



Prostate Cancer Factsheet: Insights & Key Developments

Key Insights on Prostate Cancer
Care and Infrastructure

Core Pillars:

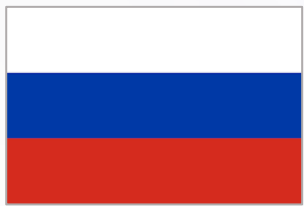
1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Prostate Cancer Screening

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.

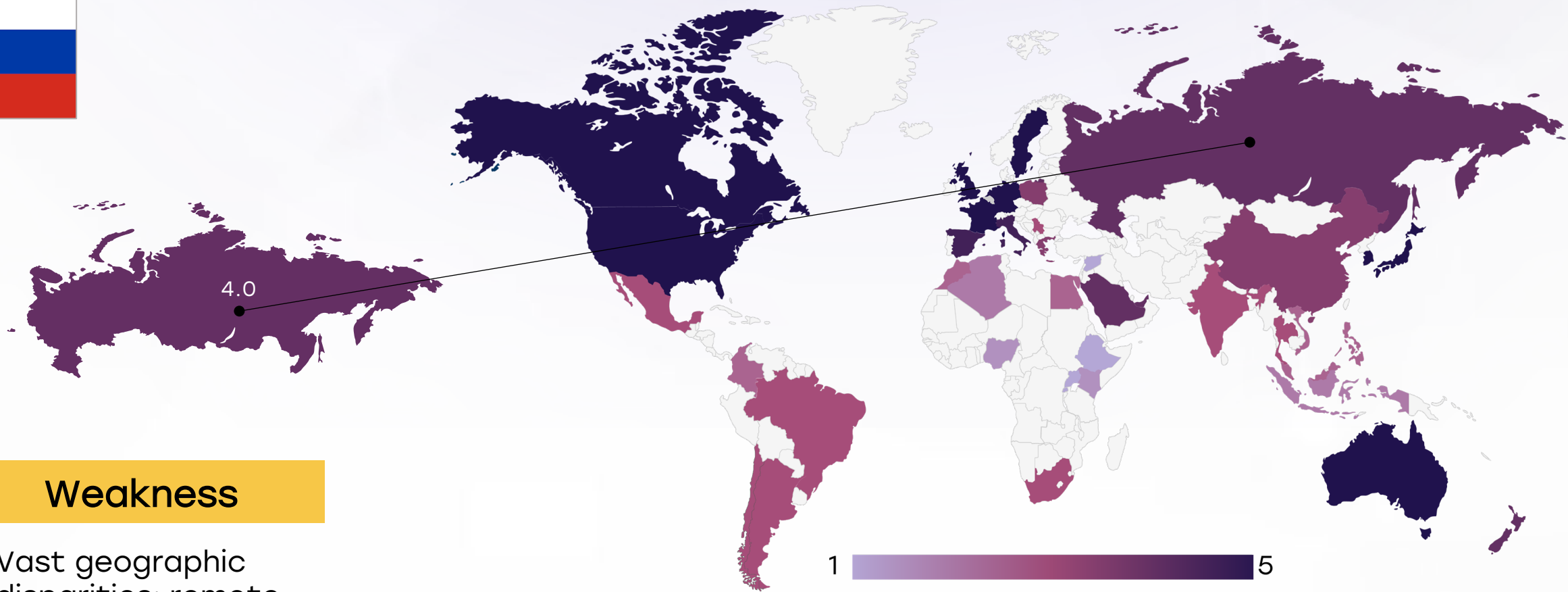
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Among the top 5 cancers in Filipino men
- **Incidence rate:** Approximately 24.1 per 100,000 men per year
- **Total new cases (2022):** Around 9,764 men
- **Daily diagnoses (2022):** Approximately 27 men per day
- **Deaths (2022):** Around 4,149 men
- **5-year survival rate:** Estimated at ~15.6% (significantly lower than regional averages)
- **Most affected age group:** Primarily 60 years and above (exact age breakdown not routinely reported)
- **Screening participation:** No organized national program; screening is opportunistic with low and uneven coverage

Russia



Infrastructure



Strengths

- Major cities like Moscow, St. Petersburg, and Novosibirsk have large, well-equipped oncology institutes and research hospitals.
- Federal programs have supported upgrades in radiation therapy, surgical robotics, and MRI access.

Weakness

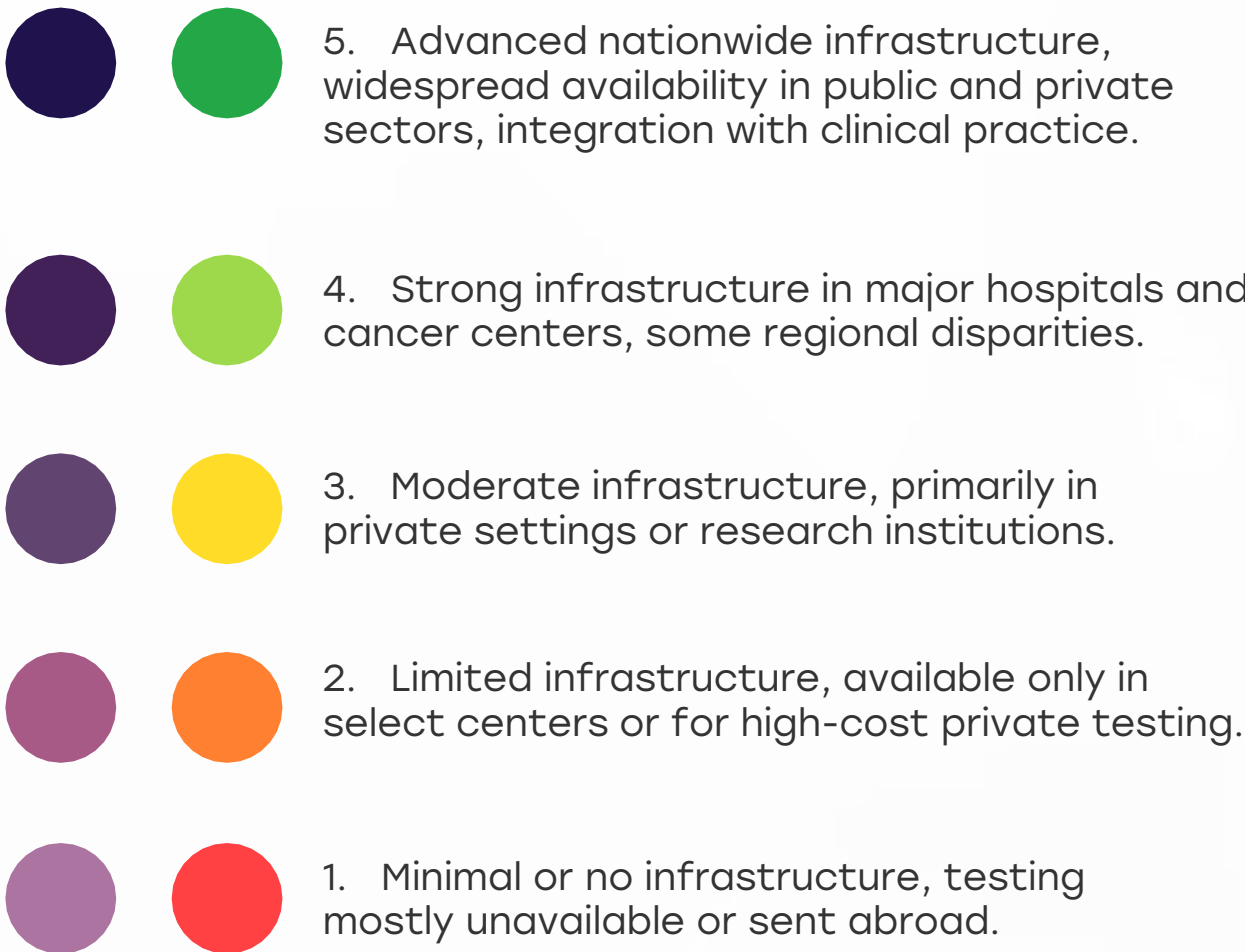
- Vast geographic disparities: remote regions have poor access to diagnostic services, specialists, and timely treatment.
- Aging infrastructure in rural areas, with inconsistent availability of urologists and cancer specialists.

Opportunity

- Expand investment in regional cancer centers and mobile diagnostic units.
- Use AI and teleradiology to support remote diagnosis and triage.

Threats

- Economic instability and sanctions may restrict medical equipment imports and maintenance.
- Workforce shortages in oncology and nuclear medicine, especially in rural Russia.

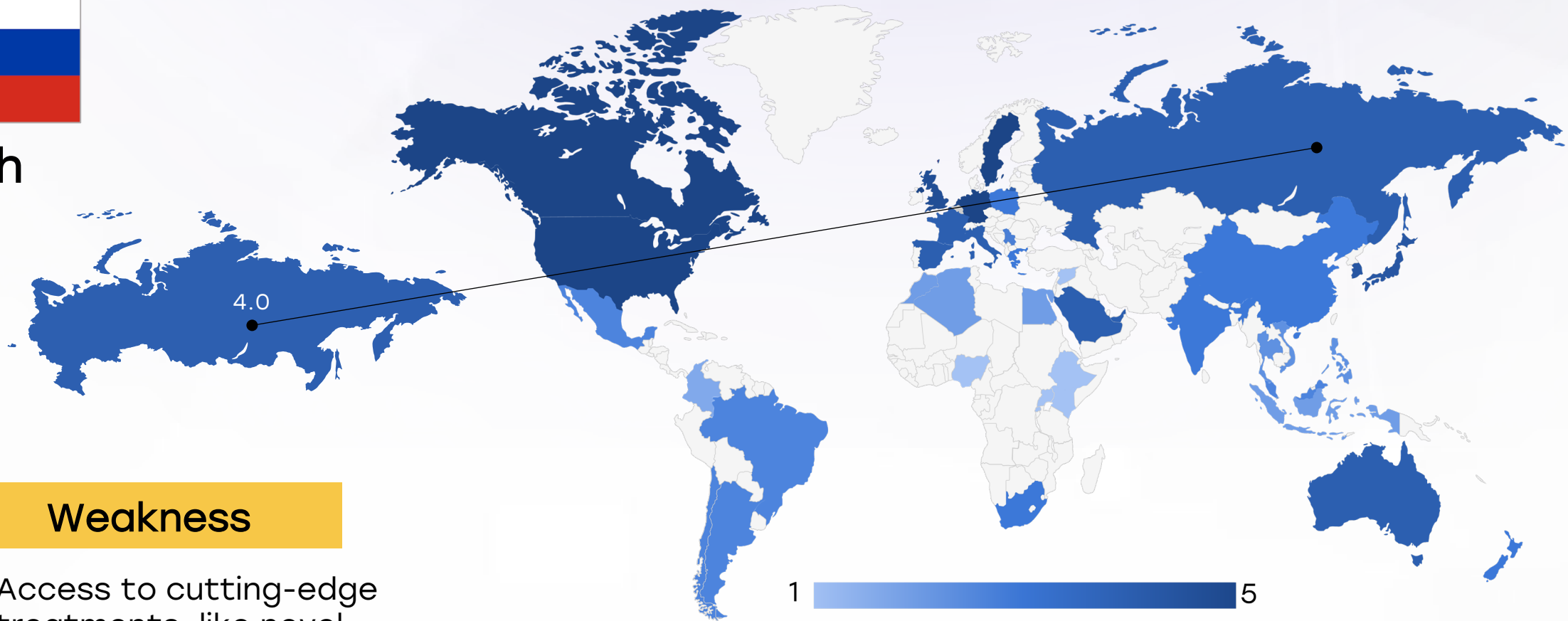


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

Russia



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Cancer care is covered under state-funded compulsory medical insurance (OMS).
- Russia has several state-supported oncology research centers actively publishing on prostate cancer, e.g., Blokhin Cancer Center.

Weakness

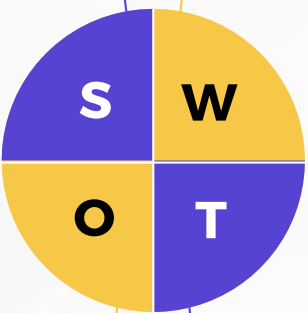
- Access to cutting-edge treatments, like novel hormonal therapies or immunotherapy, remains limited.
- Public awareness of prostate health is low, and men are often reluctant to seek screening.

Opportunity









































































































- Strengthen collaboration between research centers and international clinical trials.
- Launch national awareness campaigns targeting men over 50 and high-risk groups.

Threats

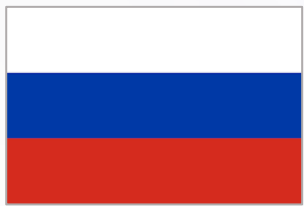
- Geopolitical isolation may reduce opportunities for collaboration and access to global trials.
- Research priorities may shift away from non-communicable diseases in favor of other policy-driven areas.



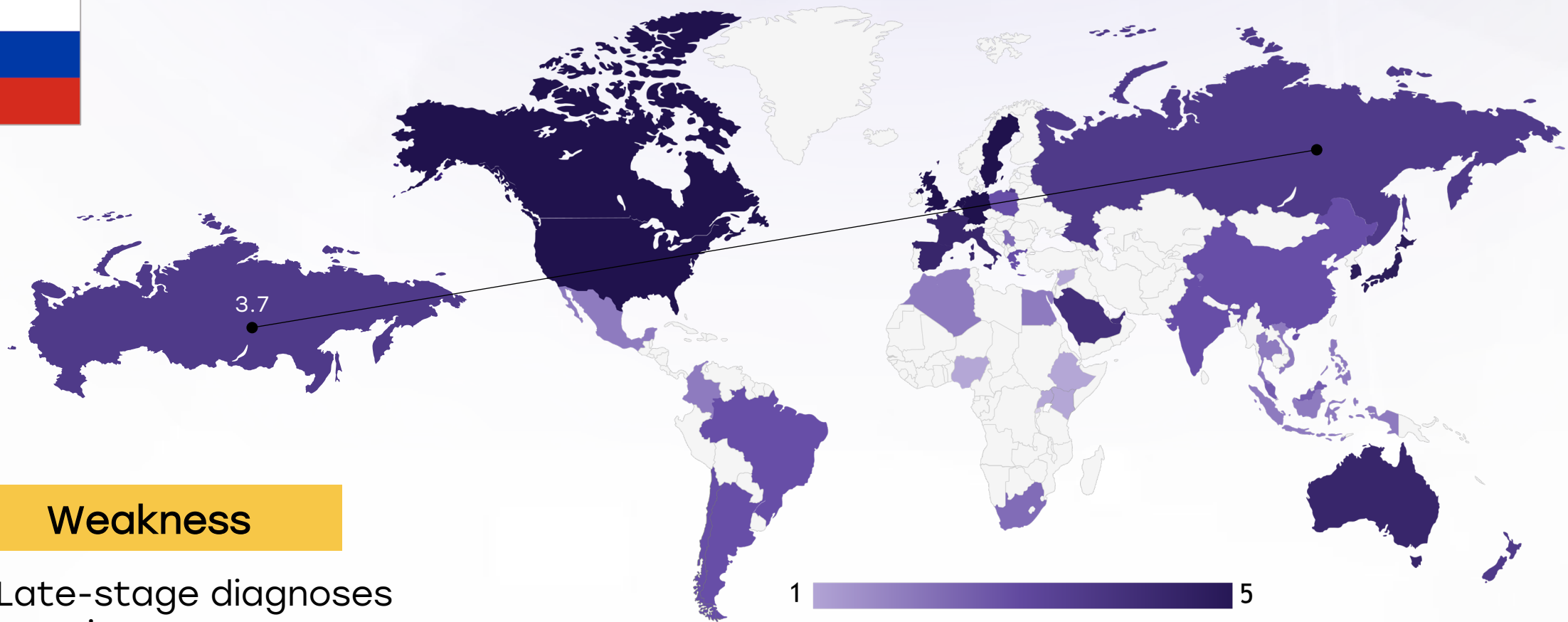
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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			

Russia



Survival Rates, Early Detection and Palliative Care



Strengths

- Urban centers report 5-year survival rates between 70–75%, nearing global averages.
- Increasing integration of palliative care into regional health systems and home care support.

Weakness

- Late-stage diagnoses remain common, especially in non-urban areas, due to lack of screening and stigma.
- Palliative care coverage is inconsistent across oblasts and often lacks psychological or social support components.

Opportunity

- Establish standardized early detection protocols in primary care using PSA.
- Improve integration of palliative and survivorship care in all regions.

Threats

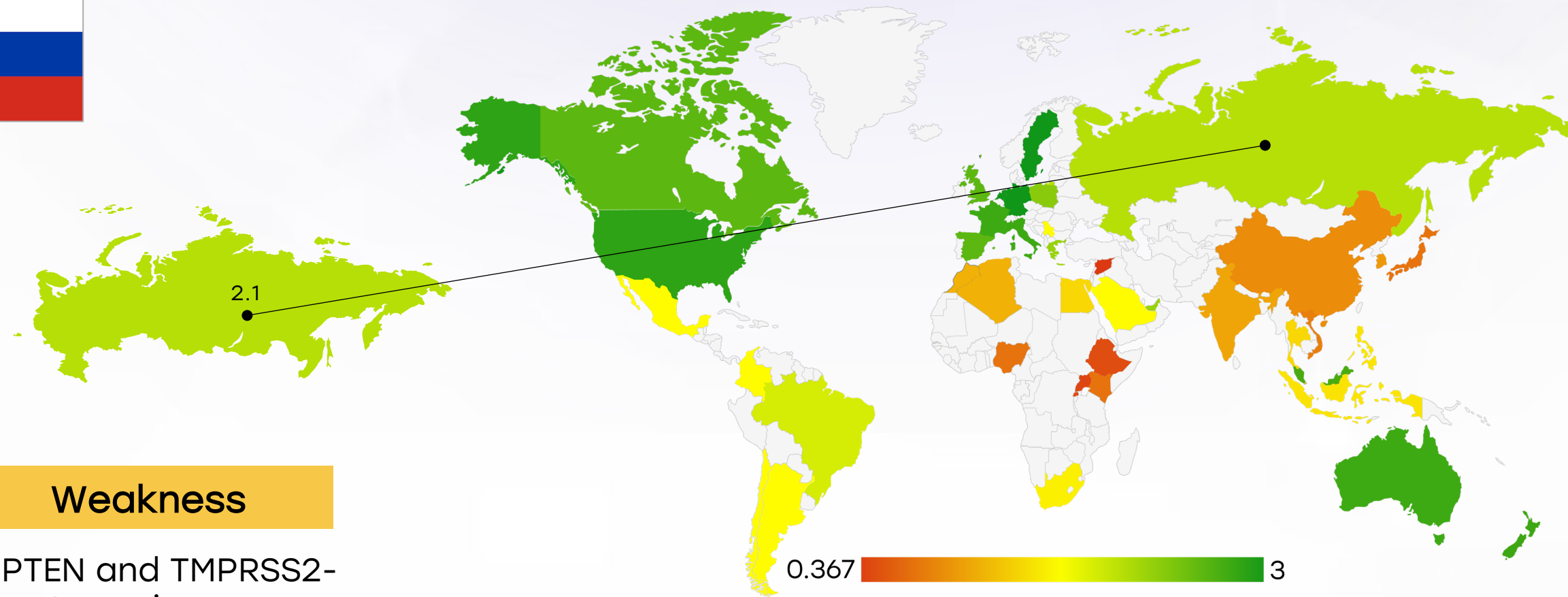
- Healthcare financing limitations and geographic vastness can delay access to early detection or palliative services.
- Cultural stigma may inhibit men from seeking help early.

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			

Russia

Utilization of Biomarkers



Strengths

- PSA testing is widely used in urban clinical practice and included in some health checkups.
- Genetic testing for BRCA1/2 is available in high-risk families, particularly in academic hospitals.

Opportunity

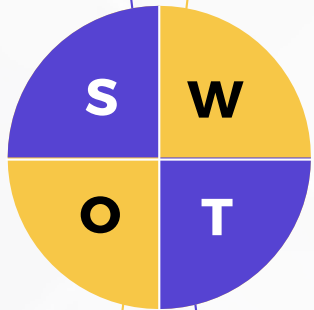
- Build capacity in genomic testing labs, especially for localized aggressive cases.
- Develop national clinical pathways incorporating biomarkers for stratification.

Weakness

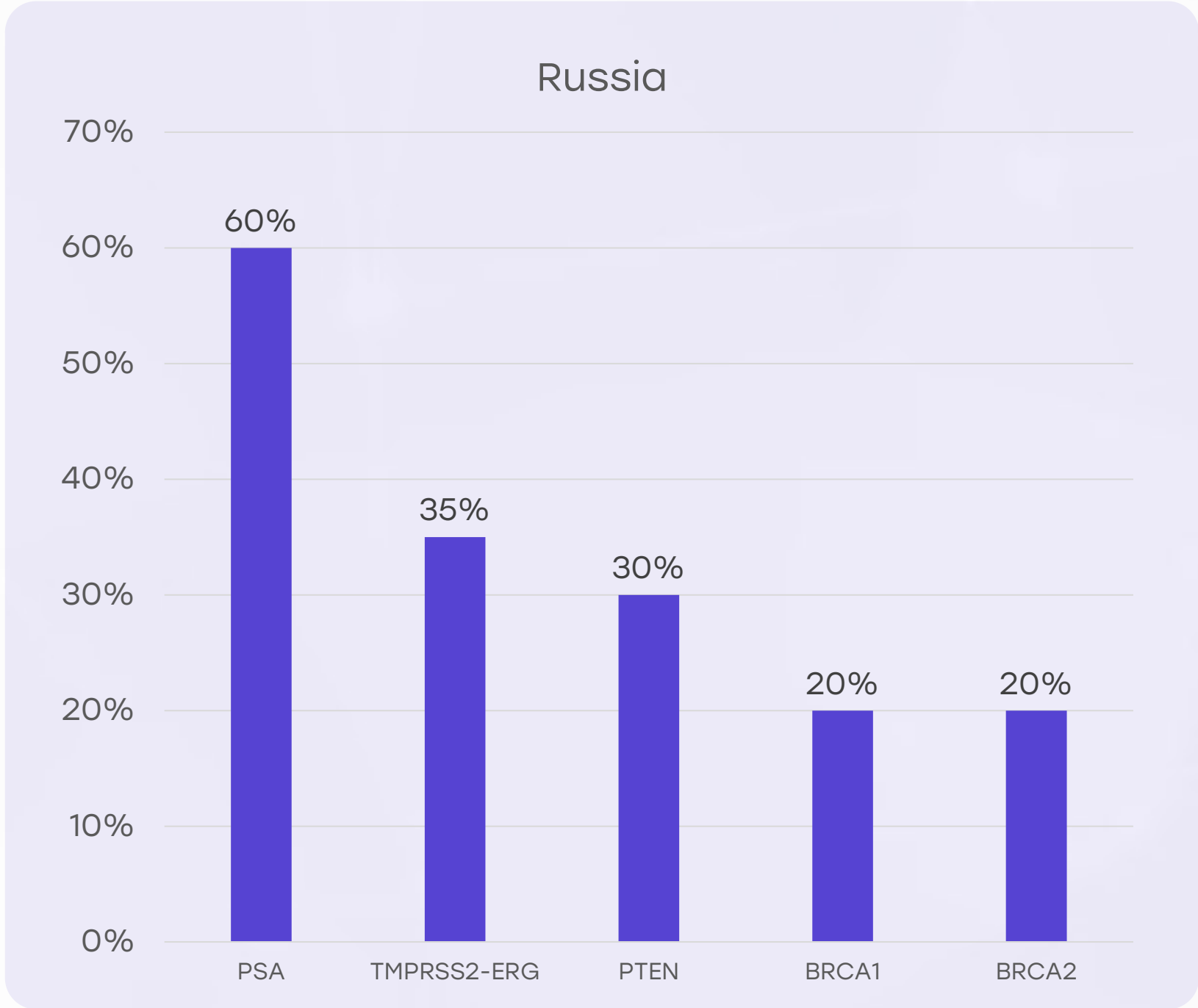
- PTEN and TMRSS2-ERG testing are largely limited to academic or research settings.
- Lack of standardized protocols for integrating biomarker data into treatment decisions.

Threats

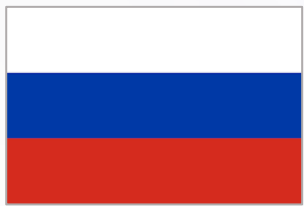
- Cost and availability of molecular diagnostics limit their use outside large cities.
- Lack of awareness among physicians regarding interpretation of biomarkers beyond PSA.



- 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.



Russia



Clinical Guidelines

Strengths

- Russia has national oncology guidelines developed by the Ministry of Health and leading oncology centers, aligned in part with EAU/NCCN standards.
- Efforts are underway to standardize prostate cancer care through clinical protocols and checklists.

Weakness

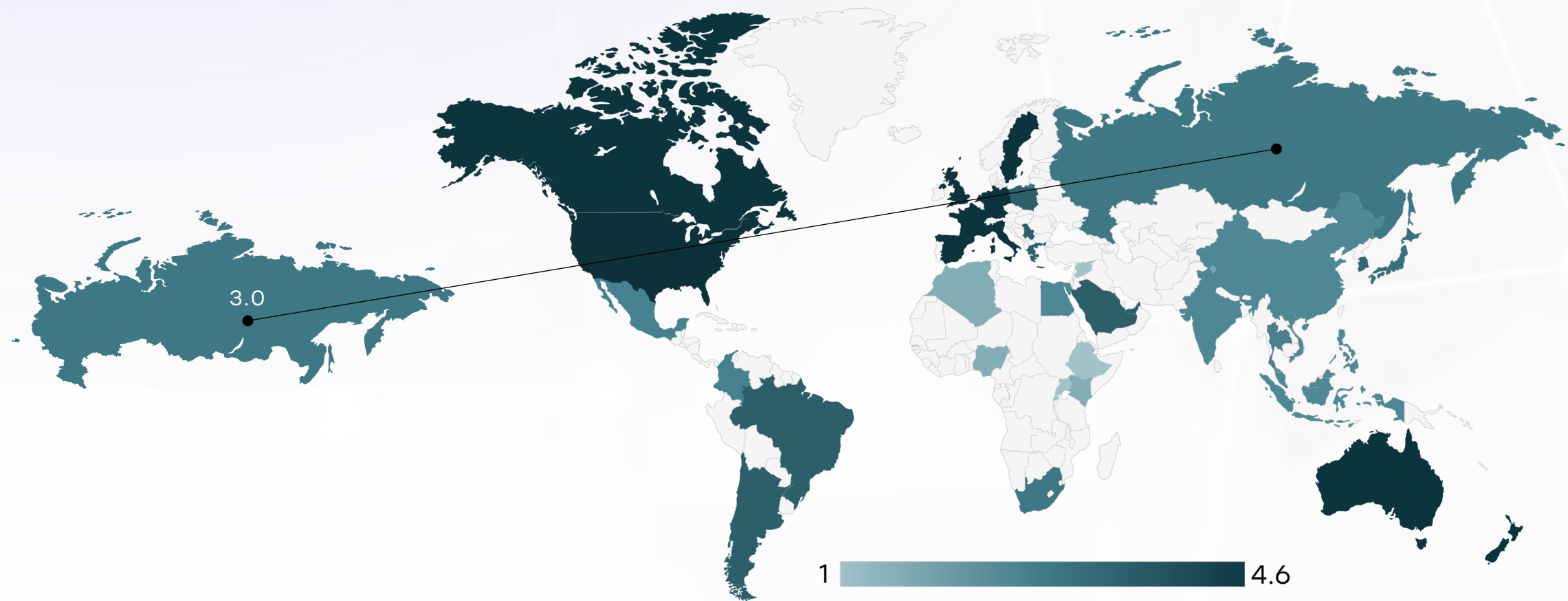
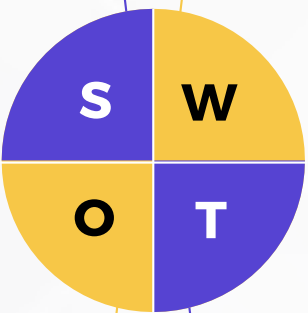
- Variable implementation across regions due to uneven training and infrastructure.
- Guidelines are not frequently updated to reflect rapid biomarker and therapeutic advancements.

Opportunity

- Improve physician training and digital access to updated guidelines.
- Tailor guidelines to reflect Russia-specific population risk and biomarker response.

Threats

- Bureaucratic delays in updating or disseminating guidelines.
- Unequal access to resources needed to implement the full clinical pathway.



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

Russia



Reimbursement



Strengths

- Standard therapies and diagnostics like PSA testing, radiotherapy, and surgery are fully reimbursed through OMS.
- High-cost medicines are sometimes funded through federal high-tech programs.

Weakness

- Limited coverage for genomic tests and newer agents, such as PARP inhibitors or novel hormonal drugs.
- Delays in incorporating innovative therapies into the reimbursement catalog.

Opportunity

- Expand reimbursement to cover biomarker-guided treatment pathways.
- Introduce fast-track pathways for high-risk or metastatic prostate cancer patients.

Threats

- Budget constraints and economic sanctions may hinder timely inclusion of new treatments.
- Regional disparity in reimbursement execution causes inequity in access.



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.



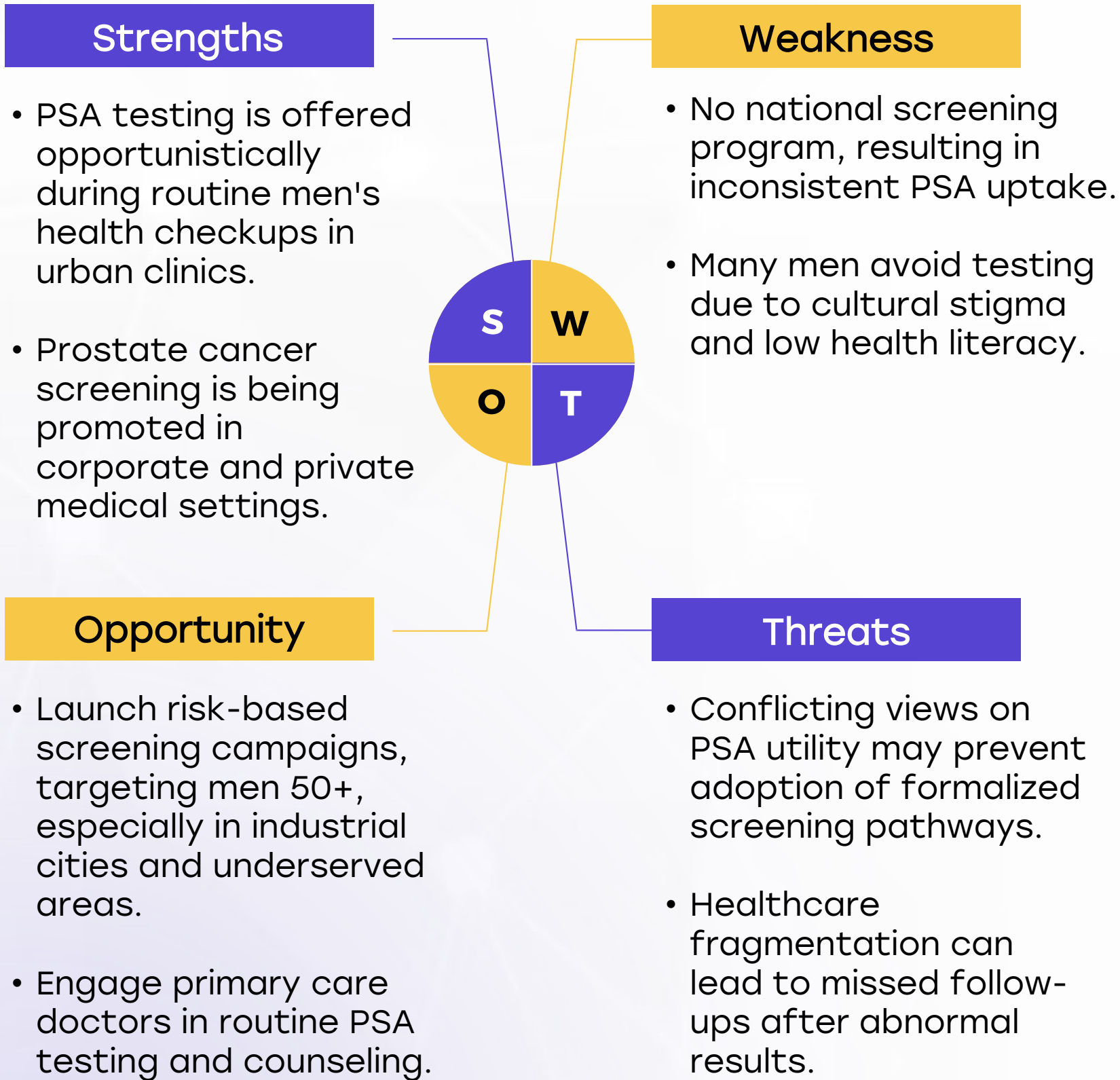
No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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		

Russia



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