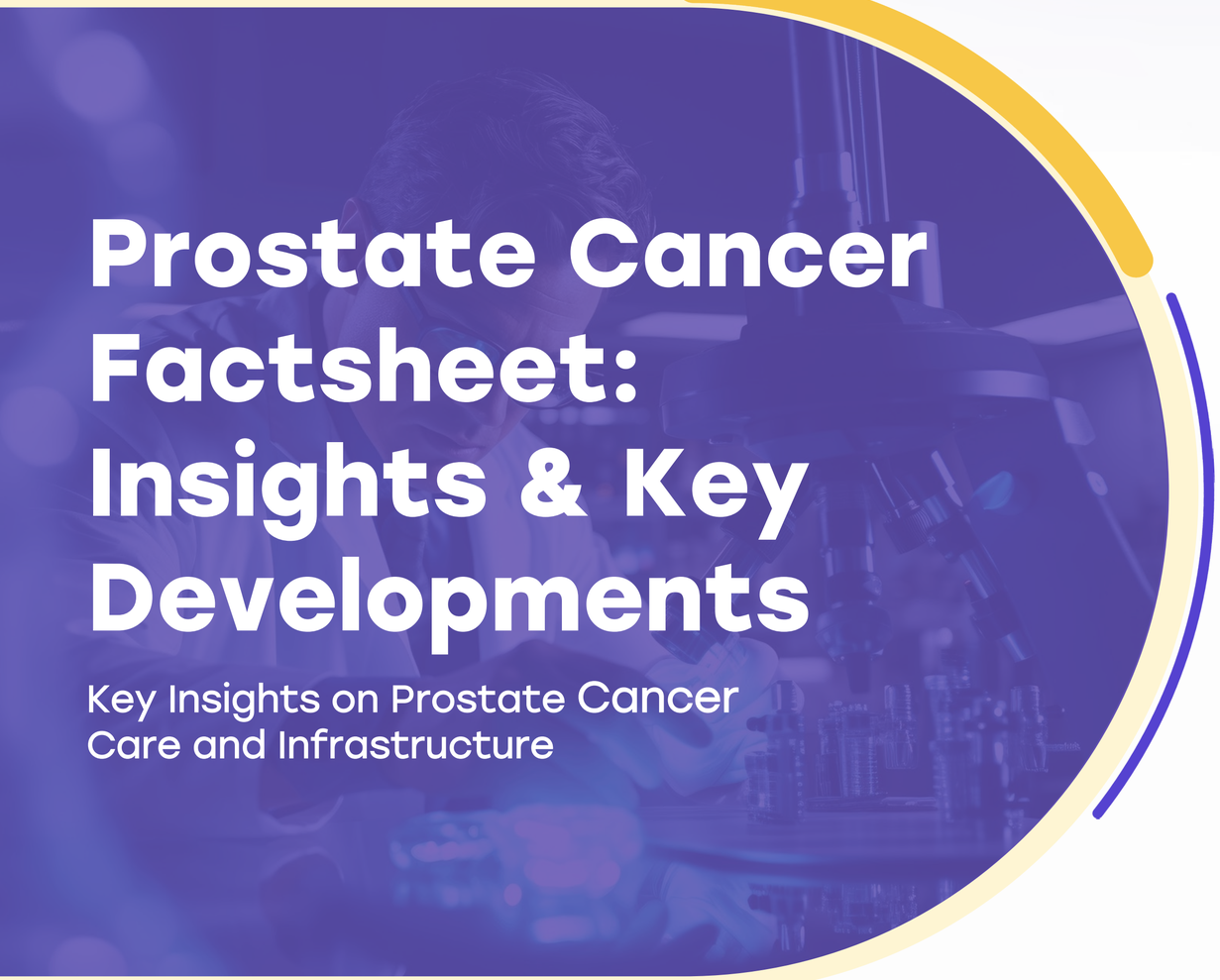
International Cancer Patient Coalition

Morocco



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 6 cancers in Moroccan men.
- **Incidence rate:** Approximately 13.5 per 100,000 men per year.
- **Total new cases (2022):** Around 2,300–2,600 men.
- **Daily diagnoses (2022):** About 6–7 men per day.
- **Deaths (2022):** Estimated around 1,200–1,400 men.
- **5-year survival rate:** Likely below 50%, due to late detection and limited access to care.
- **Most affected age group:** Men aged 65 years and older.
- **Screening participation:** Very limited PSA testing; no organized screening program

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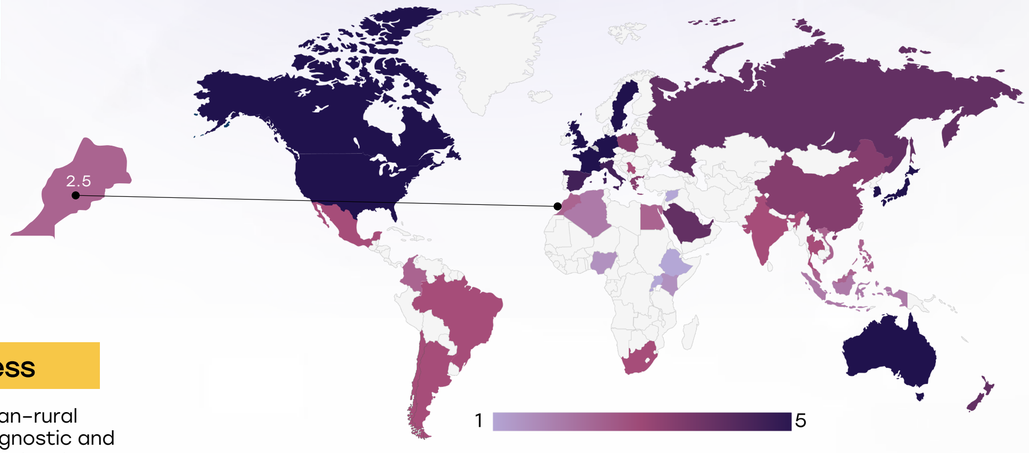
Infrastructure



Strengths

- Major urban areas like Casablanca, Rabat, and Marrakech have specialized cancer centers and university hospitals offering urology and oncology services.
- The National Cancer Prevention and Control Plan (PNPCC) includes prostate cancer within the broader strategy for non-communicable diseases.

Weakness

- Significant urban–rural disparity in diagnostic and treatment infrastructure.
- Limited radiotherapy machines and pathology labs outside major cities, which delays timely intervention.

S W O T

Opportunity

- Strengthen regional cancer care units and equip provincial hospitals with diagnostic tools (e.g., MRI, pathology labs).
- Develop public-private infrastructure partnerships to enhance rural access

Threats

- Infrastructure strain due to rising cancer burden and resource limitations in low-income regions.
- Dependence on donor-funded programs may be vulnerable to funding cuts.

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

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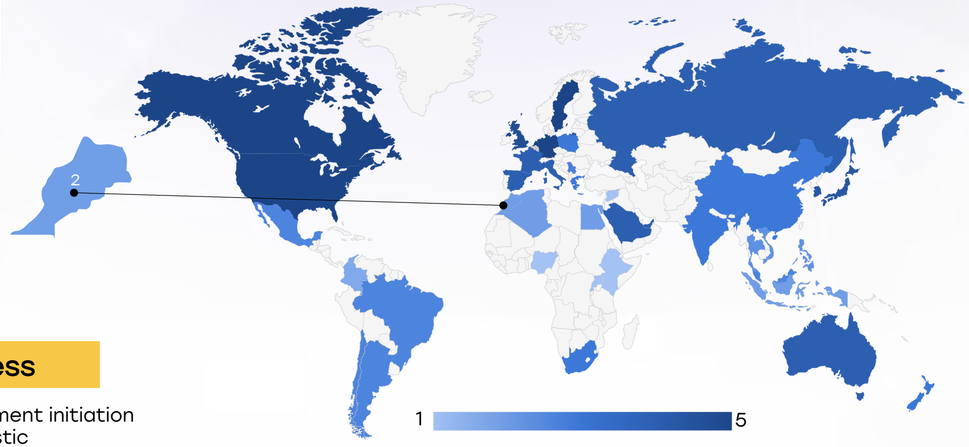
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Prostate cancer treatment is partially subsidized in public hospitals for eligible patients.
- National awareness days and campaigns (e.g., "Novembre Bleu") are held to promote prostate health.

Weakness

- Delayed treatment initiation due to diagnostic bottlenecks and limited specialist availability.
- Research in prostate cancer is scarce, especially regarding local genetic and epidemiological characteristics.

S W O T

Opportunity

- Incentivize local research on prostate cancer, particularly its genetic aspects in North African populations.
- Expand partnerships with NGOs for awareness in rural and low-literacy communities.

Threats

- Lack of continuity in awareness programs due to limited funding and training.
- Potential exclusion of men in remote areas from campaigns due to language and mobility barriers.

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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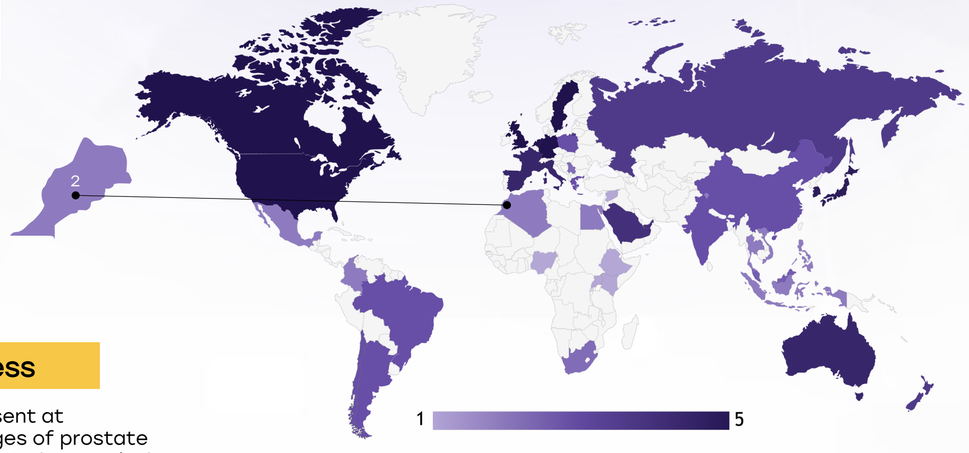
Survival Rates, Early Detection and Palliative Care



Strengths

- PSA testing is increasingly used in urban diagnostic protocols.
- Some university hospitals have established palliative care departments for late-stage cancer cases.

Weakness

- Many men present at advanced stages of prostate cancer, leading to low survival rates.
- Palliative care services are not uniformly distributed and often concentrated in large cities.

S W O T

Opportunity

- Integrate palliative care training into national nursing and general practice curricula.
- Promote early detection through community-based awareness and male health programs.

Threats

- Social stigma and reluctance among men to seek early screening or report symptoms.
- Weak follow-up systems may cause patients to drop out after initial diagnosis.

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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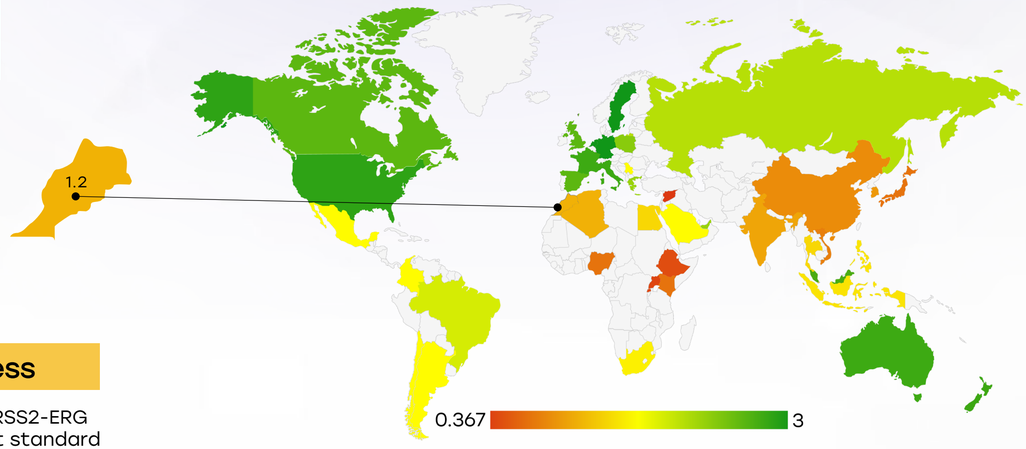
Utilization of Biomarkers



Strengths

- PSA testing is widely available in urban health settings and used routinely for screening and monitoring.
- Limited BRCA1/2 genetic testing is available in select hospitals for hereditary cancers.

Weakness

- PTEN and TMPRSS2-ERG testing are not standard practice, and their clinical relevance is not widely recognized.
- Lack of infrastructure for molecular profiling limits personalized medicine.
-

S W O T

Opportunity

- Collaborate with regional genomics labs to initiate pilot programs on biomarker testing in high-risk patients.
- Build clinician capacity on the importance of BRCA mutations in prostate cancer progression.

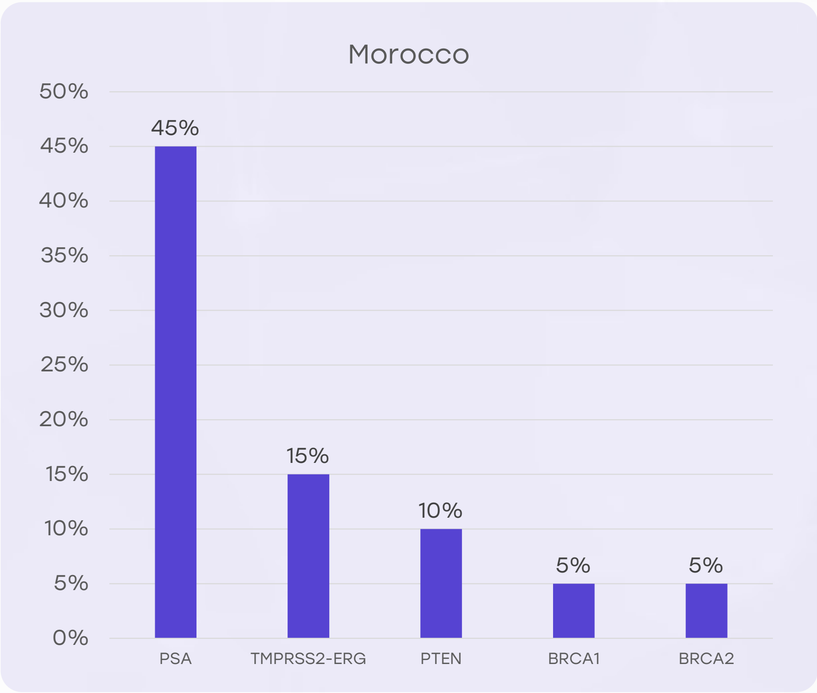
Threats

- Cost and limited laboratory capabilities hinder the routine use of advanced biomarkers.
- Clinician and policymaker unfamiliarity with the clinical use of these 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.



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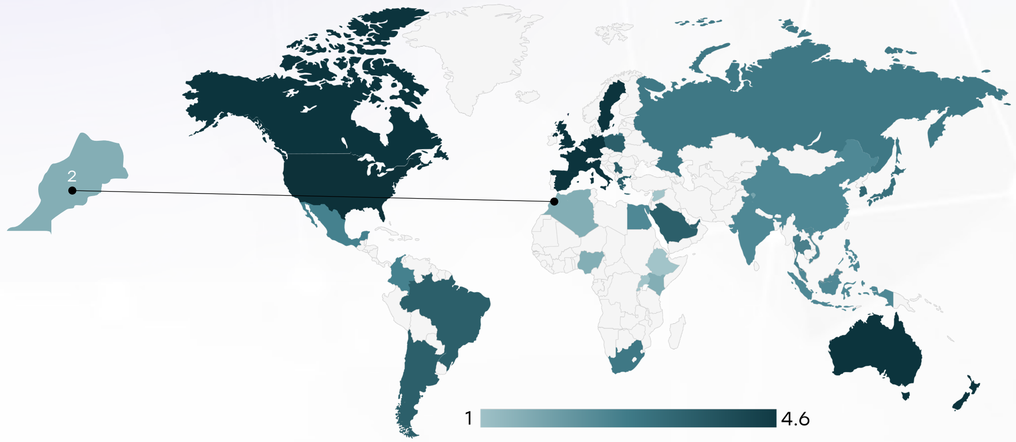
Clinical Guidelines



Strengths

- National clinical oncology programs outline basic treatment protocols for prostate cancer.
- Urologists and oncologists follow international standards (e.g., ESMO or NCCN) in advanced centers.

Weakness

- National guidelines lack formal inclusion of genetic risk or biomarker-based stratification.
- Variability in how guidelines are implemented across urban and rural regions.

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Opportunity

- Revise and contextualize national guidelines to include molecular markers and high-risk screening.
- Develop standardized care pathways adapted to Moroccan healthcare realities.

Threats

- Fragmented health system may delay updates in protocols across all regions.
- Adoption of advanced guidelines could be limited by resource availability.

	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

- Cancer treatment is covered under the RAMED system for low-income patients in public facilities.
- PSA testing is affordable or free in many public hospitals.
- `

Weakness

- High-cost treatments like new-generation antiandrogens or genetic testing are not reimbursed.
- Out-of-pocket costs remain a barrier for patients in the private sector.

S W O T

Opportunity

- Expand reimbursement to include essential cancer biomarker tests and advanced therapies.
- Design cost-sharing models with private sector support for high-risk patients.

Threats

- Rising cancer incidence may put pressure on RAMED's already stretched resources.
- Healthcare reforms may leave coverage gaps, especially during transitions.

● 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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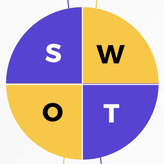
Prostate Cancer Screening

Strengths

- PSA-based opportunistic screening is common in urban male health consultations.
- Awareness initiatives encourage men over 50 to undergo regular check-ups.

Weakness

- No nationwide, structured screening program, especially in rural or low-resource areas.
- Low literacy and cultural stigma reduce screening participation



Opportunity

- Implement risk-based national screening focusing on age, family history, and comorbidities.
- Train GPs and nurses in early symptom recognition and PSA interpretation.

Threats

- Risk of overdiagnosis and unnecessary treatments without proper screening protocols.
- Resource strain could delay follow-up after screening in remote areas.

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