

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: Prostate cancer is the most common male cancer, accounting for about 28% of male cancer cases.
- Incidence rate: Approximately 190 per 100,000 men per year (European age-standardized).
- Total new cases (latest 2017-19): About 55,000 men per year, approximately 150 men per day.
- Deaths (recent years): Around 12,000 per year (~33 men per day).
- 5-year survival rate: Around 90% (for England and UK-wide data).
- Most affected age group: Highest incidence among men aged 75-79, with 34% of cases in those aged 75+.
- Screening participation: No national screening program; PSA testing is available but typically only when requested or discussed in clinical context.



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Infrastructure

Strengths

- The UK has a robust and universal healthcare system (NHS) with extensive cancer care infrastructure.
- Designated cancer centers and urology clinics across the UK provide specialized services.

Opportunity

- Strengthen crossregional digital integration of cancer registries and imaging systems.
- Expand infrastructure for robotic surgery and advanced diagnostics in all regions.

Weakness

- Regional disparities in cancer service availability between England, Scotland, Wales, and Northern Ireland.
- NHS workforce challenges, including shortages in radiologists and oncologists, can delay care.

Threats

- Ongoing strain on NHS resources and funding may affect future expansion of services.
- Post-Brexit challenges in healthcare staff retention and international research collaboration.



- 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.
 - Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	0	<u> </u>
Kenya		
Nigeria		
Egypt	0	0
Morocco	0	
Algeria	0	
Ethiopia		
India	0	
Japan		
South Korea		
China		
Thailand	<u> </u>	
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland	0	<u> </u>
Mexico	0	<u> </u>
Brazil	0	<u> </u>
Argentina	0	<u> </u>
Chile	0	<u> </u>
Colombia	0	<u> </u>
United States		
Canada		0
Australia	0	
New Zealand	0	
Greece	0	<u> </u>
Rwanda		
Uganda		
Serbia	0	<u> </u>
Saudi Arabia	0	0
UAE	0	
Syria		
Indonesia		
Vietnam	0	<u> </u>
Philippines		
Russia		
Malaysia		



Treatment Access, Research Funding and Awareness Campaigns



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- Strong government and charity backing for prostate cancer research, including Cancer Research UK and Prostate Cancer UK.
- Access to cutting-edge treatments including radiotherapy, chemotherapy, immunotherapy, and hormone therapy.

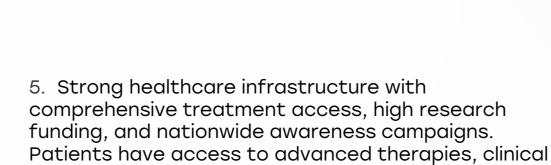
Opportunity

- Promote targeted awareness campaigns for Black men, who are at higher risk.
- Expand clinical trial access, especially for biomarkerbased therapies.

- Waiting times for diagnostic imaging and biopsies can exceed target thresholds.
- Awareness of early symptoms remains low, particularly among ethnic minorities.

Threats

- Backlogs from COVID-19 still impact cancer service delivery and patient throughput.
- If underfunded, awareness and support programs may shrink.



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.

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Country	Access	Funding	Campaigns
South Africa	<u> </u>	<u> </u>	<u> </u>
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India	<u> </u>	0	<u> </u>
Japan			
South Korea			
China	<u> </u>		<u> </u>
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain	0		0
Poland	<u> </u>	<u> </u>	<u> </u>
Mexico		\bigcirc	<u> </u>
Brazil	<u> </u>	\bigcirc	<u> </u>
Argentina	<u> </u>	\bigcirc	<u> </u>
Chile		\bigcirc	<u> </u>
Colombia			<u> </u>
United States			
Canada			
Australia	0		0
New Zealand	<u> </u>	<u> </u>	<u> </u>
Greece	0	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia		0	<u> </u>
Saudi Arabia	0		
UAE	<u> </u>		0
Syria			
Indonesia		<u> </u>	0
Vietnam		0	<u> </u>
Philippines		<u> </u>	<u> </u>
Russia	<u> </u>		0
Malaysia	<u> </u>		<u> </u>

Research

Treatment

Awareness



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Survival Rates, Early **Detection** and Palliative Care



- The UK has a 5-year survival rate of over 85% for prostate cancer, among the best in Europe.
- Comprehensive palliative care services are embedded within NHS and hospice systems.

Opportunity

- Develop risk-adapted early detection strategies using AI or genetic profiling.
- Expand outreach in underserved communities through GP-led screening pilots.

Weakness

- Many men are diagnosed at later stages, particularly in deprived communities.
- Early detection is limited due to the absence of a national PSA screening program.

Threats

- Inequities in early detection by ethnicity and geography can affect outcomes.
- Public confusion around PSA accuracy reduces trust in early screening tools.

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-

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.

life care.

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.

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Country	Survival Rates	Early Detection	Palliative Care
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China	0	<u> </u>	
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland	0	<u> </u>	<u> </u>
Mexico			
Brazil	<u> </u>		
Argentina			
Chile			
Colombia			
United States			
Canada			
Australia			
New Zealand		0	<u> </u>
Greece	<u> </u>	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia		<u> </u>	
Saudi Arabia			
UAE	0	0	0
Syria			
Indonesia	0		•
Vietnam			<u> </u>
Philippines			<u> </u>
Russia	0	0	<u> </u>
Malaysia	<u> </u>		



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Utilization of Biomarkers

Strengths

- PSA testing is widely available in GP practices for men with symptoms or at elevated risk.
- NHS offers genetic testing for BRCA1/2 mutations in eligible families. TMPRSS2-ERG and PTEN are used in select centers for research and high-risk profiling.

Opportunity

- Introduce multi-parametric biomarker panels for highrisk patient groups.
- Integrate genomic profiling into NHS long-term cancer strategy.

Weakness

- PSA testing is not part of routine screening, leading to variability in early detection.
- Use of advanced biomarkers (PTEN, TMPRSS2-ERG) is limited to research and tertiary centers.

Threats

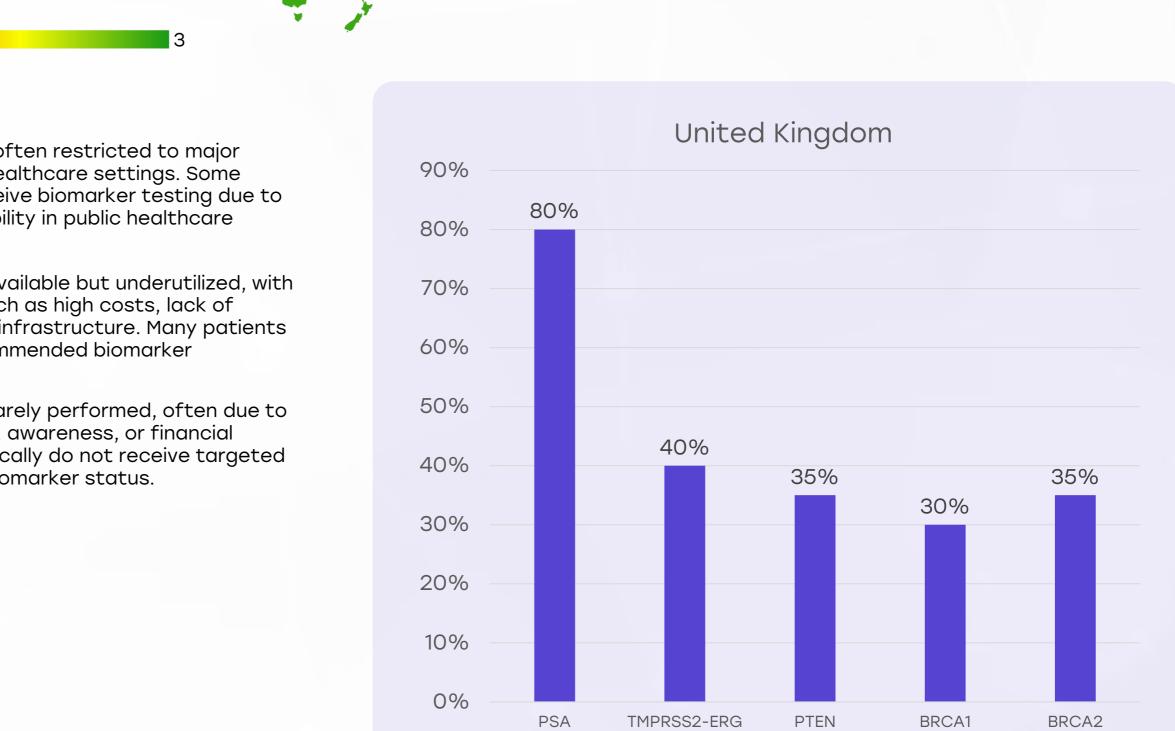
- Ethical concerns, data governance, and costeffectiveness debates may hinder biomarker expansion.
- Patients may receive inconsistent biomarker testing across different NHS trusts.

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.

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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.





Clinical Guidelines

Strengths

- National Institute for Health and Care Excellence (NICE) provides standardized, evidence-based prostate cancer guidelines.
- Regular updates reflect emerging biomarker and treatment advances.

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Opportunity

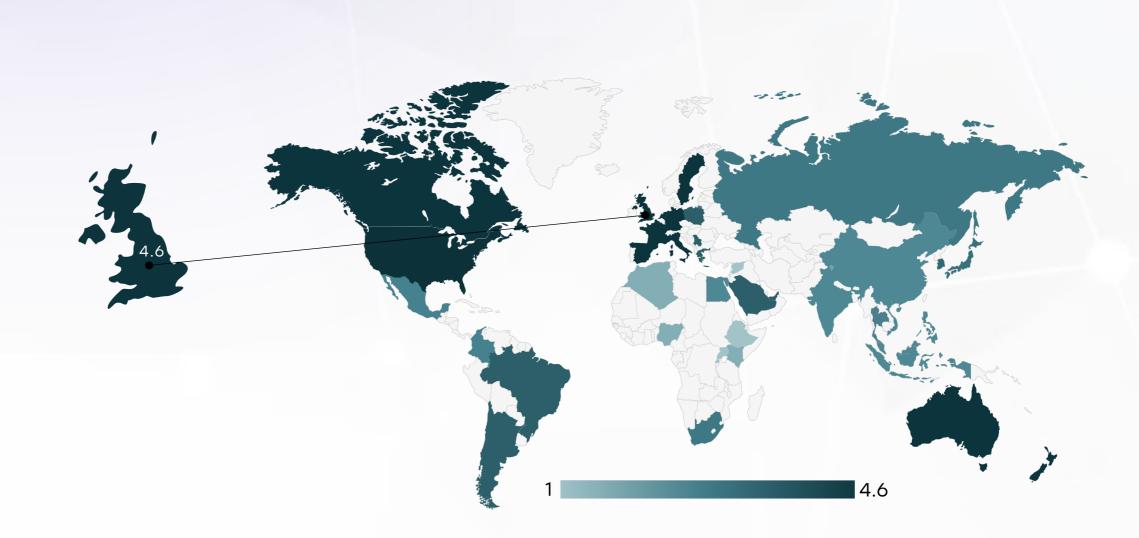
- Revise NICE guidelines to include risk stratification using BRCA/PTEN/ERG in aggressive or familial cases.
- Encourage real-time updates via NHS digital health platforms.

Weakness

- Implementation of guidelines can vary at the local level, depending on hospital capacity.
- Integration of new biomarkers into formal pathways is slow.

Threats

- Clinical inertia and resistance to change may delay new diagnostic practices.
- Budget constraints may limit guideline implementation in under-resourced trusts.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	0	*	*	*	*
Feasibility of Integration	0	*	*	*	*
Adoption of International Guidelines	0	*	*	*	*
Engagement with Updates	*	0	*	*	*
ESMO Guidelines Implementation	0	*	*	*	*



Reimbursement



- NHS covers the entire care continuum, including biomarker testing for high-risk or familial cancer cases.
- NICE ensures that treatments are costeffective and universally accessible.

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Opportunity

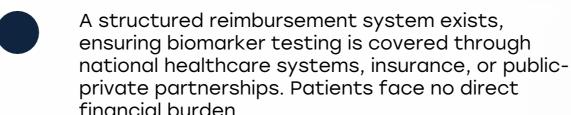
- Expand coverage for molecular diagnostics in prostate cancer.
- Pilot reimbursement models for real-world data-driven genomic tools.



- Some novel biomarkers and targeted therapies are not routinely reimbursed or are approved slowly.
- Regional commissioning bodies can differ in coverage decisions.

Threats

- Budget tightening within NHS could reduce coverage of expensive innovations.
- Reimbursement delays may stall patient access to precision therapies.



	Country	Reimbursement Framework	No-cost Access
	United States		0
	United Kingdom		
	Canada		
	Australia		
	Germany		
	France		
	Netherlands		
	Sweden		
	Italy		
	Spain		
	Poland		
	Japan		
	South Korea		
	China		
	India	0	0
	Singapore	0	0
	Thailand		
A structured reimbursement system exists,	South Africa	0	0
ensuring biomarker testing is covered through national healthcare systems, insurance, or public-	Kenya	0	0
private partnerships. Patients face no direct	Nigeria	0	0
financial burden.	Egypt	0	0
A reimbursement framework is in place, but patients may	Morocco	0	0
still have out-of-pocket expenses such as co-pays,	Algeria		
limited coverage, or financial caps on testing.	Ethiopia	0	0
No formal reimbursement system exists, meaning	Mexico		
patients must fully cover the cost of biomarker testing out-of-pocket.	Brazil		
testing out of pooket.	Argentina		
	Chile		
	Colombia		
	New Zealand		
	Greece		
	Rwanda	0	0
	Uganda	0	0
	Serbia		
	Saudi Arabia		
	UAE		0
	Syria	0	0
	Indonesia		0
	Vietnam		0
	Philippines	0	0
	Russia	0	0

Malaysia



Prostate Cancer Screening

Strengths

- PSA testing is readily available on patient request through GPs.
- Ongoing NHS trials (e.g., ReIMAGINE) are evaluating personalized screening strategies.

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Weakness

- No population-wide screening program due to concerns over overdiagnosis.
- Many men are unaware they can request PSA testing or unsure of its value.

Opportunity

- Launch risk-adapted screening based on age, family history, ethnicity, and genetic markers.
- Use AI and imaging tools alongside PSA to improve accuracy.

Threats

- Public distrust or confusion over screening recommendations.
- Ethical debates about false positives/negatives and overtreatment risks.

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