

Prostate Cancer Factsheet: Insights & Key Developments

Key Insights on Prostate Cancer
Care and Infrastructure

Core Pillars:

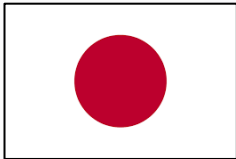
1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Prostate Cancer Screening

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.

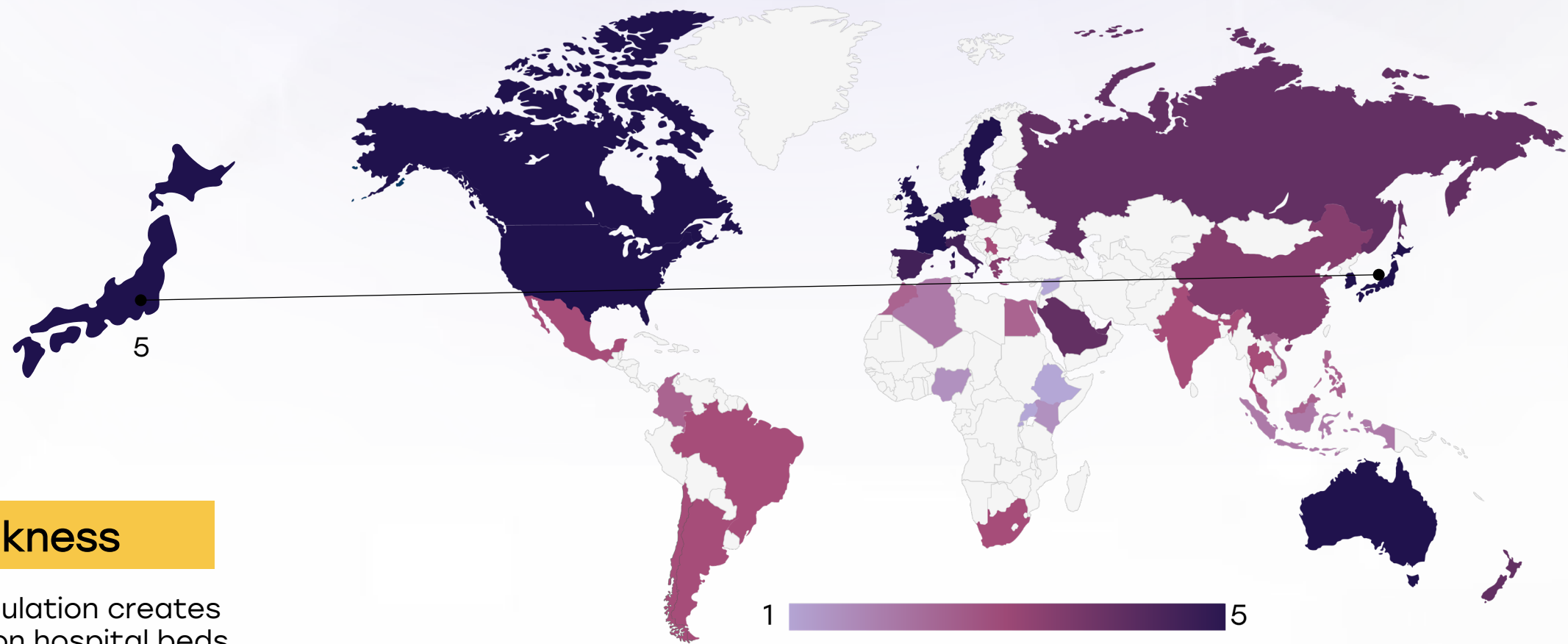
This factsheet provides a comprehensive overview of key pillars shaping Prostate cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- **Incidence share:** Among the top cancers in Japanese men.
- **Incidence rate:** Approximately 50 per 100,000 men per year.
- **Total new cases (2022):** Around 104,000 men diagnosed.
- **Daily diagnoses (2022):** Roughly 285 men per day.
- **Deaths (2022):** Approximately 10,000 men annually.
- **5-year survival rate:** Very high, around 94%.
- **Most affected age group:** Incidence rises sharply after 65, peaks in 70–80+.
- **Screening participation:** PSA testing is provided by some municipal governments; participation rates low (e.g. 10–20%). Screening is mostly opportunistic; organized municipal programs cover limited portions of the male population.

Japan



Infrastructure



Strengths

- Japan has one of the most advanced healthcare infrastructures globally, with high accessibility to hospitals, urologists, imaging, and robotic surgeries (e.g., Da Vinci systems).
- Specialized cancer centers (e.g., National Cancer Center, University-affiliated hospitals) offer high-quality diagnosis and care.

Weakness

- Aging population creates pressure on hospital beds and oncology resources.
- Rural and remote areas still face logistical barriers in accessing advanced cancer infrastructure.

Opportunity

- Telehealth and mobile diagnostic units can bridge urban-rural gaps.
- Expand capacity for prostate-specific diagnostics and rehabilitation centers in aging prefectures.

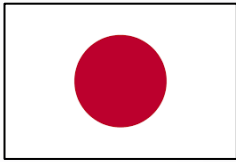
Threats

- Rapid increase in elderly population (29% over age 65) may outpace infrastructure readiness.
- Earthquake-prone zones occasionally disrupt healthcare delivery systems.

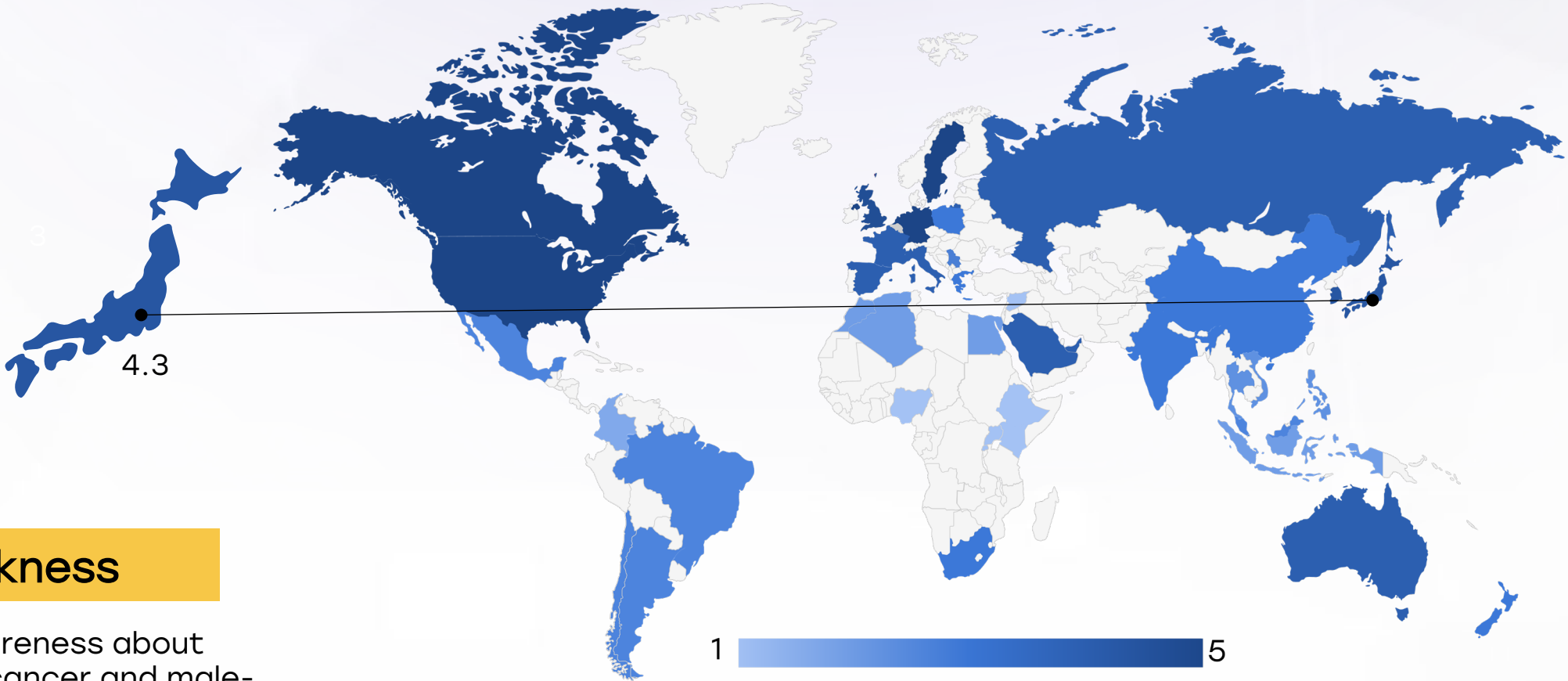


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

Japan



Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal coverage under Japan's National Health Insurance (NHI) ensures access to treatment options like surgery, RT, hormonal therapy, and chemotherapy.
- Government-funded institutions like the Japan Agency for Medical Research support strong cancer R&D.

Weakness

- Public awareness about prostate cancer and male-specific symptoms is limited compared to breast or gastric cancer.
- Patient hesitation and cultural stigmas around discussing urological symptoms delay help-seeking.

Opportunity

- Targeted educational campaigns through local clinics and media, especially for men over 50.
- Foster more collaborations between academia and pharma to focus on genetics of prostate cancer.

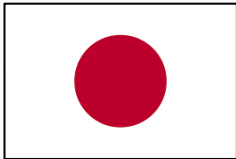
Threats

- High competition for funding across multiple cancer types; prostate research may be deprioritized.
- Mistrust or hesitancy toward new genomic approaches among older population.

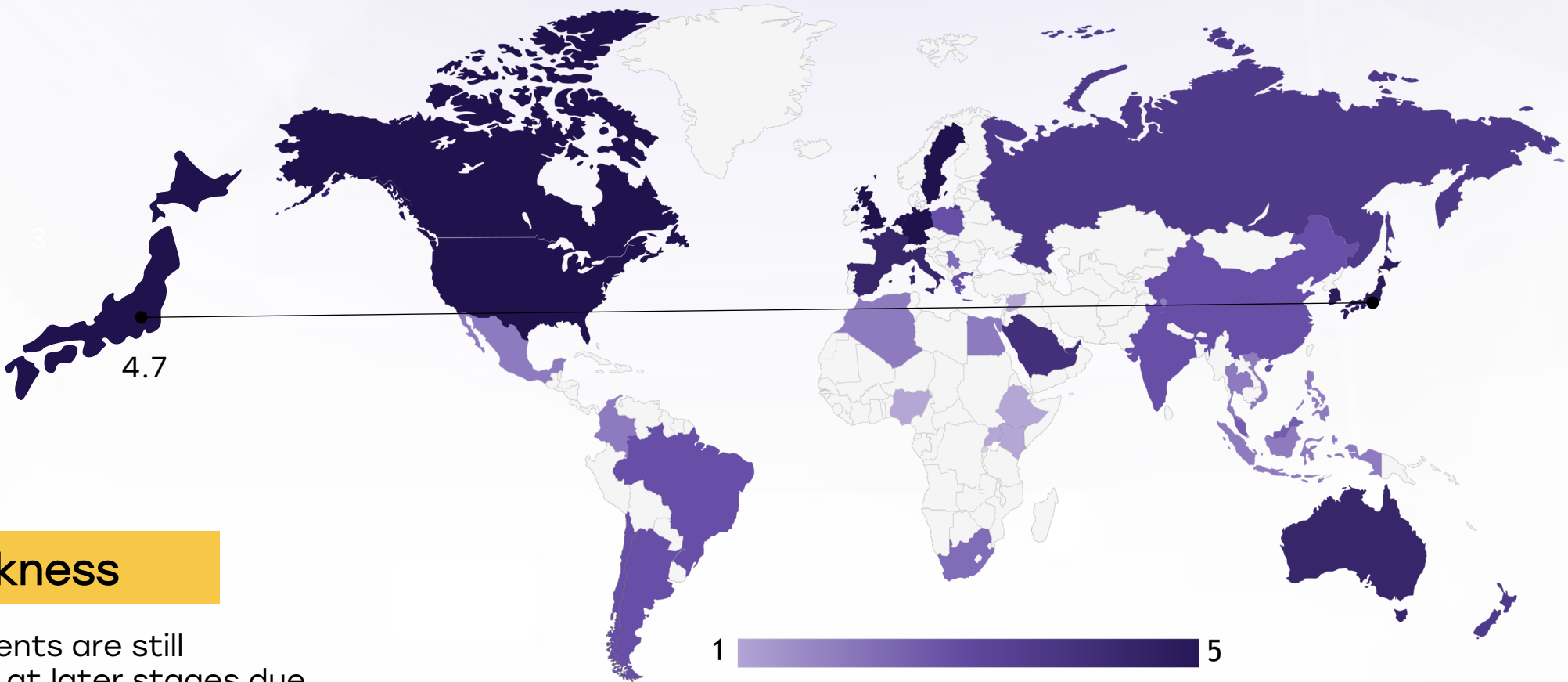
5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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	<div></div>	<div></div>	<div></div>
Kenya	<div></div>	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>	<div></div>
Egypt	<div></div>	<div></div>	<div></div>
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Chile	<div></div>	<div></div>	<div></div>
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United States	<div></div>	<div></div>	<div></div>
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Australia	<div></div>	<div></div>	<div></div>
New Zealand	<div></div>	<div></div>	<div></div>
Greece	<div></div>	<div></div>	<div></div>
Rwanda	<div></div>	<div></div>	<div></div>
Uganda	<div></div>	<div></div>	<div></div>
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Philippines	<div></div>	<div></div>	<div></div>
Russia	<div></div>	<div></div>	<div></div>
Malaysia	<div></div>	<div></div>	<div></div>

Japan

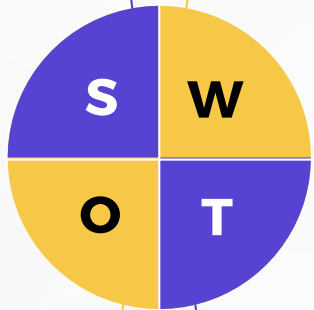


Survival Rates, Early Detection and Palliative Care



Strengths

- Japan has a 5-year relative survival rate of ~99% for localized prostate cancer – among the best globally.
- Palliative and home-care services are integrated into the long-term care insurance system for advanced-stage patients.



Weakness

- Some patients are still diagnosed at later stages due to delayed health-seeking or lack of routine screening.
- Palliative services may vary across prefectures, with gaps in training for generalist providers.

Opportunity

- Promote routine screening for high-risk groups and men aged 55–70 through primary care networks.
- Strengthen palliative care for metastatic prostate cancer, particularly in home settings.

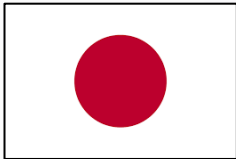
Threats

- Increasing number of patients with comorbidities (hypertension, diabetes) complicates treatment planning.
- Under-diagnosis in socially isolated elderly men may worsen survival in remote areas.

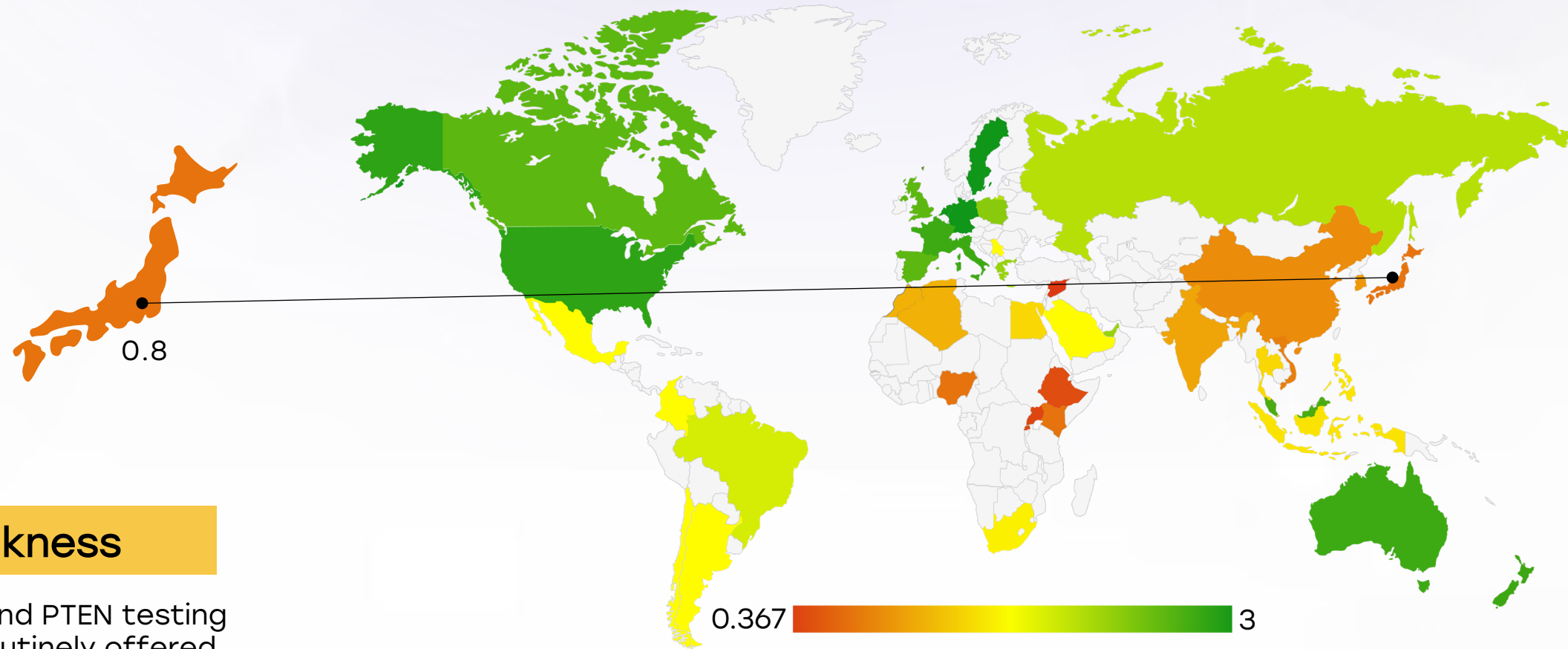
- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
Spain	●	●	●
Poland	●	●	●
Mexico	●	●	●
Brazil	●	●	●
Argentina	●	●	●
Chile	●	●	●
Colombia	●	●	●
United States	●	●	●
Canada	●	●	●
Australia	●	●	●
New Zealand	●	●	●
Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●
Malaysia	●	●	●

Japan



Utilization of Biomarkers



Strengths

- PSA testing is widely used and accessible as part of health check-ups; commonly recommended for men over 50.
- Japan contributes to global biomarker validation studies, especially for TMPRSS2-ERG fusion prevalence.

Weakness


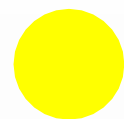

- BRCA1/2 and PTEN testing are not routinely offered for prostate cancer under national guidelines unless strong family history exists.
- Limited access outside academic or trial settings to TMPRSS2-ERG testing for clinical use.

Opportunity

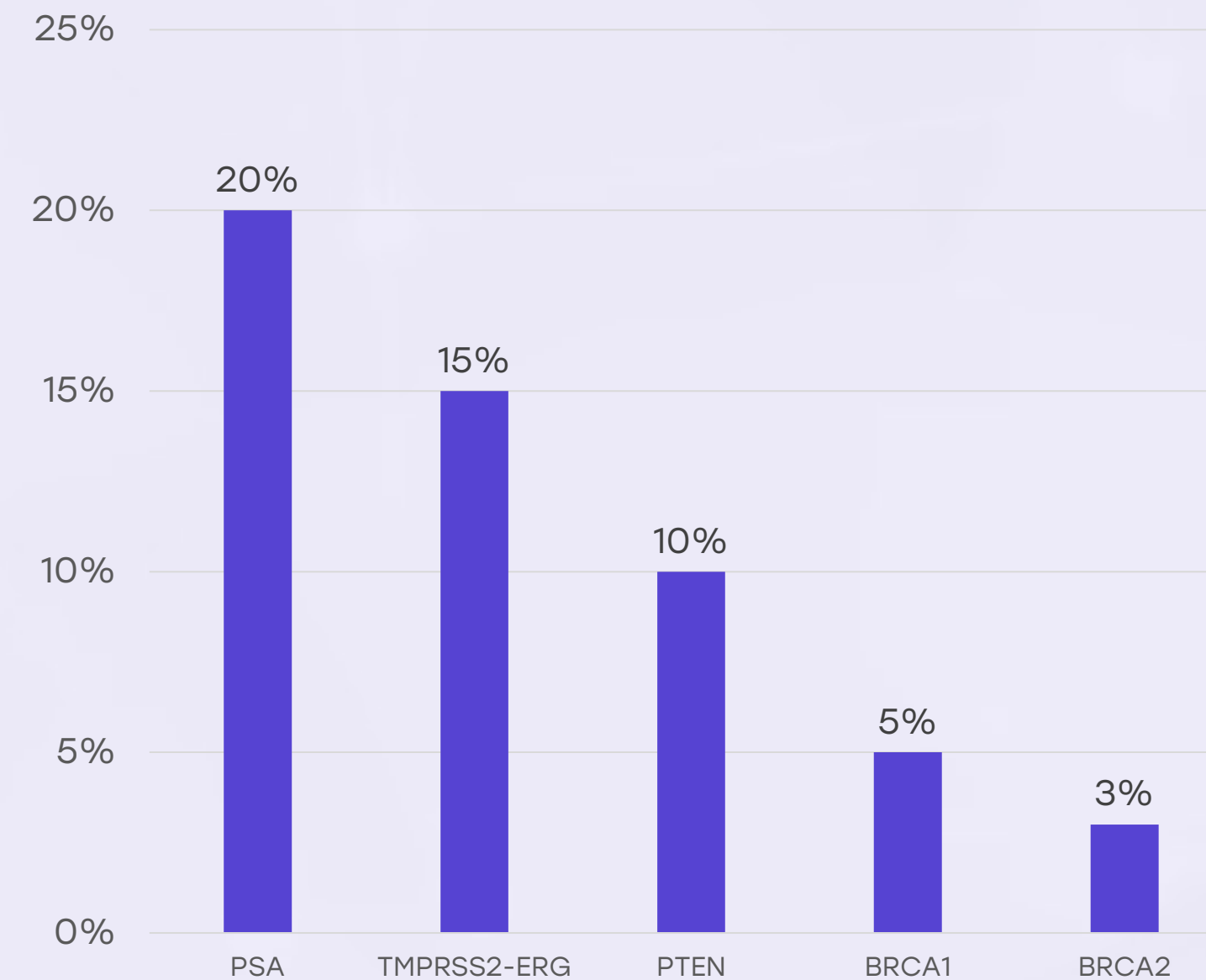
- Develop national guidelines to standardize the use of genetic biomarkers in prostate cancer treatment planning.
- Use of BRCA status to guide use of PARP inhibitors in castration-resistant metastatic cases.

Threats

- Risk of over-reliance on PSA alone without integrating broader biomarker panels.
- High cost and limited reimbursement may hinder wider adoption of multi-gene tests.

-  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.

Japan



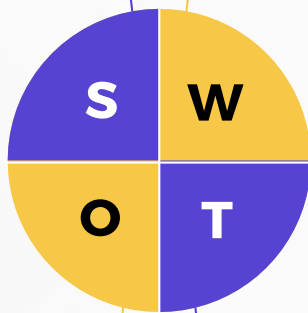
Japan



Clinical Guidelines

Strengths

- Japan follows detailed guidelines by the Japanese Urological Association (JUA), harmonized with global evidence from EAU/ASCO.
- Multidisciplinary approach for treatment planning is encouraged in tertiary hospitals.



Weakness

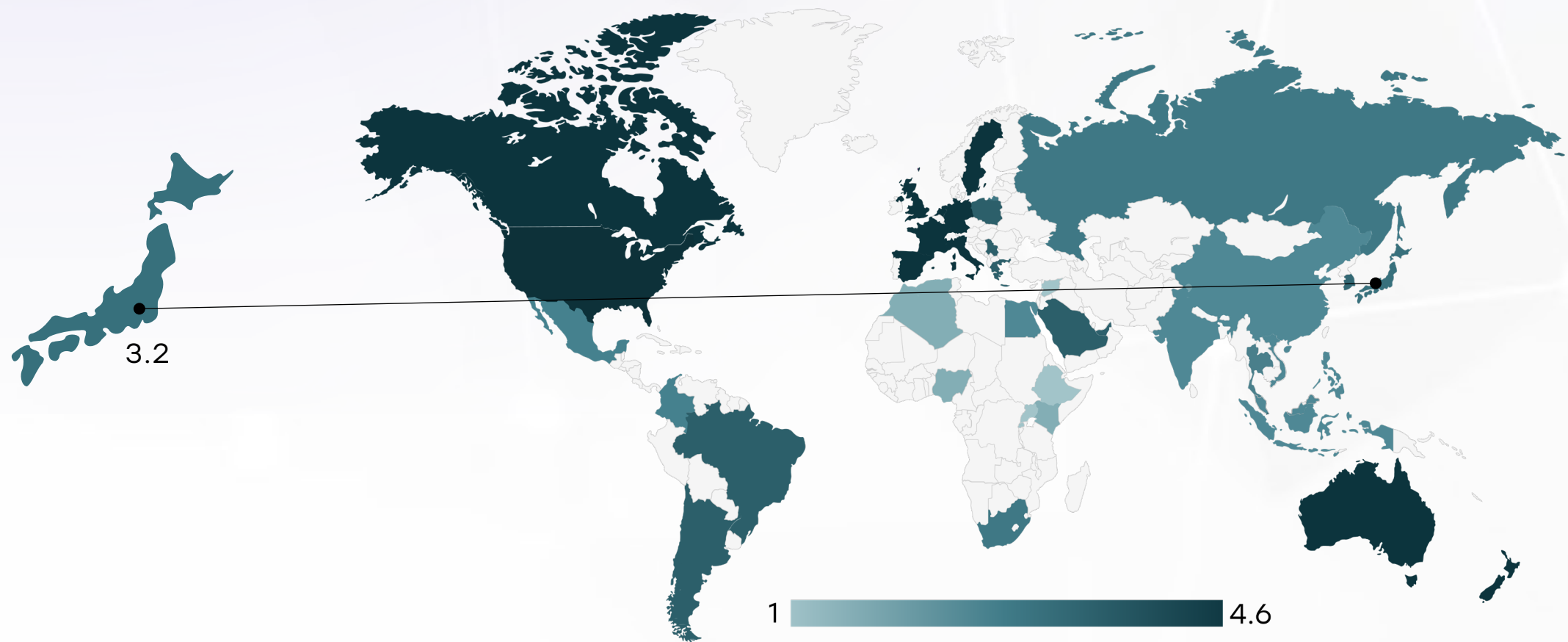
- Guidelines are not always followed uniformly by GPs or in smaller hospitals, especially regarding biomarker-based decisions.
- Some GPs may lack awareness of updates related to genomic testing and targeted therapies.

Opportunity

- Expand continuing medical education and digital decision tools for primary and rural care providers.
- Incorporate clear protocols for BRCA1/2 and PTEN testing into clinical pathways.

Threats

- If biomarkers are not formally integrated into practice guidelines, their uptake may remain low despite evidence.
- Fragmentation between academic and general clinical practice.



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

Japan



Reimbursement



Strengths

- Japan’s NHI system covers most prostate cancer treatments including imaging, surgery, radiation, and key therapies.
- PSA testing is partially reimbursed or covered during annual checkups in many municipalities.

Weakness

- BRCA1/2, PTEN, and TMPRSS2-ERG tests are not fully reimbursed in prostate cancer care unless part of clinical trials or hereditary cancer panels.
- New genomic tests face slow regulatory evaluation for reimbursement approval.

Opportunity

- Advocate for reimbursement of companion diagnostic tests in line with use of targeted agents (e.g., olaparib for BRCA mutations).
- Pilot programs could explore subsidized genetic testing for high-risk men.

Threats

- Cost constraints and health technology assessments may delay adoption of new molecular tests.
- Reimbursement policy may lag behind clinical innovations in prostate cancer genomics.

- 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	●	●

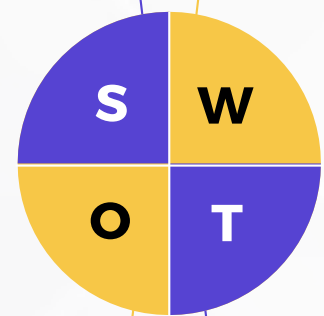
Japan



Prostate Cancer Screening

Strengths

- PSA screening is commonly practiced, especially in urban settings and during company-sponsored health checks.
- High general health literacy and organized annual check-up culture among working-age and elderly men.



Weakness

- No national screening program, leading to variability in uptake based on prefecture or provider.
- Lack of standardized risk stratification in screening (e.g., BRCA1/2 mutation carriers not actively monitored).

Opportunity

- Design a risk-based national screening strategy, combining PSA with clinical/family history and genetic risk.
- Targeted outreach to rural elderly male population with mobile PSA and counseling units.

Threats

- Overdiagnosis and overtreatment of indolent prostate cancers due to unregulated PSA screening.
- Without a national strategy, equity of access and early detection may suffer in certain regions.

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