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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.

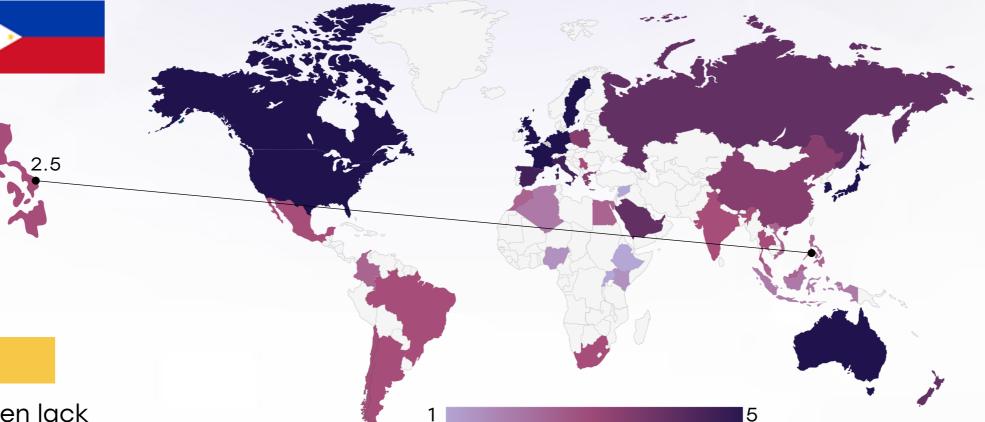
- Incidence share: Among the top 5 cancers in Filipino men
- Incidence rate: Approximately 24.1 per 100,000 men per year
- Total new cases (2022): Around 9,764 men
- Daily diagnoses (2022): Approximately 27 men per day
- Deaths (2022): Around 4,149 men
- 5-year survival rate: Estimated at ~15.6% (significantly lower than regional averages)
- Most affected age group: Primarily 60 years and above (exact age breakdown not routinely reported)
- Screening participation: No organized national program; screening is opportunistic with low and uneven coverage



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Infrastructure



Strengths

- Urology and oncology departments in major public hospitals offer PSA testing, biopsy, and treatment.
- ~10 cancer centers nationwide provide radiotherapy and multidisciplinary care.

Weakness

- Rural areas often lack urologists, radiation facilities, and biopsy services.
- Only 1 active brachytherapy unit per major region (NCR, Cebu, Davao).

Opportunity

- Regional cancer centers under NICCA can upgrade urology services.
- Telemedicine (urology consults) can bridge access gaps for remote patients.

- Logistical challenges in delivering and maintaining specialized equipment.
- Delays or underfunding threaten expansion plans.

	5. Advanced nationwide infrastructure,
	widespread availability in public and privat
	sectors, integration with clinical practice.

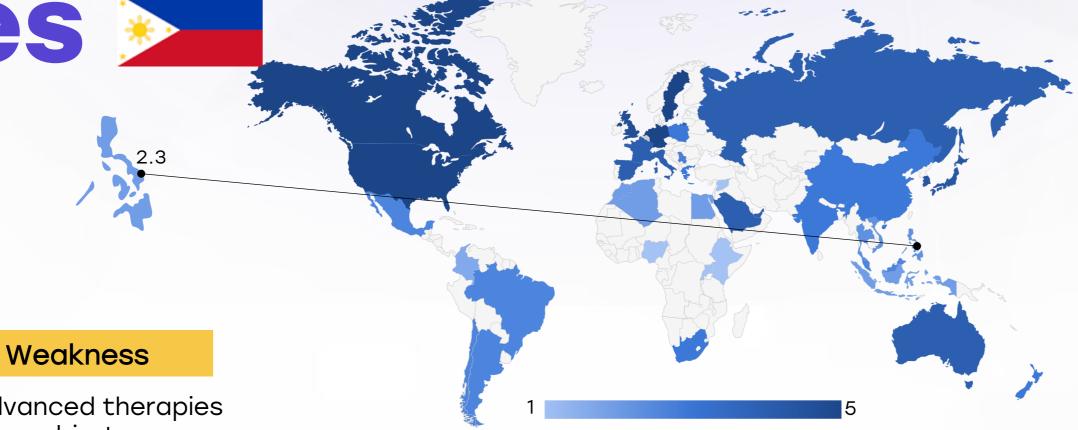
- 4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.
- Moderate infrastructure, primarily in private settings or research institutions.
- 2. Limited infrastructure, available only in select centers or for high-cost private testing.
- 1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

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



Strengths

- PSA testing and basic anti-androgen therapy are widely available in public hospitals.
- NGOs and health groups are starting awareness campaigns during "Movember".

Opportunity

- e in the essential medicines list and PhilHealth benefits.
- (pharma, tech firms) to raise awareness and fund screening drives.

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- Include abiraterone/enzalutamid
- Partner with industry

- Advanced therapies (e.g., abiraterone, enzalutamide,
- docetaxel) are outof-pocket or not covered.
- Minimal national research funding specific to prostate cancer incidence or therapy response.

- High costs of novel therapies may exacerbate inequity.
- Prostate cancer receives limited attention compared to breast or lung cancer.

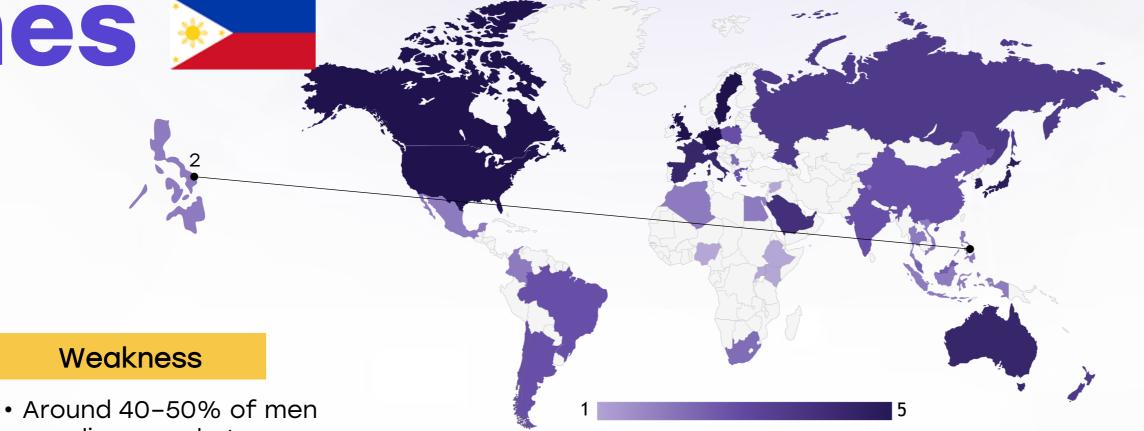
- 5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
- 4. Well-developed system with good treatment availability, strong 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	0	<u> </u>	0
Kenya			
Nigeria			
Egypt	0		
Morocco			
Algeria			
Ethiopia			
India	<u> </u>		<u> </u>
Japan			
South Korea			
China	<u> </u>	\bigcirc	<u> </u>
Thailand		<u> </u>	0
Singapore	0		
United Kingdom	0		
Germany			
France			0
Netherlands			
Sweden			
Italy	0		0
Spain	0		0
Poland	<u> </u>	\bigcirc	<u> </u>
Mexico	<u> </u>	\bigcirc	<u> </u>
Brazil	0	<u> </u>	<u> </u>
Argentina	0	<u> </u>	<u> </u>
Chile	0	<u> </u>	<u> </u>
Colombia			<u> </u>
United States			
Canada			
Australia	0		<u> </u>
New Zealand	0	0	0
Greece	0		0
Rwanda			
Uganda			
Serbia			0
Saudi Arabia			0
UAE	0	0	0
Syria			
Indonesia		0	0
Vietnam	0		0
Philippines	0	0	0
Russia	0	0	0
Malaysia			<u> </u>



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Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage disease has over 90% 5-year survival when caught early.
- Palliative care teams in tertiary hospitals offer symptom management and support.

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are diagnosed at advanced (locally advanced or metastatic) stages.

 Rural and lower-income patients have limited access to androgen deprivation therapy (ADT) and palliative radiotherapy.

Opportunity

- Educate barangay health workers and GPs on prostate symptoms and referral guidelines.
- Decentralize ADT through local health centers to improve rural access.

- Cultural stigma and reluctance to discuss urinary or sexual health may delay diagnosis.
- Poor adherence to palliative treatment pathways, especially in non-urban areas.

- 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.

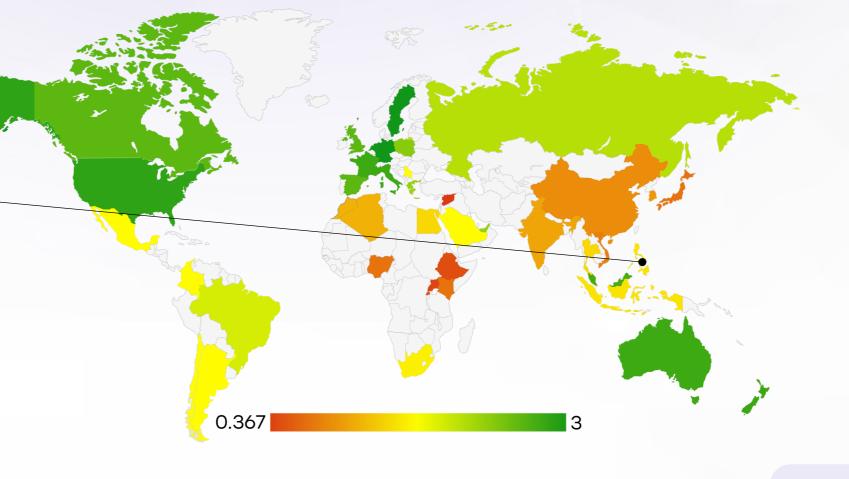
Country	Survival Rates	Early Detection	Palliative Care
South Africa		<u> </u>	
Kenya			
Nigeria			
Egypt			
Morocco	0		
Algeria	0		
Ethiopia			
India	\bigcirc		
Japan			
South Korea			
China	<u> </u>	<u> </u>	
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy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



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Utilization of Biomarkers



Strengths

- PSA testing is routine in major hospitals and some PCSO screening events.
- Advanced markers (e.g., free-PSA, PCA3, genetic panels) are available via selected labs or research programs.

Opportunity

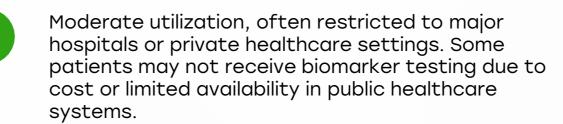
- Integrate free-PSA in PhilHealth's screening package for men 50+.
- Pilot low-cost genetic testing in high-risk groups to guide treatment.

Weakness

- Free-PSA and genetic panels (~PHP 30k-80k) are mostly outof-pocket.
- Lack of clear national guidelines for imaging (mpMRI) or genomic testing.

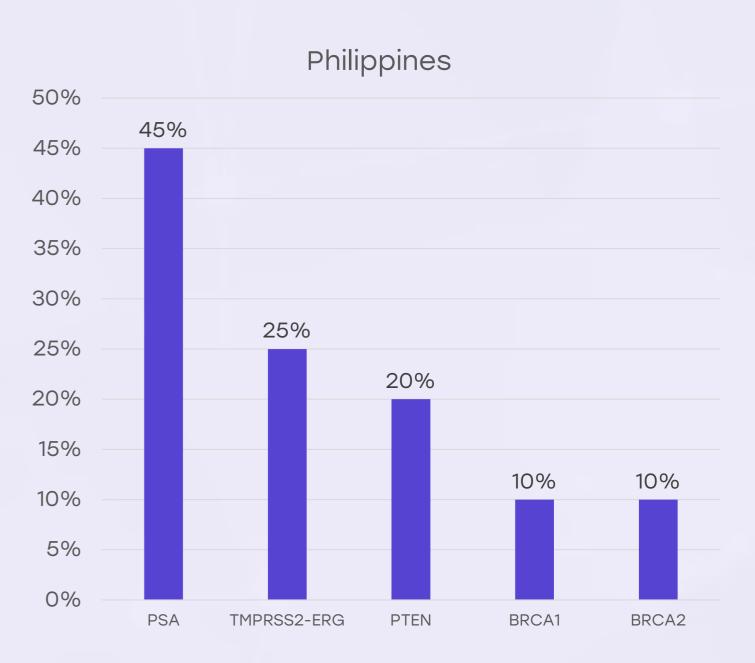
Threats

- Reliance on commercial labs may introduce variability and cost barriers.
- Misinformation around PSA accuracy may result in over-testing or avoidance.





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.





Philippines Clinical Guidelines

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Strengths

- Philippine Urological Association (PUA) guidelines follow international standards (e.g., NCCN, EAU).
- Public sector doctors are largely aware of protocol-based standards.

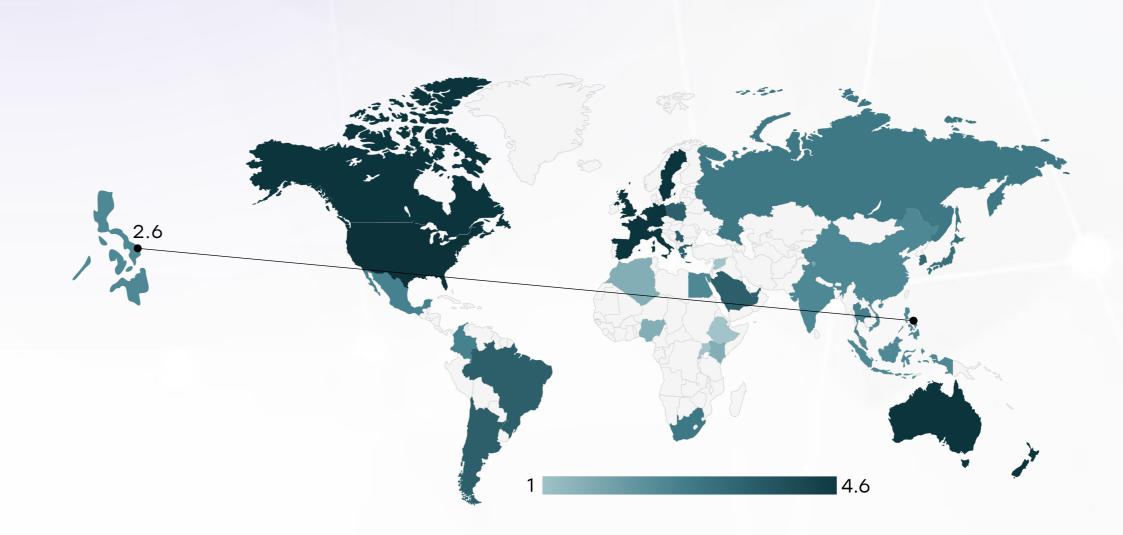
Opportunity

- Disseminate easy-touse clinical toolkits via DOH and electronic platforms.
- Conduct virtual CME sessions focused on rural practitioners.

Weakness

- Implementation gaps in community hospitals and rural clinics.
- GPs have inconsistent knowledge of recent guideline updates on screening and risk stratification.

- Potential resistance from providers due to outdated habits.
- Busy schedules in primary care clinics reduce focus on guideline adoption.



	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



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Strengths

- PhilHealth provides case rates for TURP/biopsy and basic hormone therapy.
- Some private and public hospitals offer free-dose ADT under charitable programs.

Opportunity

- Expand PhilHealth package to cover lifeprolonging therapies for metastatic disease.
- Use NICCA to pilot reimbursement for genomic testing and mpMRI staging.

Weakness

- Newer treatments

 (abiraterone,
 enzalutamide,
 radium-223) are not included in reimbursement.
- Claims remain delayed, and ceilings may not reflect current treatment costs.

- Limited health budget may delay reimbursement updates.
- Lengthy approval processes may diminish insurer or provider interest.



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



Philippines Prostate Cancer Screening

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Strengths

- PSA testing increasingly offered at "Men's Health Day" events and through free clinics.
- Mobile health vans occasionally include prostate screening.

Weakness

- No national PSA-based screening program, leading to inconsistent uptake.
- Over 70% of men aged 50+ have never had a PSA test.

Opportunity

- Launch targeted PSA screening for men aged 55-69, especially highrisk (e.g., family history).
- Combine with hypertension/diabetes screening for integrated men's health camps.

- Risk of overdiagnosis and unnecessary biopsies without proper protocols.
- Competing priorities (COVID, TB, cardiovascular health) may limit focus on prostate 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