



BRIDGING THE GAP

Advancing Integrated **Prostate Cancer Care** in Poland

EXECUTIVE SUMMARY

Poland has made significant strides in prostate cancer awareness, diagnosis, and treatment over the past decade, supported by an oncology expanding infrastructure national cancer control planning. However, gaps persist in equitable access between urban and rural regions, timely diagnostics, and adoption of advanced therapies. While survival rates are improving, the system still faces bottlenecks in workforce capacity, early personalized detection coverage, and medicine integration.

This policy brief outlines the current state of prostate cancer care in Poland and strategic reforms to strengthen its **Level 3 – Established** maturity.

INTRODUCTION

Building on Solid Foundations Amid Uneven Access

Prostate cancer is the second most common cancer among Polish men, with a steadily rising incidence due to aging demographics and improved detection. The National Oncology Strategy and organized screening pilots have contributed to earlier diagnosis in many cases. However, disparities remain between large urban cancer centers and smaller regional hospitals.

Strengthening coordination, ensuring uniform implementation of guidelines, and expanding access to innovative therapies will be essential to move toward higher maturity.









PROSTATE CANCER IN POLAND

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	Opportunistic screening is common; PSA testing widely available. Pilot organized screening programs are in place, but national coverage is not yet universal.	Well-equipped urban hospitals and strong urology networks.	Scale up organized national screening to ensure uniform access and coverage, with targeted outreach in underserved areas.
Biomarker & Molecular Testing	Access to some biomarkers and genetic testing in tertiary centers; integration into standard care is limited.	Accredited laboratories in leading cancer centers.	Expand reimbursement for advanced biomarker and genomic testing to guide personalized treatment.
Treatment Access	Surgery, radiotherapy, and systemic therapies are widely available, but advanced treatments (e.g., novel hormonal agents) may have reimbursement delays.	Comprehensive oncology centers with multidisciplinary teams.	Streamline drug approval and reimbursement processes for innovative therapies; strengthen access in smaller regional hospitals.
Clinical Guidelines	National clinical guidelines exist but adherence varies, especially outside major cancer centers.	Strong central oncology governance through the National Cancer Institute.	Monitor and enforce adherence to guidelines through training, audits, and digital clinical pathways.
Palliative & Survivorship Care	Palliative care services are available in most regions, with hospice networks in place, but survivorship programs are not uniformly developed.	Established palliative care infrastructure.	Expand survivorship programs, integrating rehabilitation, psychological support, and follow-up care into cancer pathways.





CONCLUSION & Call to Action

Poland's prostate cancer care system benefits from strong clinical expertise, established oncology infrastructure, and an improving survival rate. However, regional inequities and slow adoption of innovations limit its full potential. Advancing from **Level 3 – Established** maturity will require scaling up screening, ensuring equitable access to diagnostics and treatments, and integrating survivorship into national care planning.



- **Expand Organized Screening:** Transition from pilot programs to a fully funded national prostate cancer screening framework.
- Improve Access to Precision Medicine: Ensure equitable reimbursement for biomarker testing & integrate genomic profiling into routine practice.
- Streamline Access to Innovative Therapies:
 Reduce time from EMA approval to public reimbursement for novel agents.
- **Ensure Guideline Adherence:** Strengthen monitoring and accountability for evidence-based practice nationwide.
- Develop Survivorship Pathways: Include rehabilitation, long-term monitoring, and mental health support in care plans.

CONCLUSION

With prostate cancer care at **Level 3 – Established maturity**, Poland has a strong foundation on which to build a more equitable and innovative system. Urban centers offer advanced, multidisciplinary care, but rural areas still face gaps in access. By expanding organized screening, embracing personalized medicine, and embedding survivorship into care pathways, Poland can progress toward a **Level 4 – Advanced maturity**, ensuring timely, effective, and equitable care for all men diagnosed with prostate cancer.