

Nigeria

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.

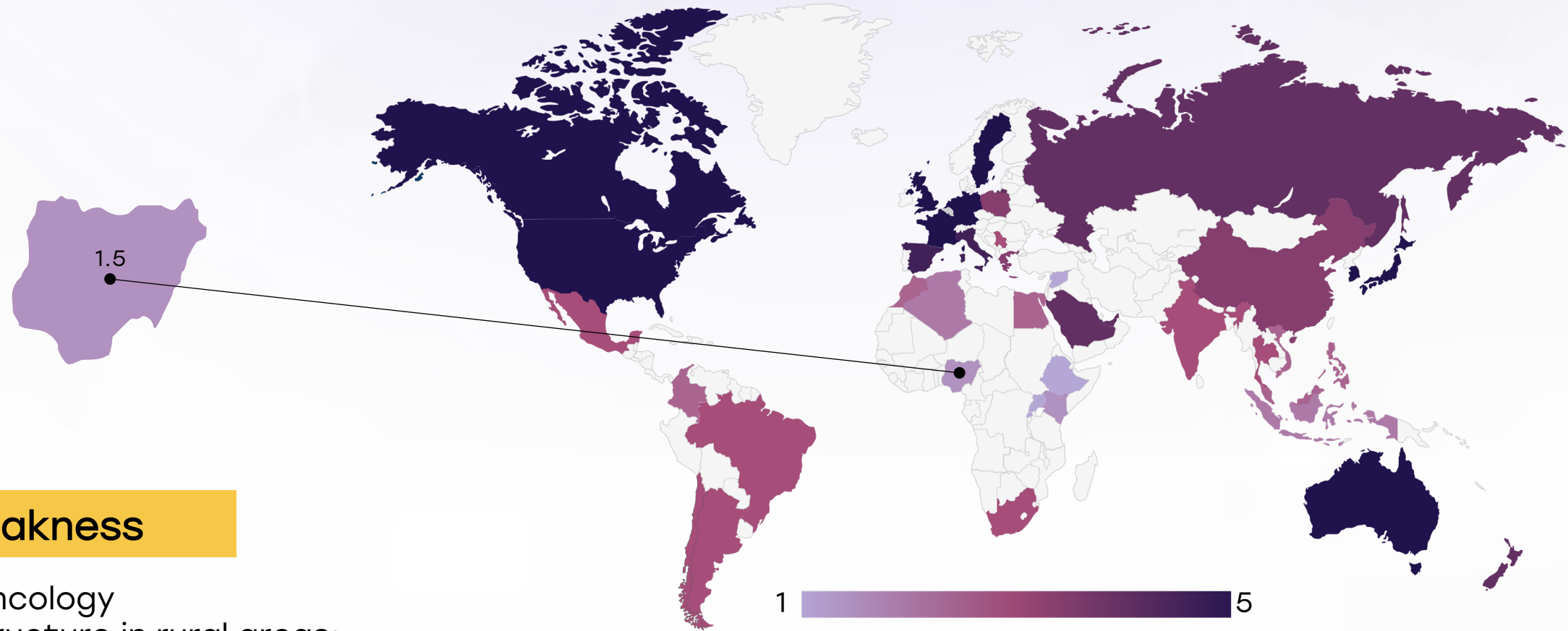
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Number one cancer by incidence and death among Nigerian men—accounting for about 37–41% of male cancer cases.
- **Incidence rate:** Age-standardized rate approximately 41 per 100,000 men per year.
- **Total new cases (2022):** Around 18,000 men newly diagnosed.
- **Daily diagnoses (2022):** ~49 men per day.
- **Deaths (2022):** Approximately 11,600 men (around 28% of male cancer deaths).
- **5-year survival rate:** Estimated to be 30–50%, with many cases detected at advanced stages.
- **Most affected age group:** Predominantly men aged 65 and older, but onset often earlier compared to global averages.
- **Screening participation:** Very low; no national PSA screening program; awareness initiatives exist but coverage remains limited.

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Infrastructure



Strengths

- Presence of tertiary hospitals with oncology services in major cities (e.g., Lagos University Teaching Hospital, University College Hospital Ibadan).
- A few centers have access to radiotherapy and basic urology facilities.

Weakness

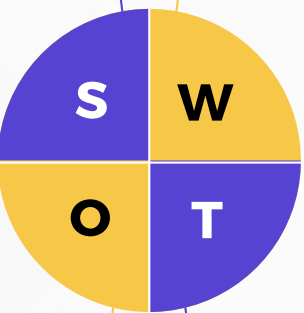
- Poor oncology infrastructure in rural areas; most facilities lack modern diagnostic tools like MRI or CT scanners.
- Inadequate trained personnel—limited number of oncologists, radiologists, and urologists relative to patient needs

Opportunity

- Public-private partnerships to build regional cancer centers with modern equipment.
- Training and capacity-building programs for cancer-focused healthcare workers.

Threats

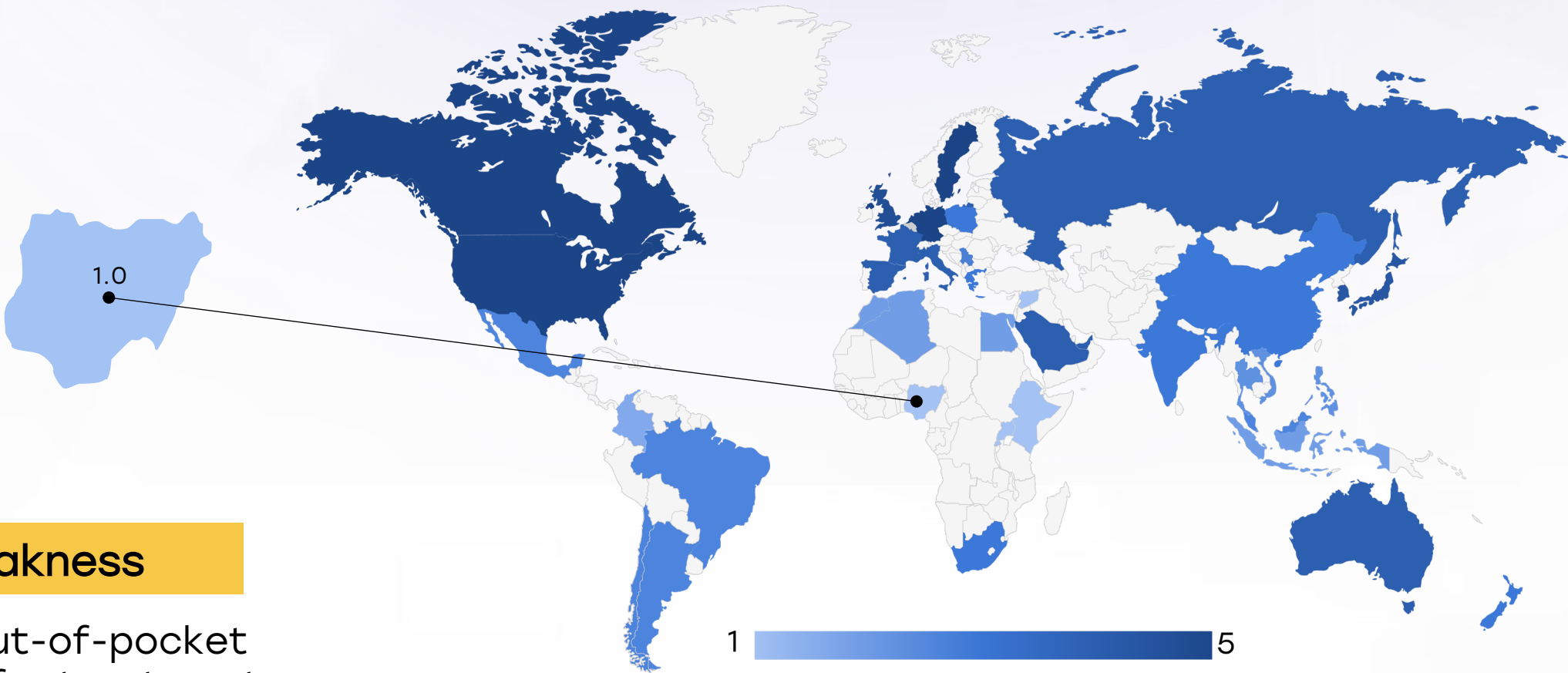
- Heavy urban-rural divide in access to care.
- Healthcare infrastructure neglect, especially in Northern regions affected by conflict.



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		
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Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		
Malaysia		

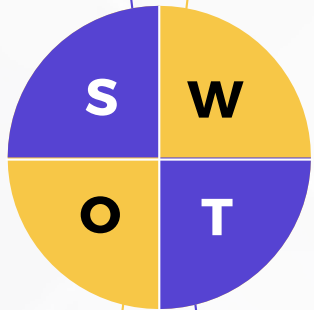
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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Select urban centers offer chemotherapy, surgical, and hormone therapy options for prostate cancer.
- NGOs like Project Pink Blue and local foundations promote prostate cancer awareness.



Weakness











- High out-of-pocket costs for treatment; limited insurance coverage.
- Minimal government funding for cancer research, with prostate cancer underrepresented.











































































































Opportunity

- Encourage international collaborations for research and funding.
- Expand community-based awareness programs, especially in underserved regions.

Threats

- Low health literacy leads to late presentation.
- Lack of political will to prioritize male-specific cancers.

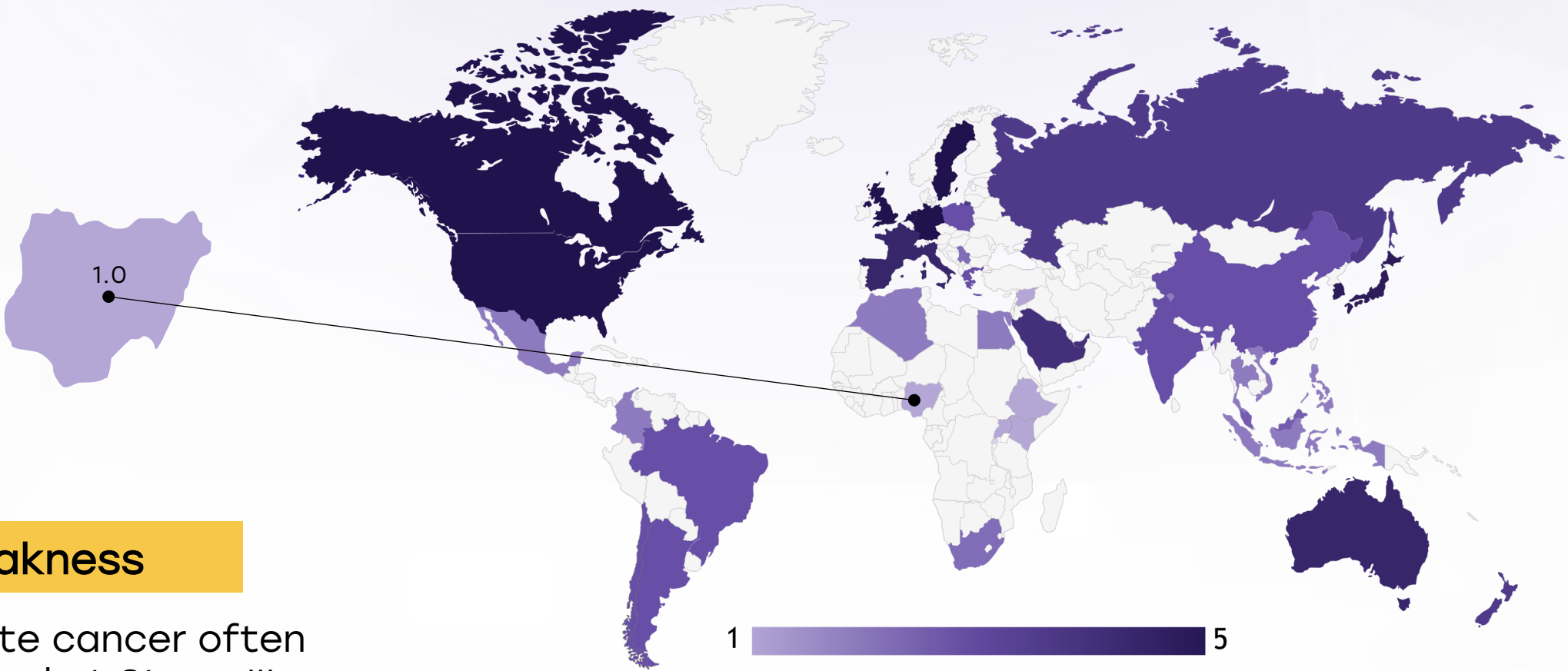
-   5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
-   4. Well-developed system with good treatment availability,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

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Survival Rates, Early Detection and Palliative Care



Strengths

- National cancer control policy includes palliative care as a priority area.
- Increasing presence of palliative units in teaching hospitals.

Weakness

- Prostate cancer often detected at Stage III or IV, lowering survival outcomes.
- Inadequate pain management and late referral to palliative care.

Opportunity















































































































- Launch mobile health outreach to increase early detection in rural areas.
- Training more nurses and GPs in basic palliative care and symptom management.

Threats

- Stigma, fear, and traditional beliefs delay presentation and palliative acceptance.
- Lack of opioid access and palliative supplies.



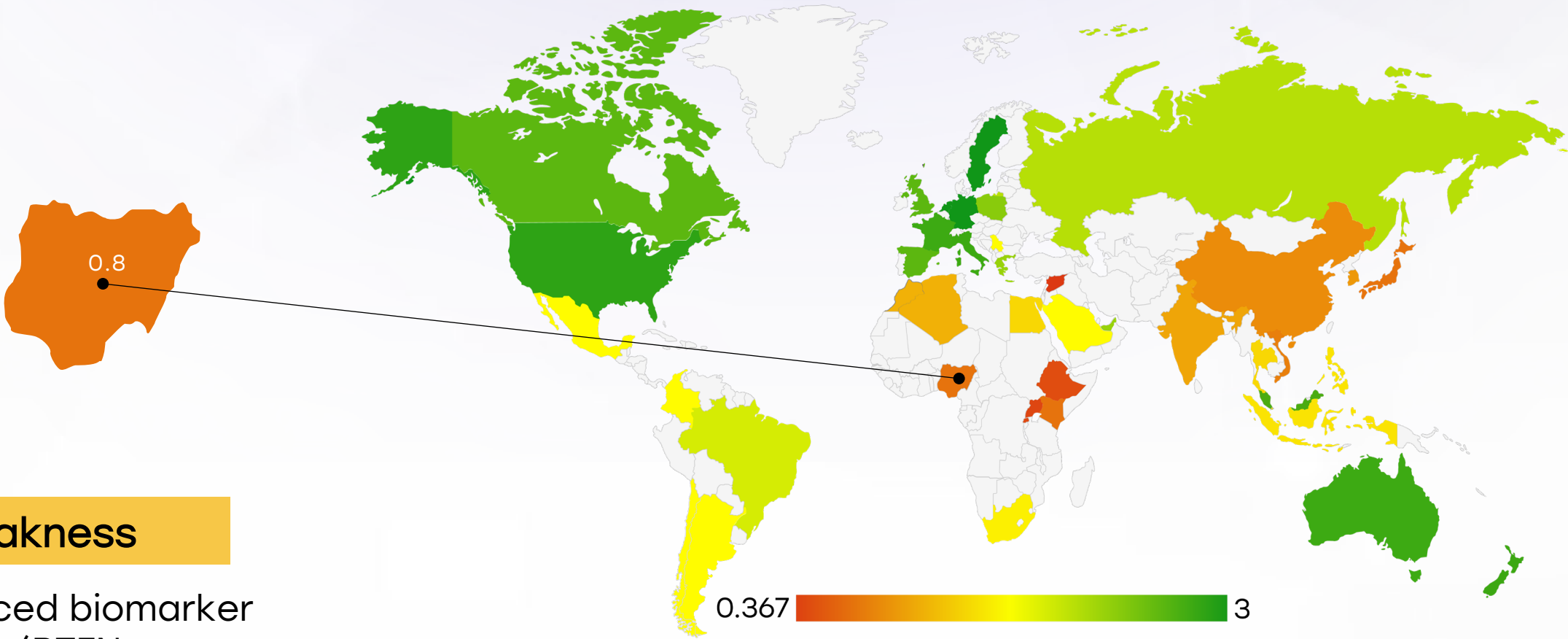
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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			
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Utilization of Biomarkers



Strengths

- PSA testing is available in private and some public hospitals.
- Local research is emerging on BRCA mutations in West African populations, particularly among high-risk individuals.

Opportunity


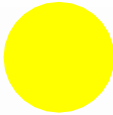

- Integrate PSA testing into routine men’s health checks in PHCs.
- Invest in biomarker labs and genomic research, targeting high-risk African populations.

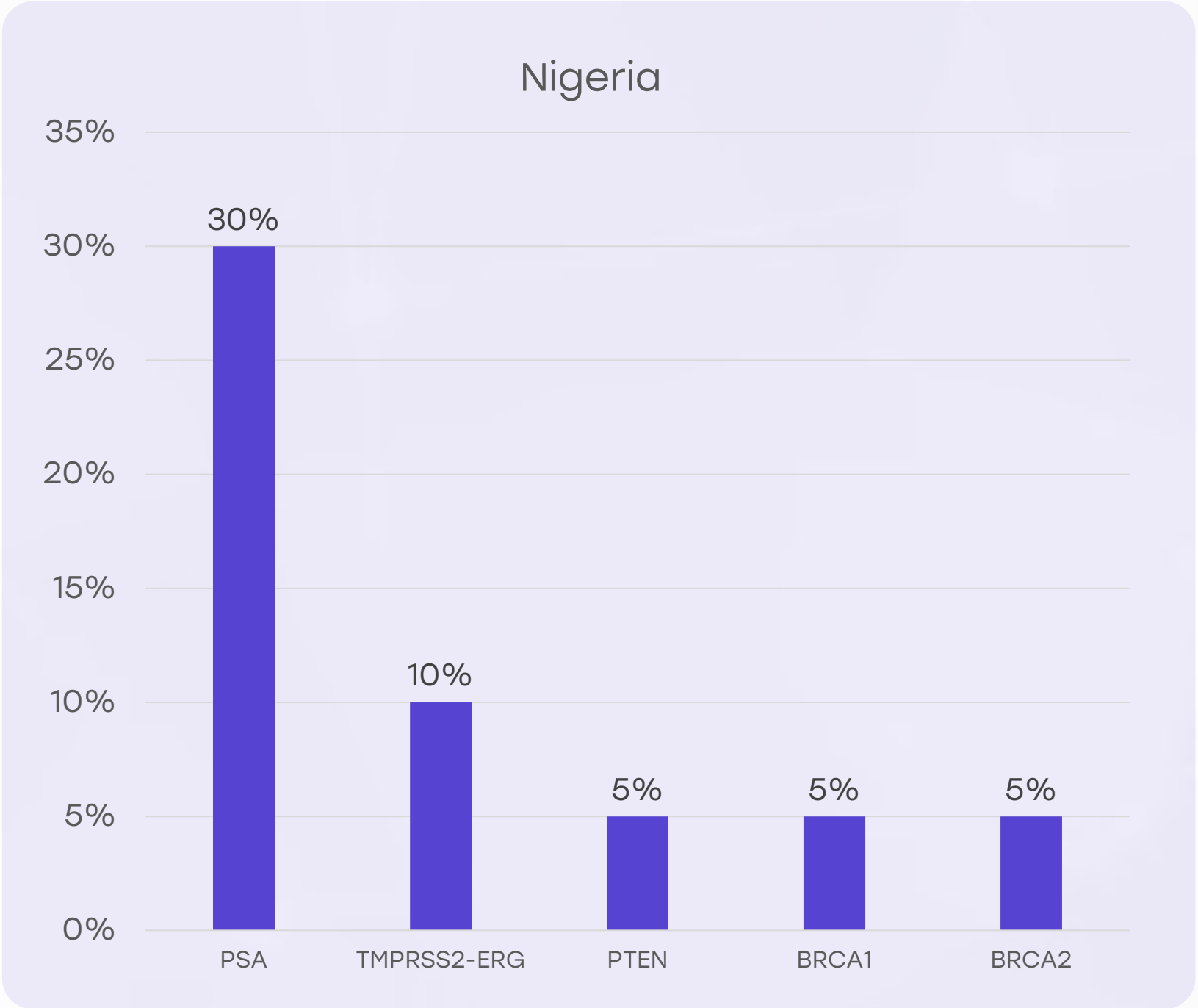
Weakness

- Advanced biomarker testing (PTEN, TMRSS2-ERG) rarely available outside research settings.
- Low awareness among healthcare providers about genomic profiling in prostate cancer.

Threats

- Lack of standardized labs leads to inconsistent biomarker interpretation.
- Economic limitations restrict scaling of genomic medicine.

-  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

- Nigeria follows adapted global cancer treatment protocols like NCCN and ESMO where possible.
- Government developed a National Cancer Control Plan (NCCP), which includes prostate cancer.

Weakness

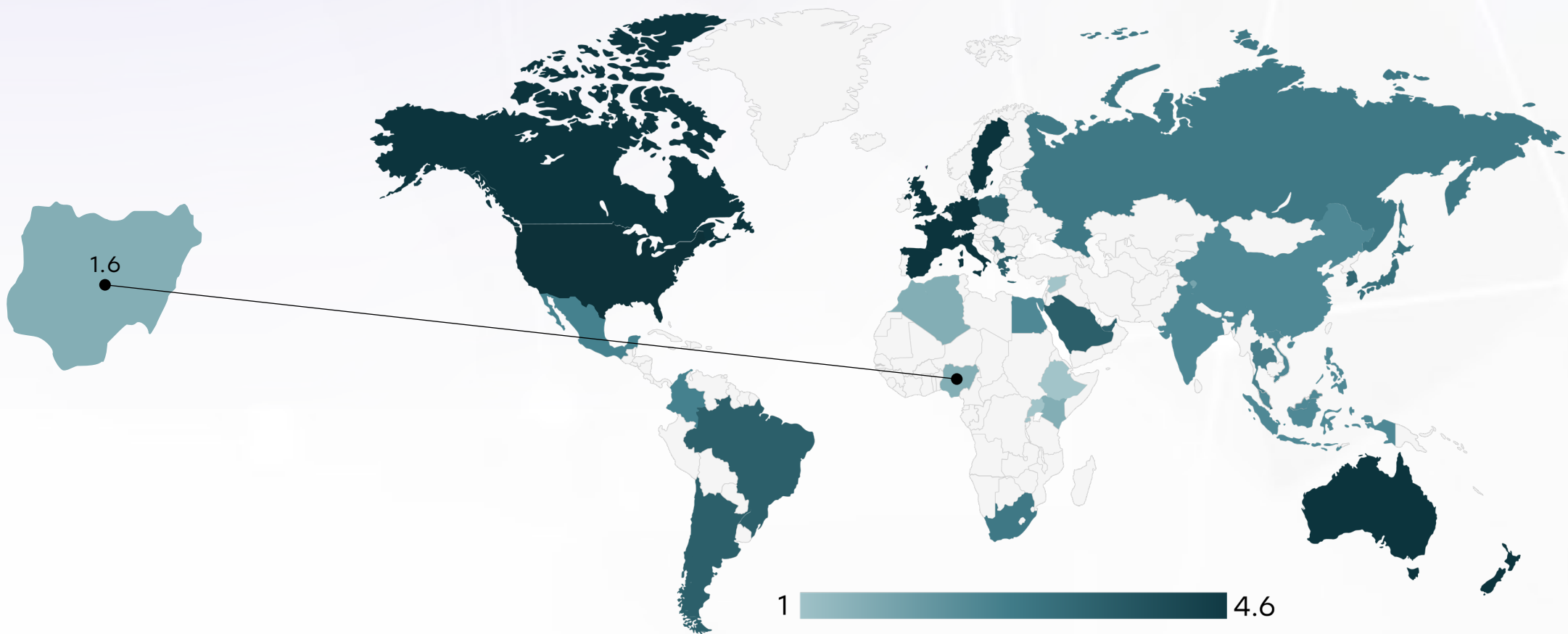
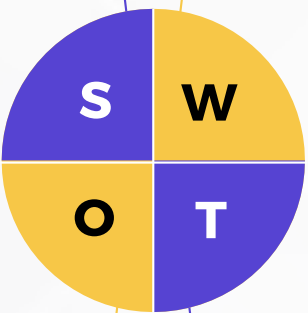
- Inconsistent implementation of guidelines across public hospitals.
- Most hospitals lack prostate cancer-specific protocols tailored to local needs

Opportunity

- Develop local prostate cancer guidelines informed by African patient characteristics.
- Incorporate biomarker use into standard treatment pathways.

Threats

- Without regulation, clinical practice remains highly variable.
- Resource gaps hinder full adherence to any standardized guidelines.



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

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Reimbursement



Strengths

- The NHIS (National Health Insurance Scheme) covers basic prostate cancer screening and consultations in select plans.
- Some government hospitals offer subsidized diagnostic services.

Weakness

- Majority of patients are uninsured or underinsured.
- Targeted therapies and newer drugs are not reimbursed and remain unaffordable for most.

Opportunity

- Expand NHIS coverage to include cancer-specific packages, especially for early-stage care.
- Collaborate with pharmaceutical companies for access programs.

Threats

- High inflation and healthcare budget constraints affect sustainability of public subsidies.
- Out-of-pocket costs remain prohibitively high, discouraging early testing.

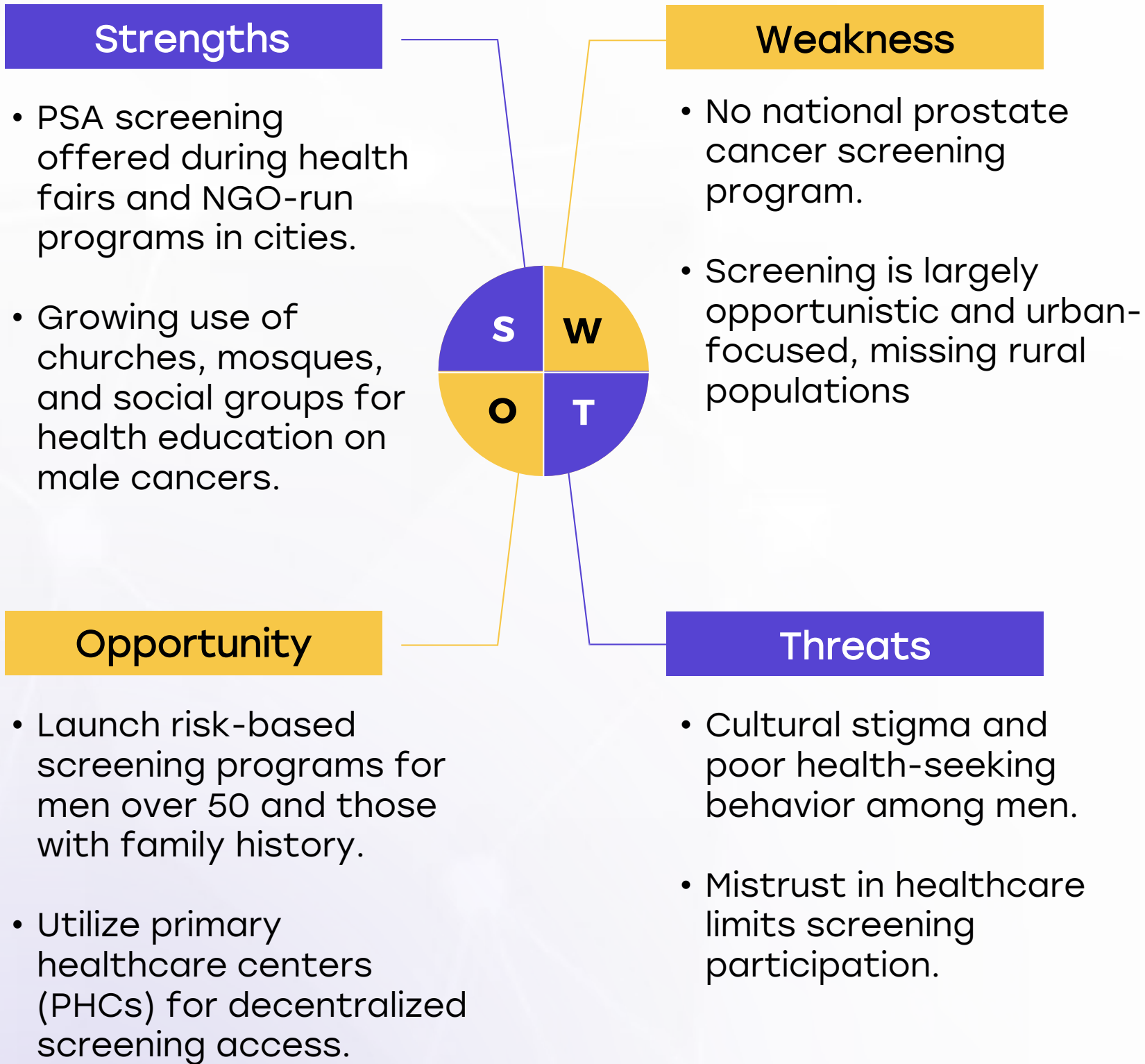
- A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
- A reimbursement framework is in place, but patients may still have out-of-pocket expenses such 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



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