

Article


The judicialization of prostate cancer patients in Pernambuco, Brazil

A Judicialização dos pacientes portadores de câncer de próstata em Pernambuco, Brasil

La judicialización de los pacientes con cáncer de próstata en Pernambuco, Brasil

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Abstract

Objective: To analyze the phenomenon of health judicialization among prostate cancer patients in Pernambuco, evaluating the main factors leading to judicialization to guarantee access to treatments and medical procedures. The study also aimed to identify the profile of claimants and the impacts of this judicialization on the state's public health system. **Methodology:** A descriptive, quantitative, ecological, and time-series study was conducted, with a detailed analysis of the legal actions filed by prostate cancer patients in Pernambuco in the year 2019. Data were obtained through consultation with the Court of Justice of Pernambuco and included information on the origin of prescriptions, the type of legal representation involved, the health goods demanded, and the geographical distribution of cases. **Results:** The results showed that most medical prescriptions (57%) originated from public health services, and 43% of the cases were conducted by the Public Defender's Office, indicating that judicialization is not predominantly elitist. Medications such as Enzalutamide (49%) and Abiraterone Acetate (44%) were the most demanded, reflecting difficulties in accessing them through the Unified Health System. **Conclusion:** Judicialization in Pernambuco reflects the limitations of Unified Health System in providing high-complexity treatments, highlighting the need for public policies that expand access to these treatments. Although judicialization serves as a tool to guarantee the right to health, it also exposes the weaknesses of the public system, reinforcing the need for structural reforms to improve equity and effectiveness in serving prostate cancer patients.

Keywords: Health's Judicialization; Prostatic Neoplasms; Right to Health; Health Policy.

Resumo

Objetivo: Analisar o fenômeno da judicialização da saúde entre pacientes com câncer de próstata em Pernambuco, avaliando os principais fatores que levam à judicialização para garantir o acesso a tratamentos e procedimentos médicos. O estudo também buscou identificar o perfil dos demandantes e os impactos dessa judicialização no sistema de saúde pública estadual. **Metodologia:** Foi realizado

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estudo descritivo, quantitativo, ecológico, de série temporal com uma análise detalhada dos processos judiciais movidos por pacientes com câncer de próstata em Pernambuco no ano de 2019. Os dados foram obtidos por meio de consulta ao Tribunal de Justiça de Pernambuco e incluíram informações sobre a origem das prescrições, o tipo de advocacia envolvida, os bens de saúde demandados e a distribuição geográfica dos casos. **Resultados:** Os resultados mostraram que a maioria das prescrições médicas (57%) se origina de serviços públicos de saúde e 43% dos processos são conduzidos pela Defensoria Pública, indicando que a judicialização não é predominantemente elitista. Medicamentos como Enzalutamida (49%) e Acetato de Abiraterona (44%) foram os mais demandados, refletindo dificuldades de acesso no Sistema Único de Saúde. **Conclusão:** A judicialização em Pernambuco reflete as limitações do Sistema Único de Saúde em fornecer tratamentos de alta complexidade, destacando a necessidade de políticas públicas que ampliem o acesso a esses tratamentos. Embora a judicialização sirva como uma ferramenta para garantir o direito à saúde, ela também expõe as fragilidades do sistema público, reforçando a necessidade de reformulações estruturais para melhorar a equidade e a eficácia no atendimento aos pacientes com câncer de próstata.

Palavras-chave: Judicialização da Saúde; Neoplasias da Próstata; Direito à Saúde; Política de Saúde.

Resumen

Objetivo: Analizar el fenómeno de la judicialización de la salud entre pacientes con cáncer de próstata en Pernambuco, evaluando los principales factores que llevan a la judicialización para garantizar el acceso a tratamientos y procedimientos médicos. El estudio también tuvo como objetivo identificar el perfil de los demandantes y los impactos de esta judicialización en el sistema de salud pública estatal.

Metodología: Se realizó un estudio descriptivo, cuantitativo, ecológico y de serie temporal con un análisis detallado de los procesos judiciales interpuestos por pacientes con cáncer de próstata en Pernambuco en el año 2019. Los datos se obtuvieron mediante consulta al Tribunal de Justicia de Pernambuco e incluyeron información sobre el origen de las prescripciones, el tipo de representación legal involucrada, los bienes de salud demandados y la distribución geográfica de los casos.

Resultados: Los resultados mostraron que la mayoría de las prescripciones médicas (57%) provienen de servicios de salud públicos y el 43% de los procesos fueron conducidos por la Defensoría Pública, lo que indica que la judicialización no es predominantemente elitista. Medicamentos como Enzalutamida (49%) y Acetato de Abiraterona (44%) fueron los más demandados, reflejando dificultades de acceso en el Sistema Único de Salud. **Conclusión:** La judicialización en Pernambuco refleja las limitaciones del Sistema Único de Salud para proporcionar tratamientos de alta complejidad, destacando la necesidad de políticas públicas que amplíen el acceso a estos tratamientos. Aunque la judicialización sirve como una herramienta para garantizar el derecho a la salud, también expone las debilidades del sistema público, reforzando la necesidad de reformas estructurales para mejorar la equidad y la eficacia en la atención a los pacientes con cáncer de próstata.

Palabras clave: Judicialización de la Salud; Neoplasias de la Próstata; Derecho a la Salud; Política de Salud.

Introduction

Judicialization is a complex phenomenon that manifests itself in various areas of public policy, including education, social security and, significantly, health. In Brazil, this trend gained relevance especially after the promulgation of the 1988 Federal Constitution, which guaranteed health as a right of all and a duty of the state (art. 196). The judicialization of health, therefore, represents citizens seeking compliance with this constitutional right through the judiciary, often in response to the state's inability to provide adequate access to essential medical treatments, medicines and procedures. This phenomenon reflects the tension between the right to health and the practical limitations of public and private management of resources in the health sector^(1,2).

The judicialization of health in Brazil has experienced exponential growth over the last two decades, highlighting a scenario in which thousands of patients turn to the courts to guarantee access to treatments and medicines that are not adequately offered by the Unified Health System (SUS) or by private health plans⁽³⁾. Between 2010 and 2020, the number of health-related lawsuits increased by more than 130%, according to the National Council of Justice (CNJ)⁽⁴⁾. In 2021, the CNJ reported that there were more than 500,000 health-related lawsuits underway in Brazilian courts⁽⁴⁾. This increase can be attributed to several factors, including inefficiency in public health management, the mismatch between the growing demand for health care and the limited supply of services, as well as the population's increased awareness of their constitutional rights^(5,6).

Judicialization in the health sector has significant implications for the Brazilian health system. It imposes an additional burden on the public budget, as court decisions often force the state to pay for high-cost treatments that were not previously included in public policies⁽⁷⁾. In addition, judicialization can generate an imbalance in public health priorities, since individual lawsuits can divert resources that would otherwise be earmarked for collective health policies⁽⁸⁾. These issues raise important debates about the effectiveness of judicialization as a means of guaranteeing the right to health and about the role of the judiciary in formulating and implementing public policies⁽⁹⁾.

Cancer, one of the main causes of mortality in Brazil, has been one of the main focuses of judicialization in the health sector. The National Cancer Institute (INCA) estimates that more than 704,000 new cases of cancer will be diagnosed in the country by 2024⁽¹⁰⁾. Among the most prevalent types of cancer, prostate cancer stands out for its high incidence among men. According to INCA, prostate cancer represents around 29.2% of all cancer cases diagnosed in men, with an estimated 72,000 new cases in 2024⁽¹¹⁾. The high prevalence of prostate cancer, combined with the high cost of treatments and the need for quick and effective interventions, makes this disease one of the main drivers of judicialization in Brazil⁽¹²⁾.

The judicialization of prostate cancer has profound implications for patients and the healthcare system. Many patients go to court to secure access to high-cost drugs, such as androgen inhibitors and new hormone therapies, which are often not available on the SUS or are not covered by health plans⁽¹³⁾. In addition, advanced treatments, such as state-of-the-art radiotherapy and personalized therapies, often become the subject of legal disputes⁽¹⁴⁾. This judicial search for treatments reflects the shortcomings of the healthcare system in providing comprehensive and timely care, as well as the disparity in access to healthcare between different regions and socioeconomic groups in Brazil⁽¹⁵⁾.

The phenomenon of the judicialization of prostate cancer also exposes ethical and legal issues. On the one hand, it highlights the patient's right to fight for his life and seek all possible treatment alternatives⁽¹⁶⁾. On the other hand, it raises challenges for the sustainability of the health system, since legal costs and the implementation of court decisions can jeopardize the budget of broader public health policies^(6,8). Furthermore, judicialization can create inequalities in the health system, favouring those who have greater access to the information and resources needed to go to court⁽¹⁷⁾. These dilemmas highlight the need to balance the individual right to health with equity and efficiency in the health system⁽¹⁸⁾.

Given this scenario, this article aims to analyze the phenomenon of the judicialization of health among patients with prostate cancer in the state of Pernambuco, Brazil.

Methodology

This is a descriptive, quantitative, ecological, time-series study. A detailed analysis was carried out of the lawsuits filed by prostate cancer patients in the state of Pernambuco in 2019. The data was obtained through a request via the Ombudsman's Office of the Court of Justice of Pernambuco (TJPE), protocol 02484/2021. The survey included health-related lawsuits registered in the state of Pernambuco between 2015 and 2020, identified by the Unique Protocol Number (NPU).

The database provided by the TJPE contained 30,810 court cases. However, due to the relevance of the period before the COVID-19 pandemic and the high number of cases in 2018 and 2019, it was decided to manually analyze the cases for 2019, totaling 6,104 cases. Since the TJPE does not have a specific category for “prostate cancer”, it was necessary to manually identify the cases by consulting the case files.

Initially, all the cases were screened to identify male plaintiffs. A new screening was then carried out to identify lawsuits related to prostate cancer. The lawsuits were analyzed individually, taking into account aspects such as the geographical distribution of the lawsuits in the state, the origin of the medical prescription, the type of law firm involved and the health care product demanded.

The procedural records were consulted on the official TJPE portal (www.tjpe.jus.br), under the options “Procedural Consultation” or “PJe”, using the Unique Protocol Number (NPU) of each case. Detailed information on each case, including scanned case files, was accessed when available.

Results and discussions

Analysis of the data (Table 1) reveals a trend of an increase in the number of lawsuits from 2015 to 2018, followed by a slight decrease in 2019 and a significant drop in 2020. This pattern is in line with what has been documented in several studies, which point to the COVID-19 pandemic as a crucial factor for the reduction in the judicialization of health claims. The health crisis has profoundly altered access to health services, resulting in a prioritization of cases related to COVID-19 and a decrease in lawsuits related to elective treatments and procedures⁽¹⁹⁾.

The literature also highlights that, during the pandemic, factors such as the suspension of procedural deadlines, the redirection of health resources and emergency government measures contributed to the decrease in judicialization processes⁽²⁰⁾. This is consistent with the 60% reduction in lawsuits in 2020 compared to the previous year, as observed in Pernambuco (Table 1).

In addition, the data on the profile of the plaintiffs (table 1) reflects a pattern similar to that found in other regions of Brazil, where women lead the lawsuits (44%), followed by men (33%) and children/adolescents (16%). The literature shows that women tend to be more active in seeking health rights, possibly due to their social role in managing family care and access to health services for themselves and their families⁽³⁾. Collective actions, which account for 3% of cases, although less frequent, have also been discussed in the literature as an important tool for addressing public health issues in a broader context, involving groups or communities⁽²¹⁾.

Table 1. Variables contained in patient files from the state of Pernambuco in 2019.

Flow of shares over time - year	N	%
2015	4.711	15%
2016	5.347	17%
2017	5.849	19%

2018	6.281	20%
2019	6.104	20%
2020	2.518	8%
Total	30.810	100%
Type of Author year of 2019		
Woman	2.702	44%
Man	1.918	31%
Child/adolescent	1.003	16%
Collective	188	3%
Not informed	293	5%
Total	6.104	100%

Source: Survey of TJPE court cases - 2015 to 2020. Prepared by the author.

Pernambuco is divided into four Health Macro-Regions, a strategy aimed at organizing and improving health services in the state. Each Macroregion is made up of several Health Regions, grouping together municipalities with similar characteristics and needs. This structure allows for more efficient management of health resources and facilitates the planning of regional public policies, taking into account the particularities of each area, such as population density, infrastructure and specific demands. However, despite this theoretical division, the data reveals significant inequality in access to health services between the different macro-regions.

The data presented on the distribution of prostate cancer cases in the Health Macro-Regions of Pernambuco (Table 2) reveals a significant concentration of cases in Macro-Region 1, which corresponds to 86% of all cases in the state. This Macroregion, which includes the capital, Recife, and other important cities such as Jaboatão dos Guararapes and Olinda, tends to have a higher incidence of diagnoses due to the population's greater access to health services, including screening tests such as PSA and prostate biopsies⁽¹¹⁾. The presence of large urban centers and specialized hospitals facilitates early diagnosis, which may explain the high concentration of cases in this region.

On the other hand, Macro-regions 2 and 3, which each register only 7% of cases, face challenges related to limited access to specialized health services. These regions, despite including important cities such as Caruaru and Garanhuns, in the case of Macro-region 2, and municipalities in the Sertão in Macro-region 3, have a less developed health infrastructure. The disparity in relation to Macroregion 1 suggests that many men in these areas may not be being diagnosed early, which reflects the need for public health policies to improve access to preventive examinations and treatment for prostate cancer in these regions⁽²²⁾.

The situation in Macroregion 4 is even more worrying, as no cases of prostate cancer have been reported in this region. This may indicate serious underreporting caused by the lack of adequate health services, especially in more remote areas with lower population density. The lack of diagnoses in this Macroregion suggests that many cases are going undetected, which reinforces the need for urgent interventions to improve access to prostate cancer diagnosis and treatment⁽¹¹⁾.

An analysis of the data on the origin of medical prescriptions (table 2) for prostate cancer treatment and the type of advocacy involved in the lawsuits reveals a dynamic similar to that found in other studies on the judicialization of health. The majority of prescriptions (57%) come from public health services, which suggests that plaintiffs largely rely on the SUS to access treatment. Only 22% of prescriptions come from private health services, while in 22% of cases it was not possible to identify the origin of the prescription⁽²⁾. These figures indicate that the judicialization of prostate cancer, like

other types of health judicialization, is not predominantly a phenomenon of the elites, since the majority of cases originate in the public health system⁽²³⁾.

As for the type of legal representation (Table 2), the Public Defender's Office handled 43% of the cases, reinforcing the idea that many of the plaintiffs are individuals with limited financial resources. However, a significant portion of the cases (32%) were handled by private law firms, which may indicate a slight participation by more favored social classes or, in some cases, a strategy to ensure faster access to justice⁽¹⁹⁾. In addition, 25% of the cases were conducted by model law firms, NGO lawyers or the Federal Public Prosecutor's Office, which demonstrates the presence of other forms of advocacy aimed at the public interest. These data reflect a plurality of actors in the judicialization of health and indicate that, although the Public Defender's Office plays a central role, there is also a significant involvement of other types of advocacy in the defense of health rights related to prostate cancer⁽⁹⁾.

Although there is a debate about the social class of plaintiffs in different health judicialization processes in Brazil, a question about class only makes sense when the intention is to challenge the principles of universality that govern the health system. For a system which, because it is universal, does not discriminate between people's attributes, the social origin of individuals should be considered irrelevant. What seems more reasonable to question, however, is whether the demands express health needs - those that the public health system must meet by constitutional imposition⁽²¹⁾.

Tabela 2. Constant variables of the proceedings of patients with prostate cancer in the state of Pernambuco in the year 2019.

Geographical distribution	N	%
Macro-region 1	76	86%
Macro-region 2	06	7%
Macro-region 3	06	7%
Macro-region 4	00	0%
Total	88	100%
Origin of Prescription		
In public service	50	57%
In the private sector	19	22%
It is not possible to identify	19	22%
Total	88	100%
Type of Advocacy		
Public Defender's Office	38	43%
Private Office	28	32%
Model law firm, NGO lawyer and federal prosecutor's office	22	25%
Total	88	100%

Source: Survey of judicial proceedings of the TJPE - 2019. Prepared by the author.

Table 3 shows the health goods that were judicially demanded. The main judicialized good was access to medicines (72%), confirming the centrality of this demand, which also appears as the main cause of judicialization in the national literature⁽²¹⁾. In addition, there was a significant frequency of requests for surgical procedures (15%), which reflects the search for less invasive and resolute interventions in the treatment of the disease. Diagnostic procedures, such as examinations and biopsies, accounted for 11% of legal claims, indicating the importance of early diagnosis in the management of prostate cancer⁽²⁴⁾. Clinical procedures, although important, accounted for only 2% of requests. These data suggest that judicialization, in this context, is a response to the specific needs of treatment and

diagnosis of the disease in Pernambuco, reflecting the weaknesses and gaps in public health care, in line with national standards, but also highlighting local particularities.

An analysis of the data on drugs that have been subject to legal action (table 3) reveals that Enzalutamide (49%) and Abiraterone Acetate (44%) are the most frequently requested drugs, together accounting for the vast majority of requests. These drugs are mainly indicated for cases of castration-resistant metastatic prostate cancer, which reflects the seriousness of the disease in patients who turn to the courts to guarantee access to high-cost treatments that are essential for the survival and quality of life of these individuals⁽²⁵⁾.

The main drugs used in prostate cancer therapy include a variety of options, from hormone blockers such as Bicalutamide to chemotherapy drugs such as Docetaxel⁽²⁶⁾. However, Enzalutamide and Abiraterone Acetate are considered newer and more advanced therapies, targeting stages where conventional hormone therapy is no longer effective. These drugs represent a significant advance in treatment, but also face challenges in terms of access by the Unified Health System (SUS)⁽²⁷⁾.

Abiraterone, apalutamide, darolutamide and enzalutamide are among the most current therapies for the treatment of castration-resistant prostate cancer (CPRC). These drugs represent significant advances in the treatment of the disease, acting as androgen inhibitors, which are hormones responsible for the growth of cancer cells in the prostate. They are indicated for both metastatic and non-metastatic stages of castration-resistant prostate cancer. These therapies have been the subject of evaluation by the Ministry of Health for possible inclusion in the Unified Health System (SUS). In 2024, the Brazilian Ministry of Health held a public consultation to evaluate the possible incorporation of these drugs into the Unified Health System (SUS), both for the treatment of patients with metastatic and non-metastatic CPRC. However, Conitec's preliminary recommendations were unfavorable for most of these drugs, citing the high cost-effectiveness and significant impact on the SUS budget as the main obstacles⁽²⁷⁾.

This explains why many patients resort to judicialization to ensure continued access to these treatments. Bureaucracy and the scarcity of these drugs in the public system often force patients to seek legal means to ensure that the necessary treatment is made available⁽¹⁰⁾.

Less requested drugs, such as Apalutamide and Bicalutamide, which represent only 3% of the claims each, indicate that, although there are other therapeutic options, judicial preference falls on the most recent therapies considered most effective for advanced prostate cancer⁽²⁸⁾. The judicialization of these claims reflects the weaknesses of the public health system in providing continuous and equal access to highly complex and expensive drugs⁽⁹⁾.

The judicialization of these therapies reflects both the dependence of patients on new drugs and the gaps in the SUS to meet the demands of specialized and high-cost treatments. This highlights the need for health policies that improve accessibility and guarantee the continuous supply of essential medicines for the treatment of serious diseases such as prostate cancer⁽²¹⁾.

Table 3. Health goods demanded in prostate cancer cases involving patients in the state of Pernambuco in 2019.

Demand	N	%
Medicines	63	72%
Diagnostic procedures	10	11%

Surgical procedure	13	15%
Clinical procedure	02	2%
Total	88	100%
Medicines	N	%
Enzalutamide	31	49%
Abiraterone Acetate	28	44%
Apalutamide	2	3%
Bicalutamide	2	3%
Total	63	100%
Diagnostic procedures	N	%
Magnetic resonance imaging of the prostate	04	40%
PET with PSMA marked with 68 Gallium	03	30%
Multiparametric MRI of the Prostate	03	30%
Total	10	100%
Surgical procedure	N	%
Robotic prostatectomy	13	100%
Total	13	100%
Clinical procedure	N	%
Radiotherapy	02	100%
Total	02	100%

Source: Survey of judicial proceedings of the TJPE - 2019. Prepared by the author.

The judicialization of diagnostic procedures (Table 3), such as those observed, reflects a trend discussed in the literature about unequal access to cutting-edge health technologies. Prostate MRI, which accounts for 40% of lawsuits, is widely recognized in the literature as an essential test for the precise staging of prostate cancer⁽²⁹⁾. Its effectiveness in assessing tumor extension and detecting suspicious lesions makes it a fundamental tool in the management of the disease. However, access to this test is often limited by its high cost and restricted availability in public health systems⁽²²⁾.

Similarly, PET with Gallium 68-labeled PSMA, which accounts for 30% of demand, is an emerging and highly sensitive technology for detecting metastases in prostate cancer⁽³⁰⁾. Studies indicate that this type of scan has superior accuracy in detecting disease recurrence compared to other imaging methods, such as tomography or bone scintigraphy⁽³¹⁾. However, its application is still limited in many health systems, mainly due to the high cost and the need for specialized infrastructure, which often leads patients to resort to judicialization to obtain access⁽³²⁾.

Multiparametric Prostate MRI, also responsible for 30% of legal requests, is another procedure widely highlighted in the literature for its ability to provide a detailed assessment of prostate lesions⁽³³⁾. It has been shown to be especially effective in the diagnosis and risk stratification of prostate cancer, allowing for more precise therapeutic decisions⁽³⁴⁾. However, as with other advanced technologies, access to this test is limited in the SUS, which contributes to the increase in lawsuits⁽²⁾.

The literature highlights that the lack of access to these advanced diagnostic procedures can compromise the proper management of prostate cancer, leading to late or less accurate diagnoses and, consequently, less effective treatment⁽³⁵⁾. The barriers to access to these technologies reflect the weaknesses of the public health system in providing high-complexity tests in an equitable manner, which is evidenced by the increase in judicializations related to these procedures⁽³⁾. This reinforces the need for public policies that expand access to essential tests for the diagnosis and effective treatment of prostate cancer, thus ensuring better outcomes for patients⁽²⁴⁾.

The data on clinical procedures shows that 100% of the requests were related to radiotherapy. This treatment is widely used in both early and advanced stages of prostate cancer and is one of the main therapeutic approaches for controlling the disease. The literature recognizes the effectiveness of radiotherapy in destroying cancer cells, especially when combined with other therapies, such as androgen deprivation⁽³⁶⁾.

Studies indicate that radiotherapy can be as effective as surgery for the treatment of localized prostate cancer and is a less invasive alternative for many patients⁽³⁷⁾. In addition, radiotherapy is also an important option for palliative treatment in cases of metastatic cancer, helping to relieve symptoms and improve patients' quality of life⁽³⁸⁾.

However, access to radiotherapy can be limited in the Unified Health System (SUS), mainly due to the limited availability of equipment and the concentration of these services in specialized centers, often far from patients' homes. The literature highlights that, in several regions of Brazil, the lack of adequate infrastructure for radiotherapy results in long waiting lists, which can compromise timely treatment and lead patients to seek legal action to guarantee access to the procedure.

These data reinforce what the literature already points out: radiotherapy is an essential therapy for the management of prostate cancer, but the barriers to access to this treatment in the SUS are still a reality⁽³⁷⁾. This highlights the need for public policies that expand the capacity of radiotherapy services in Brazil, ensuring that all patients who need this treatment can access it in a timely and effective manner, without depending on judicial intervention⁽¹⁹⁾.

Conclusion

The results obtained in the study on the judicialization of the treatment of prostate cancer patients in Pernambuco did not corroborate some of the most widespread theses in Brazilian literature, such as the idea that judicialization is a predominantly elitist phenomenon. On the contrary, the data shows that the majority of medical prescriptions (57%) originate from public health services, and a significant part of the cases are conducted by the Public Defender's Office (43%), which reflects the less favored socioeconomic profile of the plaintiffs. These findings indicate that, at least in Pernambuco, judicialization cannot be seen as an exclusive mechanism for elites to obtain high-cost treatments, but rather as a tool accessed by individuals from different social classes, especially those who depend on the Unified Health System. Thus, the study's data challenges the idea of the elitism of health judicialization, suggesting that this trend can vary significantly between Brazilian states, depending on regional characteristics and the level of access to the public health system.

This data becomes even more relevant when we analyze the context of the most judicially demanded medicines and procedures. The judicialization of the treatment of prostate cancer patients in Pernambuco reveals a panorama of challenges in access to essential care, highlighting the dependence of patients on the public health system and the limitations of the Unified Health System (SUS) in providing highly complex medicines and procedures. Data analysis shows that Enzalutamide and Abiraterone Acetate, high-cost and widely demanded drugs, are essential for the treatment of castration-resistant metastatic prostate cancer, but encounter significant barriers to access in the SUS, leading to judicialization.

In addition, the study showed that advanced diagnostic procedures, such as prostate MRI and PET with PSMA, are also frequently judicialized, reflecting the difficulty in obtaining these tests in

the public system. Radiotherapy, another critical procedure in the treatment of prostate cancer, faces access limitations due to inadequate infrastructure, resulting in lawsuits to ensure timely treatment.

Therefore, the results of the study, while challenging the elitist thesis of the judicialization of health, reinforce the urgent need for public policies that expand access to cancer treatments and diagnostic technologies, ensuring equity in care and minimizing dependence on the judicial system. Although judicialization is a tool used by many to guarantee the right to health, it also exposes the weaknesses of the public health system and the need for structural reform to adequately meet the demands of prostate cancer patients.

Conflict of interest

The authors declare that there is no conflict of interest.

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Authors' contribution

De Andrade CAS contributed to the critical review of the study. Lira RC conceived and designed the study and carried out the data acquisition, analysis and interpretation, and writing of the manuscript.

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