



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: One of the most common cancers in Mexican men.
- Incidence rate: Approximately 35 per 100,000 men per year.
- Total new cases (2022): Around 26,000 men.
- Daily diagnoses (2022): About 71 men per day.
- Deaths (2022): Approximately 7,600 men.
- 5-year survival rate: Estimated between 65-75%.
- Most affected age group: Highest incidence in men aged 65 and above.
- Screening participation: PSA screening is opportunistic; no formal national screening program.



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Infrastructure

Strengths

- High-complexity cancer centers like Instituto Nacional de Cancerología (INCan) and Centro Médico Nacional Siglo XXI offer advanced diagnostics and treatment.
- Mexico's health infrastructure includes a network of hospitals under IMSS, ISSSTE, and state systems that offer oncology services.

Opportunity

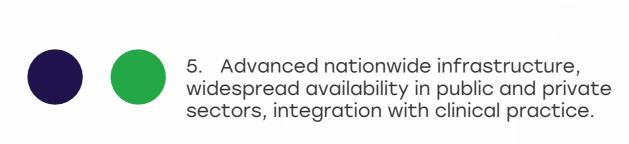
- Expansion of regional cancer units under the National Cancer Plan could decentralize services.
- Strengthening partnerships with private diagnostic labs to extend molecular and imaging diagnostics to underserved states.

Weakness

- Rural and semi-urban regions suffer from inadequate oncology equipment, leading to centralization in urban hubs.
- Limited availability of radiotherapy units, MRI scanners, and biopsy services outside federal zones.

Threats

- Geographical inequality in health services may worsen due to political changes or underfunding.
- Infrastructure strain due to increasing NCD burden, especially among aging male population.



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



Treatment Access, Research Funding and Awareness Campaigns

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Strengths

- IMSS and Seguro Popular (now INSABI) provide free or subsidized treatment for many cancer types, including prostate cancer.
- Prostate cancer awareness efforts, particularly during Movember, have gained public visibility.

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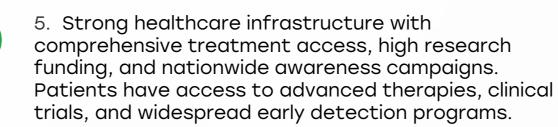
Weakness

- Delays in diagnosis and treatment due to bureaucratic referral systems and waiting lists.
- Limited national research output specific to prostate cancer biology, genetics, and therapies.

Opportunity _____T

- Increase targeted research funding for molecular diagnostics and Mexican male genetic profiles.
- Collaborate with universities and private entities to develop community-based screening and education programs.

- Public distrust in healthcare bureaucracy can discourage participation in screening programs.
- National research priorities still skewed toward infectious diseases.



- 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	Research Funding	Awareness
	Access	Fullding	Campaigns
South Africa	0	0	0
Kenya			0
Nigeria			0
Egypt	0	0	0
Morocco	0	0	0
Algeria	0	0	0
Ethiopia			
India	<u> </u>	<u> </u>	<u> </u>
Japan			
South Korea			
China	<u> </u>	0	<u> </u>
Thailand		0	
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			0
Spain			0
Poland	<u> </u>	<u> </u>	<u> </u>
Mexico		<u> </u>	0
Brazil		<u> </u>	0
Argentina		<u> </u>	<u> </u>
Chile		<u> </u>	<u> </u>
Colombia			
United States			
Canada			
Australia	0	0	
New Zealand	0	0	0
Greece	0	0	0
Rwanda			
Uganda			
Serbia		0	
Saudi Arabia			
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Syria			
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Vietnam			
Philippines			
Russia			
Malaysia			
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Survival Rates, Early **Detection** and Palliative Care



- PSA-based testing available in both public and private healthcare networks.
- Palliative care services are offered in tertiary hospitals and some hospices, particularly in Mexico City and Guadalajara.

- detected at a stages, with la common among lower-income populations.
- Palliative care is underdeveloped in rural areas, and home-based pain management is rarely

Opportunity

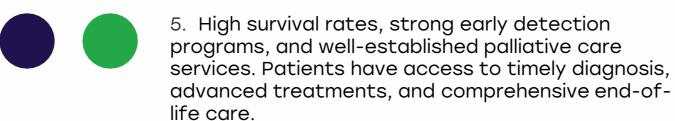
- Expand mobile diagnostic units and integrate prostate cancer screening in men's health checkups.
- Develop formal palliative care pathways within the national health insurance framework.

Weakne

- Over 60% of c
- supported by the system.

Threats

- Cultural norms and machismo-related stigma prevent men from seeking early help.
- Lack of coordination between early detection and specialist care pathways leads to loss to follow-up.



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.

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cases are advanced late diagnosis	1	5	

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



Utilization of Biomarkers

Strengths

- PSA testing is routinely available and used widely as a screening and monitoring tool.
- A few urban hospitals and research institutions offer BRCA1/2 testing through genetic counseling units, primarily for breast and ovarian cancer

Weakness

- PTEN and TMPRSS2-ERG biomarkers are not used for prostate cancer.
- Biomarker-guided therapies are not part of standard treatment algorithms.

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Opportunity

- Pilot integration of genomic profiling for patients with metastatic or high-risk localized disease.
- Collaboration with Latin American molecular labs could help standardize use of BRCA1/2 and PTEN in prostate oncology.

Threats

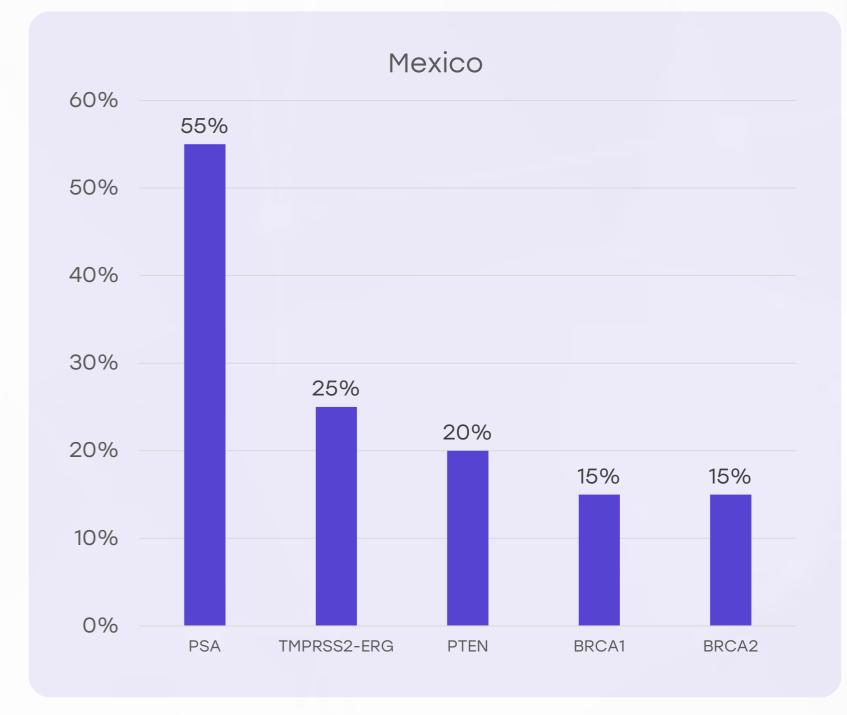
- High cost of molecular diagnostics limits accessibility, even in public hospitals.
- Clinician awareness and training on the role of biomarkers beyond PSA remain limited.

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.

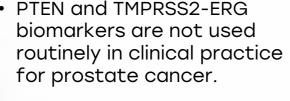
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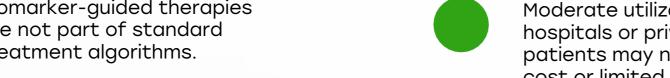
Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

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 Cancer Plan and guidelines from INCan provide a baseline framework for prostate cancer management.
- Guidelines include surgical, radiation, and hormonal therapy protocols, especially for early and locally advanced stages.

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Weakness

- Guidelines often lack integration of molecular diagnostics, targeted therapies, or genetic risk stratification.
- Dissemination and implementation vary significantly between institutions.

Opportunity

- Update guidelines to include BRCA1/2, PTEN and TMPRSS2-ERG-based stratification, especially for high-risk and familial cases.
- Translate national guidelines into localized protocols for rural clinicians.

- Inconsistent application of guidelines across public vs. private sectors.
- Delays in revising national protocols may hinder incorporation of emerging evidence.



	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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Reimbursement

Strengths

- Treatments such as surgery, radiotherapy, and chemotherapy are covered under IMSS and INSABI for eligible populations.
- PSA testing is reimbursed and accessible in many settings.

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 Advanced therapies like androgen receptortargeted agents or biomarker testing are not reimbursed or partially covered only in private systems.

Weakness

 Out-of-pocket costs for drugs or genetic testing remain prohibitive for uninsured patients.

Opportunity

- Expand coverage under national health programs to include molecular diagnostics and advanced therapies.
- Implement risk-based coverage models that reduce expenditure for high-burden cancers.

- Transition from Seguro Popular to INSABI has caused gaps in continuity of coverage and service delivery.
- Political pressure on healthcare budgets could restrict coverage expansion.



- 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	0	0
Singapore		
Thailand		
South Africa	0	0
Kenya	0	0
Nigeria	0	0
Egypt	0	0
Morocco	0	0
Algeria		
Ethiopia	0	0
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
New Zealand		
Greece		
Rwanda	0	0
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Serbia		
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Vietnam		
Philippines		
Russia		
Malaysia		





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Strengths

- PSA screening is widely used in urban public and private systems for men over 50.
- Government health campaigns have begun incorporating prostate cancer into general NCD awareness.

• No unified national prostate screening program, and opportunistic testing leads to coverage gaps.

Weakness

• Screening access varies across states, with poorer coverage in Chiapas, Oaxaca, and rural regions.

Opportunity

- Establish national risk-based screening guidelines integrating family history, age, and ethnicity.
- Educate general practitioners on early detection and post-PSA referral protocols.

- Overdiagnosis and overtreatment concerns may limit screening policy development.
- Inadequate follow-up infrastructure could lead to lost or delayed diagnoses after PSA testing.

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