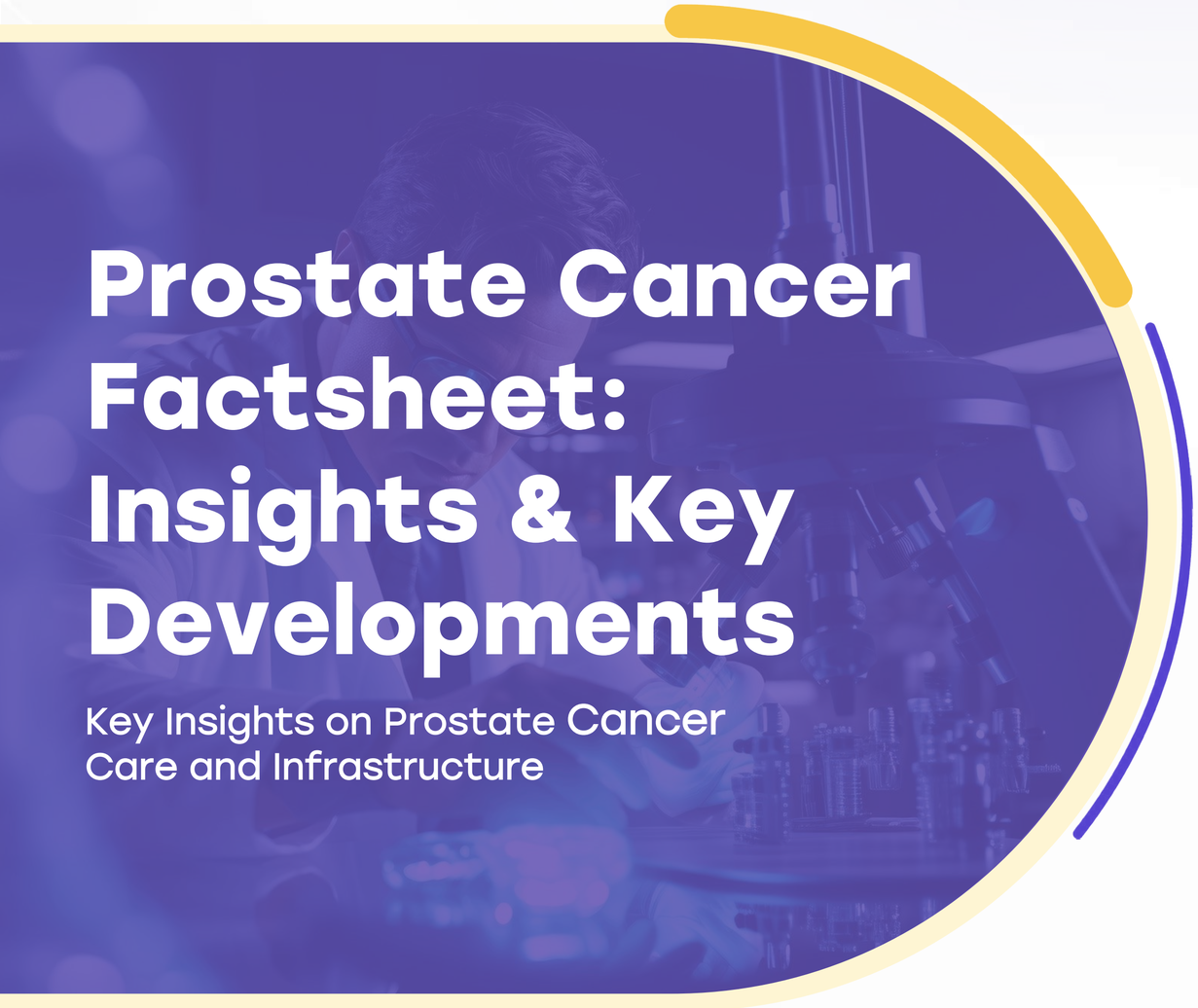
International Cancer Patient Coalition

Chile



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:** Most common cancer in Chilean men, accounting for roughly 20% of all male cancer diagnoses
- **Incidence rate:** Approximately 24.4 per 100,000 men per year
- **Total new cases (2022/2023):** Around 8,157 men diagnosed annually
- **Daily diagnoses:** Roughly 22 new cases per day
- Deaths: About 2,029 deaths per year
- **5-year survival rate:** Estimated around 57% (based on incidence vs mortality trends)
- **Most affected age group:** Primarily men aged 60 and above, with increasing rates over time
- **Screening participation:** No national organized screening program; opportunistic PSA testing common, with some regional outreach

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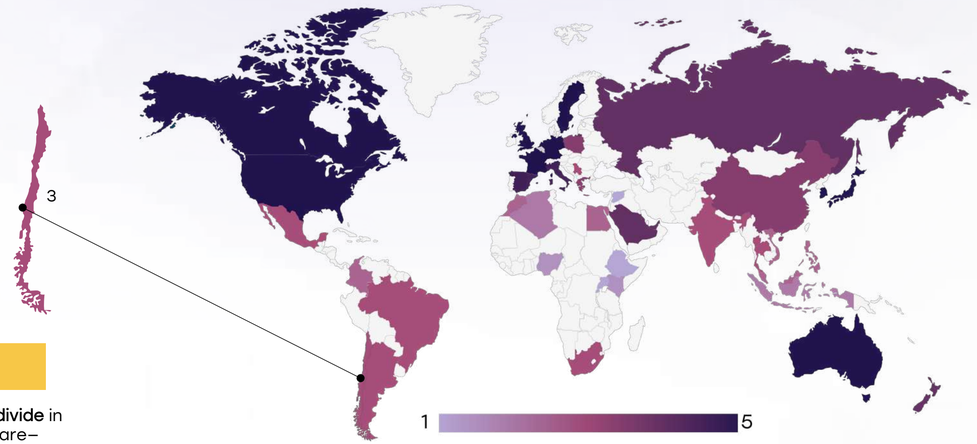
Infrastructure



Strengths

- High-quality care centers like **Instituto Nacional del Cáncer (INC)** and major university hospitals (e.g., **Hospital Clínico Universidad de Chile, PUC, FACH**) offer **comprehensive prostate cancer care**.
- Radiotherapy and urological surgery available in all regions with **cancer-designated public hospitals**.
- GES (AUGE) plan legally guarantees access to prostate cancer diagnosis and treatment

Weakness

- Significant **urban-rural divide** in access to specialized care—**northern and southern regions** (e.g., Arica, Aysén) have fewer trained specialists.
- **Shortage of radiotherapy machines** leads to treatment delays in certain areas.
- Limited access to **robotic-assisted surgery**, concentrated in Santiago.

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Opportunity

- Expand **satellite oncology centers** and train local personnel in underserved regions.
- Invest in tele-urology and support early detection pathways in municipal clinics.

Threats

- **Health worker strikes or public system overload** may disrupt treatment continuity.
- Public-private gaps risk **fragmented patient journeys**.

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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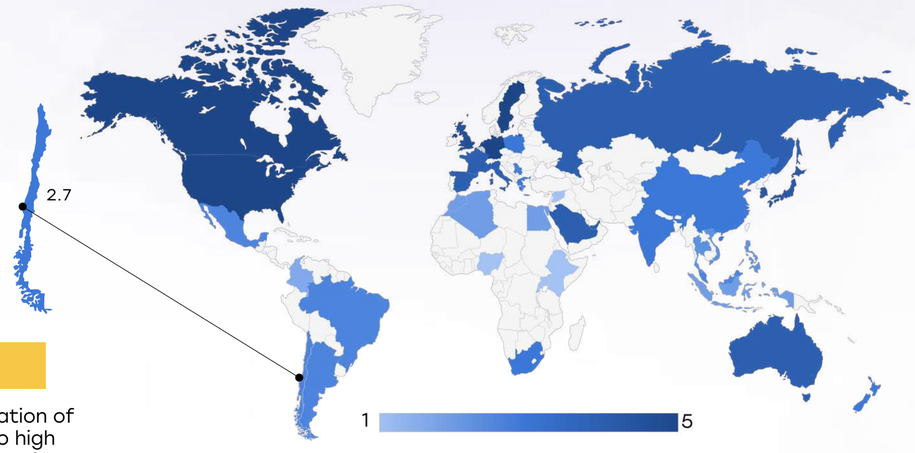
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Prostate cancer is part of GES (Explicit Guarantees in Health): state guarantees diagnosis within 45 days and treatment within 60 days.
- Active urology research groups and participation in Latin American oncology trials.
- Annual public awareness campaigns supported by the Ministry of Health and groups like Fundación Cáncer Vida.

Weakness

- Delays in implementation of GES deadlines due to high patient load and capacity limits.
- Access to next-generation hormone therapies (enzalutamide, abiraterone) is still limited in public hospitals.
- Research output is concentrated in a few urban academic hubs.

S W O T

Opportunity

- Promote clinical trial decentralization to regional hospitals.
- Strengthen Men's Health and preventive cancer education through PHC campaigns.

Threats

- Economic disparities affect care continuity for patients transitioning between public and private systems.
- Over-reliance on urban infrastructure for high-cost drug access.

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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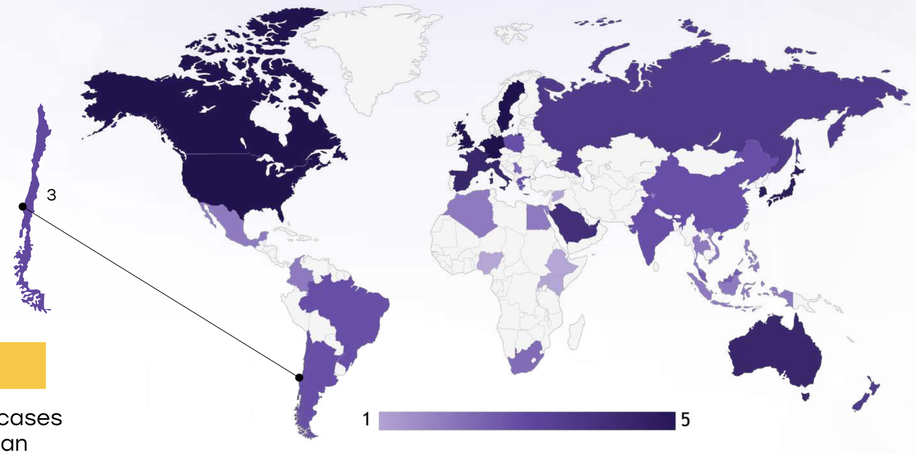
Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage patients treated under GES show **5-year survival >90%**.
- Chile has a strong palliative care model, integrated into both **public and home-based services**.
- Coverage of **pain management and hospice care** included under public benefits.

Weakness

- Still, ~35–40% of cases are diagnosed at an advanced stage, especially in men without routine PSA testing.
- Geriatric and end-of-life care models not fully scaled in **rural health posts**.

S W O T

Opportunity

- Embed **early symptom alerts and PSA checks** in PHC visits.
- Strengthen community-based palliative education for caregivers.

Threats

- Ageing population may increase demand for palliative oncology beyond current capacity.
- **Cultural stigma among older men** still limits help-seeking behavior.

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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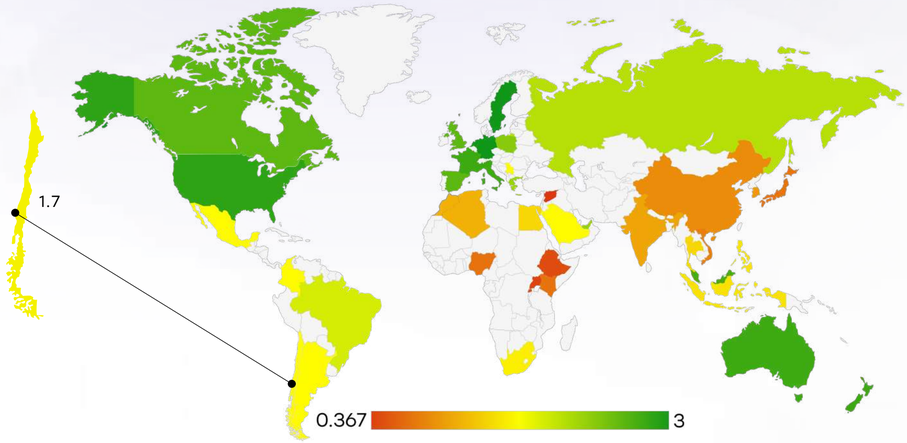
Utilization of Biomarkers



Strengths

- PSA testing and Gleason scoring standardized and widely available in both private and public labs.
- Select urban centers offer **mpMRI, PET-CT**, and **biomarker stratification** for advanced cases.

Weakness

- **Limited molecular/genomic profiling** such as BRCA, AR-V7, or Decipher in public sector.
- **Longer turnaround** times in public labs for biopsy interpretation or repeat testing.

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Opportunity

- Expand **genomic risk profiling** for high-risk and metastatic cases via regional cancer labs.
- Set national standards for **risk-adapted treatment algorithms**.

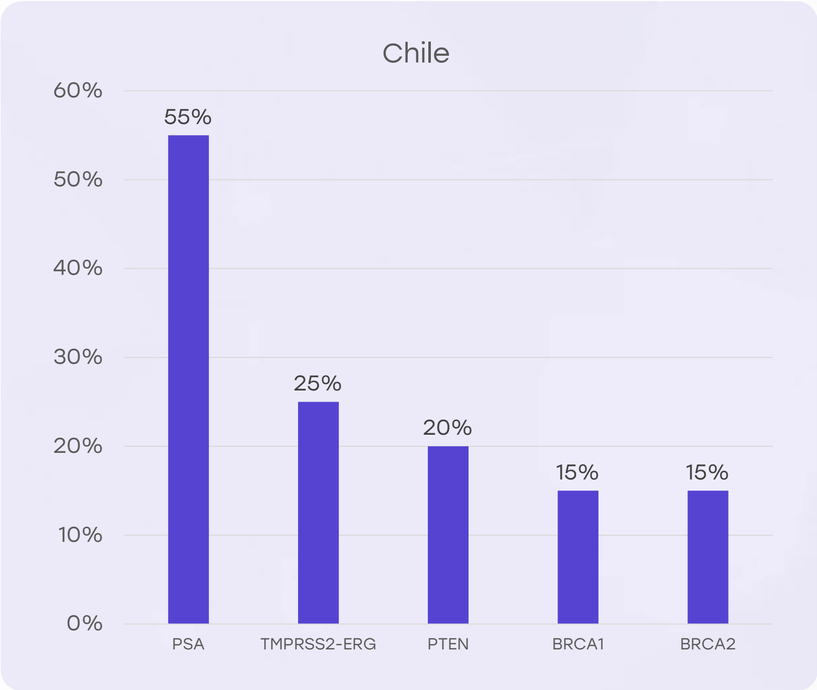
Threats

- **Cost and lab infrastructure limitations** prevent equity in biomarker access.
- Patients in southern/northern zones may lack access to **high-complexity pathology**.

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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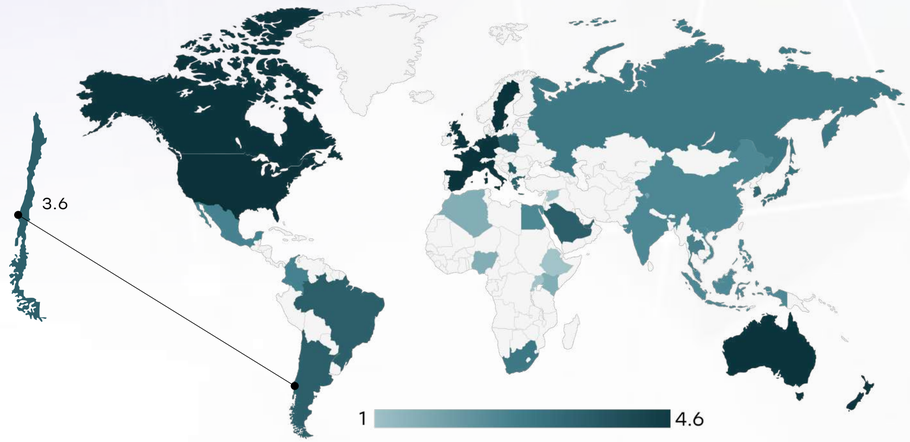
Clinical Guidelines



Strengths

- Chile follows standardized protocols developed by **MINSAL** in line with **ESMO, NCCN, and local** consensus.
- Use of **multidisciplinary tumor boards** in all tertiary and oncology-designated hospitals.

Weakness

- **Adherence and implementation** of guidelines vary between regional hospitals and Santiago-based centers.
- **Inconsistency in referral thresholds** at PHC level (GPs often under-refer).

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Opportunity

- Train **primary care teams on early red flags** and update digital referral systems.
- Establish **auditing and feedback loops** for compliance with cancer care pathways.

Threats

- Absence of a **national cancer registry with staging details** complicates monitoring.
- **Variation in access** leads to regional inequities even under unified guidelines.

	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

- GES/AUGE ensures free coverage of prostate cancer diagnosis and treatment timelines for **all public-insured citizens (FONASA)**.
- Private insurers (ISAPREs) also cover prostate cancer under **explicit legal guarantees**.

Weakness

- Gaps in coverage for **advanced therapies**, especially **for castration-resistant prostate cancer (CRPC)**.
- Approval delays and **bureaucracy hinder access to newer agents** in public system.

S W O T

Opportunity

- Add **next-generation hormone therapy** to the **explicit benefits list (GES)**.
- Pilot **value-based reimbursement** programs for innovative treatments.

Threats

- Economic fluctuations or policy shifts could **jeopardize continuity of full coverage**.
- High drug prices strain public sector's ability to provide equitable 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	●	●

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Prostate Cancer Screening

Strengths

- PSA testing and DRE are available in **primary care centers** and widely used opportunistically.
- Community health programs incorporate **prostate cancer education for men over 50**.

Weakness

- **No organized national screening program**; testing depends on physician request or patient demand.
- Some men, particularly in lower socioeconomic or indigenous populations, **do not access screening** regularly.

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Opportunity

- Implement **risk-adapted opportunistic screening programs** targeting men 50+ or with family history.
- Integrate prostate screening into **Men's Health Days** at local clinics.

Threats

- **Low health literacy and machismo culture** limit screening participation.
- Regional variation in testing infrastructure leads to **inequitable detection rates**.

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