

Belgium

Prostate Cancer Screening Facts



Life expectancy



80.3
years^{1,2}

Incidence



12,435
annually^{3,4}

Prostate Cancer*



29.5%³

*Share of new cancer diagnoses that are prostate cancer

Health Care System

The National Institute for Health and Disability Insurance (INAMI/RIZIV) is funded by contributions from employers, employees and the federal government. Patients are required to pay a co-payment for some medical services.⁵

Reimbursement PSA



Only under
conditions

Main Testing Location



GP/
Urologist

National Cancer Plan



Yes

What’s happening in practice?

Individuals who seek a PSA test must consult their GP and discuss their case about the benefits and risks associated with screening. If they choose to proceed with the PSA test, they will usually not be reimbursed for the cost of the procedure (€11-25). Exceptions apply to men at higher risk (i.e., first-degree relatives diagnosed with prostate cancer before age 65, reimbursed once yearly per INAMI/RIZIV⁵) and men already diagnosed with prostate cancer (up to two PSA tests per year for follow-up).⁵

The federated entities are responsible for the organisation of cancer screening programmes. Implementation differs between the Wallonia and Flemish regions. ⁴ There is no screening programme in place for prostate cancer.

National Clinical Guidelines

Government

In 2014, the KCE (Kenniscentrum voor gezondheidszorg) published in their “Decision aid for an informed choice on PSA screening” that systematic screening for prostate cancer has little to no added value to the male population.⁶

This guidance is currently under revision.

Urologist

* No specific “Belgian” guidelines on screening.
* The EAU guidelines are mostly followed

GP

No formal national GP screening guideline exists; however, Domus Medica (updated 2023), SSMG and EBMPracticeNet all advise against systematic PSA screening in asymptomatic men and recommend shared decision-making using available KCE/Domus Medica decision aids.^{7,8,9}

More information
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