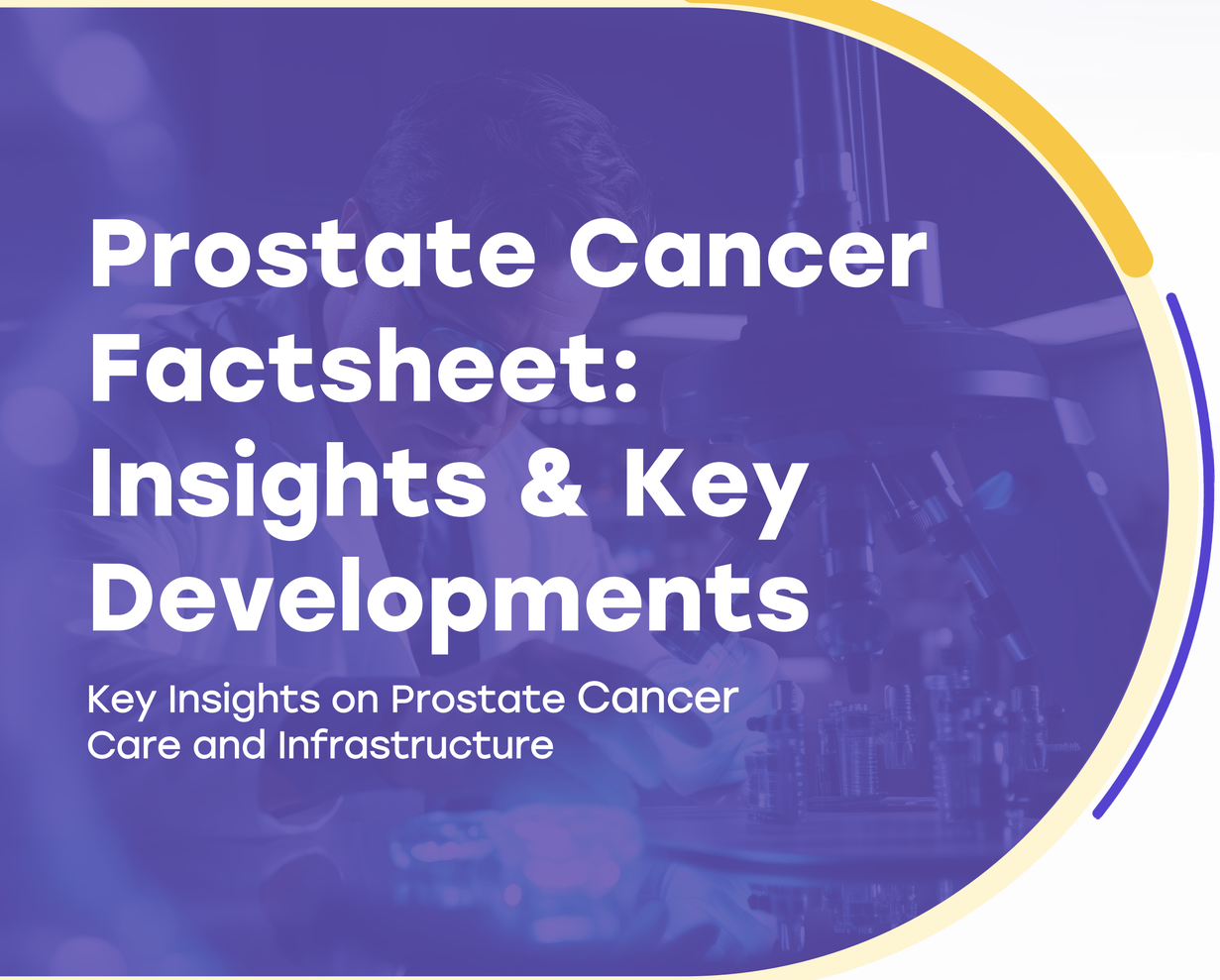
International Cancer Patient Coalition

Vietnam



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:** Prostate cancer ranks outside the top 10 cancers in Vietnamese men—historically low but rising.
- **Incidence rate:** Approximately 5–7 per 100,000 men per year.
- **Total new cases (2022):** Around 3,000–3,500 men.
- **Daily diagnoses (2022):** About 8–9 men per day.
- **Deaths (2022):** Estimated 1,400–1,600 men.
- **5-year survival rate:** Likely < 50%, given limited early detection programs and late-stage presentation.
- **Most affected age group:** Men aged 65 and older, with low detection in younger ages.
- Screening participation: Virtually no organized PSA screening; PSA testing and awareness remain low.

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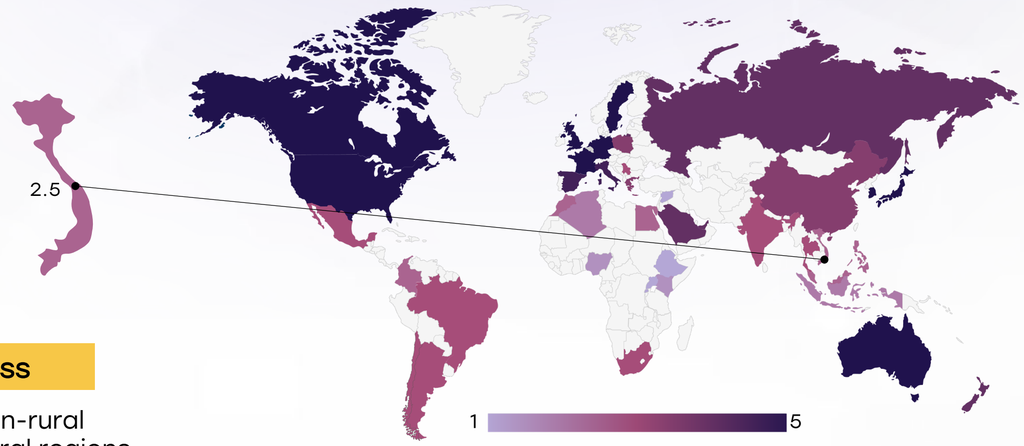
Infrastructure



Strengths

- Major urban hospitals (e.g., Bach Mai Hospital, Cho Ray Hospital) offer advanced oncology and surgical care.
- Gradual expansion of radiology and pathology capabilities.

Weakness

- Severe urban-rural disparity: rural regions lack oncology infrastructure.
- Limited availability of specialized urologists and cancer centers nationwide.

S W O T

Opportunity

- Invest in regional cancer centers and tele-oncology.
- Train more specialists in uro-oncology and pathology to serve all provinces.

Threats

- Ongoing strain on public hospital resources due to rising cancer burden.
- Infrastructure growth may be hindered by budget constraints.

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		
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		

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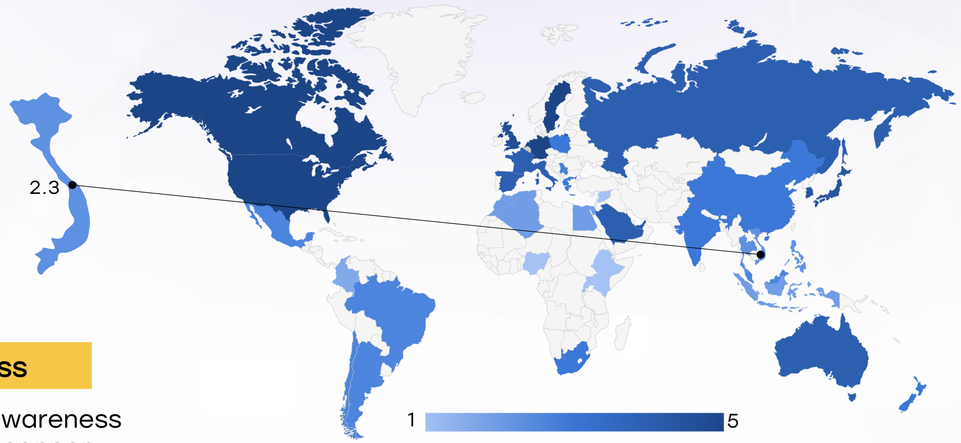
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Growing inclusion of cancer drugs in the National Essential Medicines List.
- Health campaigns by Vietnam's Ministry of Health have increased cancer awareness.

Weakness

- Low public awareness of prostate cancer relative to other cancers (e.g., liver, lung).
- Limited domestic clinical trials or research funding focused on prostate cancer.

S W O T

Opportunity

- Promote public-private partnerships for awareness and funding.
- Support Vietnam's inclusion in global prostate cancer research networks.

Threats

- Stigma around male health issues may prevent early care-seeking.
- Research is often underfunded or donor-dependent, affecting sustainability.

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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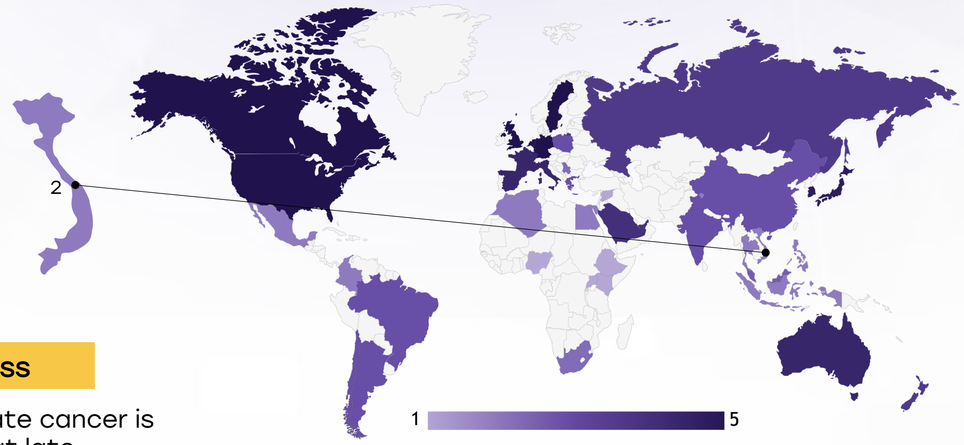
Survival Rates, Early Detection and Palliative Care



Strengths

- Prostate cancer still has relatively better prognosis when detected early.
- Growing focus on community-based palliative care models in urban areas.

Weakness

- Most prostate cancer is diagnosed at late stages.
- Limited access to palliative care and pain relief, especially outside cities.

S W O T

Opportunity

- Develop nationwide early detection protocols.
- Train primary healthcare workers to refer suspected cases promptly.

Threats

- Delays in diagnosis due to poor symptom recognition and testing access.
- High out-of-pocket costs deter patients from seeking end-of-life support.

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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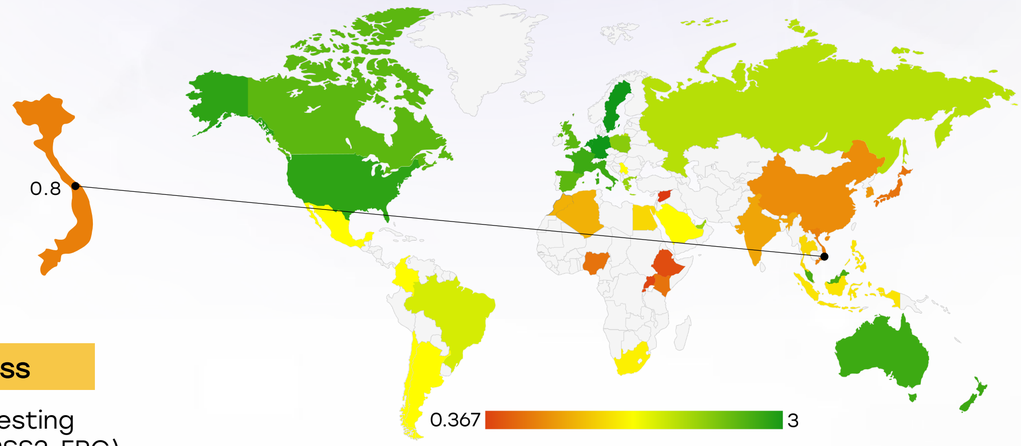
Utilization of Biomarkers



Strengths

- PSA testing is available in major urban hospitals and labs.
- BRCA1/2 testing accessible in select private diagnostics centers.

Weakness

- Biomarker testing (PTEN, TMPRSS2-ERG) is rare and costly, limiting routine use.
- Lack of local guidelines incorporating biomarkers into prostate cancer care.

S W O T

Opportunity

- Integrate PSA-based screening for men 55+ in primary care.
- Introduce multigene panel testing for high-risk or aggressive cancer cases.

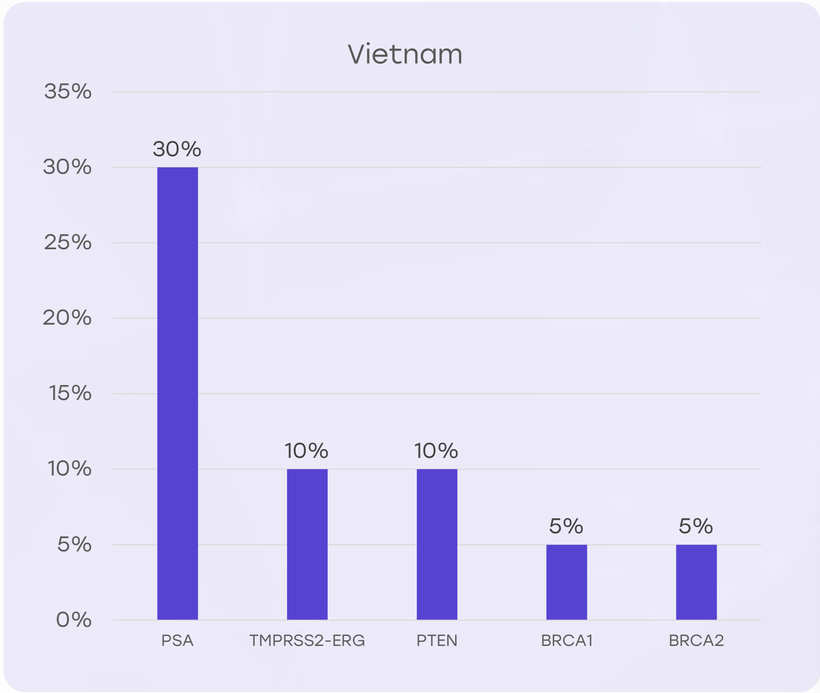
Threats

- High test costs and lack of reimbursement block biomarker utilization.
- Lack of genetic counseling infrastructure for BRCA testing.

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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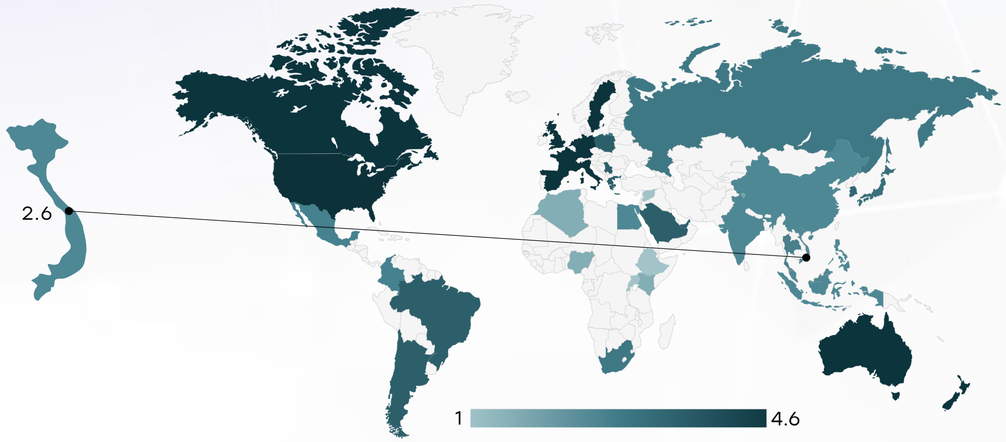
Clinical Guidelines



Strengths

- National cancer guidelines exist and align with global WHO and regional recommendations.
- PSA included as a diagnostic indicator in urology departme

Weakness

- No dedicated Vietnam-specific prostate cancer guideline incorporating new biomarkers.
- Variability in clinical practice across public vs. private hospitals

S W O T

Opportunity

- Create national, biomarker-informed clinical protocols for prostate cancer.
- Engage local experts in guideline development and training.

Threats

- Adoption of guidelines delayed by resource and expertise limitations.
- Policy implementation gaps at the provincial level.

	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

- PSA testing and standard treatments are partially reimbursed by social health insurance.
- Generic cancer drugs are increasingly covered under public schemes.

Weakness

- No reimbursement for genetic tests (BRCA1/2, PTEN, TMPRSS2-ERG).
- High out-of-pocket expenses for diagnostics, travel, and private care.

S W O T

Opportunity

- Expand insurance coverage to include advanced diagnostics.
- Create tiered subsidy programs for economically vulnerable patients.

Threats

- Pressure on the national insurance system due to rapidly rising cancer cases.
- Policy fragmentation may lead to regional differences in reimbursement.

- 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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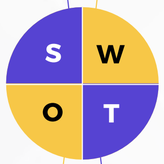
Prostate Cancer Screening

Strengths

- PSA testing promoted among at-risk patients by urologists in urban hospitals.
- Emerging use of digital rectal examination (DRE) in routine men's health check-ups.

Weakness

- No population-wide screening program for prostate cancer.
- Lack of standardized risk-based screening approach for high-risk men.



Opportunity

- Launch pilot screening programs using PSA and MRI in urban centers.
- Raise awareness among primary care physicians and men aged 50+.

Threats

- Low public awareness of prostate cancer symptoms and importance of screening.
- Resistance from patients due to stigma and misconceptions.

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