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EVENT REPORT

EU - APAC ROUNDTABLE

STRENGTHENING PROSTATE CANCER EARLY DETECTION AND CARE ACROSS ASIA-PACIFIC

Europe - Japan - South Korea - Taiwan - New Zealand

Hosted by **Let's Talk Prostate Cancer**

1 JUNE 2026
08:00 - 10:00 CEST

LTPC ROUNDTABLE

Europe - Japan - South Korea - Taiwan - New Zealand

STRENGTHENING PROSTATE CANCER EARLY DETECTION AND CARE ACROSS REGIONS

1 JUNE 2026 | 08:00 - 10:00 CEST | ONLINE

Welcome & Opening Remarks — 08:00 - 08:05

Kit Greenop, *LTPC Representative & Moderator*

Global Guidelines & Regional Approaches to Early Detection — 08:05 - 08:45

Prof. Van Poppel, *LTPC Advocate & European Association of Urology (EAU) & KU Leuven, Belgium*
Prof. Walz, Head of Urology Unit, Institut Paoli-Calmettes, France
Prof. Hatakeyama, *Dept. of Urology, Hirosaki University Graduate School of Medicine, Japan*
Prof. Chueh, *Chairman, Department of Urology, College of Medicine, National Taiwan University, Taiwan*
Prof. Hong, *Dept of Urology, College of Medicine, Pusan National University, Korea*

Psychological & Family Impact of Prostate Cancer — 08:45 - 09:00

Andre Deschamps, *LPTC Advocate & Europa Uomo*
Sammy Tsai, Director of Advocacy and Development Department, HOPE Foundation for Cancer Care, Taiwan
Peter Dickens, CEO, Prostate Cancer Foundation NZ, New Zealand

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Asia- Pacific Roundtable — 09:00 - 09:55

Prof. Van Poppel, LTPC Advocate & European Association of Urology (EAU) & KU Leuven, Belgium
Prof. Walz, Head of Urology Unit, Institut Paoli-Calmettes, France
Prof. Hatakeyama, Dept. of Urology, Hirosaki University Graduate School of Medicine, Japan
Prof. Chueh, Chairman, Department of Urology, College of Medicine, National Taiwan University, Taiwan
Andre Deschamps, LPTC Advocate & Europa Uomo
Sammy Tsai, Director of Advocacy and Development Department, HOPE Foundation for Cancer Care, Taiwan
Peter Dickens, CEO, Prostate Cancer Foundation NZ, New Zealand

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Closing Remarks — 09:55 - 10:00

Kit Greenop, *LTPC Representative & Moderator*

LIST OF PARTICIPANTS

- **Moderator:** Kit Greenop, *Managing Director Healthcare, RPP Group*
- **LTPC Experts:**
    - Professor Hein Van Poppel, LTPC Advocate; Professor of Urology at KU Leuven, and Chairman EAU Policy Office, Belgium
    - André Deschamps,LTPC Patient Advocate & Board Member EuropaUomo, Belgium
    - Professor Jochen Walz, LTPC Advocate, Head of Urology Unit, Institut Paoli-Calmettes Cancer Centre, France
- **Asia-Pacific Clinicians:**
    - Professor Shingo Hatakeyama, Professor of Urology, Hirosaki University Graduate School of Medicine, Japan
    - Professor Jeff Chueh, Chairman, Department of Urology, College of Medicine, National Taiwan University, Taiwan
- **Asia-Pacific Patient Advocates:**
    - Sammy Tsai, Director of Advocacy and Development Department, HOPE Foundation for Cancer Care, Taiwan
    - Peter Dickens, CEO, Prostate Cancer Foundation NZ, New Zealand

Executive Summary

On 1 June 2026, the Let's Talk Prostate Cancer (LTPC) campaign hosted a two-hour roundtable titled **"Strengthening Prostate Cancer Early Detection and Care Across Regions: Asia-Pacific."**
The event brought together clinicians, patient advocates, and LTPC experts from **Europe, Japan, Taiwan, and New Zealand** to explore the rapidly evolving prostate cancer landscape across the Asia-Pacific region. Speakers addressed **region-specific challenges** including ageing populations and urban-rural access disparities, while identifying opportunities for cross-regional collaboration and, most importantly, **sharing experience and learning from one another.**

The discussion ranged from **clinical practices and screening guidelines to the psychological burden carried by patients and their families.** Speakers addressed the shared challenges of rising incidence, late-stage diagnosis, uneven access to diagnostics, and the cultural barriers that prevent men from seeking help early. The event also highlighted the distinct approaches developed across the region, from Japan's newly reimbursed glycoform biomarker to Taiwan's push for a nationwide Prostate-Specific Antigen (PSA) programme, and the important lessons these hold for the broader global effort to turn the tide on prostate cancer mortality. Taken together, the conversations underscored that **while contexts differ, the fundamental direction of travel is the same: earlier detection, smarter pathways, and care that extends beyond the clinic to the patient and family as a whole**

KEY TAKEAWAYS FROM THE EVENT

Rising Burden and urgency of action

Prostate cancer incidence is rising rapidly across Asia-Pacific, driven by ageing populations and changing diets. The Lancet Commission projects a doubling of cases in Eastern Asia by 2040

Diagnostic innovation needs policy support

Biomarker and imaging advances are reshaping early detection. Yet the gap between evidence and patient access remains wide, driven by insurance limits and infrastructure constraints.

Limits of opportunistic screening

PSA testing is largely opportunistic across the region, poorly coordinated and unequal in reach. Organised, risk-stratified screening with MRI substantially reduces mortality and overdiagnosis.

Cultural barriers need targeted solutions

Norms around masculinity and stoicism delay help-seeking across the region. Patient education, family involvement, and clinician communication must be treated as core parts of the care pathway.

Psychological burden is underserved

Psychosocial support is structurally absent from care pathways. In Taiwan, 51% of HOPE Foundation service interactions are psychological , yet this support is rarely built into clinical pathways.

Cross-regional collaboration is an opportunity

Shared challenges (late diagnosis, screening gaps, stigma, access inequalities) transcend geography. LTPC's Asia-Pacific reach creates a concrete platform to translate learning into policy advocacy.

Let's Talk Prostate Cancer CAMPAIGN

KEY MESSAGES FROM THE EVENT

The roundtable opened with Kit Greenop welcoming participants and setting out the event's purpose: to examine the state of prostate cancer early detection across Europe and the Asia-Pacific region, to explore the personal dimensions of the disease, and to identify concrete pathways for cross-regional learning and collaboration. Kit set the scene of the rapidly growing global burden of prostate cancer, and the particular urgency of the challenge faced in Asia-Pacific countries, where incidence is rising sharply but organised screening remains absent.

Session 1: Global Guidelines and Regional Approaches to Early Detection

The opening session brought together European and Asia-Pacific clinicians to compare screening evidence, national guidelines, and implementation experiences.

"Opportunistic screening has no effect on prostate cancer mortality. It does not avoid overdiagnosis and overtreatment. It is hugely costly - with too many visits to the doctors, too young people screened, too old people screened. This is what the European Commission has very well understood: the way we do it now is not the way to continue."

Hein Van Poppel
Professor of Urology at KU Leuven and Chairman EAU Policy Office

Professor Hein Van Poppel opened with an overview of the European evidence base and the current screening policy. He presented data showing that **organised, PSA-initiated screening reduces prostate cancer mortality by 21% at 11 years and 44% at 14 years, and that these benefits grow with longer follow-up.** He contrasted this with the failure of opportunistic screening, which neither reduces population mortality nor avoids overdiagnosis. He introduced the ***PRAISE-U project***, an EU-funded initiative running national pilots across Ireland, Spain, Poland, Lithuania, and Estonia to test a risk-stratified algorithm combining PSA testing, risk calculators, and MRI prior to biopsy for men aged 50 to 69. Participation varied significantly across sites, with outreach method, accessible testing locations, and reach into remote and underserved areas emerging as critical to uptake. PRAISE-U+ has since secured funding to expand.

"We really need to work on education for patients on the perception of prostate cancer. The diagnosis of prostate cancer is not necessarily a deadly diagnosis. Lung cancer is at 60% mortality rate, colon cancer at 30%. We are at 10%. We need to teach the population and men that there is a best way forward."

Jochen Walz
Head of Urology, Institut Paoli-Calmettes, France

Professor Jochen Walz complemented the European overview with a focus on imaging and diagnostic innovation. He presented the long-term follow-up data from the The European Randomized Study of Screening for Prostate Cancer (ERSPC) study, demonstrating a **substantial and growing reduction in prostate cancer mortality among populations invited to undergo regular PSA-based**. He walked through evidence from a series of major clinical trials showing that **MRI-first pathways detect clinically significant cancer more accurately while substantially reducing unnecessary biopsies**, making the case that smarter sequencing of diagnostic tools is as important as screening itself.

"Metastatic disease at diagnosis in Japan is very high compared to Western countries. We need more screening. Universal coverage does not automatically create uniform early detection - urban and rural disparities exist, and downstream quality control is necessary."

Shingo Hatakeyama
Professor, Department of Urology, Hirosaki University Graduate School of Medicine, Japan

Professor Shingo Hatakeyama provided an overview of the current Japanese prostate cancer care landscape , describing a system in which **universal health insurance provides broad access to PSA testing once prostate cancer is suspected**, but where prostate cancer is absent from the national five-cancer screening programme. While this policy gap remains a significant challenge, ***Japan's 2023 clinical guidelines*** **represent a significant step forward**, integrating PSA with MRI, biomarkers, and shared decision-making as standard of care.

"Unfortunately, at diagnosis, about one-third of newly diagnosed prostate cancer patients in Taiwan are already metastatic. This is a very high number. We are pushing and talking to the government administration, and hopefully within a year or two we should be able to push PSA screening into a nationwide programme - that would absolutely help find those men who are hiding."

Shih-Chieh Jeff Chueh
Chairman, Department of Urology, College of Medicine, National Taiwan University

Professor Jeff Chueh described the situation in Taiwan, where prostate cancer has risen from the sixth to the third most common cancer in men within a decade. With 9,062 new diagnoses annually and approximately one-third of patients already metastatic at diagnosis, **the urgency of organised screening is clear.** Yet despite **Taiwan operating a single-payer national health insurance system** that in principle provides broad access to care, prostate cancer remains outside the national screening programme and pre-biopsy MRI is not covered by insurance. This structural gap, he argued, sits in direct tension with the scale of what the data shows, and closing it must be treated as a policy priority.

Session 2: Psychological and Family Impact of Prostate Cancer

The second session brought together patient advocates from Europe, Taiwan, and New Zealand to share the lived experience of prostate cancer and the unmet needs of patients and families.

"Prostate cancer is not an old man's disease. Cure in early stages is a fact, and treatment has an effect - but of course it also has an effect on your quality of life. Patients not only want life, they also want quality of life. And if we live longer thanks to treatments, quality of life becomes even more important, because we live longer with the effects of those treatments."

Andre Deschamps
Patient Advocate, LTPC

André Deschamps drew on his personal experience of diagnosis at 51 and his work with Europa Uomo, the European prostate cancer patient organisation. He challenged the idea that prostate cancer is an old man's disease, noting that the average age of diagnosis in the Europa Uomo study was 65, and emphasised that patients seek not only survival but quality of life. Data from the Europa Uomo UPRESS study showed that **half of partners report their man has changed since treatment, only 20% of patients received information from healthcare professionals on coping with treatment effects, and 20% report a strong unmet need for mental health support.**

"Prostate cancer care should not stop at diagnosis and treatment. Psychosocial support, family support, and patient navigation should be built directly into the care pathway. Patients and families should know from the beginning that support is available."

Sammy Tsai
Director of the Advocacy & Development Department, HOPE Foundation for Cancer Care

Sammy Tsai presented data from the HOPE Foundation for Cancer Care in Taiwan, reflecting years of direct experience supporting prostate cancer patients and their families across the full continuum of care. The data painted a clear picture of **sustained, multi-stage need, with patients and families returning repeatedly for support well beyond the point of diagnosis.** The conclusion was unambiguous: prostate cancer care cannot be reduced to a single touchpoint, and systems that treat support as a one-time intervention are failing the people they set out to serve.

"The average length of time that men are staying on active surveillance is around 18 months, and they are choosing to come off it because they just cannot handle it. The emotional distress of waiting for that next PSA result, that next MRI - we cannot understate the impact that has on families. Men reach a point where they say: I want treatment now, whether it is indicated or not, because they cannot handle going through this cycle."

Peter Dickens
CEO, Prostate Cancer Foundation of New Zealand (PCFNZ)

Peter Dickens described prostate cancer care in New Zealand, where guidance encourages General Practitioners to discuss PSA screening opportunistically but no government-funded, population-based programme exists. He raised the challenge of active surveillance, noting that men remain on it for an average of just 18 months before choosing to exit not because the clinical indication has changed, but because the emotional burden becomes unbearable.

Session 3: Asia-Pacific Roundtable

The final session opened the floor to all speakers for an extended exchange of perspectives, drawing out common themes and identifying lessons learned.

Discussion returned repeatedly to the **challenge of active surveillance** - its clinical necessity and its psychological difficulty. **Professor Walz** noted that **three out of every four patients newly diagnosed today will be candidates for active surveillance rather than immediate treatment**, and that the success of any screening programme depends on winning public trust in this approach. He was direct about the stakes: *"If we would like to make screening a success, it only works with active surveillance. Nowadays we need to see four patients, three of them will go into active surveillance and one patient might be a good candidate for upfront curative treatment."*

Professor Chueh reflected on the particular cultural dimensions of this challenge in Taiwan, where **patients and families expect diagnosis to be followed by treatment**, and where the fee-for-service reimbursement structure creates incentives that can work against active surveillance. He described the difficulty plainly: *"It will cost me more time and energy trying to explain and persuade the patient and the family to accept a low-risk prostate cancer, having an active surveillance… We're diagnosing a disease and then we're telling them: relax, sit back, and we will help you monitor it as long as it does not get worse."*

Sammy Tsai highlighted the **value of digital tools and community-based support in extending the reach of patient services**, noting the HOPE Foundation's use of social media and live chat platforms to reach patients who would not otherwise engage with formal healthcare services. The discussion noted particular opportunities to reach family members through these channels, given that in Taiwan - and in many other countries - **it is often the spouse or children who first seek information on behalf of a male patient**. She observed: *"In Taiwan, women are more willing to ask for help than men. In our service data, we saw that many patients' spouses and children will call us and ask for information and resources."*

The session closed with a shared recognition that **despite the very different health systems, cultural contexts, and policy landscapes represented around the table, the fundamental challenges** - late diagnosis, unequal access, stigma, unmet psychosocial need, and the gap between evidence and policy - **are common to all.**

Closing Remarks

Kit Greenop closed the event by thanking all speakers for their participation across significant time differences and reflecting on the value of the exchange. He noted that LTPC's expansion into the Asia-Pacific region is part of a deliberate effort to build a truly global platform for prostate cancer advocacy, one that can carry the lessons from Europe's policy advances into new contexts, and bring back insights from Asia-Pacific innovation to strengthen the European effort. A follow-up report will be circulated to participants, with the intention that this roundtable marks the beginning of a sustained and growing conversation.

Let's Talk Prostate Cancer CAMPAIGN

About the Initiative

The European Let's Talk Prostate Cancer (LTPC) Expert Group is a coalition of key stakeholders in the prostate cancer field, committed to strengthening public policies that enhance prevention, diagnosis, and treatment of the disease. Through knowledge generation, the promotion of innovative strategies, and collaboration with decision-makers, we seek to advance solutions that benefit patients and their families

The activities of the Let's Talk Prostate Cancer Expert Group are supported by Astellas Inc., Amgen Inc., and Pfizer Inc., which collectively contribute to its objectives.