Country Cancer Profile 2025

European Commission

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The Country Cancer Profile Series

The European Cancer Inequalities Registry is a flagship initiative of Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States, regions and population groups. The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan. The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable inputs received from national experts and comments provided by the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Data and information sources

The data and information in the Country Cancer Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database.

Additional data and information also come from the European Commission's Joint Research Centre (EC-JRC), the EU statistics on income and living conditions (EU-SILC) Survey, the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA), the European Society for Paediatric Oncology (SIOPE), the European Union Agency for Fundamental Rights (FRA LGBTIQ), the Health Behaviour in School-aged Children (HBSC) survey as well as from the 2023 Country Health and Cancer Profiles, and other national sources (independent of private or commercial interests). The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway. Mortality and incidence rates are age-standardised to the European standard population adopted by Eurostat in 2013.

Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.

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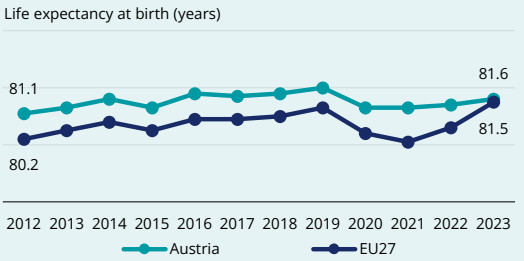
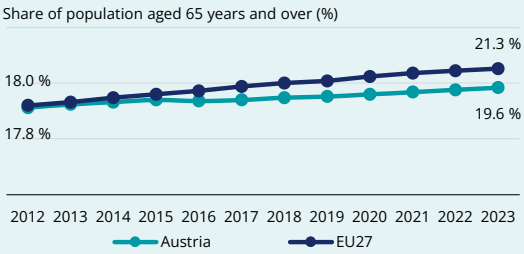
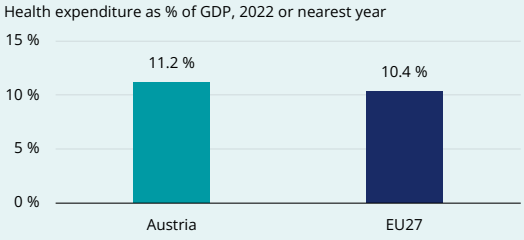
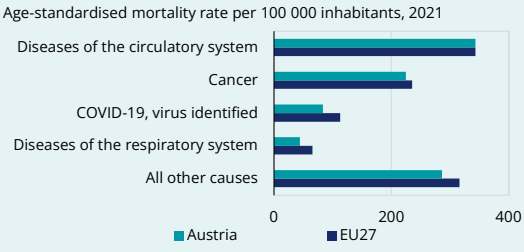
Key health system and demographic statistics



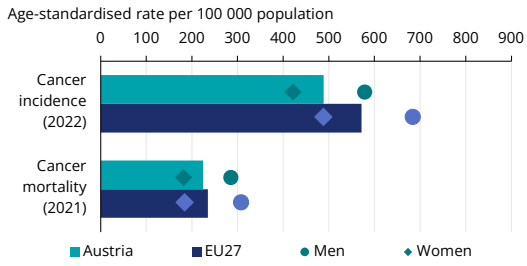






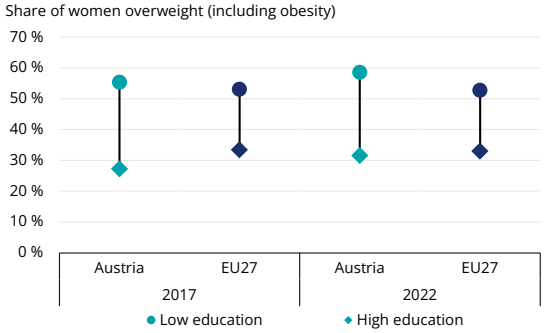
Source: Eurostat Database.

1. Highlights



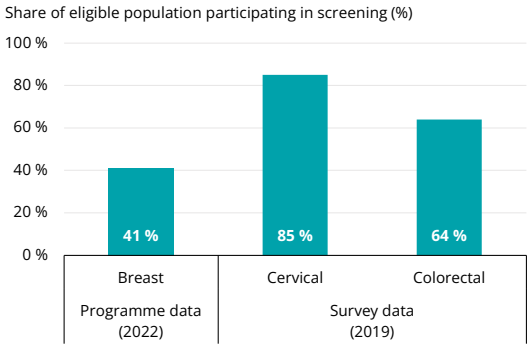
Cancer in Austria

Cancer is the second leading cause of death in Austria. However, estimated incidence and mortality rates are lower in Austria than the EU average. Lung cancer remains the top cause of cancer death in Austria. Among women, breast cancer is the second most common cause of cancer death while among men, prostate cancer is the second most common cause of cancer death.



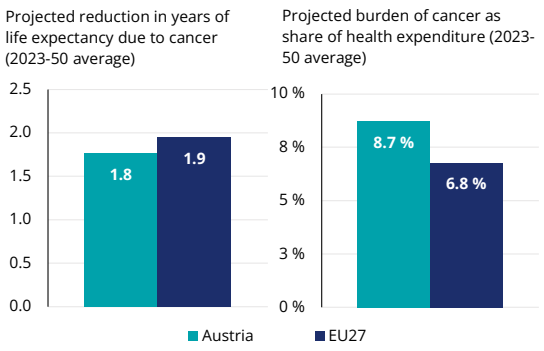
Risk factors and prevention policies

There has been a decline in smoking prevalence among adults and adolescents in Austria, although rates remain higher than the EU average. Over half of adults in Austria are overweight, with obesity rates that are slightly higher than the EU average, and with a marked social gradient in the prevalence of overweight. Importantly, Austria falls into the lower third of EU countries on human papillomavirus vaccination rates; however, it has expanded free coverage to age 30 (regardless of gender) in its efforts to eliminate cervical cancer.



Early detection

The breast cancer screening programme, introduced in 2014, targets one of the largest age ranges among EU countries (women aged 45-74, with an opt-in option for women between 40 and 44). However, Austria has some of the largest inequalities in breast cancer screening in the EU by education levels as well as significant regional disparities. Austria does not have a population-based screening programme for cervical cancer, but self-reported cervical cancer screening rates are among the highest in the EU. In 2023, Austria's National Screening Committee recommended implementing a population-based colorectal screening programme. Screening rates for all three cancer types have remained fairly steady in the last decade or so.



Cancer care performance

Austria has relatively high coverage of oncology medications, although its supply of radiotherapy equipment is lower than the EU average. Austria is also developing comprehensive cancer networks to strengthen clinical research and facilitate study recruitment and implementing precision medicine requiring advanced diagnostic tools and therapies. It is also piloting electronic collection of patient-reported outcomes in cancer care. Cancer is expected to lead to a higher burden on health spending in Austria than the EU average in 2023-50, but the country anticipates a slightly lower reduction in life expectancy from cancer than that across the EU.

2. Cancer in Austria

Austria has lower cancer incidence rates than other EU countries

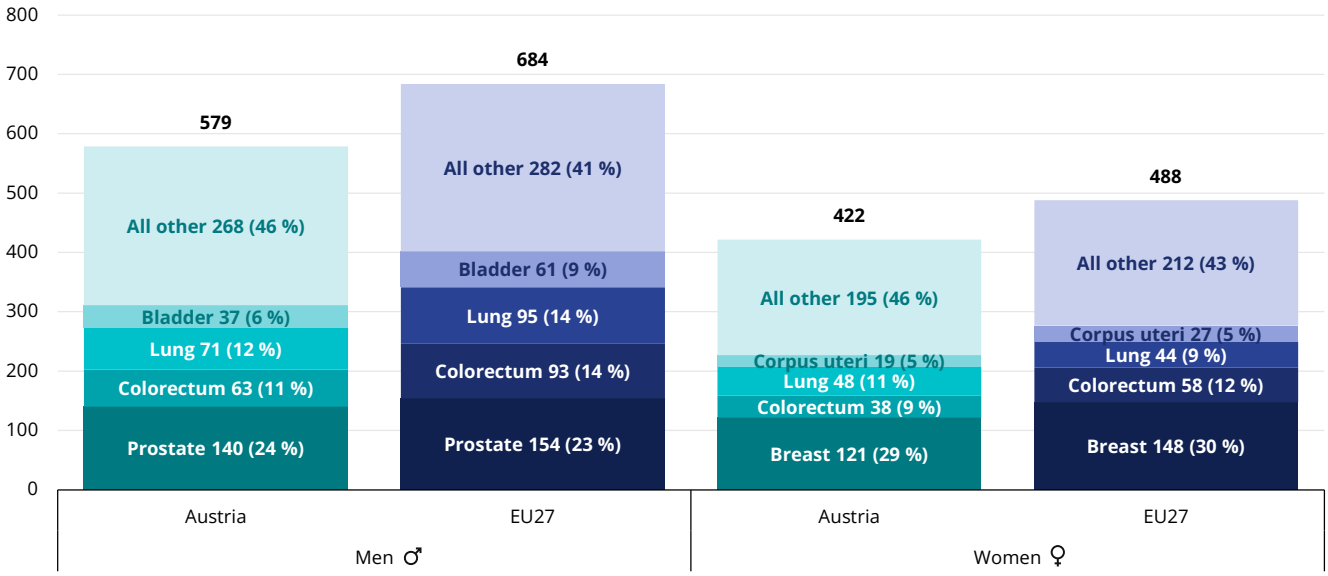
According to the European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, around 45 500 new cancer cases were expected in Austria in 2022.

Cancer incidence in Austria was estimated at 489 per 100 000 in 2022 – lower than the 572 per 100 000 across the EU (Figure 1). Rates among men were 15% lower and among women 14% lower than the EU averages. EU+2 countries[1], Austria has among the lowest cancer incidence for both men and women. Looking forward however, ECIS estimates that cancer cases will increase by 23% between 2022 and 2040 in the country.

As across the EU, prostate cancer is the most common among men (24%) and breast cancer the most common among women (29%). This is followed for both genders by lung cancer,[2] at 12% among men (lower than the EU average of 14%) and 11% among women (higher than the EU average of 9%). Colorectal cancer represents a smaller share of cancer incidence in Austria than the EU average, at 11% for men (compared to 14% across the EU) and 9% for women (compared to 12% across the EU).

Figure 1. Austria's cancer incidence rates are lower than the EU averages among men and women

Age-standardised incidence rate per 100 000 population, estimates, 2022



Notes: 2022 figures are estimates based on incidence trends from previous years, and may differ from observed rates in more recent years. Includes all cancer sites except non-melanoma skin cancer. Corpus uteri does not include cancer of the cervix.
Source: European Cancer Information System (ECIS). From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024. The incidence percentage breakdown was re-computed based on age-standardised incidence rates and as such differs from the percentage breakdown of absolute numbers shown on the ECIS website.

Cancer incidence rates in Austria vary markedly between regions

Among EU+2 countries with available data, Austria exhibited some of the highest regional variation in incidence (at 78%), with the lowest variation found in Denmark (5%) and the highest in Bulgaria (108%). These are influenced by differences in cancer risk factors, including behavioural and environmental factors and socio-economic disadvantages, access to cancer screening programmes (OECD, 2024a) as well as differences in reporting procedures between federal states.

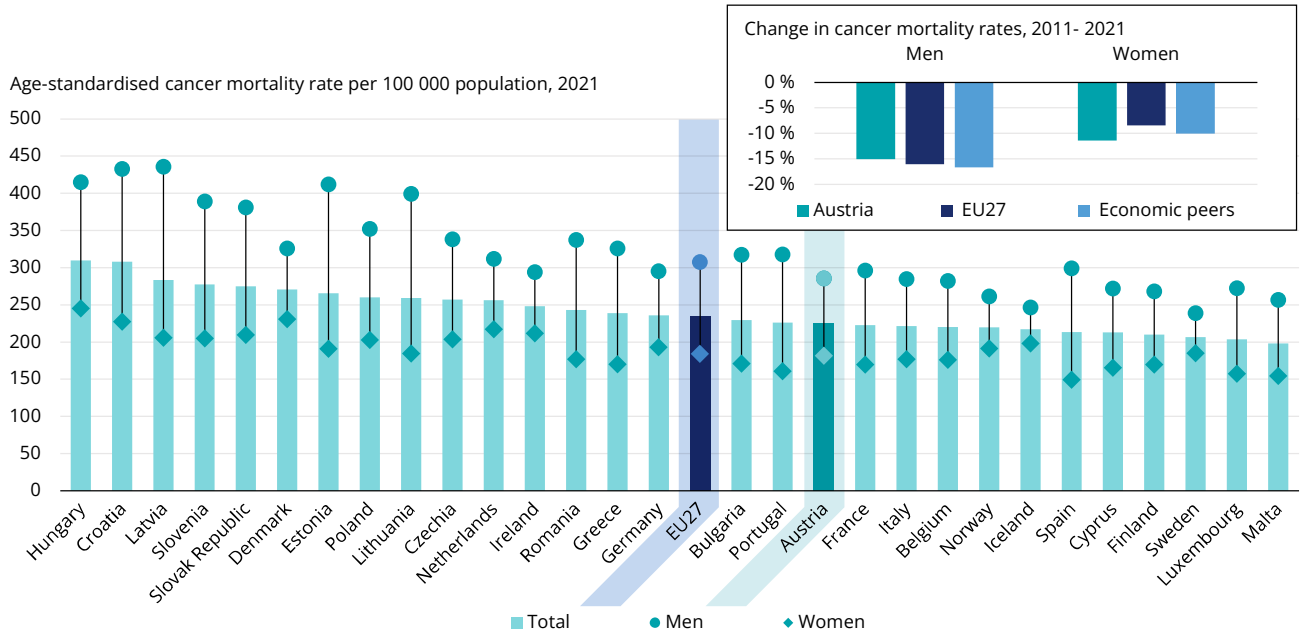
1 *EU+2 countries include 27 EU Member States (EU27), plus Iceland and Norway.*
2 *Lung cancer also refers to trachea and bronchus cancers.*

Austria's cancer mortality rate is 5% lower than the EU average

Austria's age-standardised mortality rate stands at 224 per 100 000 people, slightly lower than the EU average of 235 per 100 000. In Austria, lung cancer is the leading cause of cancer mortality for both men and women, accounting for 21% of cancer deaths among men and 18% among women. Prostate cancer is the second leading cause among men, responsible for 13% of cancer deaths, while breast cancer is the second leading cause among women, accounting for 16% of cancer deaths. Colorectal cancer is the third leading cause of cancer deaths among both genders, contributing to around 10% of the total cancer deaths (Statistics Austria, 2024).

Mortality rates among men in Austria decreased significantly between 2011 and 2021 by 15%, which is a smaller reduction compared to the 17% decrease observed among the country's economic peers[3]. Mortality rates among women in Austria also decreased significantly during the same period by 11%, a slightly larger reduction compared to the 10% decrease among the country's economic peers (Figure 2).

Figure 2. Cancer mortality rates in Austria have decreased more slowly among men but decreased more quickly among women compared to its economic peers



Notes: Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for AT are BE, DE, DK, IE, IS, LU, NL, NO and SE.
Source: Eurostat Database.

While Austria's avoidable mortality rates from breast and colorectal cancers are lower than the EU average, avoidable lung cancer mortality among women is higher

Examining avoidable mortality[4] from lung cancer shows mixed results: the rate among men in 2021 decreased significantly to 37 per 100 000 (17% lower than the EU average and a 21% decline since 2011). Among women, the rate increased to 25 per 100 000, which is 19% higher than the EU average and represents an 11% increase since 2011 – much higher than the 4% increase for women across the EU during this period (Figure 3). The high prevalence of smoking among women in Austria contributes to these trends. OECD data indicate that 18% of women in Austria aged 15 and over smoke every day – among the highest third of EU countries for female smoking rates.

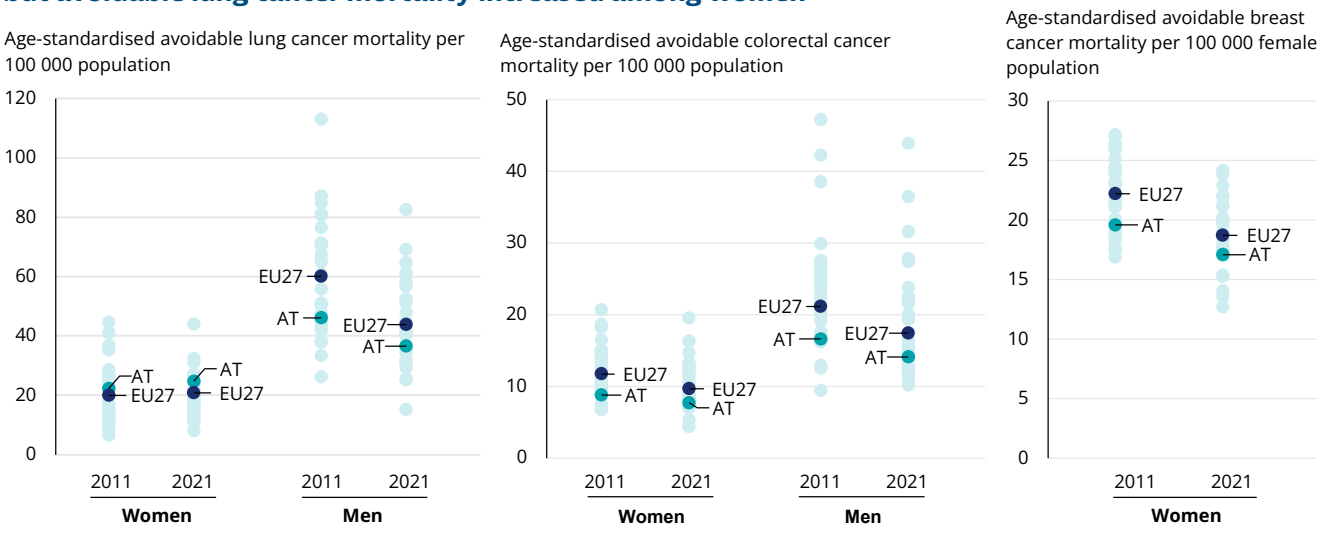
Austria performs better than the EU average in terms of avoidable mortality rates from treatable cancers such as breast and colorectal cancer. In 2021, avoidable mortality from breast cancer in Austria was 17 per 100 000 women, which is 9% lower than the EU average. For colorectal cancer, the rates were 8 per 100 000 among women (20% lower than the EU average) and 14 per 100 000

3 *Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for AT are BE, DE, DK, IE, IS, LU, NL, NO and SE.*

4 *Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.*

among men (19% lower than the EU average). This relates to lower colorectal cancer incidence and relatively high participation in colorectal cancer screening programmes in Austria.

Figure 3. Avoidable mortality from breast and colorectal cancer decreased between 2011 and 2021, but avoidable lung cancer mortality increased among women



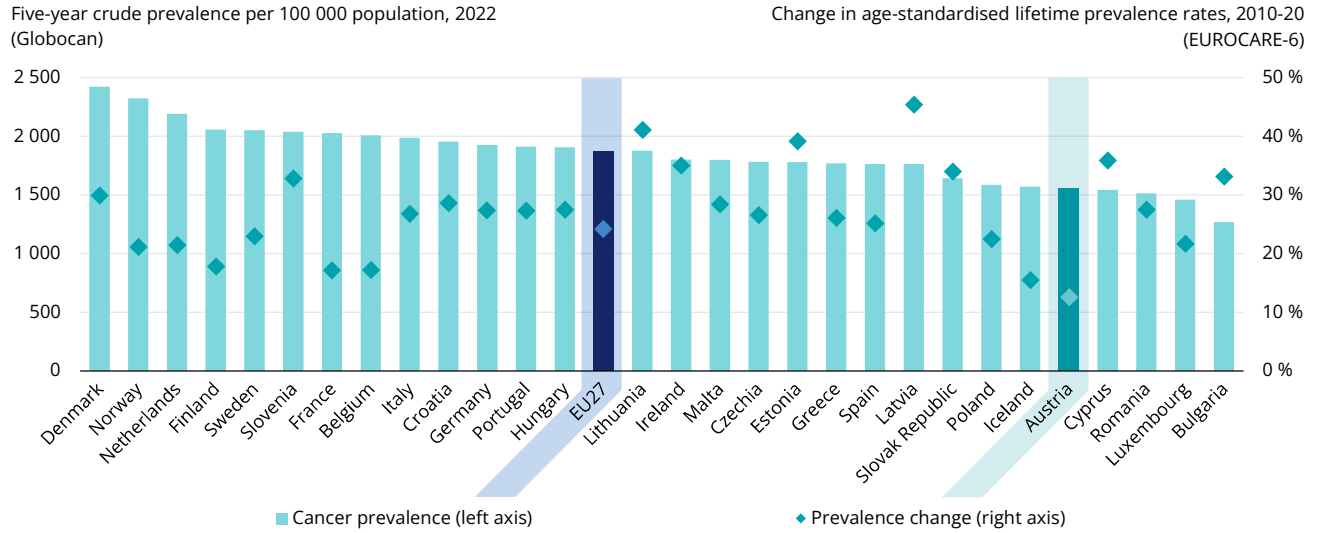
Note: Avoidable mortality figures relate to deaths of people aged under 75.
Source: Eurostat Database. Data refer to 2021.

Austria's cancer prevalence rates remain below the EU average

Between 1983 and 2022, the Austrian Cancer Registry recorded about 1.49 million new cases of cancer among approximately 1.37 million people. Of these individuals, 402 805 were still alive at the end of 2022, which represents about 4% of the total population.

Austria's five-year cancer prevalence[5] rate of 1 550 per 100 000 people in 2022 was below the EU average of 1 876 per 100 000, related to the country's lower incidence rate (Figure 4). Between 2010 and 2020, Austria saw an increase in cancer prevalence of 13% – significantly lower than the 24% increase across the EU.

Figure 4. Aligned with its low incidence rates, Austria's estimated five-year cancer prevalence in 2022 was substantially lower than the EU average



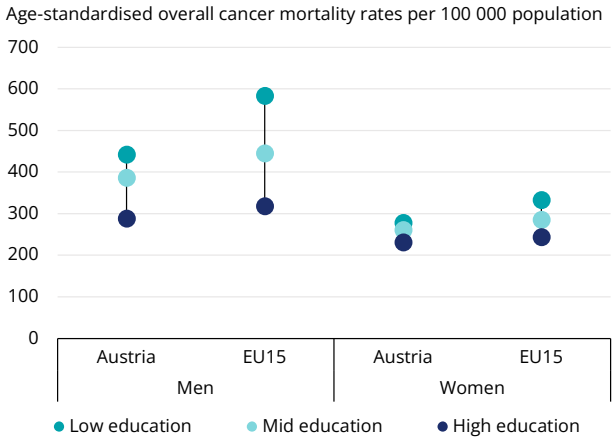
Sources: IARC Globocan Database 2024; EUROCARE-6 study (De Angelis et al., 2024).

5 *Cancer prevalence refers to the proportion of the population who have been diagnosed with cancer and are still alive, including those currently undergoing treatment for cancer and those who have completed treatment. Five-year cancer prevalence includes people who have been diagnosed within the previous five years, while lifetime prevalence considers those who have ever received a cancer diagnosis.*

Austrians with lower education levels have higher cancer mortality rates, although the education gap is narrower than the EU average

Age-standardised cancer mortality rates reveal a significant educational disparity, with higher mortality rates among individuals with lower than higher education levels. Among men, the gap was 53%, which is notably smaller than the EU average gap of 84%. Similarly, among women, the gap was 20% – also below the EU average gap of 37%. This indicates that while educational disparities in cancer mortality exist in Austria, they are less pronounced than the averages across the EU (Figure 5).

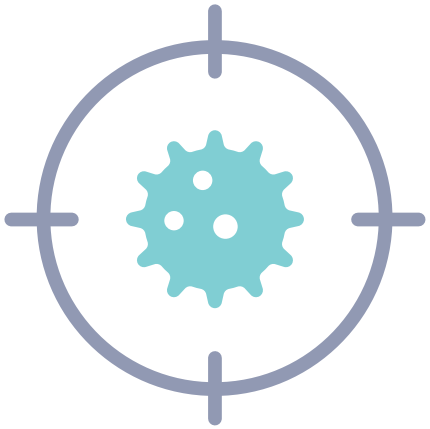
Figure 5. Cancer mortality rates are higher for men and women with lower education levels, but the gaps are narrower than those across the EU



Notes: Data come from the EU-CanIneq study and refer to 2015-19. EU15 refers to unweighted average of 14 EU countries and Norway.
Source: European Commission/IARC/Erasmus MC (2024), Mapping Socio-economic Inequalities in Cancer Mortality across European Countries. ECIR Inequalities factsheet.

Austria's National Cancer Framework Programme outlines key elements of cancer care

Austria's National Cancer Framework Programme, adopted in 2014, with an update scheduled for finalisation in 2025, outlines specific structural and operational guidelines to support and enhance the cancer care infrastructure (Box 1). The National Cancer Framework Programme for Austria emphasises a number of critical areas: cancer screening, psycho-oncological care, prevention, quality of care, access to innovative treatments, quality of life for cancer survivors, cancer research and development, palliative care, oncological rehabilitation, data management, and addressing the needs of vulnerable populations, particularly children, adolescents, and the elderly. Key strategies include ensuring equitable access to modern diagnostics and evidence-based treatments, implementing population-based screening programmes for early detection, increasing public health literacy, and improving the quality and utilisation of data within the national cancer registry to enhance cancer monitoring and planning (Ministry of Health, 2014).



Box 1. Austria's National Cancer Framework Programme partially aligns with key priorities of Europe's Beating Cancer Plan

Austria's National Cancer Framework Programme pre-dates Europe's Beating Cancer Plan and therefore does not align directly with its key priorities. It aims to address risk factors such as smoking, infection control, environmental pollution and unhealthy lifestyles; develop screening programmes for early detection of colorectal and cervical cancers; ensure highly qualified oncological care with quality assurance measures for diagnostics and therapy, and review the need for specialised palliative and hospice facilities while expanding training in palliative care; enhance psycho-oncology and rehabilitation services for cancer patients. None of the three transversal themes of Europe's Beating Cancer Plan are fully integrated into the Programme, but it covers increasing funding for cancer research, improving national statistics, and addressing access and waiting times for cancer patients and paediatric cancer (Table 1).

Table 1. Austria's National Cancer Framework Programme is not completely aligned with Europe's Beating Cancer Plan

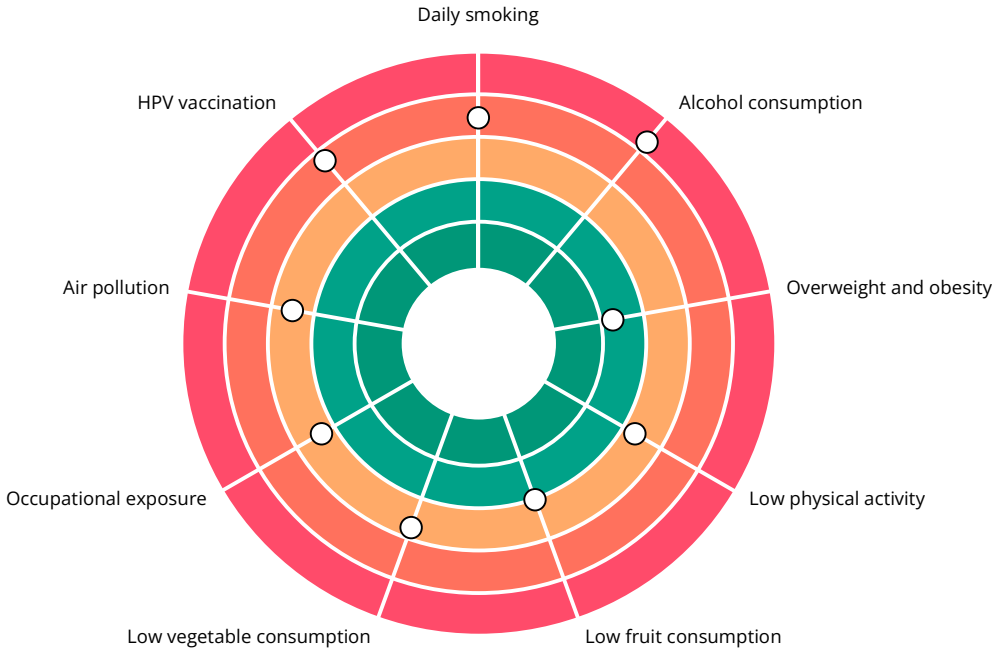
Pillars of EBCP				Transversal themes of EBCP		
Prevention	Early Detection	Diagnosis and treatment	Quality of life	Cancer inequalities	Paediatric cancer	Research and innovation
●	●	●	●	●	●	●

Notes: EBCP = Europe's Beating Cancer Plan; Blue indicates that the National Cancer Framework Programme includes a specific section on the topic; orange indicates that the topic is covered in one of the Programme's sections without being the only focus; and pink indicates that this topic is not covered in the Programme.
Source: Adapted from "Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan" (not yet published).

3. Risk factors and prevention policies

About 40% of cancer cases globally are attributed to known cancer risk factors, and Austria could reduce its cancer burden by focusing on the key modifiable risk factors (Figure 6). Notably, the country has increased its spending on prevention as a share of total health spending in recent years, from 2% in 2019 to 7% in 2022[6]. However, it performs poorly on smoking among adults (21% compared to the EU average of 18%), alcohol consumption (12 litres per capita compared to the EU average of 10 litres per capita) and human papillomavirus (HPV) vaccination rates (53% compared to the EU average of 64%). While its best performance is on overweight rates; over the half the population is overweight (53%), just slightly higher than the EU average of 51%.

Figure 6. Austria has a high prevalence of smoking and alcohol consumption compared to other EU countries



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas. Air pollution is measured as particulate matter with a diameter less than 2.5 micrometres ($PM_{2.5}$).
Sources: OECD calculations based on 2022 EU-SILC Survey for overweight, obesity, physical activity, fruit and vegetable consumption (in adults); Eurofound Survey for occupational exposure; OECD Health Statistics for smoking, alcohol consumption (in adults) and air pollution; and WHO for HPV vaccination (15-year-old girls).

Austria has implemented integrated strategies for cancer prevention

The National Cancer Framework Programme includes various strategies aimed at reducing cancer incidence through early detection, vaccination and lifestyle modifications. Vaccination programmes play a significant role in reducing HPV-associated malignancies, such as cervical cancer. The expansion of free HPV vaccination up to an individual's 30th birthday in July 2024 was a crucial part of this effort, in line with the EU and WHO goals of eliminating cervical cancer by 2030 through widespread vaccination (Krebshilfe & OeGHO, 2023).

The National Cancer Plan outlines specific prevention efforts that align with the broader framework. These include promoting healthy lifestyles to reduce tobacco and alcohol

6 *Prevention expenditures as reported in health accounts should include activities outside of national programmes (e.g. opportunistic cancer screening or counselling for smoking cessation during a routine physician contact), however in practice countries may have difficulty in identifying prevention spending outside of such programmes.*

consumption, encouraging healthy diets and increasing physical activity, all of which are essential to lowering cancer risk. Additionally, public awareness and education campaigns aim to modify behaviours that increase cancer risk, such as smoking, poor diet and physical inactivity. Several online health portals also provide comprehensive information on cancer prevention, treatment, lifestyle and support services.

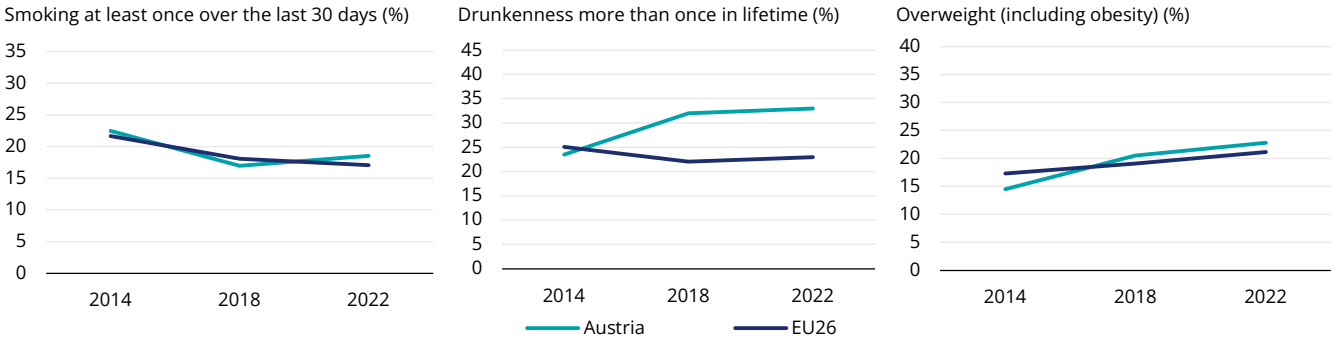
Efforts to reduce tobacco use in Austria show progress but face challenges

Austria's daily smoking rate dropped from 24% in 2014 to 21% in 2019, reflecting significant progress. However, this rate is still higher than the most recent EU average of 18%. Smoking rates for men (24%) are higher than for women (18%). Although decreasing from 23% in 2014 to 19% in 2022, adolescent smoking rates are higher than the EU average of 17% (Figure 7). There are also socio-economic gaps in smoking, with a higher share of school-age children with lower family affluence (based on the Family Affluence Scale) reporting having smoked in the last 30 days.

Austria ranks 26th out of 37 countries on the Tobacco Control Scale, which measures implementation of tobacco control policies (Joossens, 2022). While Austria has implemented bans on tobacco advertising on TV/radio, cinema, outdoors and point-of-sale displays, it does not limit internet or indirect advertising. Austria has not yet adopted the gold standard of plain packaging and while the comprehensive smoke-free legislation of 2019 is a significant positive development, Austria's tobacco control policies still need improvement in areas such as tobacco taxation and industry interference. In addition, the country could increase reimbursement for smoking cessation services and increase primary care interventions around smoking cessation.

While traditional smoking rates may be declining, the increasing popularity of e-cigarettes among young people presents new challenges. In 2022, 21% of Austrian 15-year-olds had used e-cigarettes at least once in the last 30 days, similar to the EU average. Austria has instituted a requirement for vape packaging to contain a health warning and vapes can only be sold to those aged 18 and over. Vaping devices can be purchased without a prescription, but there are legal restrictions on their use in public places (GSTHR, 2024).

Figure 7. Between 2014 and 2022 repeated drunkenness and overweight rates among adolescents increased substantially, surpassing EU averages



Notes: The EU average is unweighted. Data refer to 2022, and are based on children aged 15 years. EU26 for smoking and drunkenness; EU25 for overweight.
Source: Health Behaviour in School-aged Children Survey.

Alcohol consumption among Austrians exceeds the EU average

According to 2022 data, prevalence of alcohol consumption in Austria is 12 litres per capita – among the highest in the EU. Concerningly, repeated drunkenness rates among adolescents increased by 10 percentage points between 2014 and 2022, an opposite trend to that seen across the EU. About one in three 15-year-olds in Austria had been drunk more than once in their life in 2022, compared to a 23% EU average.

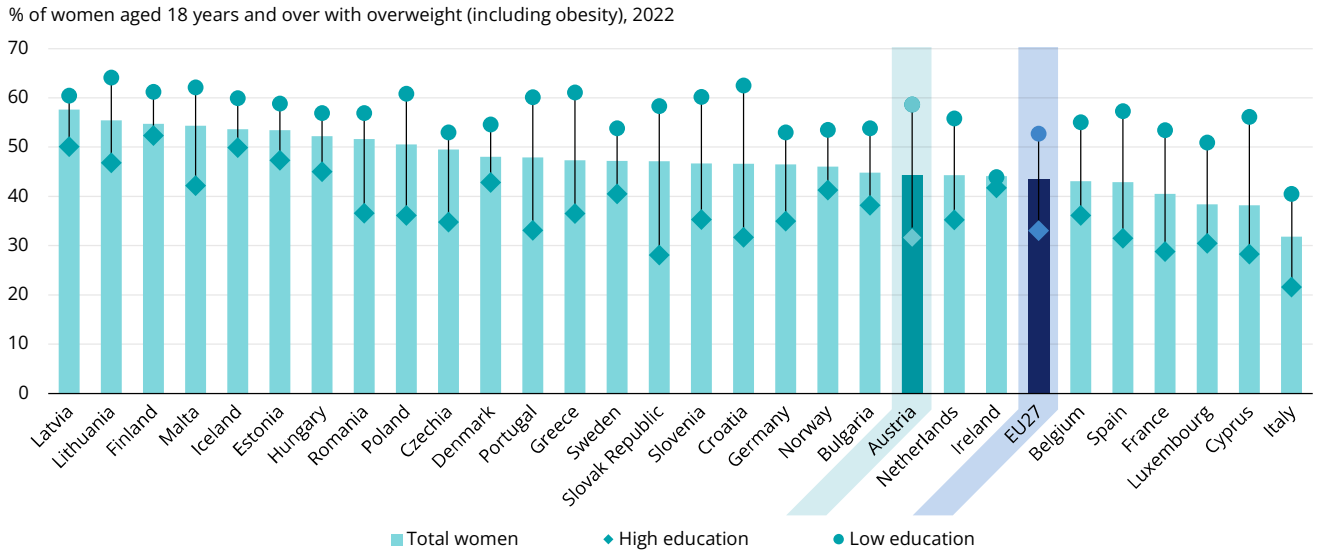
Public health initiatives targeting alcohol consumption have been implemented, including restrictions on the sale of alcohol, partial regulations on advertising on national television and minimum level ages for the purchase of alcohol (with regional variations ranging from 16 to 18). According to the categories of WHO's Global Strategy to Reduce the Harmful Use of Alcohol, Austria is among the eight countries exhibiting the lowest levels of policy implementation (OECD, 2024a).

Overweight rates are rising among adolescents and adults, with educational disparities

Austria is experiencing a rise in overweight and obesity rates. Among adult women in 2022, prevalence of overweight and obesity was 44%, similar to the EU average (Figure 8). The education gap was wide: 59% of Austrian women with lower education levels were overweight compared to 32% of those with higher education levels – a gap of 27 percentage points compared to the 20 percentage point gap across the EU. Overweight rates increased among women with all levels of education between 2017 and 2022, in contrast to the small decreases seen across the EU. Among men in 2022, prevalence of overweight and obesity was 61% – slightly higher than the EU average of 60%. This reflects an increase from 59% in 2017, while the EU average was stable over the period.

Poor nutrition contributes to overweight and obesity. In 2022, 44% of Austrian adults consumed fruit (compared to 39% in the EU) and 45% consumed vegetables (compared to 40% in the EU) less than once daily.

Figure 8. Prevalence of overweight among adult women is higher than the EU average, with higher rates among those with lower education



Note: Overweight (including obesity) includes those with a body mass index (BMI) above 25.
Source: Eurostat Database.

Over 2014-22, the prevalence of overweight and obesity among 15-year-olds in Austria rose by 8 percentage points, making the 2022 rate about 2 percentage points higher than the EU average. However, positive changes in dietary habits were seen among Austrian adolescents. There was a four percentage point increase in daily fruit consumption and a nine percentage point increase in daily vegetable consumption between 2014 and 2022, which suggest effective public health initiatives. By 2022, the 38% prevalence of daily fruit consumption among 15-year-olds was eight percentage points higher than the EU average.

Austria has had moderate success in policies limiting specific nutrients in foods, however, national nutrition labelling standards, regulations limiting sugar-sweetened beverages in schools, and food availability near schools need improvement. Weak dietary guidelines and a lack of public awareness campaigns are additional gaps (WCRF International, 2023a).

Austria has developed an adult obesity strategy but lacks a strategy specifically for childhood obesity, underscoring the need for a more comprehensive approach. Strengthening policies in areas like financial incentives for healthier food, health-related food taxes, marketing regulations for young people, and nutrition advice in healthcare settings is crucial to combat the rising trend of overweight and obesity across all age groups and educational levels.

Daily physical activity among Austrian adolescents has increased, and adult rates match the EU average

Among adults in Austria, 69% report engaging in physical activity less than three times a week – the same as the EU average. In Austria, the percentage decreases with higher education (65%) and increases with lower education (77%) levels, a trend consistent with other EU countries. Austria is among the bottom half of EU nations regarding

the percentage of the population not meeting the recommended physical activity per week. However, daily physical activity among 15-year-olds saw a 4 percentage point increase during 2014-22, but the 2022 rate (at 15%, the same as the EU average) – was still concerningly low.

Austria shows moderate implementation of initiatives promoting physical activity in schools, communities, recreation places and workplaces, and public communication to build behaviour change (WCRF International, 2023b). However, there are weaknesses in policies related to the surroundings where people live and work, such as active design guidelines for open/green spaces and transport infrastructure, as well as in training healthcare professionals on physical activity promotion and providing these services in outpatient settings.

To address overweight and obesity and low physical activity rates, Austria implemented the 2020 Physical Activity Recommendations from the Austrian Health Promotion Fund. These aim to promote regular physical activity across different age groups, including children, adults, older adults and pregnant women, regardless of physical, sensory or mental disabilities. The guidelines emphasise the importance of reducing sedentary behaviour, engaging in varied physical activities to improve strength, endurance, mobility and balance, and providing specific recommendations for individuals with chronic health conditions to enhance overall health and well-being.

Austria is undertaking various efforts to increase its relatively low HPV vaccination rates

Austria offers free HPV vaccinations through a comprehensive programme starting at age 9 for all genders, and the programme has been extended to individuals aged up to 21. From 1 July 2024 to 31 December 2025, people aged 21-29 will also be eligible for free HPV vaccinations. The programme includes public education campaigns to raise awareness about HPV vaccination and mandates registration in the electronic vaccination passport. In addition to schools, HPV vaccinations are available at public vaccination centres in the provinces through registered physicians, and during military service. Nonetheless, Austria is among the bottom third of countries in terms of HPV vaccination, and the rates remain insufficient for herd immunity (Waser, Heiss & Borena, 2022). As of 2021, approximately 53% of both 15-year-old boys and girls in Austria had received both doses of the HPV vaccine.

While Hepatitis B immunisation coverage among 1-year-olds is high in Austria, at 84%, this is the lowest rate among EU countries, and the EU average is 92%. Furthermore, fewer than 50% of people who inject drugs – one of the highest risk groups – have been vaccinated against hepatitis B (ECDC, 2022).

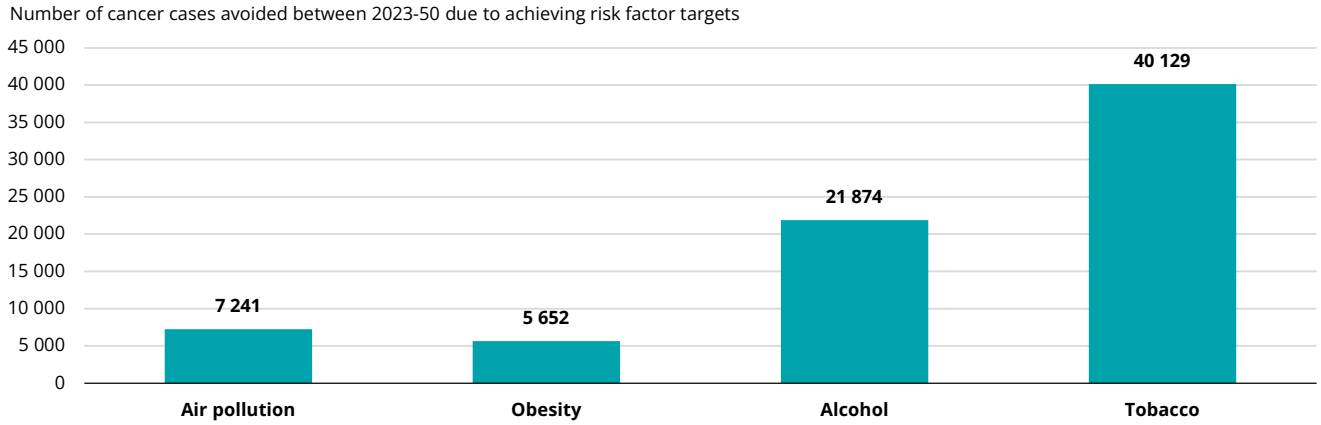
Environmental exposures are addressed in policy initiatives

In 2020, $PM_{2.5}$ levels in Austria stood at 11 $\mu g/m^3$ – similar to the EU average. However, in 2021 there were an estimated 36 deaths per 100 000 people in Austria due to $PM_{2.5}$ exposure. The country is making efforts to improve air quality by reducing road transit pollution. This includes government programmes to support active transit to both school and workplaces, and long-term network tickets valid on most modes of transit. Just under a quarter of Austrian adults report occupational exposure to chemicals or substances, which is just a bit lower than the EU average.

Achieving cancer risk factor target reductions would prevent many new cancer cases in Austria

According to the OECD Strategic Public Health Planning (SPHeP) modelling work, achieving tobacco targets could prevent 40 129 new cancer cases in Austria between 2023 and 2050 (Figure 9). Similarly, meeting alcohol targets could prevent 21 874 new cancer cases over the same period. An additional 7 241 cases could be prevented by meeting pollution targets, and 5 652 cases by achieving obesity targets.

Figure 9. Austria could prevent over 40 000 new cancer cases through 2050 by meeting tobacco reduction targets



Notes: The target for tobacco is 30% reduction in tobacco use between 2010 and 2025 and less than 5% of the population using tobacco by 2040. For alcohol, it is a reduction of at least 20% in alcohol consumption and 20% reduction in binge drinking between 2010 and 2030. For air pollution, it is an annual average $PM_{2.5}$ level capped at 10 µg/m³ by 2030 and at 5 µg/m³ by 2050. On obesity, the target is a reduction in obesity level to 2010 level by 2025.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

4. Early detection

Key components of Austria's National Cancer Framework Programme are early detection and screening programmes, which focus on breast, cervical and colorectal cancers (Figure 10). Regular screening is promoted to catch cancers at an early, more treatable stage. To support these goals, in 2021 a National Screening Committee for Oncological Diseases was formed. This independent expert panel includes members from various fields (public health, epidemiology, oncology, pathology, health economics, jurisdiction, ethics and patient perspectives) who oversee development, implementation and improvement of national, evidence-based and quality-assured cancer screening programmes (Ministry of Social Affairs, Health, Care and Consumer Protection, 2022).

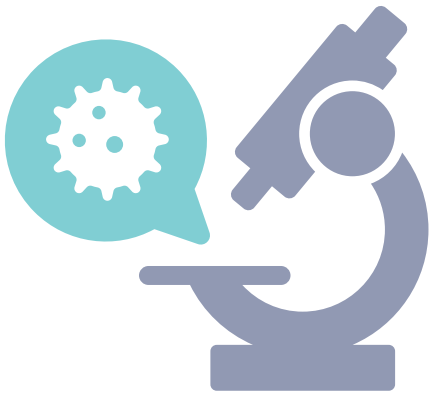
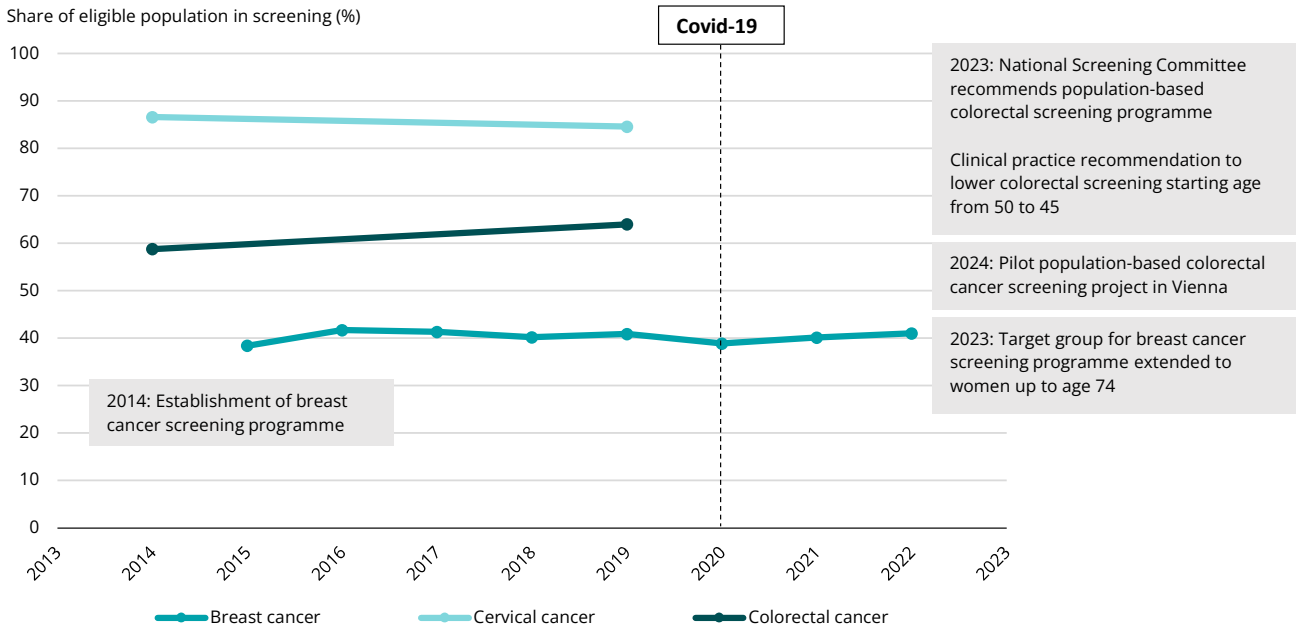


Figure 10. Self-reported data show high rates for cervical and colorectal cancer screening, but the lack of population-based screening efforts means that no programme data are available



Notes: Participation rates for the three cancer screening programmes are based on: mammography screening among women aged 50-69 within the past two years, cervical cancer screening among women aged 20-69 within the past three years and colorectal cancer screening among the population aged 50-74 within the past three years. Programme data are shown for breast cancer. As Austria has no population-based cervical or colorectal cancer programmes, survey data are shown for these.
Source: OECD Health Statistics 2024.

The breast cancer screening programme target age range has been broadened, and opt-in options are maintained

The Austrian breast cancer screening programme, established in 2014, targets women aged 45-74. In June 2023, the target group was expanded to include women aged up to 74. Women aged 40-44 and those above the age range do not receive reminder letters but can opt in via phone or online. Austria is among the EU countries with the largest age range targeted for breast cancer screening, and the programme's recent modification aligns with the age range suggested by the updated Council recommendation on cancer screening of 2022. Breast cancer screening in Austria is conducted regionally and co-ordinated by dedicated offices that send invitations to insured women, who can make appointments at participating radiology centres without needing a referral. Women without insurance can request an invitation.

Participation rates in the programme have remained fairly stable (and relatively low compared to other EU countries) over the years, and stood at 41% in 2022. While the COVID-19 pandemic disrupted Austria's breast cancer screening programme, participation rates have since stabilised (Box 2). In 2023, reimbursement was introduced for GPs and gynaecologists who provide a consultation for women regarding the breast cancer screening programme and perform risk assessments.

Box 2. The COVID 19 pandemic impacted the Austrian breast cancer screening programme, but coverage has stabilised

An evaluation report on the Austrian breast cancer screening programme analysed its performance in 2020 and 2021, highlighting the impact of COVID-19. During this period, 614 835 women aged 45-69 participated, representing 40% of eligible women. The COVID-19 pandemic caused a 13% decline in participation in 2020, but 2021 saw a 22% rebound, although overall participation slightly declined by 1% compared to 2018/19. In 2022, participation fell to around 300 000 women, attributed to the two year interval and pandemic effects. The number of high-probability malignant findings decreased by 10% in 2020 but rose by 18% in 2021 and stabilised in 2022. The report recommends improving communication strategies and leveraging trusted doctors to boost participation.

Source: Gollmer, Link & Weißenhofer (2023).

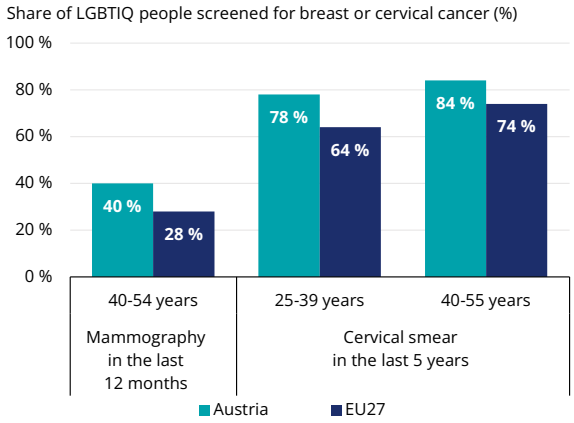
Although it does not have a population-based screening programme, Austria has high self-reported rates of cervical cancer screening

Austria does not have a population-based screening programme for cervical cancer, so programme-reported screening rates are not available. However, self-reported cervical cancer screening rates are among the highest in the EU. In 2019, 85% of eligible women aged 20-69 were screened, up from 82% in 2006. However, the estimated five-year survival rate for women diagnosed with cervical cancer was 66% during 2014-18, similar to the rate for women diagnosed in 1994-98 (see Section 5.2). To improve outcomes, Austria may benefit from implementing an HPV DNA-based quality-assured national screening programme.

LGBTIQ persons in Austria participate more in breast and cervical cancer screening than their counterparts in the EU

According to the EU LGBTIQ Survey III, participation in cancer screening among LGBTIQ persons is higher in Austria than in other EU countries (Figure 11). For breast cancer screening, 40% of LGBTIQ cisgender females, trans women and intersex people aged 40-54 years in Austria reported having had a mammogram in the previous 12 months, much higher than the EU average of 28%. For cervical cancer screening, 78% of the relevant LGBTIQ population aged 25-39 in Austria reported having had a smear test in the previous 5 years (higher than the 64% in the EU), while 84% of those aged 40-55 in the country reported a smear test (higher than the 74% in the EU).

Figure 11. Among LGBTIQ people, screening participation is higher compared to the EU average



Note: LGBTIQ survey results refer to age groups and/or screening intervals that do not align with the population screening approach in EU countries, and should not be compared.
Source: The European Union Agency for Fundamental Rights (EU LGBTIQ Survey III).

Austria has expanded colorectal cancer screening guidelines, emphasising updated practices and nationwide coverage

In 2023, Austria's National Screening Committee recommended implementing a population-based colorectal screening programme using colonoscopy or faecal immunochemical testing (FIT), but it has not yet been realised. Currently, colorectal cancer screening is opportunistic. As of January 2023, the screening age was lowered to 45, with the target range now 45-75. Screening options include colonoscopy every ten years or FIT every two years, followed by colonoscopy if positive. However, there is no uniform nationwide coverage for FIT, with availability varying across regions and facilities. Even without a population-based programme, colorectal cancer screening in Austria has shown positive trends, with self-reported participation rates rising from 59% in 2014 to 64% in 2019, among the highest in the EU.

Genetic counselling and testing for hereditary cancers are available

In Austria, genetic counselling and testing for hereditary cancers are offered at six centres for medical genetics located in Graz, Innsbruck, Salzburg, Linz, Hanusch Hospital Vienna and the Medical University of Vienna. Genetic counselling is also offered outside of those six centres, for example at gynaecology practices that work in close collaboration with the centres. The counselling process aims to determine whether genetic testing is indicated and the extent of the necessary diagnostics, and to discuss results of the genetic testing to the patient, following the Austrian Genetic Engineering Act guidelines.

Genetic testing is recommended for individuals with a family history of cancer, multiple tumours or cancer occurring at a young age, alongside counselling. The focus is on detecting germline mutations in suppressor genes such as BRCA1 and BRCA2, which significantly increase the risk of breast, ovarian, prostate and pancreatic cancer. Predictive testing is provided at no cost to the patient, and is only covered for hereditary breast and ovarian cancer syndrome.

When genetic testing is deemed necessary for diagnostic purposes, the costs are covered by health insurance or the requesting medical institution. However, reimbursement modalities for diagnostic genetic testing vary across regions, and there is a recognised need to harmonise remuneration for genetic services to maintain high-quality testing and counselling across Austria (Krebshilfe & OeGHO, 2023).

Uptake of screening varies according to gender, socio-economic and regional characteristics

According to 2019 data from the European Health Interview Survey, disparities in uptake of colorectal screening by sex among Austrians aged 50-74 are large. In Austria, 52% of men and 62% of women aged 50-74 participated in screening – one of the highest gender differences in the EU. Additionally, Austria has some of the largest inequalities in breast cancer screening in the EU, with a gap of 12 percentage points between those with higher and lower education levels.

There are also significant regional disparities in mammography participation rates, ranging from 12% to 51% during 2020-21, highlighting the need for targeted measures to address these, with a crucial focus on understanding the underlying causes. Socio-economic factors such as household income and migration background play a significant role: in Austria, women with migration backgrounds often face barriers like language, cultural differences, and potential discrimination in the healthcare system, leading to lower participation rates. In contrast, higher socio-economic status and better health literacy are associated with greater participation in screening programmes (Gollmer, Link & Weißenhofer, 2023).

Comprehensive policies have been implemented to enhance screening and detection services

Austria has implemented various initiatives to enhance early cancer detection and the accessibility of these screening and detection services. These include national efforts to raise public awareness, including distributing information brochures, running media campaigns and providing resources on health portals to educate the public about the importance of cancer screening. These efforts aim to ensure that people are informed about the availability and benefits of early cancer detection methods.

Primary care providers are actively engaged in recommending cancer screenings to their patients and fast-track pathways have been established to expedite diagnostic procedures for individuals with positive screening results. Additionally, efforts are underway to enhance the data landscape to monitor and address disparities in screening uptake, with a particular focus on vulnerable populations (Krebshilfe & OeGHO, 2023).

5. Cancer care performance

5.1 Accessibility

The Austrian health system is highly complex and fragmented, although it offers near-universal insurance coverage

The Austrian healthcare system is characterised by structural and financial fragmentation. Responsibilities for health system governance are divided between federal and state governments, and corporatist stakeholders. Social health insurance (SHI) coverage is near-universal: only about 0.1% of the population lacked coverage in 2021. People are assigned to SHI funds based on their place of occupation. The majority of private expenditure is in the form of out-of-pocket payments, mainly to finance benefits that are partly or not covered by SHI, including consultations with physicians without SHI contracts and copayments. Private insurance plays a limited role.

Major reforms have attempted to address the fragmentation of the health system. In 2020 the number of SHI funds was reduced from 21 to 5 through mergers. The largest fund now covers more than 80% of the insured population. Despite some steps towards convergence of benefits, differences remain as the merger did not change the legal framework for the negotiation of contracts between SHI funds and state-level representations of healthcare providers.

Austria has one of the most expensive health systems in the EU. In 2022, spending on health per capita (adjusted for differences in purchasing power) reached EUR 4 745, compared to the EU average of EUR 3 533. Health expenditure represented 11% of GDP, similar to the EU average (10%).

The Austrian health system remains hospital-centric, despite efforts to reduce the volume of inpatient activity in favour of outpatient treatment. Workforce challenges are compounded by the high costs associated with new cancer medications and treatments. Geographical disparities further complicate access, with specialised cancer care unevenly distributed – particularly affecting rural areas. This variability in access can lead to delays in diagnosis and treatment, affecting overall patient outcomes (Krebshilfe & OeGHO, 2023).

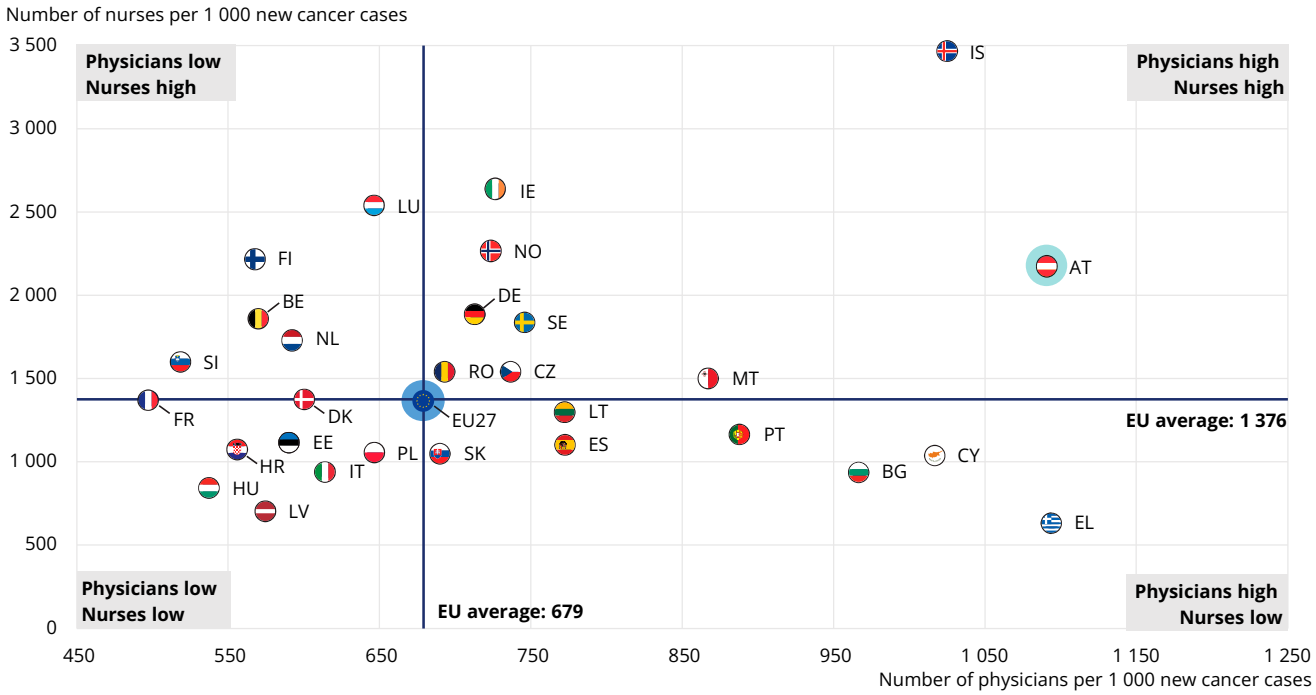
Austria's cancer care workforce faces significant shortages despite a high overall supply of physicians and nurses

Austria boasts an impressive number of healthcare professionals, with 1 091 physicians and 2 170 nurses per 1 000 new cancer cases – significantly exceeding the EU averages of 679 physicians and 1 376 nurses per 1 000 (Figure 12). However, the number of practising GPs is among the lowest in the EU, even though Austria had the second highest density of doctors in the EU in 2021. Ongoing debates include the imbalances between regions, medical specialties and the ageing physician workforce.

Furthermore, despite these high numbers, the 2023 OECD Policy Survey on Cancer Care Performance highlighted notable shortages in critical areas, including GPs, family doctors, radiation therapists, inpatient oncology nurses and community-based nurses. These shortages are particularly acute in rural regions, exacerbating the challenge of equitable cancer care delivery. By 2030, Austria is projected to face a shortfall of approximately 75 000 nurses, underscoring the urgent need to attract and retain nursing professionals (Krebshilfe & OeGHO, 2023).

Austria has a high density of oncologists, at 8 per 100 000 people. However, along with countries like Czechia, Hungary and Italy, Austria reports inadequate geographical distribution of oncologists, affecting the uniformity of care delivery.

Figure 12. Austria has among the highest ratios of physicians and nurses per 1 000 new cancer cases in the EU



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). Data refer to practising nurses except in Portugal and the Slovak Republic, where they refer to professionally active nurses. In Greece, the number of nurses is underestimated as it only includes those working in hospitals. In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. The EU average is unweighted.
Source: OECD Health Statistics 2024. Data refer to 2022 or latest available year.

Austria's cancer nursing workforce faces challenges

In Austria, there is no official specialisation for cancer nursing. Courses are offered for further education, however, varying in comprehensiveness and with a required minimum duration of only four weeks. Nurses completing these courses are given the title of "cancer nurse". In an assessment by the European Oncology Nursing Society, Austria performed well on patient and occupational safety, receiving the third highest ranking among EU countries (EONS, 2020). However, the assessment noted the lack of professors for master's programmes in cancer nursing. While Austria has a cancer nursing society and the National Cancer Framework Programme includes nursing care, there is room for improvement via greater establishment of nurse-led cancer care and inclusion of board positions dedicated to cancer nursing in oncology centres.

The Austrian Health Structure Plan (ÖSG) calls for the cancer nurse role to be integrated into its framework, which ensures uniform standards of high-quality care across the country, and for this role to be legally established through the Health and Nursing Act (GuKG). However, training curriculums are overseen by the Ministry of Education, and bureaucratic hurdles to make this change persist. It has also been suggested that the creation of specialised career paths and appropriate salary levels would enhance the profession's appeal (Krebshilfe & OeGHO, 2023).

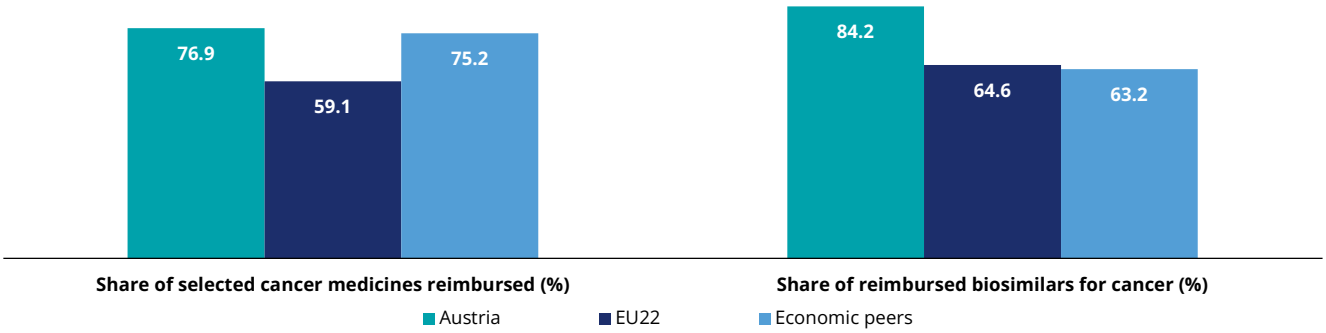
Austria has high public reimbursement for cancer medicines and a relatively short time from approval to coverage

Austria demonstrates leadership in reimbursement of cancer medicines, with 77% of a sample of cancer drugs with high clinical benefit publicly covered – significantly higher than the EU average of 59% and slightly higher than the 75% among the country's economic peers (Figure 13). Austria also has a high coverage rate of biosimilars, at 84% – much higher than the 63% average among its economic peers.

Austria's high reimbursement rates for cancer medicines are complemented by relatively short times between authorisation by the European Medicines Agency (EMA) and national coverage approval, averaging 83 days, which is second only to Germany (20 days). However, 30% of indications of newer cancer medicines have additional restrictions to the eligible patient population compared to the EMA approval – the highest share

among Austria's economic peers. Restrictions include covering only those patients most likely to benefit from a new medicine if there is uncertain effectiveness. To ensure that pharmaceutical budgets are controlled, Austria uses financial managed entry agreements and conditional reimbursement that requires reassessment and renegotiation of pricing over time. It also participates in the Beneluxa Initiative, a voluntary joint arrangement on health technology assessment with Belgium, the Netherlands, Luxembourg and Ireland. Such proactive policies help to ensure that patients have timely access to new and effective cancer treatments while ensuring budgetary sustainability.

Figure 13. Austria reimburses a higher share of innovative cancer medicines and biosimilars than the averages across the EU and among its economic peers

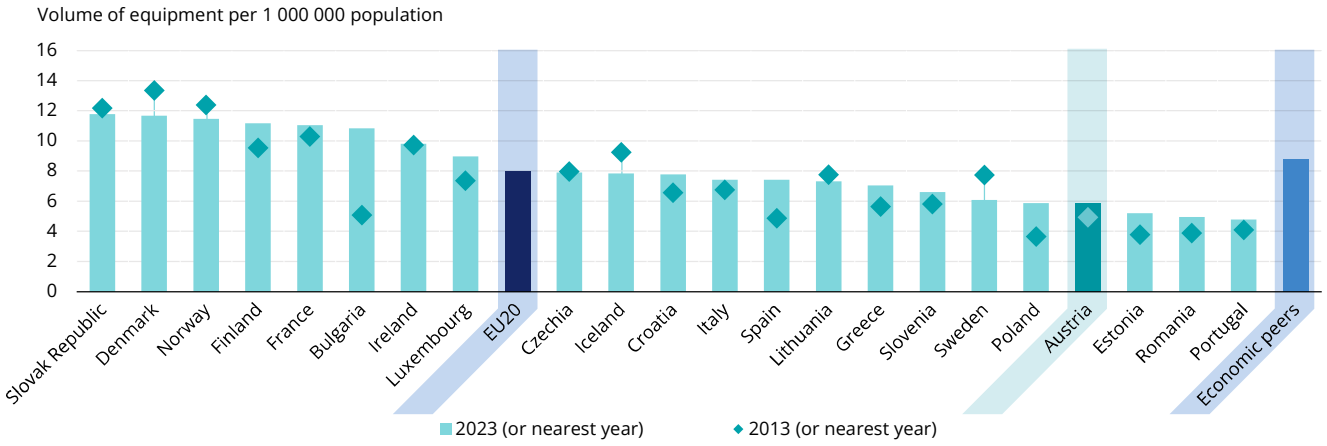


Notes: The analysis includes a sample of 13 indications of 10 new cancer medicines for breast and lung cancer with a high clinical benefit and 19 biosimilars of three cancer medicines (bevacizumab, rituximab, trastuzumab), with active marketing authorisation by the European Medicines Agency as of 26 March 2023. The data represent the share of the indications or biosimilars that were on the public reimbursement list on 1 April 2023. Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for AT are BE, DE, DK, IE, IS, NL, NO and SE. The EU average is unweighted.
Source: Hofmarcher, Berchet and Dedet (2024), "Access to oncology medicines in EU and OECD countries", https://doi.org/10.1787/c263c014-en.

Although Austria has a lower supply of radiotherapy equipment than the EU, it is investing in high quality diagnostic equipment

Despite strong performance in drug reimbursement, Austria faces challenges in availability of radiotherapy equipment, with only 6 radiotherapy units per 1 000 000 people, which is 27% lower than the EU average of 8 per 1 000 000 and 34% lower than the average of 9 per 1 000 000 among its economic peers (Figure 14). This shortfall may have an impact on timely access to necessary radiotherapy treatments, which are crucial for effective cancer care. However, Austria has seen an 18% increase in radiotherapy equipment since 2012. About half of Austria's radiotherapy equipment is less than 10 years old, and another 30% is around 10-14 years old, aligning closely with the EU average.

Figure 14. Austria's volume of radiation therapy equipment per 1 000 000 people is significantly lower than the averages across the EU and among its economic peers



Notes: The vast majority of radiotherapy equipment in EU countries is found in hospitals. Data for Portugal and France includes equipment in hospitals only while data for other countries refer to all equipment. Economic peers for AT are DK, IE, IS, NO and SE. The EU average is unweighted.
Source: OECD Health Statistics 2024.

Austria has a higher density of advanced diagnostic imaging equipment than the EU average, with 2.5 positron emission tomography (PET) scanners per 1 000 000 people (compared to 2.3 per 1 000 000 across the EU), 26 magnetic resonance imaging (MRI) units per 1 000 000 people (compared to 18 per 1 000 000 across the EU) and 28 computed tomography (CT) scanners per 1 000 000 people (compared to 27 per 1 000 000 across the EU). Efforts are also being made to enhance infrastructure and ensure widespread distribution of diagnostic equipment – particularly in underserved areas – to ensure equitable access. Projects to secure the necessary resources are ongoing, including both equipment and trained personnel, to operate advanced diagnostic tools. Additionally, Austria is investing in training and education programmes for healthcare professionals to ensure their proficiency in using the latest technologies (Krebshilfe & OeGHO, 2023).

Austria is also actively enhancing availability of modern diagnostic tools such as three-dimensional real-time imaging and high-precision radiation therapies. These technologies are being integrated into the healthcare system to improve the precision and effectiveness of cancer screening and treatment.

Austria's healthcare reforms focus on expanding telemedicine and multidisciplinary care

Austria has made significant strides in integrating cancer services and improving accessibility over the past decade. Current healthcare reforms, guided by the Austrian Health Structure Plan (ÖSG) prioritise reducing waiting times and enhancing the use of telemedicine and online multidisciplinary tumour boards (MDTBs) to improve care co-ordination and ensure timely access to treatment. These reforms include implementing fast-track pathways designed to expedite the diagnostic process for individuals with positive screening results.

The reforms also focus on expanding the use of telemedicine to improve accessibility and continuity of care for cancer patients. Telemedicine initiatives encompass digital health applications, which are being explored for integration into Austria's healthcare system. These support treatment and health condition management, with costs potentially covered by health insurance if deemed necessary. The use of teleconsultations by oncologists and other specialists allows virtual consultations to discuss symptoms, treatment plans, and therapy progress, avoiding the need to travel and reducing waiting times in clinics (Krebshilfe & OeGHO, 2023).

5.2 Quality

The Austrian Cancer Registry reveals improvements in five-year survival rates and highlights ongoing challenges

Austria has high-quality national data on cancer survival, including detailed analysis based on the stage of disease (i.e. local or metastatic), which provides invaluable insights for improving patient outcomes. The relative five-year survival rate for cancer patients diagnosed in 2014-18 was 62%. However, there is a difference in lung cancer survival rates by gender, at 21% among men and 28% among women.

Between 1994-98 to 2014-18, cancer survival rates have shown significant improvement (Figure 15). Lung cancer exhibited the largest improvement, with survival rates increasing from 14% to 24%. However, there was no notable improvement in cervical cancer survival, which remained relatively stable, and the ovarian cancer survival rate fell slightly.

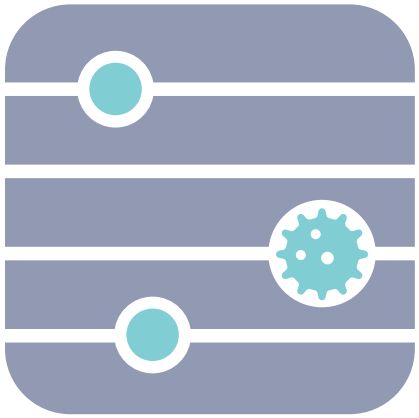
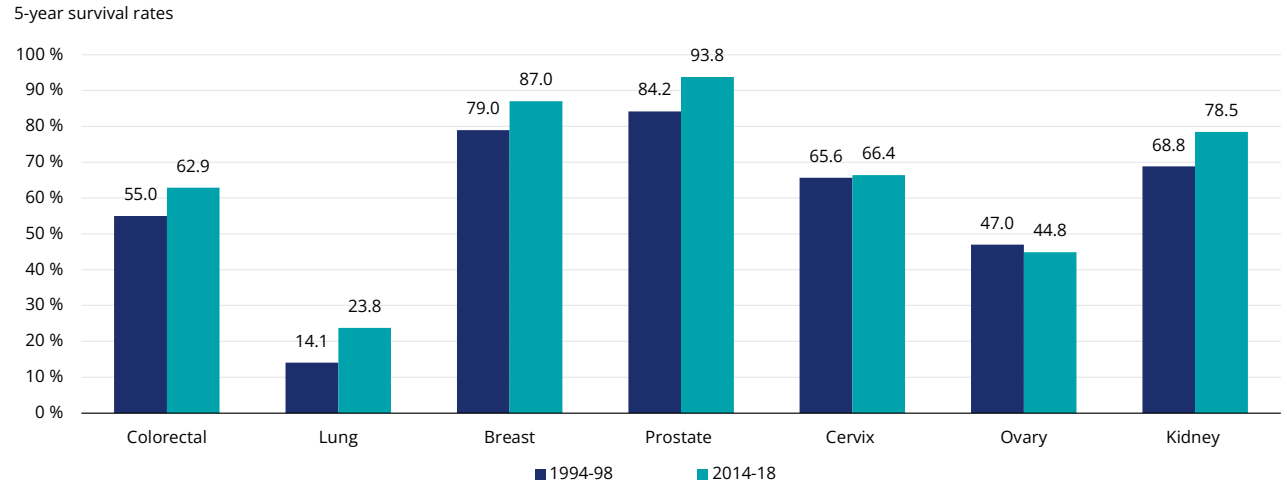


Figure 15. Five-year survival rates for most of the main cancer types have increased notably over time



Source: Austrian Cancer Registry.

Austria shows significant reductions in potential years of life lost due to cancer compared to EU averages

In addition to survival data, potential years of life lost (PYLL) is a complementary measure of the impact of different cancers on society, putting a higher weight on cancer deaths among younger individuals. Examining the change in PYLL over time across various cancer sites can point to improvements in cancer care systems via reductions in premature mortality. In 2021, Austria recorded 1 081 PYLL per 100 000 population due to cancer across all sites, which is 20% lower than the EU average of 1 355. Since 2012, Austria has seen a 24% reduction in PYLL due to cancer.

In 2021, lung cancer was the most significant contributor to PYLL, accounting for 242 years per 100 000 population, but it also saw one of the largest decreases since 2012 – at 24% (Figure 16). Of the main cancer sites, only pancreatic cancer saw an increase over this period and it was very minor (0.4%).

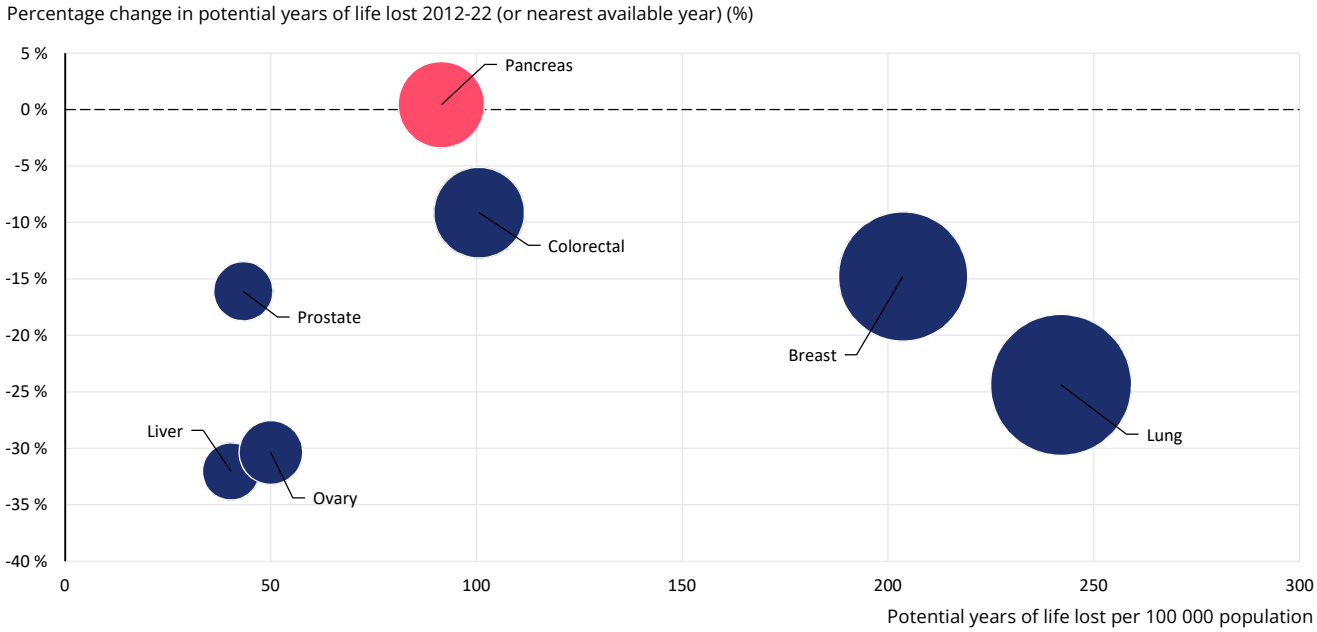
Austria's vertically tiered cancer care system ensures comprehensive and specialised care

The relatively low PYLL rate and its improvement over time is probably related to the high level of cancer care in Austria, which has established vertically tiered cancer care delivery systems, consisting of comprehensive centres of expertise, regional specialty centres and local certified cancer centres. Comprehensive centres, designed to be accessible within 120 minutes for their catchment of at least 500 000 people, provide the most specialised treatment. Specialist centres, with a catchment of at least 300 000 people, offer treatment reachable within 60 minutes. They receive support from associated oncology centres and office-based specialists for diagnosis, referrals and continuity of care. Research, teaching and treatment of rare cancers and high-risk patients are centralised at reference centres. This structure facilitates advanced cancer treatment, and ensures that patients receive appropriate care at different levels of the healthcare system. Like other small and medium-population countries such as Denmark, Estonia, Iceland and Norway, Austria arranges for referrals abroad and engages in international collaboration for rare cancers or specific therapies to compensate for the lack of expertise within the country.

Austria is working on integrating Comprehensive Cancer Centres (CCCs) and the broader Comprehensive Cancer Centre Network (CCCN) into its healthcare system to improve cancer care co-ordination and quality. This integration is part of Austria's participation the EU's CraNE Joint Action to establish a network of EU Comprehensive Cancer Centres. Plans include an EU-wide certification process and standardisation to ensure high-quality cancer care and research.

Further, interactive tools provided by the Austrian Cancer Aid, along with operational online magazines, actively support cancer patients and caregivers by offering accessible, user-friendly information and emotional support.

Figure 16. In 2021, Austria's potential years of life lost due to cancer were lower than the averages across the EU, especially for lung cancer



Notes: The rate of PYLL from breast, cervical and ovarian cancer is calculated in women only, while the rate of PYLL from prostate cancer refers to men. Pink bubbles signal an increase in the percentage change in PYLL during 2012-22 (or latest available year); blue bubbles signal a decrease. The size of the bubbles is proportional to the PYLL rates in 2022.
Source: OECD Health Statistics 2024.

Austria integrates multidisciplinary tumour boards and quality monitoring in cancer care

Austria's National Cancer Framework Programme emphasises the critical role of MDTBs in ensuring a co-ordinated and comprehensive approach to cancer treatment. Regular interactions among specialists in pathology, radiology, thoracic surgery, and oncology are facilitated through continuous education and conferences, fostering collaboration and knowledge sharing. Molecular tumour boards bring together experts from genetics, oncology, and pathology to interpret genetic variants and develop personalised treatment plans. Quality monitoring is integral, with standardised processes and outcome evaluations implemented to maintain high standards of care (Krebshilfe & OeGHO, 2023).

The Austrian National Cancer Registry, managed by Statistics Austria, has collected nationwide cancer data for 40 years, providing essential information for epidemiological studies, health policy evaluation, and international research. Recent innovations include the ability to document concurrent incidence rates, allowing researchers to identify when the same individual has multiple illnesses recorded in the databases, leading to a more accurate understanding of comorbidities and their impact on outcomes.

Austria's cancer registry is comprehensive in terms of national coverage and includes essential data such as incidence, cancer stage, treatment, survival, and mortality rates. This enables effective tracking of cancer cases and outcomes across the country. However, the lack of screening data, genetic information, and patient-reported indicators in the registry may limit certain cancer control and research efforts.

Increased use of patient-reported outcomes highlights Austria's commitment to person-centred cancer care

Austria measured quality of care through patient-reported measures in 2015 and in 2022 among patients 14 years and older who received hospital care and follow-up outpatient care, including people living with cancer. Austria has seen an increase in use of patient-reported outcomes (PRO) such as symptoms and quality of life. Austria has several initiatives using electronic PRO systems for data collection including some that use recall systems, where patients are contacted if their responses indicate potential problems. The EU eSMART Project is evaluating the benefits of such technology in a multinational study, which includes Austria.

Additionally, the Medical University of Innsbruck has implemented a telemonitoring system called ePROtect for young cancer patients. This has achieved high acceptance and compliance rates among participants, indicating a positive response

and effective engagement from both patients and their families. However, establishment of online portals for PROs in clinical routines for cancer care presents new legal challenges for hospitals. The pilot development of the onkip portal at the Upper Austria Tumour Centre from early 2024 aims to create a clear legal framework for these digital tools (Krebshilfe & OeGHO, 2023).

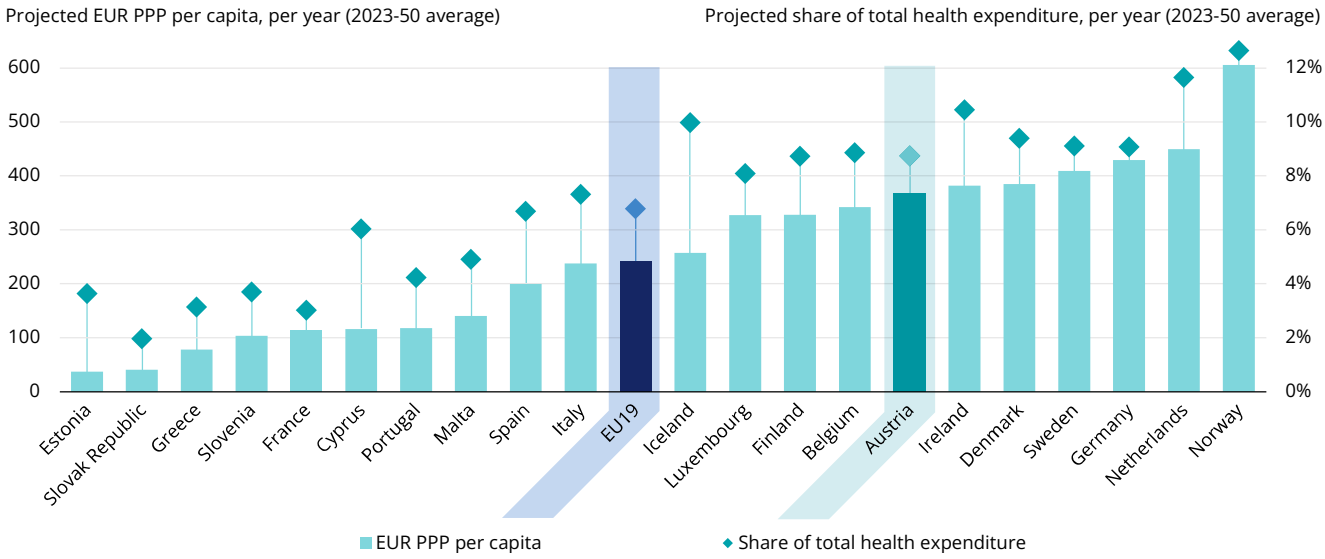
5.3 Costs and value for money

Cancer care in Austria involves significant medical expenses, including costs for diagnostics, treatments, medications and follow-up care. Austrian prices for outpatient cancer drug prices are generally around the EU median, while inpatient cancer drug prices rank among the highest in the EU. This discrepancy is attributed to the lack of price regulation for hospital medications in Austria (Vogler, 2021).

According to OECD SPHeP modelling work, between 2023 and 2050, total health expenditure is estimated to be 8.7% higher in Austria due to the burden of cancer. This equates to an average of EUR (PPP) 368 per person per year (Figure 17). This figure is much higher than the EU19 average (EUR 242).

Overall, the per capita health expenditure on cancer care is expected to grow by 63% in Austria between 2023 and 2050, compared to 59% in the EU27. Also worth noting however, is that clinical trials contribute significantly to Austria's healthcare system and economy, particularly in oncology (Box 3).

Figure 17. The burden of cancer on health spending from 2023 to 2050 is expected to be higher than the EU average



Note: The EU average is unweighted.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/c263c014-en.

During 2023-50 on average, there is expected to be a loss of 138 full-time equivalent workers (FTEs) per 100 000 people in Austria due to the need to reduce employment because of cancer, which is lower than the EU average of 178 FTEs per 100 000. Austria also anticipates a loss of 74 FTEs per 100 000 people due to both absenteeism and presenteeism[7] – somewhat lower than the EU average of 81 FTEs per 100 000.

7 *Presenteeism refers to lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition.*

Box 3. Clinical trials in Austria drive oncology advances

Austria's clinical research landscape, particularly in oncology, plays a crucial role in advancing treatment and contributing to the economy. Oncology accounts for 52% of all clinical research, far surpassing haematology (15%), autoimmune diseases (11%), neurology (11%), cardiology (6%), and metabolic diseases (5%). Industry-sponsored clinical trials significantly impact the healthcare system, contributing approximately EUR 101 million annually to treatment costs and generating EUR 144 million in 2018, providing economic benefits like job creation and increased productivity.

Despite these contributions, Austria faces challenges, including shortages of young researchers and personnel at study centres, threatening its attractiveness for clinical trials. The EU Clinical Trial Regulation, which harmonises evaluation and monitoring procedures, may reduce Austria's "fast-mover advantage" in approving trials, potentially affecting its historical flexibility and speed.

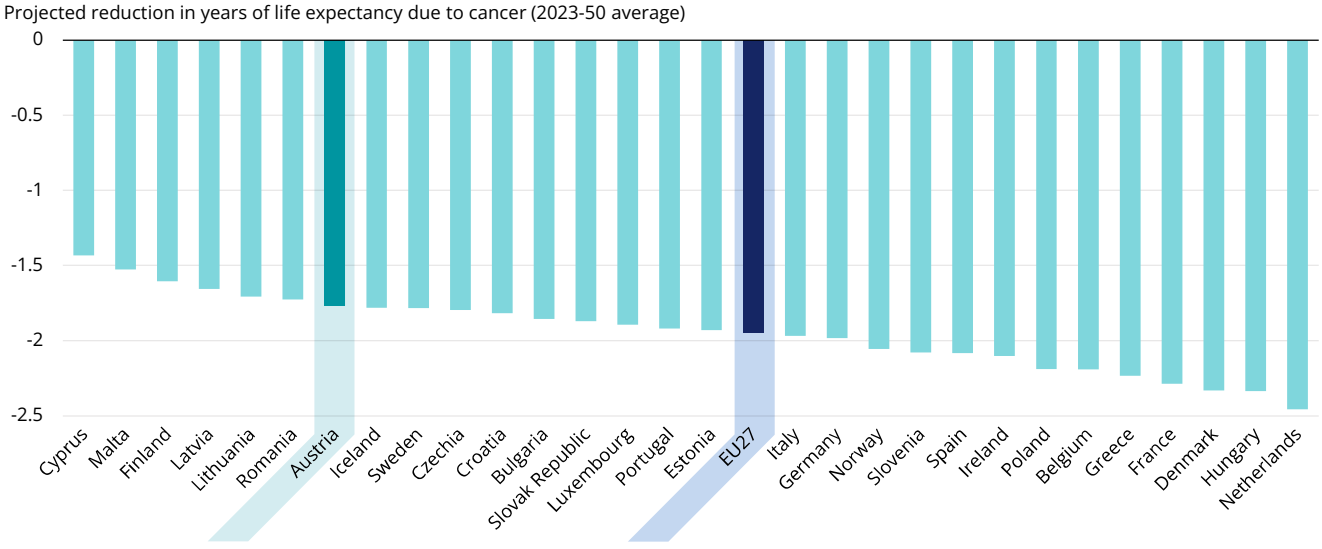
Source: Krebshilfe & OeGHO (2023).

5.4 Well-being and quality of life

Austria is expected to experience a reduction in life expectancy due to cancer

According to OECD SPHeP modelling work, between 2023 and 2050, cancer will reduce population life expectancy in Austria by 1.8 years compared to a scenario without cancer – a figure slightly lower than the EU average of 1.9 years (Figure 18). In addition, cancer takes a substantial toll on the mental health of the population through its associated symptoms and treatment side effects, and impact on daily life, social roles and work. According to the OECD's SPHeP model, Austria is also expected to have higher depression rates because of cancer, at an additional age-standardised rate of 10 cases per 100 000 per year during 2023-50 – somewhat lower than the 17 per 100 000 across the EU.

Figure 18. In 2023-50, cancer is expected to reduce life expectancy in Austria by less than the EU average



Note: The EU average is unweighted.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

Austria has not implemented the right to be forgotten for cancer survivors

The right to be forgotten for cancer survivors remains an important issue across the EU. This allows individuals to avoid disclosing their cancer history to financial institutions, preventing discrimination in accessing loans and insurance. While countries like France and Spain have adopted this right, ensuring cancer survivors are not required to disclose their medical history five years following treatment, Austria and most EU countries have yet to enact similar legislation. Additionally, Austria lacks fertility preservation programmes specifically designed for cancer patients.

There is a legal framework for end-of-life care in Austria but lack of adequately trained professionals and public awareness lead to implementation challenges

The End-of-Life Directive provides a legal framework for end-of-life decisions in Austria. It outlines patients' rights to make informed decisions about their care, including the right to refuse life-prolonging treatments. Despite this robust legal framework, significant challenges remain in implementing the Directive in practice.

One of the major challenges in Austria's hospice and palliative care is a shortage of trained professionals. Key recommendations to address this include improving training and education in palliative care, enhancing communication skills, and helping health workers navigate complex ethical issues and discussions related to end-of-life care. Public awareness about hospice and palliative care must also be increased, as many are unaware of these services. A 2023 report highlights the need for investing in professional training, integrating multidisciplinary palliative care teams, strengthening legal frameworks for end-of-life care, and launching public education campaigns (Krebshilfe & OeGHO, 2023).

A peer-reviewed study assessed the quality of end-of-life care for Austrian cancer patients, examining hospitalisation, treatment and palliative care availability in 2012-16 (Robausch, Grössmann & Wild, 2021). Key findings indicate that over half of patients died in hospitals, suggesting a potential over-reliance on inpatient settings and a need for broader access to alternative care settings like hospice or home care. Palliative care was used by only 13% of patients in their final hospitalisation, highlighting a gap in early palliative care referral and access. However, few patients received chemotherapy, radiation or monoclonal antibody treatment in the last 30 days of life, potentially reflecting efforts to shift away from intense care near the end of life. The study suggests that, while Austria manages certain aspects like minimising intensive care unit admissions effectively, there are significant opportunities for improvement in reducing hospital deaths and enhancing timely palliative care access.

Psycho-oncological interventions are available for cancer patients in Austria, but with regional disparities in access

Almost half of cancer patients in Austria experience anxiety and depression, with a third seeking psycho-oncological support. This need is especially high among socio-economically disadvantaged patients, those with risky behaviours, poor access to medical care, and low treatment adherence. Psycho-oncological interventions improve mental health, quality of life, and reduce physical symptoms, making them a crucial part of cancer treatment in Austria. Despite its recognition, challenges remain in ensuring widespread and effective implementation, with ongoing efforts to improve access, particularly for underserved populations (Krebshilfe & OeGHO, 2023).

Austria offers substantial support for informal carers, including paid and unpaid leave, indirect cash benefits and comprehensive insurance coverage

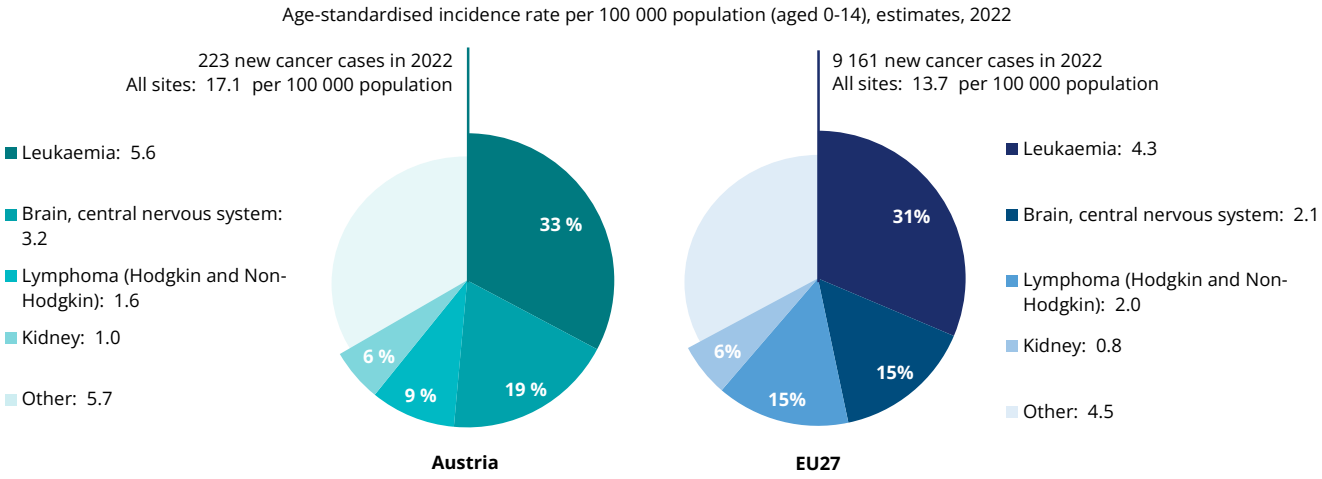
Austria provides paid leave for one week per year for caring for sick children or dependent family members, and up to six months of care leave under certain conditions. The care leave benefit is paid at the same level as unemployment benefit (55% of daily net income). The Federal Act Governing Family Hospice Leave offers flexible work arrangements or unpaid leave for up to six months to care for terminally ill relatives or seriously ill children, with full coverage of health and old-age insurance. While Austria does not provide a direct cash benefit to carers, it offers a formal indirect cash benefit for carers of recipients earning less than EUR 2 500 per month (Rocard & Llena-Nozal, 2022).

6. Spotlight on paediatric cancer

According to ECIS, it is estimated that 223 children and adolescents up to age 15 were diagnosed with cancer in 2022 in Austria. Incidence rates for ages 0-14 in 2022 were higher in Austria, estimated at 17.1 per 100 000 children, as compared to 13.7 per 100 000 in the EU27 (Figure 19). As seen in the EU, incidence rates among girls are slightly lower than among boys in Austria. The most common cancer groups in Austria are leukaemia, at 5.6 cases per 100 000 children (33%), brain and central nervous system, at 3.2 cases per 100 000 population (19%), lymphoma, at 1.6 cases per 100 000 (9%) and kidney, at 1 per 100 000 population (6%).

While cancer incidence rates among ages 0-14 are higher in Austria as compared to the EU, Eurostat data shows that mortality rates are lower, with a 3-year average mortality rate of 1.8 per 100 000 children as compared to 2.1 in the EU.

Figure 19. Cancer incidence rates among children in Austria are higher than in the EU



Notes: 2022 estimates are based on incidence trends from previous years, and may differ from observed rates in more recent years. "All sites" includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System (ECIS). From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024.

According to the European Society of Paediatric Oncology (SIOPE)'s Organisation of Care & Research for Children with Cancer in Europe (OCEAN) Project, Austria has six institutions treating children with cancer, ensuring relatively good geographical distribution (SIOPE, 2024). All 13 infrastructural aspects and treatment modalities are available within the country, including autologous and allogeneic stem cell transplants, photon and proton radiation therapy, brachytherapy, new treatment phase I/II trials, survivorship care clinics and palliative care. Patients in Austria can also benefit from an International Tumour Board in partnership with the Children's Hospital of Philadelphia.

Between 2010 and 2022, 436 clinical trials enrolled children and young people in Europe, with 61 (14%) conducted in Austria. St. Anna Children's Hospital and the Medical University of Vienna, both located in the capital, are the centres designated by the Innovative Therapies for Children and Adolescents with Cancer – a collaborative network providing access to innovative therapies for children and young people with relapsed or refractory malignancies. In 2018, 78% of the 68 medicines identified as essential for treating cancer in patients aged 0 to 18 were available in Austria, similar to the 76% EU average (Vassal et al., 2021).

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovak Republic	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Cancer Inequalities Registry

Country Cancer Profile 2025

The European Cancer Inequalities Registry is a flagship initiative of the Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States and regions. The Registry contains a website and data tool developed by the Joint Research Centre of the European Commission (https://cancer-inequalities.jrc.ec.europa.eu/), as well as an alternating series of biennial Country Cancer Profiles and an overarching Report on Cancer Inequalities in Europe.

The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under the Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan.

The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by national experts, the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Each Country Cancer Profile provides a short synthesis of:

- the national cancer burden
- risk factors for cancer, focusing on behavioural and environment risk factors
- early detection programmes
- cancer care performance, focusing on accessibility, care quality, costs and quality of life.

Please cite this publication as:
OECD/European Commission (2025), *EU Country Cancer Profile: Austria 2025,* EU Country Cancer Profiles, OECD Publishing, Paris, https://doi.org/10.1787/c8d574cc-en.

Series: EU Country Cancer Profiles

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