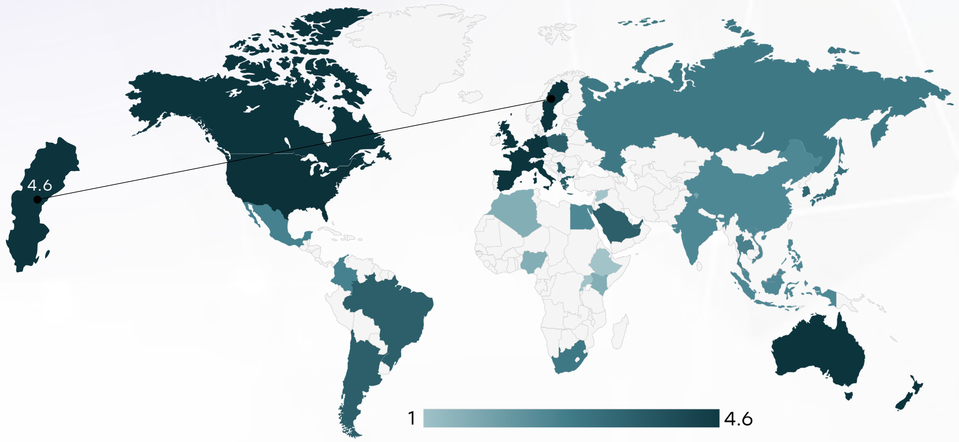
Clinical Guidelines



Strengths

- Sweden follows nationally adapted guidelines based on EAU and ESMO standards, regularly updated by regional cancer centers.
- Use of multidisciplinary tumor boards is standard in treatment decisions.

Weakness

- Guidelines do not yet fully incorporate molecular biomarkers in early-stage disease.
- Slow guideline evolution relative to biomarker research advances.

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Opportunity

- Include genomic biomarker pathways (BRCA1/2, PTEN) in national guideline updates.
- Set up Swedish consensus panels to standardize biomarker use in diagnostics.

Threats

- Rapid biomarker developments may outpace guideline integration.
- Regional autonomy may result in implementation variability.

	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

- Prostate cancer treatment including surgery, radiation, hormonal therapy is fully reimbursed under the national health insurance system.
- PSA and BRCA1/2 testing are covered for eligible risk groups.

Weakness

- Advanced molecular testing panels (e.g., for PTEN, TMPRSS2-ERG) are not uniformly reimbursed.
- Approval for expensive targeted drugs may require time-consuming national cost-effectiveness reviews.

S W O T

Opportunity

- Adopt tiered reimbursement models based on patient stratification.
- Use registry data to justify expanded coverage for biomarker testing.

Threats

- Rising cost of novel biomarker tests could face pushback during health budget negotiations.
- Equity concerns if biomarker access differs by region or hospital tier.

● 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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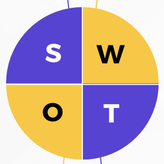
Prostate Cancer Screening

Strengths

- PSA testing is widely used in opportunistic screening during routine health checks.
- Public trust in the healthcare system supports acceptance of testing protocols.

Weakness

- No formal national population-based screening program for prostate cancer.
- Concerns about overdiagnosis and overtreatment still shape public policy debates.



Opportunity

- Implement risk-stratified screening models using PSA + genetic risk (e.g., BRCA carriers).
- Use nationwide electronic health systems for proactive screening invites.

Threats

- Political reluctance to commit to national screening due to conflicting evidence on mortality benefit.
- Public confusion due to lack of standardized PSA testing guidance.

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