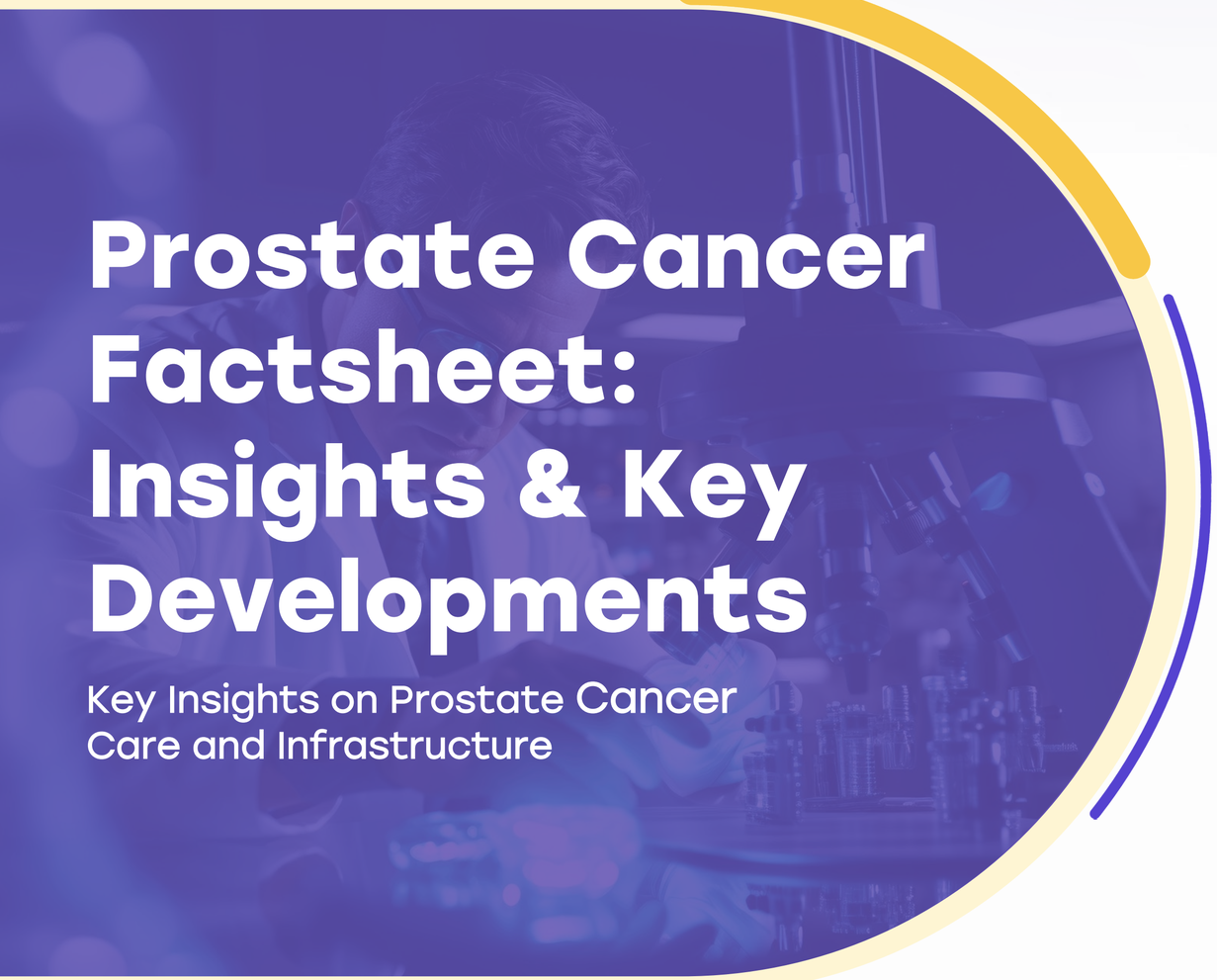
International Cancer Patient Coalition

Poland



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 3 cancers in Polish men.
- **Incidence rate:** Approximately 97 per 100,000 men per year.
- **Total new cases (2022):** Estimated around 30,000–35,000 men.
- **Daily diagnoses (2022):** About 80–95 men per day.
- **Deaths (2022):** Estimated mortality rate ~38 per 100,000 men, likely around 14,000–16,000 deaths.
- **5-year survival rate:** Around 78% (for diagnoses between 2010–2014; more recent rates may be higher).
- **Most affected age group:** Typically men aged 65–75 and above.
- **Screening participation:** No national program; opportunistic PSA screening available and debated; uptake modest.

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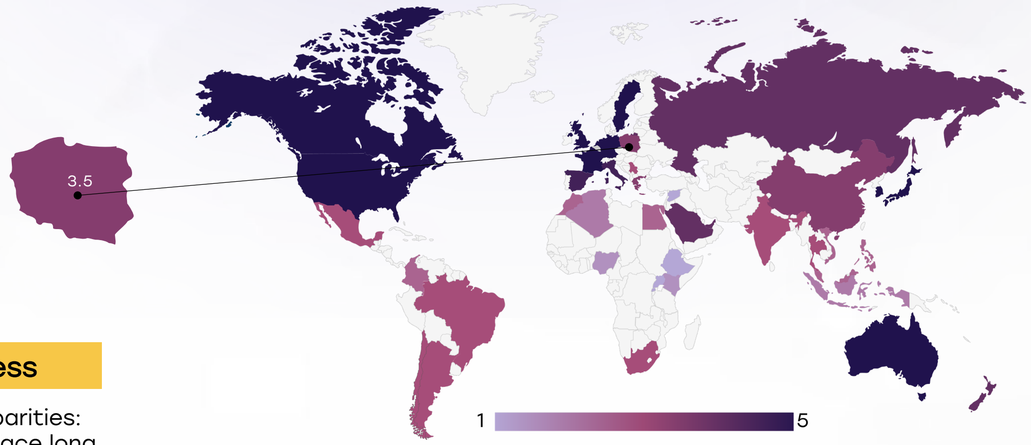
Infrastructure



Strengths

- Poland has a decentralized but well-structured public healthcare system, with specialized oncology centers in major cities like Warsaw, Kraków, and Poznań.
- Most regional cancer centers are equipped with modern diagnostic imaging (MRI, PET-CT) and radiotherapy units.

Weakness

- Regional disparities: Rural areas face long wait times and poor access to oncology specialists.
- Some oncology centers face equipment overload and understaffing, leading to treatment delays.

S W O T

Opportunity

- Continued investment in modernizing regional hospitals and urology departments.
- Expansion of telemedicine to reach under-served populations.

Threats

- Healthcare workforce shortages and emigration of doctors and nurses to Western Europe.
- Overreliance on centralized urban hospitals increases burden on main centers.

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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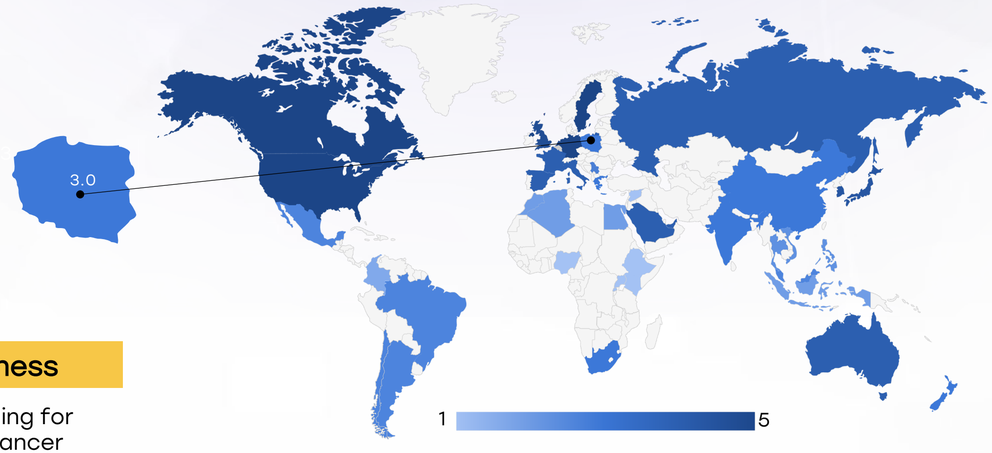
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- National Cancer Network (Krajowa Sieć Onkologiczna) ensures coordinated cancer care and early referrals.
- Access to advanced therapies (androgen deprivation, radiotherapy, chemotherapy) is relatively broad in insured patients.

Weakness

- Public funding for prostate cancer research remains limited compared to other cancers.
- Awareness campaigns are sporadic and not well-targeted to high-risk groups.

Opportunity

- Expand collaboration with EU-funded oncology research programs.
- Launch nationwide prostate health education campaigns, especially for men over 50.

Threats

- Economic pressures may reduce research budgets and limit long-term program funding.
- Misinformation and stigma about male cancers persist, especially among older men.

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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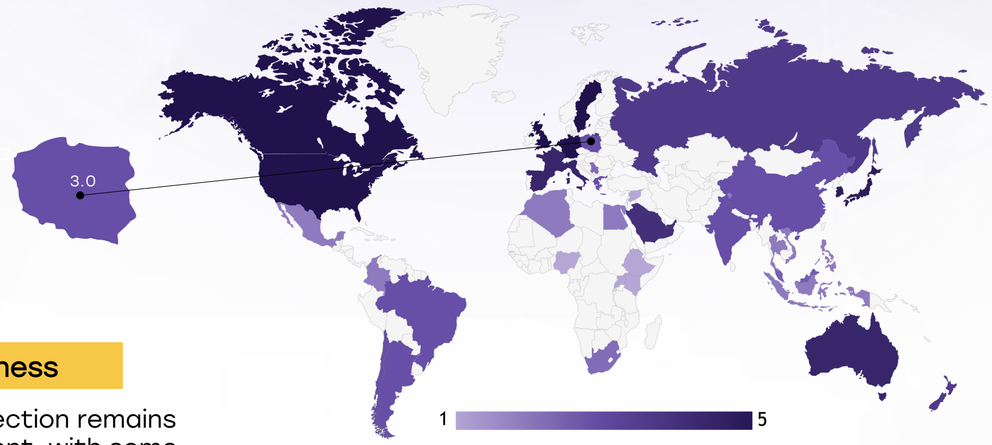
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival rate for prostate cancer in Poland is around 78–80%, close to the EU average.
- Palliative care is integrated into the public system, with home hospice options widely available.

Weakness

- Early detection remains inconsistent, with some patients diagnosed at an advanced stage.
- Limited integration of psychosocial support and survivorship care planning

Opportunity

- Strengthen family physician roles in early referral and PSA-based risk assessment.
- Develop standardized follow-up pathways for survivors and palliative patients.

Threats

- Aging population puts pressure on oncology and palliative care infrastructure.
- Delays in primary diagnosis due to bureaucratic referral chains.

S W O T

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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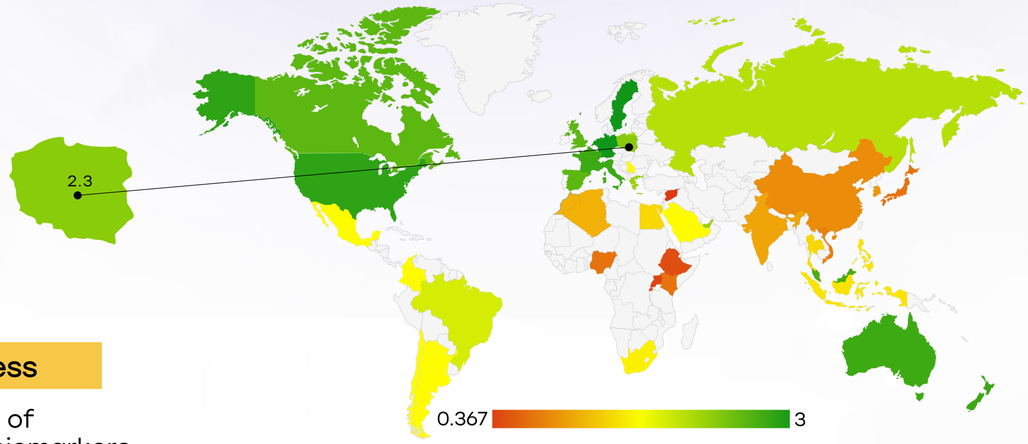
Utilization of Biomarkers



Strengths

- PSA testing is widely used and reimbursed by the public health system.
- Genetic testing for BRCA1/2 is available in high-risk groups, particularly with family history.

Weakness

- Limited use of advanced biomarkers (TMPRSS2-ERG, PTEN) in routine clinical practice.
- Many general practitioners lack training in interpreting PSA fluctuations and genetic risk.

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Opportunity

- Integrate biomarker panels into prostate cancer staging and risk stratification.
- Collaborate with academic centers to introduce PTEN and TMPRSS2-ERG into diagnostic pathways for aggressive cancers.

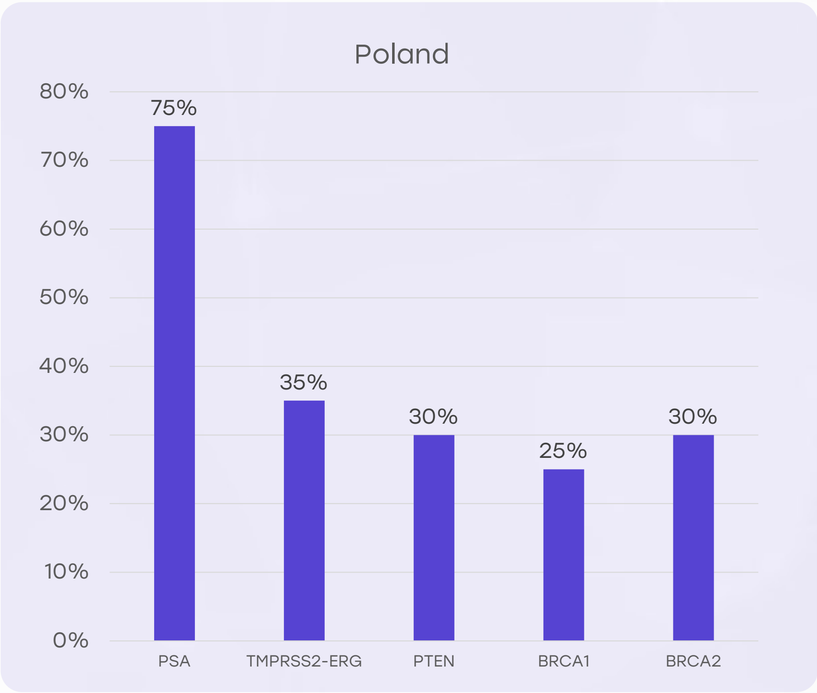
Threats

- High cost of genomic testing restricts wider biomarker adoption.
- Lack of national guidelines for integrating biomarker data into treatment decisions.

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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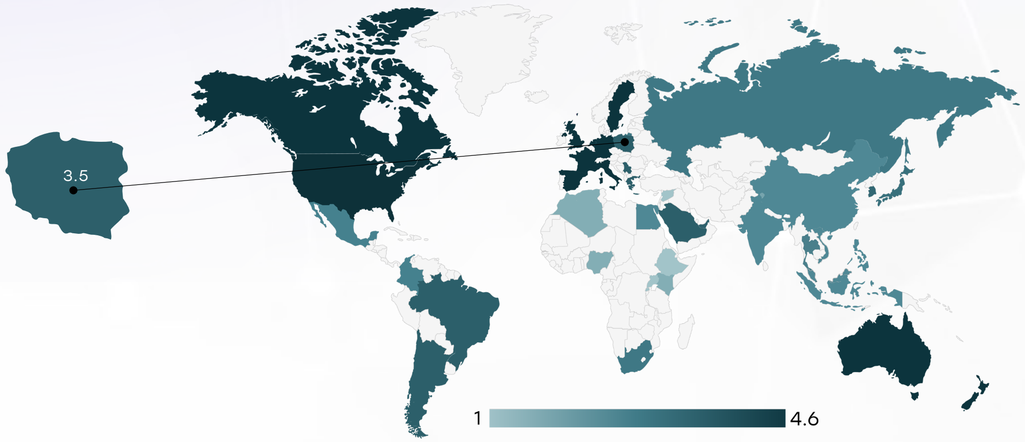
Clinical Guidelines



Strengths

- Poland adheres to European Association of Urology (EAU) and NCCN guidelines.
- National oncology networks promote standardized care protocols.

Weakness

- Guidelines are not always fully implemented in smaller hospitals or rural clinics.
- Limited updates based on local genetic or population-specific insights.

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Opportunity

- Develop Poland-specific adaptations of global guidelines, factoring in local risk profiles and biomarker data.
- Regular training for GPs and oncologists on updated clinical pathways.

Threats

- Disparities in care arise due to non-uniform application of guidelines across institutions.
- Treatment delays from strict administrative procedures.

	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

- Public insurance (NFZ) covers PSA testing, basic imaging, surgery, radiotherapy, and standard medications.
- Some new therapies are added to the reimbursement list through fast-track oncology pathways.

Weakness

- Targeted therapies (e.g., PARP inhibitors) and genetic testing may not be fully reimbursed.
- Long administrative processes delay patient access to new treatment options.

S W O T

Opportunity

- Broaden reimbursement to include next-gen sequencing and molecular tests.
- Enhance fast-track oncology pathways for metastatic prostate cancer patients.

Threats

- Rising costs of healthcare may pressure policymakers to limit or cap reimbursements.
- Budget constraints may lead to rationing of novel therapies.

● 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 testing is available and covered by insurance when ordered by a doctor.
- Opportunistic screening is offered during men's health campaigns and routine check-ups.

Weakness

- No national screening program for prostate cancer; testing largely depends on physician discretion.
- PSA screening uptake remains low in rural and elderly populations.

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Opportunity

- Introduce a nationally coordinated risk-based screening program for men 50+.
- Utilize digital health records and reminders to improve screening rates.

Threats

- Ongoing debate over PSA screening risks may lead to policy inaction.
- Under-screening may result in late diagnosis and higher mortality.

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