

# BRIDGING THE GAP

## Enhancing Equitable Access & Innovation in Prostate Cancer Care in Philippines

### EXECUTIVE SUMMARY

**Prostate Cancer** is the **third most common cancer among Filipino men, with over 8,200 new cases and 4,400 deaths annually.** While it is often treatable if caught early, **late diagnosis, poor awareness, and inconsistent access to diagnostics and therapies** are major obstacles. In the Philippines, most men present with advanced-stage disease, often when curative options are no longer possible.

Yes, advanced technologies like robotic surgery and hormone therapy exist—but do they reach beyond a few urban centers? Not yet. A coordinated national strategy is urgently needed to close these gaps and reduce preventable deaths.

### INTRODUCTION

#### Silent Progression, Unequal Care

Prostate cancer care in the Philippines stands at **Level 2 – Emerging** in the Cancer Care Maturity Framework. The country faces major challenges in **early detection, biomarker testing, treatment equity, and survivorship care.** While tertiary hospitals like St. Luke's Medical Center, Makati Medical Center, and the Philippine General Hospital provide advanced care, **the vast majority of Filipinos lack access to timely diagnosis and standard-of-care treatment.**

Most patients are diagnosed in **Stage III or IV, and PSA testing is neither widespread nor publicly funded.** Robotic-assisted surgery, MRI fusion biopsies, and newer hormonal treatments like abiraterone or enzalutamide remain financially out of reach for many. Rural and low-income populations are particularly vulnerable.



**Philippines ranks at Level 2 – Prostate Cancer Care Maturity Framework**

# PROSTATE CANCER IN PHILIPPINES

## Gaps and Opportunities

Pillar	Current Status	Barrier	Policy Action
Early Detection & Diagnosis	PSA testing and DRE used inconsistently; no organized screening program.	No national screening strategy and poor public knowledge among men aged 50+.	Launch risk-based screening for men over 50 or high-risk groups via barangay health centers.
Biomarker & Molecular Testing	Limited access to genomic testing (e.g., BRCA2, AR-V7); not available in public settings.	Tests are expensive and not reimbursed.	Introduce reimbursement for genomic and molecular testing in advanced prostate cancer.
Treatment Access	Surgical, radiation, and hormonal treatments exist in major cities; rural areas underserved.	Newer agents like enzalutamide and abiraterone are not routinely covered by public health schemes.	Add second-line hormonal agents to the national formulary; expand access to radiotherapy in regional centers.
Clinical Guidelines	No uniform national guideline; protocols vary across institutions.	Fragmented care and absence of standardization in treatment selection.	Develop national prostate cancer clinical guidelines and train urologists and oncologists in implementation.
Palliative & Survivorship Care	Survivorship care planning is minimal; palliative care unevenly distributed.	Lack of support services for long-term survivors and terminal patients, especially outside urban centers.	Establish survivorship care protocols and integrate prostate cancer into palliative care services at primary care level.
Awareness & Risk Reduction	Awareness campaigns are rare; stigma around male health issues persists.	Low male participation in health screenings and delays in symptom reporting.	Launch national men's health campaigns on prostate cancer, symptoms, and routine screening; engage local male influencers.



## CONCLUSION & Call to Action

Prostate cancer outcomes in the Philippines are compromised not by lack of technology, but by **inadequate access, insufficient awareness, and the absence of national coordination**. Filipino men deserve better—timely diagnosis, affordable treatment, and supportive care should not be a privilege reserved for the wealthy or the urban elite.

The opportunity is now to strengthen men's health systems, normalize routine screening, and embed prostate cancer care in national cancer control strategies.



### KEY POLICY PRIORITIES

- 1 Introduce a national screening program** for men aged 50+, using PSA and DRE in primary care settings.
- 2 Reimburse biomarker and genomic testing** for high-risk or advanced cases through PhilHealth.
- 3 Include next-generation hormonal therapies** in the national formulary to ensure wider access.
- 4 Develop standardized clinical guidelines** for prostate cancer care across public and private hospitals.
- 5 Expand survivorship and palliative care services**, especially in underserved and rural areas.
- 6 Promote awareness campaigns** to reduce stigma and encourage early health-seeking behavior among men.