



## Delivering High Value Cancer Care (Executive summary)

**The full book is available in English:**

OECD/European Union (2026), *Delivering High Value Cancer Care: European Cancer Inequalities Registry Analytical Report*, OECD Publications, Paris, <https://doi.org/10.1787/060869fe-en>.

### **Cancer cases have surged by about 30% in EU countries since 2000 – with concerning increases among young women – posing a large burden on healthcare systems**

Cancer is a major public health issue in EU countries, increasingly affecting the younger population. In 2024, there were an estimated five people diagnosed with cancer every minute across the 27 EU countries, representing 2.7 million new cancer cases. Since 2000, the number of new cancer cases has surged by about 30% for both sexes, with estimates predicting half a million new cases by 2040 (an increase of 18% from 2022). Among young women, the rate of new cancer cases relative to the population grew by 16% over the last two decades, from 144 to 167 per 100 000, mainly driven by thyroid, breast, skin melanoma, and colorectal cancers. While evidence is still emerging about the causes of the increase among the younger population, factors such as changing reproductive patterns (breast cancer); increased detection (thyroid cancer), or early-life exposures and diet (colorectal cancer) play a role. Regardless of the cause, diagnoses at younger ages means that patients must undergo more years of treatment and monitoring, placing sustained pressure on healthcare systems and affecting patients' well-being and socio-economic situation for many years.

Cancer-related health spending in the EU has doubled since 1995 (from EUR 54 to 120 billion in 2023), reaching 6.9% of total health expenditure in 2023. By 2050, an increase in the number of cancer cases, linked to population ageing is expected to lead to 59% higher per-capita cancer spending in real terms in EU27 countries. These trends will unfold in the context of public budgets that are under pressure from competing government priorities and an uncertain economic outlook, calling for ensuring that investments in cancer care deliver value for money.

## Cancer care could deliver better value for patients and health systems

Opportunities remain to deliver higher value cancer care, as demonstrated by delays in access to cancer care services, unnecessary differences in care quality and outcomes, and services not systematically aligned with people's needs and preferences.

**Delays in access to cancer diagnosis and treatment continue to cost lives.** While population-based cancer screening programmes have proven cost-effective – significantly improving early detection and leading to higher survival – their uptake remains uneven across countries and social groups. These gaps result in delayed diagnoses and missed opportunities for early treatment. Between 15%-40% of patients with colorectal cancer are diagnosed via the emergency department – a route that is associated with significantly worse outcomes. OECD data show that patients undergoing emergency colorectal cancer surgery are up to seven-times more likely to die within 30 days of the procedure than those whose surgeries were planned. Shortages in workforce and diagnostic capacity alongside uncoordinated patient referral systems exacerbate these delays, especially for vulnerable populations and in rural areas.

**Unnecessary variations in medical practice and care quality lead to poorer survival or quality of life for some patients and contribute to health system waste.** Medical practice for cancer care is extremely heterogeneous across countries, raising questions of whether current care delivers the best value for patients and for health systems. For example, among EU countries, the share of early-stage prostate cancer diagnoses in men aged 75 and older ranges from 53% in the Netherlands to 81% in Luxembourg, reflecting variation in prostate cancer screening practices. These differences lead to some patients being diagnosed too late, while other patients – whose slow-growing cancer would not affect their life expectancy – are diagnosed unnecessarily, leading to needless treatment and generating waste for the health system. In addition, the share of partial mastectomies, which are less invasive and offer similar survival benefits to full mastectomies, ranges from 79% in Spain to 50% or lower in Romania and Poland.

At the same time, evidence demonstrates that four in ten new cancer medicines approved in the last 25 years by the European Medicines Agency show negative or unclear added therapeutic value over existing treatments for patients, highlighting the importance of health technology assessment in shaping reimbursement and pricing policies (and in informing clinical guidelines) to ensure that spending is aligned with value.

**The OECD PARIS survey suggests that people living with cancer are more vulnerable than other primary healthcare patients.** They report worse physical health, well-being and social functioning, and only one in three report that their care is highly people centred. Poor data integration, lack of care co-ordination, and limited co-production of care with patients are key factors impeding people-centred care for cancer patients. People living with cancer also face lasting challenges in employment, financial security, and psychosocial health: a cancer diagnosis reduces the likelihood of employment by 14% on average, with the largest impact in Central and Southern Europe.

## Four priorities to increase the value of cancer care

All EU countries, alongside Norway and Iceland, are already seeking to improve the value of cancer care, through four cross-cutting policy directions.

- **Building integrated cancer pathways** that deliver timely, co-ordinated and equitable access to care. Moving away from fragmented services into integrated cancer care pathways linking diagnosis, treatment and survivorship is required to control cancer and its related cost. Experience from Denmark and Sweden, for example, shows that defined referral routes, time-bound diagnostic targets, and multidisciplinary teams reduce waiting times and improve survival. Investments in digital platforms, care navigation roles and regional co-ordination are essential to close inequalities

by geography and population groups. Integration also optimises the use of scarce diagnostic and workforce resources, improving both access and efficiency.

- **Evidence-based standards and performance monitoring.** Systematic quality assurance such as national accreditation and certification systems, enforcing minimum volume standards, and monitoring adherence to clinical guidelines ensures that care is effective. Germany’s cancer care certification and clinical quality standards, and the Netherland’s transparent quality feedback mechanisms demonstrate examples of continuous care improvements that can raise survival rates. Expanding real-time data platforms that monitor timeliness of cancer diagnosis, follow-up care, and quality of cancer care – including patient-reported indicators, also help track outcomes that matter most to people, driving transparency, accountability and continuous improvement to reduce low-value cancer care.
- **Optimising resource use and embracing technological innovation.** Policies such as risk-stratified screening, day versus inpatient care, and biosimilar uptake, can yield large efficiency gains without compromising quality. Moving toward specialised infusion centres, ambulatory surgery and treatment at home (as set out in France’s 2021-2026 national cancer roadmap) are good examples of practices that can ensure high quality care in less expensive venues. At the same time, clinician-led recommendations such as Choosing Wisely offer useful initiatives to reduce low-value cancer care. Technological innovation such as AI-assisted screening, molecular diagnostics or robotic-assisted surgery also help ensure resources are directed to interventions that deliver value.
- Making **people-centredness a pillar of cancer-system performance.** Greater involvement in decision making, self-management support, and co-ordinated follow-up matter greatly to people living with cancer. For example, Denmark offers personalised cancer care plans and navigation support for care co-ordination, while Estonia leverages digital tools for patient empowerment. Addressing the social and economic dimensions of cancer requires going beyond clinical care to support psychological, social and financial well-being. The “Right to be Forgotten” legislation, currently adopted in only a third of EU countries, is key to prevent discrimination and improve life opportunities.

In times of competing government priorities – alongside capacity and workforce limitations in the health system itself – emphasis must be on ensuring high-value cancer care that contributes to health outcomes and people’s quality of life. Now is the time for better cancer care policies to meet growing demand and ensure optimal health outcomes through faster access, early intervention, evidence-based and efficient care; and for people-centred approaches that reflect people’s values and preferences.

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