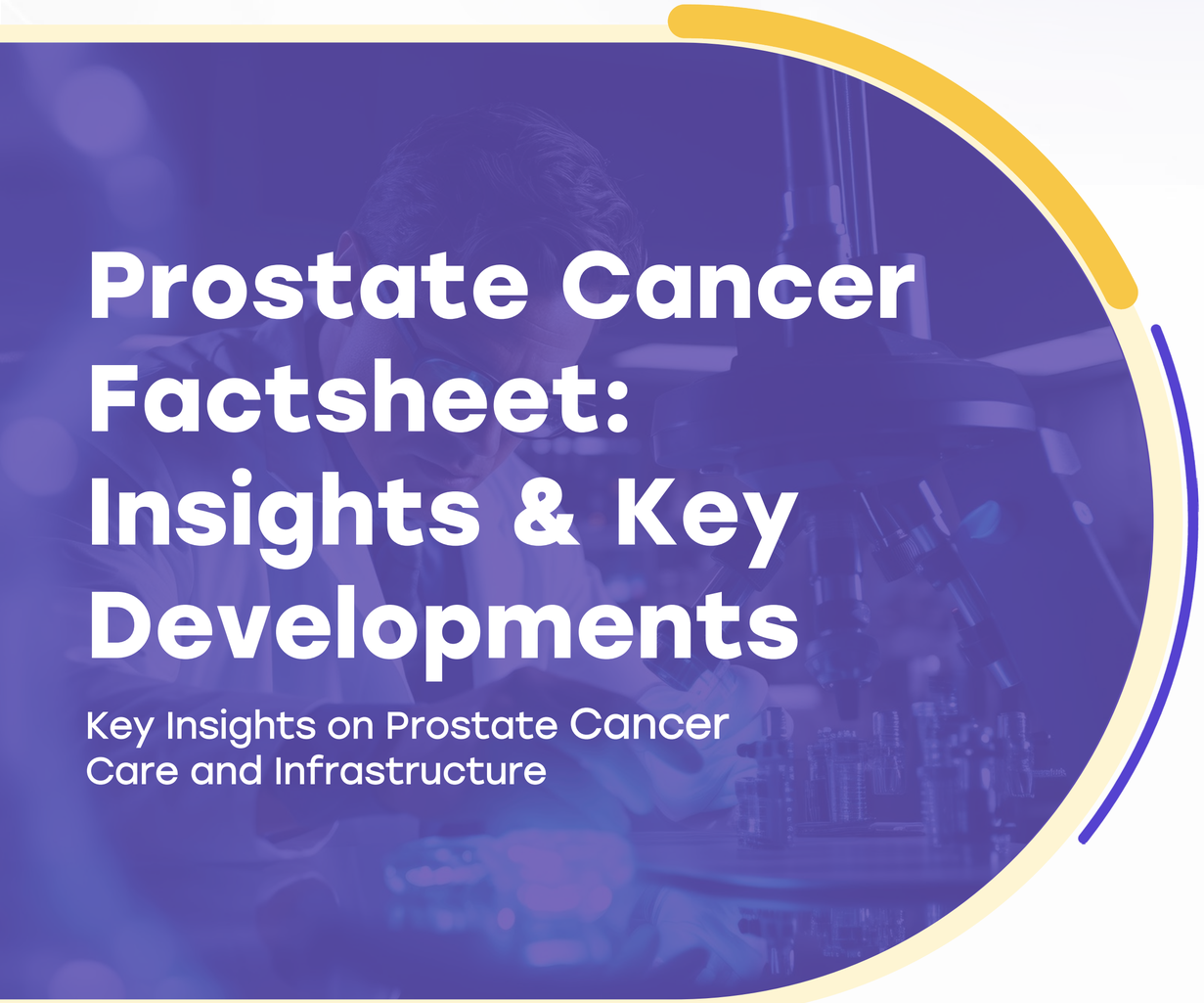
International Cancer Patient Coalition

Algeria



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 most frequent cancers in Algerian men (~6.2% of all new male cancer cases)
- **Incidence rate:**
  - **Crude rate:** ~8.3 per 100,000 men
  - **Age-standardized rate (world):** ~10.8 per 100,000 men
- **Total new cases (circa 2014–2015):** Approximately 1,645 newly diagnosed men per year
- **Daily diagnoses:** Roughly 4–5 new cases per day
- **Deaths:** Around 1,635 men annually (mortality rate ~5.0 per 100,000)
- **5-year survival rate:** Approximately 58–59%
- **Most affected age group:** Median age at diagnosis is about 71 years
- **Screening participation:** No organized national screening program; individual opportunistic screening (PSA and DRE) available mainly for men aged 50–70; many cases still diagnosed at advanced stages

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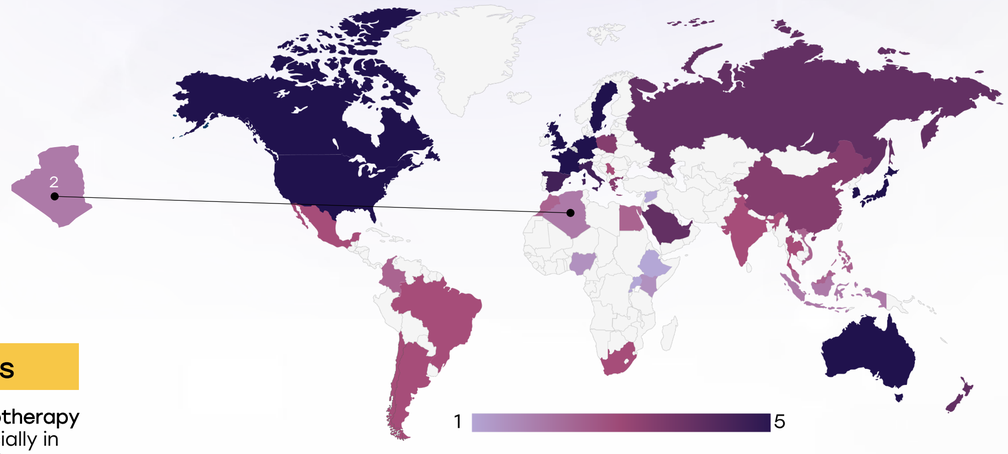
Infrastructure



Strengths

- Specialized oncology units exist in major hospitals such as **Centre Pierre & Marie Curie (Algiers) and CHU Oran.**
- Access to **ultrasound-guided biopsies, PSA testing, urology departments, and basic radiotherapy** in major cities.
- Public health insurance (CNAS) covers core diagnostic and treatment services.

Weakness

- **Insufficient radiotherapy machines** (especially in central and southern Algeria).
- Lack of **robotic surgery** and limited availability of MRI fusion biopsy.
- Shortage of specialized urologists and pathologists in **non-urban regions**.

S W O T

Opportunity

- Invest in **regional urology centers and mobile diagnostic units**.
- Expand **prostate cancer screening infrastructure** in provincial hospitals.

Threats

- **Urban–rural divide** results in delayed diagnosis and reduced outcomes.
- Medical equipment **breakdowns and procurement delays** affect continuity of care.

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	1	2
Nigeria	1	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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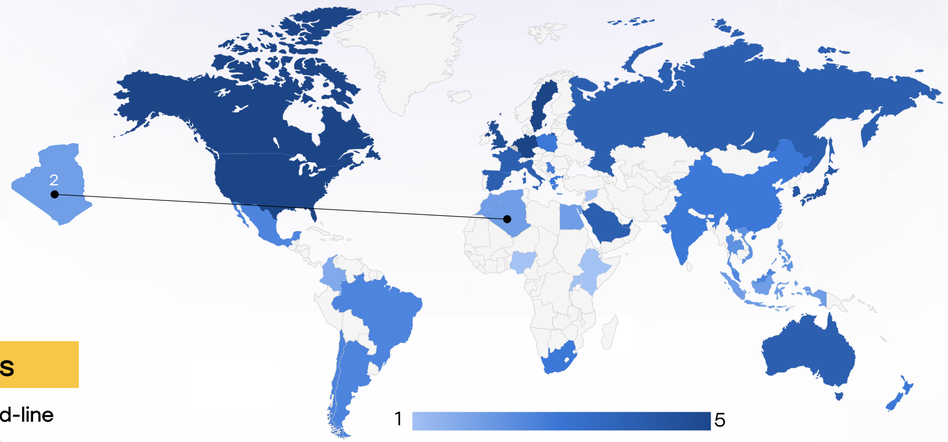
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Core treatments like **surgery, hormone therapy (ADT), radiotherapy, and chemotherapy** are accessible in public centers.
- Growing awareness due to **media campaigns on men's health** and NGO support.

Weakness

- Access to **second-line treatments** (e.g., abiraterone, enzalutamide, chemotherapy for metastatic disease) remains **concentrated in Algiers**.
- Low public awareness of early **symptoms and screening importance**.
- **Limited clinical research output** and few prostate cancer trials.

S W O T

Opportunity

- Launch **national awareness campaign** targeting men 50+.
- Foster **North African research collaborations** and trial networks.

Threats

- Treatment-seeking is often **delayed due to stigma and low health literacy**.
- Budgetary constraints may limit access to newer therapies.

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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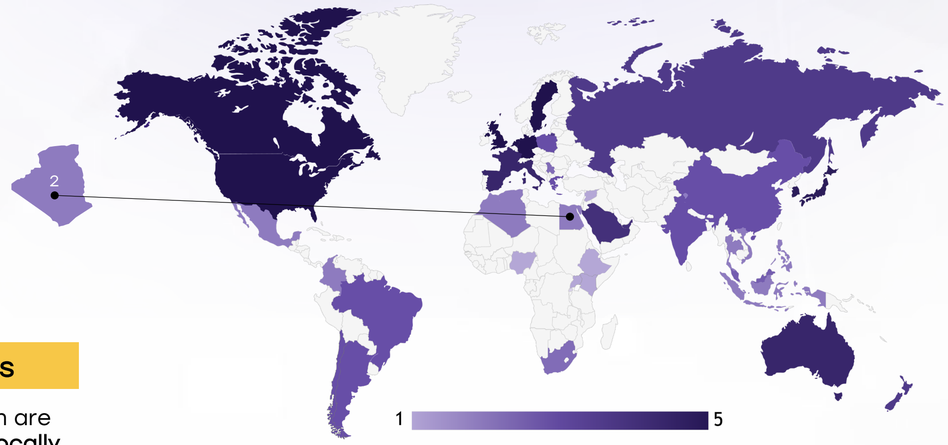
Survival Rates, Early Detection and Palliative Care



Strengths

- Patients detected early and treated in top hospitals report **5-year survival >80%**.
- Palliative care services expanding in oncology and geriatrics departments.
- Availability of **PSA testing in many urban clinics**.

Weakness

- Majority of men are diagnosed at **locally advanced or metastatic stages.**
- **No national screening or early detection program.**
- **Limited community-based palliative care** services.

S W O T

Opportunity

- Integrate **opportunistic screening** (PSA + DRE) for men over 50 in primary care.
- Expand **geriatric oncology and survivorship services**.

Threats

- **Taboos and low help-seeking behavior** delay early presentation.
- Rising caseload may **strain limited palliative resources**.

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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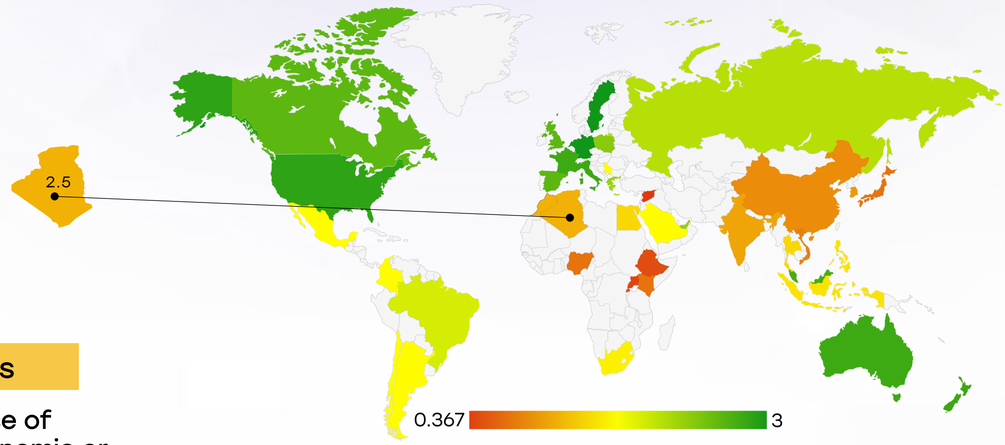
Utilization of Biomarkers



Strengths

- PSA and Gleason scoring routinely available in tertiary hospitals.
- Pathology departments perform **histological grading** efficiently in urban zones.

Weakness

- **No routine use of advanced genomic or molecular markers** (e.g., BRCA, AR-V7).
- Delays in biopsy processing and result reporting in provincial hospitals.

S W O T

Opportunity

- Introduce risk stratification panels for high-risk or metastatic cases.
- Develop centralized labs for DNA-based testing in prostate and breast cancer.

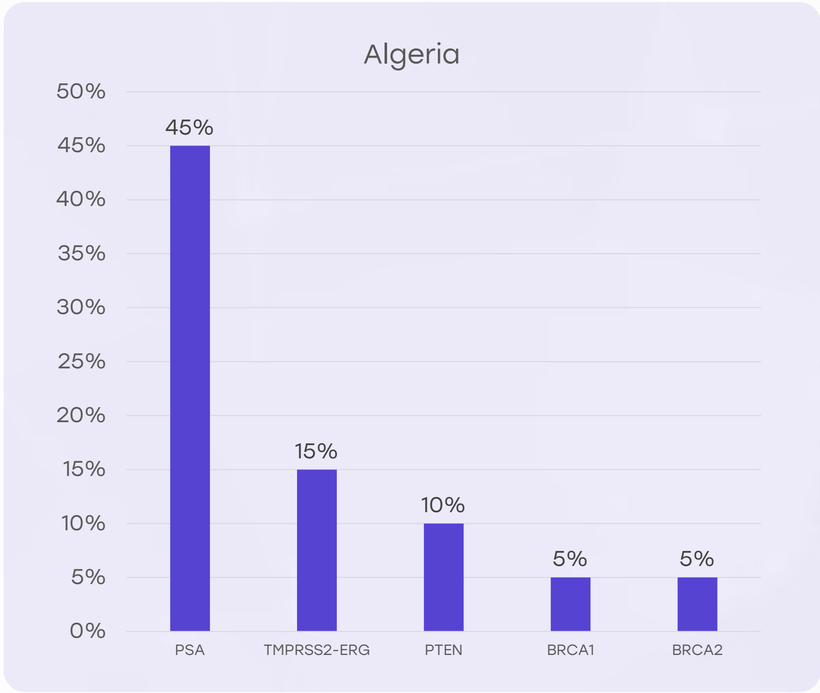
Threats

- Without risk-based profiling, some patients may receive **non-personalized therapy**.
- Supply disruptions affect availability of biopsy kits and reagents.

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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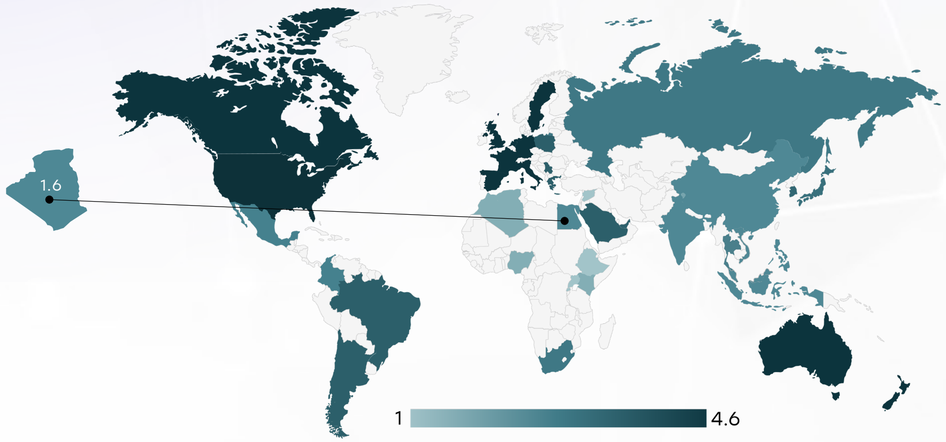
Clinical Guidelines



Strengths

- Leading hospitals follow **NCCN/ESMO-adapted protocols** for prostate cancer.
- Multidisciplinary tumor boards in teaching hospitals support standard-of-care decisions.

Weakness

- **Lack of nationally unified prostate cancer guidelines**.
- Practice variation between urban tertiary hospitals and peripheral general hospitals.
- `

S W O T

Opportunity

- Develop **Algeria-specific prostate cancer guidelines**, integrating resource-tiered approaches.
- Strengthen **training modules for general practitioners** on early urology referrals.

Threats

- Without harmonized guidelines, care remains inconsistent.
- Delays in implementing clinical protocol updates.

	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

- CNAS covers diagnostic and treatment services including **surgery, ADT, and radiotherapy**.
- Public hospitals offer free or subsidized care for most Algerian citizens.

Weakness

- **Delays in drug approvals and procurement**, especially for newer agents.
- **Out-of-pocket costs** still high in private hospitals or for branded medications.

S W O T

Opportunity

- Expand **essential medicine** list to include newer hormone therapies and generics.
- Establish **co-payment caps** for elderly or vulnerable patients.

Threats

- Economic strain may **limit funding for costly medications** in late-stage disease.
- Reimbursement bottlenecks delay patient 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 available** in public and private labs across urban Algeria.
- Urologists in major cities perform **routine DRE exams** for high-risk individuals.

Weakness

- **No organized or national screening program** for men 50+.
- Low public awareness about the **value of asymptomatic screening**.

S W O T

Opportunity

- Introduce **opportunistic screening pilots** in high-risk populations (age 55+, family history).
- Mobilize **primary health care centers** to conduct PSA outreach.

Threats

- Overreliance on PSA without proper follow-up may lead to **overdiagnosis or anxiety**.
- Poor follow-up and tracking systems in rural settings.

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