



SPAIN

Country Cancer Profile

2025



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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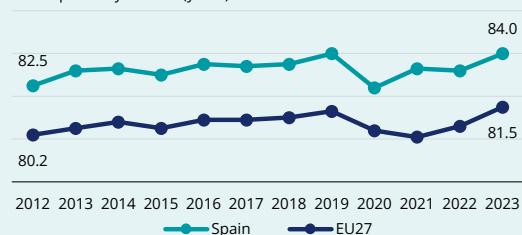
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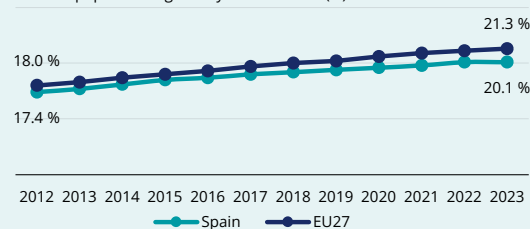
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Key health system and demographic statistics

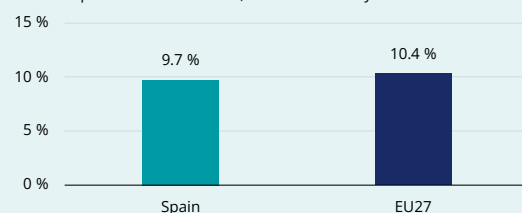
Life expectancy at birth (years)



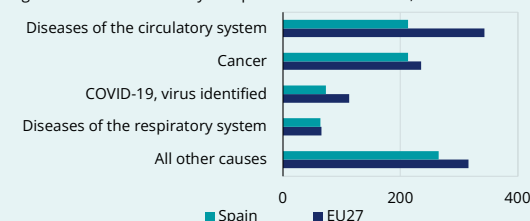
Share of population aged 65 years and over (%)



Health expenditure as % of GDP, 2022 or nearest year



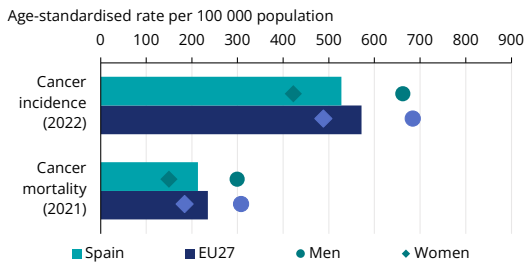
Age-standardised mortality rate per 100 000 inhabitants, 2021



Source: Eurostat Database.

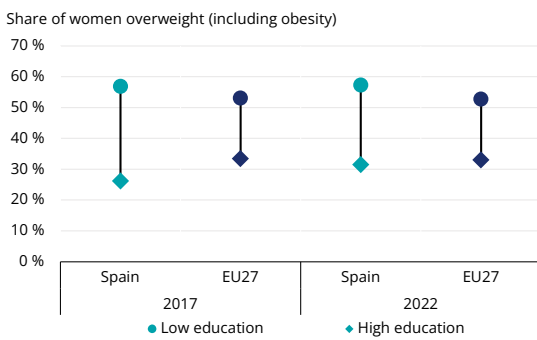
1. Highlights

Cancer in Spain



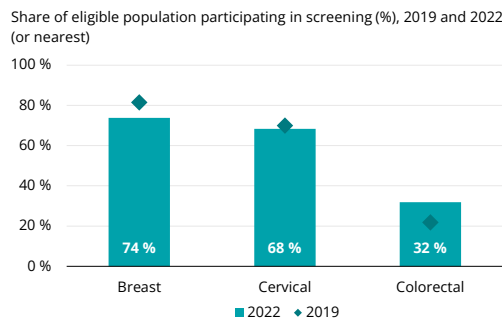
Estimated cancer incidence and mortality rates in Spain are among the lowest in the EU. Colorectal, breast, prostate and lung are expected to be the highest incidence cancers in 2022 in Spain. Socio-economic inequalities in cancer mortality are relatively low, except for lung cancer in men.

Risk factors and prevention policies



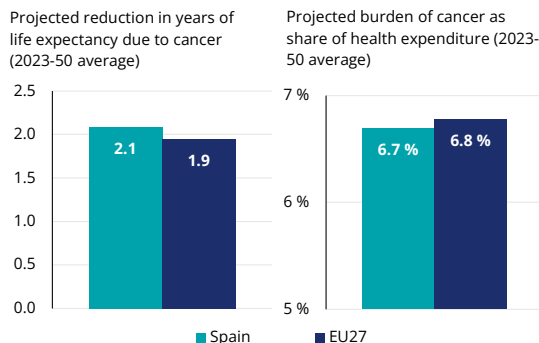
Spain performs well on HPV vaccination for girls and has lower rates of overweight and obesity than most EU countries. However, significant educational inequalities persist among women, with those at the lowest education levels having 80% higher overweight rates compared to those with higher education. Adult smoking and alcohol consumption rates remain high, and environmental risk factors including air pollution are concerning. Spain's updated anti-smoking policies aim to reduce tobacco use. Educational disparities in physical activity and dietary habits highlight areas for targeted intervention to improve public health and reduce cancer prevention inequalities.

Early detection



Breast cancer screening covers all eligible women aged 50-69 with mammograms every two years. Cervical cancer screening transitioned to a population-based approach in 2019, for women aged 25-65, including human papillomavirus testing, and aiming for near-total coverage within 10 years. Colorectal cancer screening participation has been increasing, despite regional disparities. Participation rates for breast and cervical cancer screening have remained relatively stable over time, but efforts are needed to address low participation among vulnerable groups.

Cancer care performance



Modernisation and investment in imaging and therapy equipment have enhanced access to care in Spain, yet shortages of oncology specialists signal the need for strategic planning. Recent measures such as increased access to precision medicine, consolidation of comprehensive cancer centres and promotion of professional psychosocial services in cancer care are enhancing care quality. Continued efforts to standardise and ensure access to palliative care should support better quality of life for patients with advanced cancer. Between 2023-50, the burden of cancer as a share of health expenditures in Spain is expected to be lower than the EU average, while the reduction in life expectancy due to cancer is anticipated to be higher.

2. Cancer in Spain

Cancer incidence in Spain is lower than in most EU countries

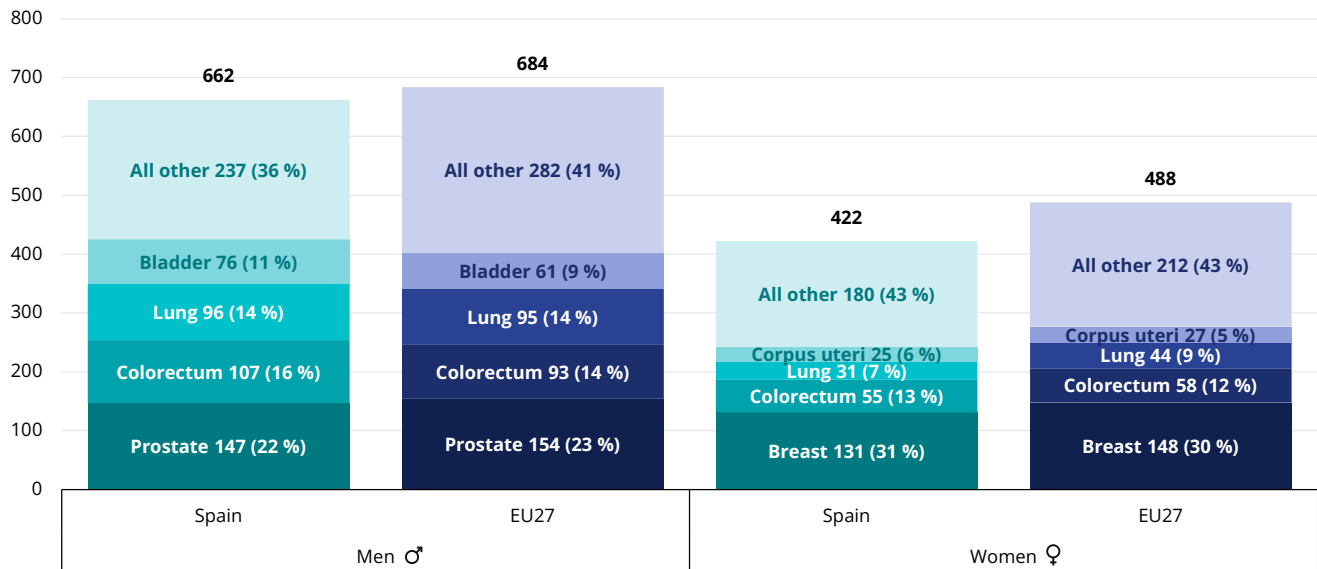
According to the European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, around 264 528 new cancer cases were expected in Spain in 2022, with men accounting for 57% of these diagnoses. The age-standardised cancer incidence rate was 422 per 100 000 women (below the EU average of 488 per 100 000) and 662 per 100 000 men (below the EU average of 684 per 100 000). Prostate was the most common cancer site

among men, comprising 22% of cancer incidence rates – closely aligned with the EU average of 23%. Other prevalent cancer types among men included colorectal (16%), lung¹ (14%) and bladder (11%) cancers. Among women, breast cancer was the most common, constituting 31% of cancer incidence rates – comparable to the EU average of 30% – followed by colorectal (13%), lung (7%) and uterus (6%) cancers (Figure 1).

Looking forward, ECIS estimates that cancer cases will increase by 31% between 2022 and 2040.

Figure 1. Breast, prostate and colorectal cancer remain the most commonly diagnosed cancer types

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 aged-standardised incidence rates and as such differs from the percentage breakdown of absolute numbers shown on the ECIS website.

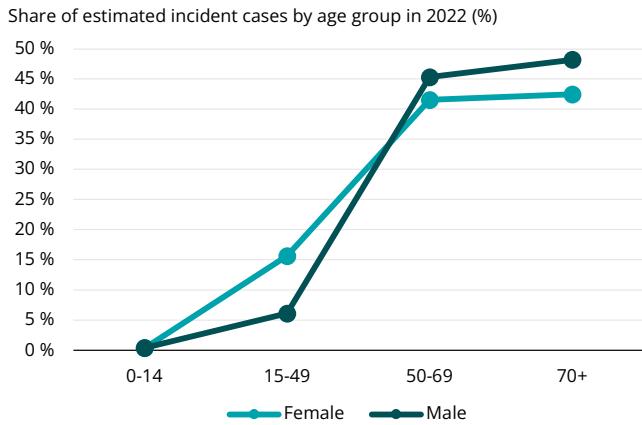
Compared to men, a higher share of cancer cases among women occurs in those aged 15-49

As age increases, the likelihood of developing cancer rises significantly – particularly after age 49 (Figure 2). A higher share of estimated cancer cases among women occurs in those ages 15-49 as

compared to men, primarily due to incidence of women-specific cancers such as cervical and breast cancer. However, among men, a higher share of estimated cancer diagnoses occurs in those age 50 and above.

¹ Lung cancer also refers to trachea and bronchus cancers.

Figure 2. Cancer diagnoses increase with age, but the trend differs among men and women in Spain



Note: The figure refers to the relative proportion of the estimated number of cancer cases for age-specific groups out of the total estimated number of cases.

Source: European Cancer Information System (ECIS). From <https://ecis.jrc.ec.europa.eu>, accessed on 10 March 2024. © European Union, 2024.

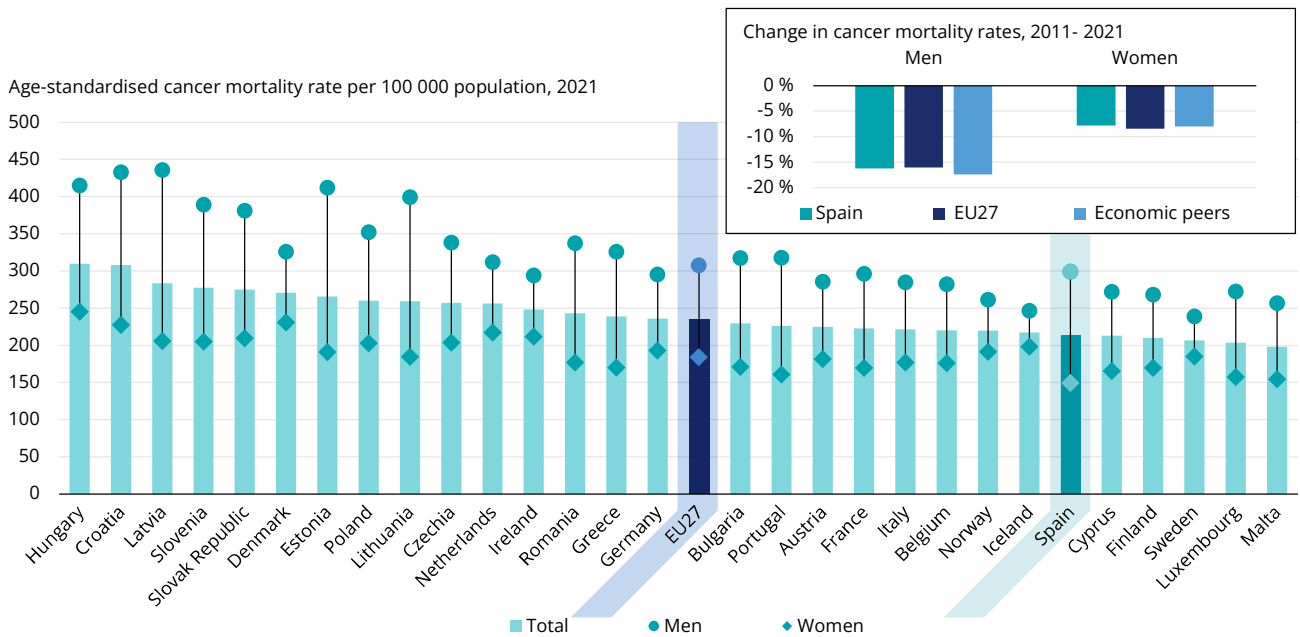
Cancer is the leading cause of death in Spain

In 2021, cancer was the leading cause of death among men in Spain and the second leading cause among women, after circulatory system diseases. Overall, cancer accounted for 213 deaths per 100 000 age-standardised population in 2021, down from 244 per 100 000 in 2011, representing about a quarter of all deaths recorded in Spain. This cancer mortality rate is lower than the EU average of 235 per 100 000. Only Spain, Belgium, Denmark, France and the Netherlands have cancer as the leading cause of mortality.

Cancer mortality decreased considerably from 2011 to 2021 in Spain, especially among men

Mortality rates among men decreased significantly (by 16%) between 2011 and 2021, although this reduction was smaller than that among Spain's economic peers,² which saw a 17% decrease. The mortality rate among Spanish women decreased more slowly – by 8% over the same period, which is on par with the reduction among the country's economic peers (Figure 3).

Figure 3. Cancer mortality rates in Spain show substantial gender disparities, despite overall lower rates



Notes: Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for ES are CY, CZ, FI, FR, IT, LT, MT and SI. Source: Eurostat Database.

Lung, breast, prostate and colorectal cancer are the leading causes of cancer-related deaths

In 2021, the cancers with the highest mortality rates among women in Spain were breast (22 deaths per 100 000 population), lung (21 per

100 000), colorectal (20 per 100 000), pancreatic (13 per 100 000) and ovarian (7 per 100 000) cancers. Among men, the leading causes of cancer mortality were lung (76 deaths per 100 000), colorectal (41 per 100 000), prostate (28 per 100 000), pancreatic (18

² Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for ES are CY, CZ, FI, FR, IT, LT, MT and SI.

per 100 000) and bladder (17 per 100 000) cancers. These figures highlight the differing impacts of various cancers on men and women in Spain.

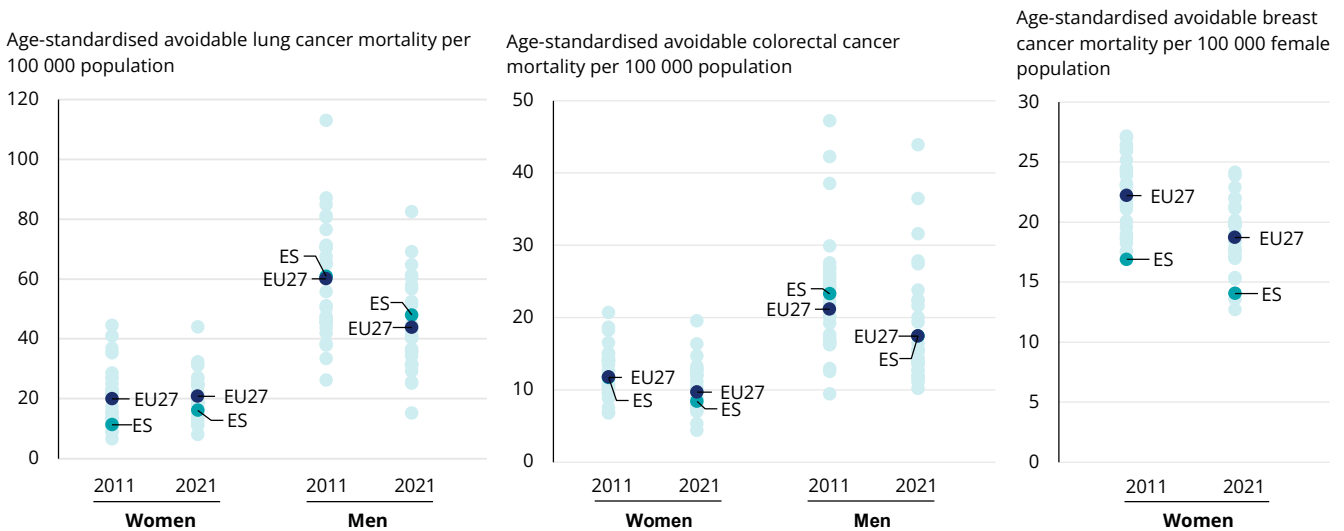
Mortality from lung cancer has increased among women

The avoidable mortality rate³ from lung cancer in 2021 was 16 per 100 000 women (23% lower than the EU average) and 48 per 100 000 men (10% higher than the EU average). However, while men's lung cancer mortality had decreased by 21% since 2011, women's lung cancer mortality had increased by a concerning 42% during the same period (compared to a 4% increase for women in the EU). This likely contributed to the more modest decrease in overall cancer mortality among women in Spain as compared to the EU. The rise in lung cancer mortality among women in Spain is closely linked to increased smoking rates during the latter half of the 20th century, reflecting a delayed smoking epidemic compared to men.

In 2021, Spain's avoidable mortality rate from breast cancer was 14 per 100 000 women, which was 25% lower than the EU average, and had decreased by 17% since 2011 (Figure 4). In 2021, avoidable mortality from colorectal cancer among women was 13% lower than the EU average, while the rate among men was similar to the EU average. Avoidable mortality from colorectal cancer has dropped by 25% or more for both genders since 2011, pointing to the importance of colorectal cancer screening (see Section 4).

Gender gaps in avoidable mortality from both lung and colorectal cancer are high in Spain. Between 2011-21, avoidable mortality rates for colorectal cancer remained about twice as high for men as for women. However, the gap in rate of lung cancer avoidable mortality among men narrowed from about five times as high as the rate for women to three times as high during this time period.

Figure 4. Avoidable mortality from cancer has fallen in the last decade except for lung cancer among women



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

Cancer mortality declined in all autonomous communities, but disparities remain

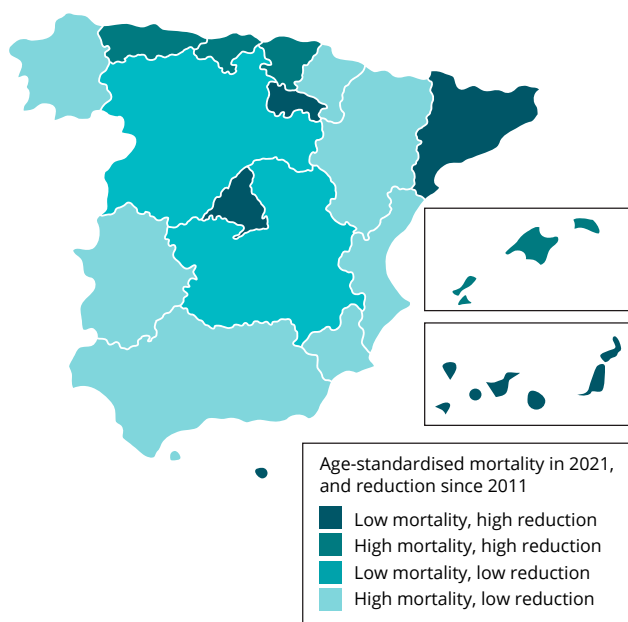
All autonomous communities in Spain have experienced a reduction in overall cancer mortality, though the rate of decline varies widely. The Canary Islands achieved a notable 19% reduction in age-standardised cancer mortality rates from 2011 to 2021. In contrast, Murcia saw only a 6% decline during the same period. This variation results in persisting disparities among regions, despite the nationwide improvements.

Regions such as Madrid, Catalonia and La Rioja have had relatively low cancer mortality rates and significant improvements since 2011. Several regions that had higher-than-average cancer mortality rates in 2011 improved to perform better than the national average by 2021, including Asturias, Cantabria and the Basque Country. Conversely, some regions have had relatively higher mortality rates and slower reductions since 2011. Galicia, Aragon, Extremadura, Andalucia and Murcia exemplify this trend (Figure 5).

³ 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.

The slow convergence in cancer mortality rates among Spain's autonomous communities indicates varied progress in reducing cancer mortality across the country. This disparity reflects differences in prevalence of risk factors, access to adequate care, and inequalities in terms of health resources and their organisation and management, which are the responsibility of the regions (see Sections 3, 4 and 5). Autonomous communities with higher per capita health expenditure, better-structured primary and specialised care, more effective screening campaigns and efficient referral systems to tertiary centres tend to have better mortality outcomes.

Figure 5. Regional disparities in cancer mortality reductions are substantial



Notes: Low and high mortality correspond to age-standardised mortality rates below and above the national level (213 per 100 00 inhabitants). Low and high reductions correspond to reductions below or above the national reduction in cancer mortality (-12%).

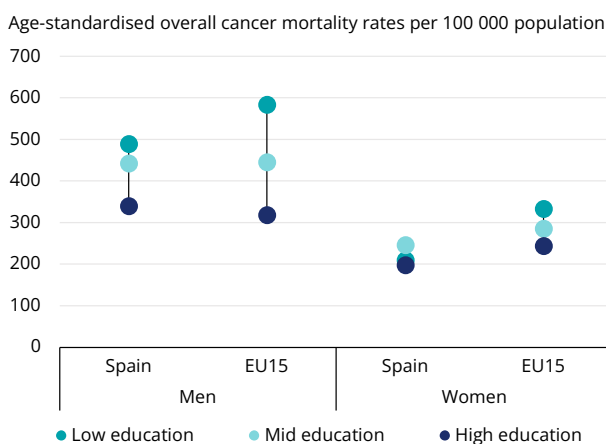
Source: Eurostat Database. Data refer to 2021.

Inequalities in cancer mortality by education are larger among men than women in Spain

There are important education-related inequalities in cancer mortality rates for both men and women in Spain. Figure 6 shows that individuals with lower education levels experienced higher age-standardised overall cancer mortality rates than those with higher education levels. Among men, the gap in cancer mortality between those with lower and higher education is about 44%, which is smaller than the EU average gap of 84%.

Among women, the gap is 6% in Spain, which is also significantly lower than the EU average gap of 37%.

Figure 6. Education substantially impacts cancer mortality rates, especially among men



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.

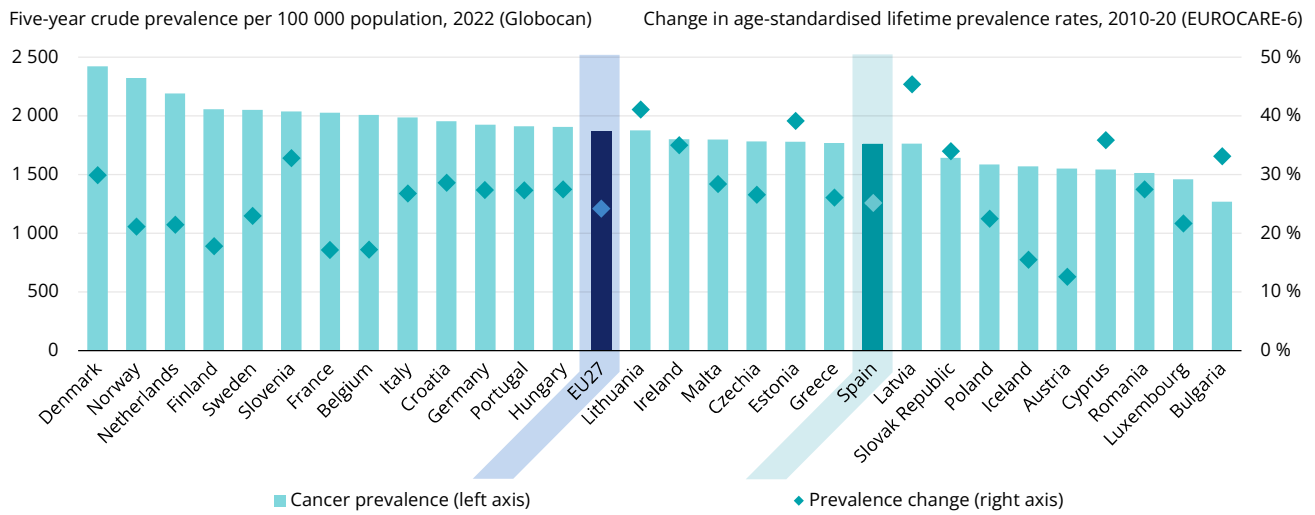
For other socio-economic measures like deprivation, the pattern differs. Based on registry data, lung cancer mortality rates show that mortality is highest among women residing in the least deprived areas and among men residing in the most deprived areas. A recent population study in Spain highlights that socio-economic status significantly influences lung cancer mortality, showing these contrasting patterns in men and women (Redondo-Sánchez et al., 2023).

A growing number of cancer survivors in Spain reflects better outcomes and an ageing population

In 2022, Spain reported a five-year cancer prevalence⁴ of 1 764 cases per 100 000 population, which was lower than the EU average of 1 876 cases per 100 000 (Figure 7). Between 2010 and 2020, lifetime cancer prevalence in Spain increased by 25%, close to the 24% increase across the EU.

⁴ 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.

Figure 7. Spain's cancer prevalence growth is close to the EU average



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

The prevalence increase in Spain could be attributed to improved survival rates and an ageing population. Despite relatively lower cancer incidence rates compared to the EU average, these factors contribute to a growing number of individuals living with cancer, which increases the monitoring and care service load (see Section 5.1).

To meet these challenges, Spain's current National Cancer Plan (NCP) outlines several priority areas (Box 1). The additional pressure on services, combined with health workforce shortages, represents a challenge to address in future updates to the cancer plan.

Box 1. The Spanish National Cancer Plan is comprehensive, with reducing inequalities integrated across its strategic lines

Spain's updated NCP 2021 aims to: combat risk factors such as tobacco and alcohol consumption, unhealthy diet, physical inactivity, environmental pollution, radiation, infections, sun exposure, occupational carcinogens and radon. It also aims to improve access to breast, colorectal and cervical cancer screening, raise awareness, assess new technologies and consider lung cancer screening, and ensure that high-risk individuals have access to screening by establishing multidisciplinary units; centralise care for rare tumours, and create a patient network; and provide psychological and social support and ensure the right to be forgotten for cancer survivors. The NCP focuses on research and innovation, aiming to enhance project support, high-impact publications, clinical trials and precision medicine, aligning with Europe's Beating Cancer Plan (Table 1). The NCP emphasises equity in access to healthcare and aims to reduce regional disparities in cancer care. It also includes an annex on paediatric cancer care, requiring treatment centres to meet quality standards.

Table 1. Spain's National Cancer Plan aligns 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 Plan includes a specific section on the topic; orange indicates that the topic is covered in one of the Plan's sections without being the only focus; and pink indicates that this topic is not covered in the Plan.

Source: Adapted from "Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan" (not yet published).

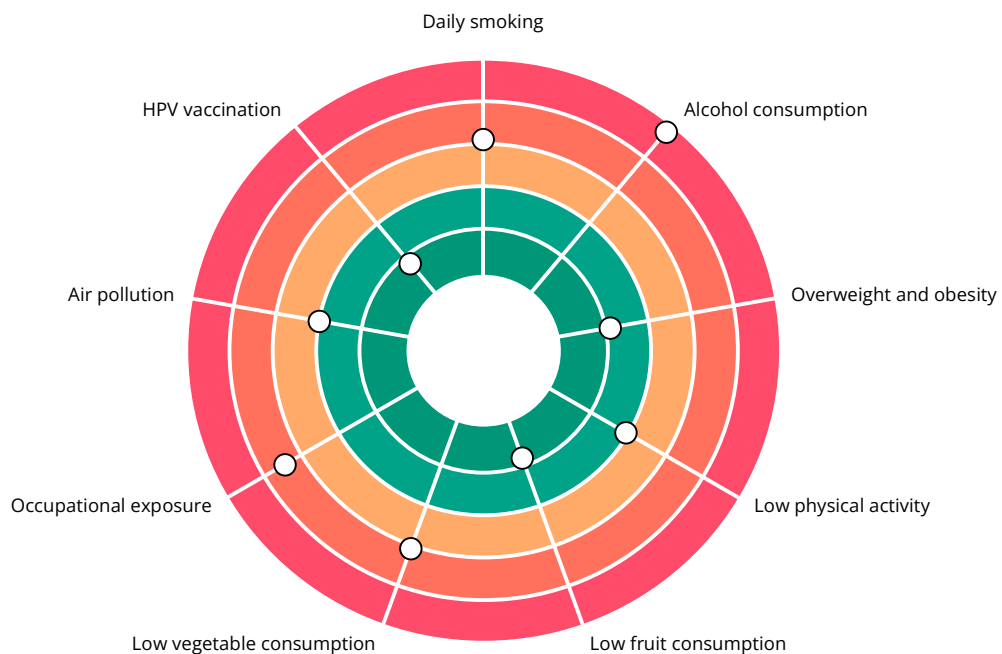
3. Risk factors and prevention policies

Spain has mixed performance on cancer risk factors

Spain performs better than most EU countries on some modifiable behavioural risk factors among adults, including fruit consumption and overweight and obesity. Human papillomavirus (HPV) vaccination rates among women are also among the highest in the EU. However, Spain

faces challenges with persistent behavioural risk factors like smoking, alcohol consumption and low vegetable intake. Additionally, Spain lags behind many EU countries in occupational exposure to carcinogens (Figure 8). Overall, the country has fairly low spending on prevention as a share of total health spending, at 3.6% in 2021 compared to an EU average of 6.1%.

Figure 8. Smoking, alcohol consumption, low vegetable intake and occupational hazards are major risk factors for cancer in Spain



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).

Daily smoking is slightly more common in Spain than in many other EU countries

In 2020, the share of people smoking daily was 17% among women in Spain (compared to the EU average rate of 15% among women) and 23% among men in Spain (similar to the rate in the EU). The highest smoking rates were among men aged 25-34 and women aged 45-54. Smoking was most prevalent among those aged 25-64, with 30% of men and 20% of women smoking daily. Vaping rates among those 15+ are slightly lower than the

EU average, at 2% in Spain in 2022 compared to 3% in the EU.

Spain has strengthened anti-smoking measures to reduce tobacco use and exposure

Spain approved an update to its anti-smoking policy in 2024, with the aim of reducing prevalence of consumption of tobacco and related products, as well as their emissions to the environment. This new policy plans to expand smoke-free areas, increase tobacco taxes and regulate e-cigarettes in the same way as traditional tobacco products

to curb smoking initiation, support cessation and reduce public exposure to tobacco. The plan also includes neutral packaging of tobacco products, which, in co-ordination with other policies, has shown signs of effectiveness in reducing the appeal of smoking.

Alcohol consumption remains high, presenting an opportunity for enhanced preventive measures

In the last decade, alcohol consumption in Spain has increased from 9 litres per person over age 15 in 2012, to at an estimated 12 litres in 2022. This is significantly higher than the EU average of 10 litres per person. In 2020, cancer incidence rates linked to alcohol were higher among men in Spain than the EU averages for colorectal (8 per 100 000 in Spain compared to 7 per 100 000 across the EU) and liver (3 per 100 000 in Spain compared to 2 per 100 000 across the EU) cancers.

Efforts to reduce alcohol consumption have included increases in special taxes on alcoholic beverages. However, these taxes have particular regulations in Spain: wine is subject to excise tax, but the tax rate is zero, while beer has relatively low taxes. Overall, Spain has one of the lowest tax burdens on alcoholic beverages among its neighbouring countries. There is considerable potential to increase taxes as a priority to reduce alcohol consumption and its associated cancer risks.

Physical activity and dietary habits show educational disparities

In 2022, 64% of women and 60% of men reported performing physical activity less than three times a week – both rates lower than the EU averages

of 70% among women and 69% among men. Physical activity rates in Spain reveal significant educational disparities: those with lower education levels reported the lowest levels of physical activity. In 2022, about three in ten women (29%) and more than one in three men (36%) consumed less than one portion of fruit a day. Further, 49% of Spanish adults reported low vegetable consumption, with higher rates among men than women and those with low rather than high education. Since 2017, prevalence of low vegetable consumption has increased by 16% overall, and even more (29%) among women with higher education levels.

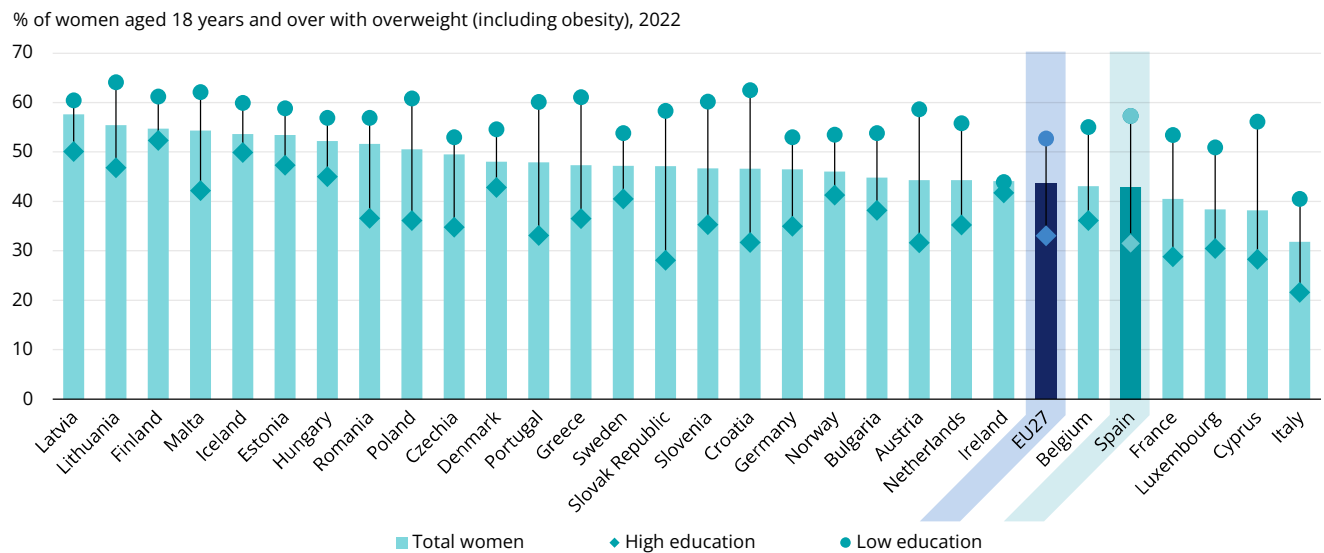
Educational gaps in overweight and obesity rates remain significant, especially among women

Prevalence of overweight in Spain remained relatively stable from 2017 to 2022, with just over half of the population (51%) estimated to be overweight or obese. Overweight rates were much higher among men (60%) than among women (43%). Furthermore, obesity among men and women increased during this period.

In 2022, more than a quarter (32%) of women with higher education levels in Spain were overweight or obese, compared to over half (57%) of those with lower education levels. Figure 9 shows that the education gap among women (26 percentage points) was larger than the EU average (20 percentage points). However, the gap has been narrowing since 2017, showing a 16% decrease. Among men, educational inequalities in overweight and obesity rates are smaller. About 55% of men with higher education levels are overweight or obese, while this rate is 66% among men with lower education levels.



Figure 9. Education gaps in overweight and obesity are substantial among women



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

Spain has made positive progress in increasing HPV vaccination rates and reducing air pollution

Spain targets both girls and boys ages 11-12 for HPV vaccination, which is also delivered via school-based programmes. HPV vaccination rates among 15-year-old girls in Spain stood at 85% in 2023, among the highest rates in the EU. This represents a substantial increase from 61% vaccination rates in 2012. However, within Spain’s HPV vaccination programme, only 31% of boys received all recommended doses of their vaccine in 2023 (compared to 51% on average in the EU).

Spain has also made significant progress in reducing air pollution associated with PM_{2.5} over the last decade. Since 2010, population exposure to air pollution has decreased by about 22%. In 2020, PM_{2.5} levels in Spain stood at 10 µg/m³, lower than the EU average rate of 12 µg/m³. Despite this progress, in 2020, an average of 30 per 100 000 inhabitants in Spain died prematurely due to exposure to PM_{2.5} (EEA, 2024). The Spanish Government is working towards stricter and co-ordinated policies to tackle air pollution and its negative impact on health (Box 2).

Box 2. The European Commission is co-ordinating stricter air pollution control policies

In May 2021, the European Commission adopted the EU Action Plan Towards a Zero Pollution for Air, Water and Soil. This initiative, aligned with Europe’s Beating Cancer Plan, aims to improve public health by bringing air quality standards in line with WHO recommendations. It includes stricter measures to address pollution from agriculture, industry, transport and energy sectors, and enhances updates to national atmospheric pollution programmes. In Spain, the Council of Ministers approved a revision of the national programme against atmospheric pollution for 2023-27 in January 2024. This includes targeted and transversal measures to comply with national air quality policies, in co-ordination with climate and energy strategies.

Mixed progress on adolescent risk factors in Spain highlights the need for targeted policies

Adolescents are a particularly relevant group, as early exposure to behavioural and environmental risk factors is linked to an increased likelihood of risky behaviours in adulthood. Importantly, a growing body of evidence underlines the fact that preventive policies are more effective when implemented among the youngest populations.

Spain performs relatively better than the EU average on some risk factors. In 2022, 16% of adolescents smoked at least once over the last

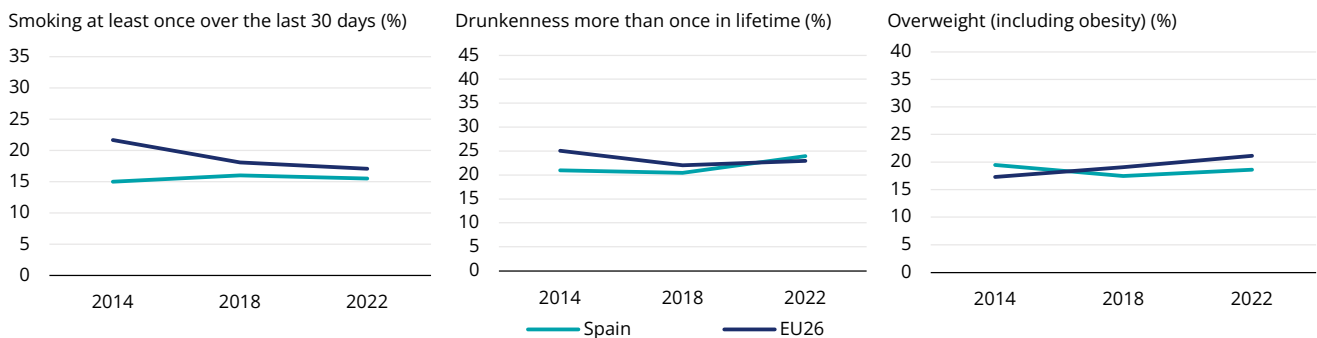
30 days. This rate is lower than the EU average of 17%, although it has remained stable since 2014 rather than improving. Some 13% of 15-year-olds in Spain reported using an e-cigarette in the last 30 days, a substantially lower rate than the 21% in the EU. Additionally, the share undertaking daily one-hour physical activity (16%) is still a little higher than the EU average (15%) although it has dropped from 20% in 2014.

Since 2014, the rate of 15-year-olds reporting having been drunk more than once in their lifetime has increased by 3 percentage points to

24% – surpassing the EU average of 23% (Figure 10). Although daily vegetable consumption remains below the EU average, it increased much faster in Spain (at 12 percentage points from 2014 to 2022)

compared the EU (3 percentage points). In 2022, daily fruit consumption in Spain, at 32% among adolescents, was slightly higher than the EU average (30%).

Figure 10. There are increasing rates of adolescent drunkenness in Spain



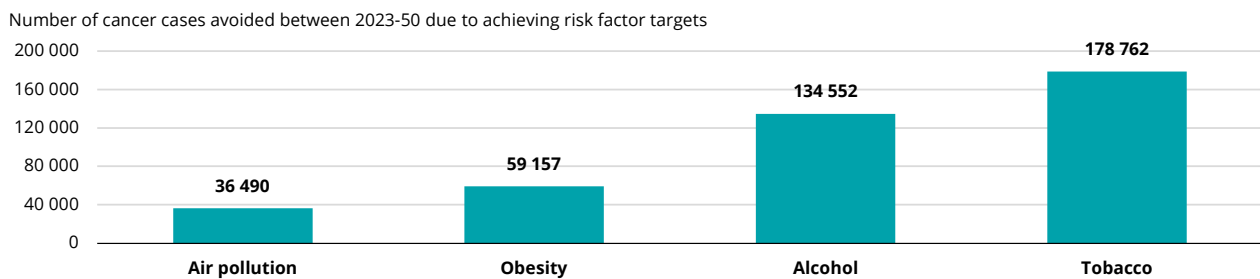
Notes: The EU average is unweighted. Data refer to 2022, and are based on children aged 15 years. EU26 for smoking and drunkenness; EU25 for overweight.
Source: Health Behaviour in School-aged Children Survey.

Achieving risk factor reduction targets could reduce cancer mortality in Spain

According to the OECD Strategic Public Health Planning (SPHeP) modelling work, achieving tobacco targets could prevent 178 762 new cancer

cases in Spain between 2023 and 2050 (Figure 11). Similarly, meeting alcohol targets could prevent 134 552 new cancer cases over the same period. An additional 36 490 cases could be prevented by meeting pollution targets, and 59 157 cases by achieving obesity targets.

Figure 11. Effective prevention policies could have a substantial effect on reducing cancer cases



Notes: The target for tobacco is a 30% reduction in tobacco use between 2010 and 2025, and less than 5% of the population using tobacco by 2040. For alcohol, the target is a reduction of at least 20% in overall alcohol consumption and a 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 to the 2010 obesity level by 2025.
Source: OECD (2024), Tackling the Impact of Cancer on Health, the Economy and Society, <https://doi.org/10.1787/85e7c3ba-en>.

Expenditure on preventive care in Spain remains lower than the EU

Health expenditure in Spain achieved historic levels after the COVID-19 pandemic, representing 10% of GDP in 2022. However, expenditure related to preventive care⁵ is limited, representing only 4% of total health expenditure in 2022. Pre-pandemic analysis of public expenditure on prevention and public health by Autonomous Community reveals

important variation in spending, which appears unrelated to overall health expenditure or income levels. This points to differing policy priorities at the regional level (Trapero-Bertran and Lobo, 2020).

⁵ 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.

4. Early detection

Population-based screening programmes enhance early cancer detection

Screening programmes significantly reduce cancer morbidity and mortality by facilitating early detection. Spain's NCP aligns with EU recommendations, incorporating breast, cervical and colorectal cancer population-based screening programmes. However, implementation varies by region, leading to differences in coverage and participation.

Breast cancer screening is available to all eligible women in Spain

Since its inception in 1990, the Ministry of Health's breast cancer screening programme has provided mammograms every two years for women aged 50-69. Today, this programme successfully covers the entire target population, ensuring regular screening for all eligible women.

Implementation of colorectal cancer screening programmes varies across regions

In 2014, the colorectal cancer screening programme was integrated into the national health system portfolio of services, with the mandate for all regions to start implementation within five years. While all autonomous communities initiated implementation, differences in participation rates persist (ranging from 19% to 74% across communities). In most regions, the eligible population comprises men and women aged 50-69. However, in Extremadura, the target age is 55-69, and in Aragon and Ceuta, it is 60-69. A survey by the Spanish Association Against Cancer reveals

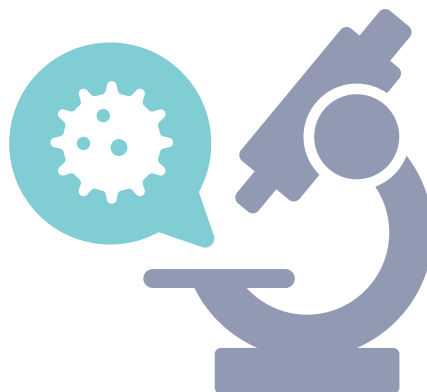
varying knowledge about colorectal cancer screening programmes across Spain, with the lowest levels in the Balearic Islands, Ceuta and the Canary Islands (Fernández Sánchez et al., 2023).

The cervical cancer screening programme expanded to a population-based approach

Cervical cancer screening in Spain transitioned from an opportunistic approach to a population-based programme in 2019. The programme is now part of the national health system's services, and includes HPV testing for women aged 25-65. Autonomous communities have 10 years to achieve near-total coverage, enhancing early detection and prevention efforts nationwide.

Participation rates in breast and cervical cancer screening have remained stable over the last decade

In 2020, more than 74% of Spanish women aged 50-69 reported participating in breast cancer screening programmes. This participation rate, while slightly below the 75% target, still exceeds the acceptable threshold of 70% for eligible women. Despite a 9% decrease in breast cancer screening participation from 2017 to 2020, the rate has remained stable since 2009. Similarly, in 2020, 68% of the eligible population participated in cervical cancer screening – a rate that has remained practically unchanged since 2009. Regions like Catalonia and Murcia have conducted trials using self-sampling devices to increase participation in cervical cancer screening, showing high acceptance rates from participants (Box 3).



Box 3. Self-sampling for human papillomavirus testing can boost participation in cervical cancer screening

Implementation of self-sampling for HPV testing as part of cervical cancer screening programmes aims to overcome barriers such as discomfort with clinician-collected samples, time constraints and geographical inaccessibility of healthcare facilities. Studies conducted among some immigrant populations in various regions and provinces, including Granada and Catalonia, have shown that self-sampling devices have high levels of acceptability and can increase participation rates among women. These innovative policies leverage the convenience and privacy of self-collection, making it easier for women to participate in regular screening programmes (Lopez Castro et al., 2024; Lurgain et al., 2024).

Initial studies indicate that women find self-sampling devices easy to use, and prefer them to clinician-collected samples. For instance, a study in Valencia revealed that 87% of surveyed women preferred self-sampling as a method of screening (Besó Delgado et al., 2021).

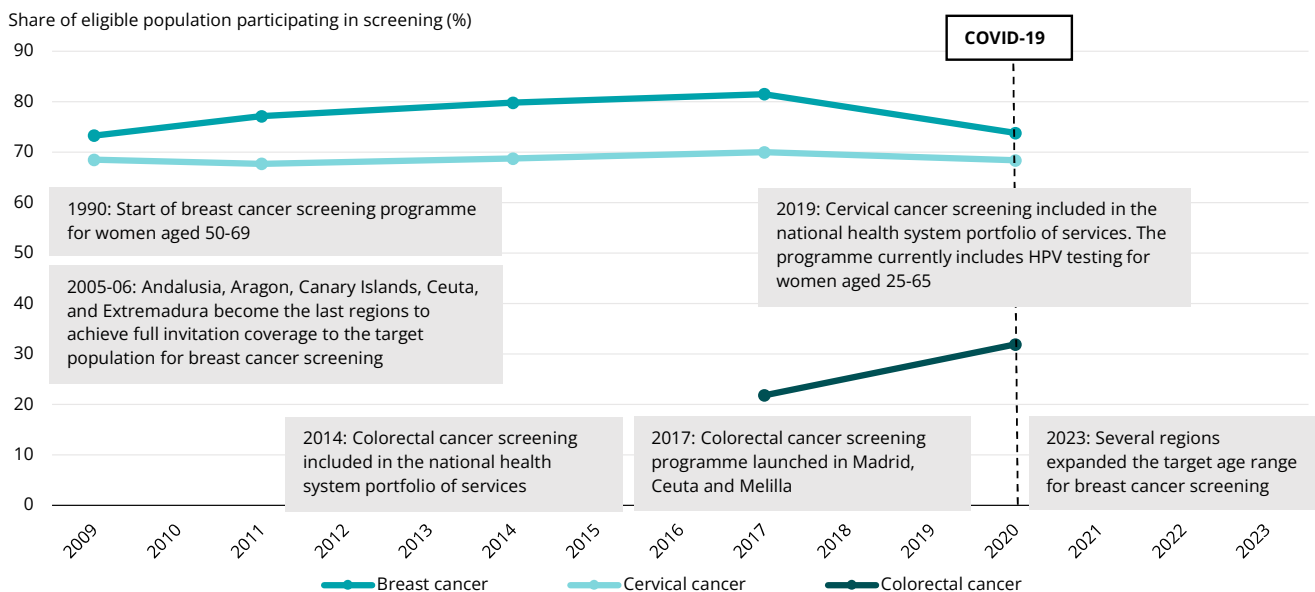
Despite its high acceptability, self-sampling faces challenges such as improper device use and lower preference among women with lower education levels, indicating a need for targeted educational campaigns. Enhanced participation can be achieved with assistance on proper device usage and effective awareness programmes. These measures are crucial to ensure equitable access to cervical cancer screening across diverse demographic groups.

Colorectal cancer screening participation has increased but remains low

In 2020, 32% of the eligible population in Spain was screened for colorectal cancer, showing a significant increase of 10 percentage points since 2017 (Figure 12). Despite this progress, Spain

still falls short of the acceptable participation level of 45% and is far from the ideal target established in the latest update of the NCP of 65% of eligible populations. While implementation of population-based screening programmes has boosted participation rates, more efforts are needed to reach recommended screening levels.

Figure 12. Colorectal cancer screening coverage has increased but is far from target levels of participation

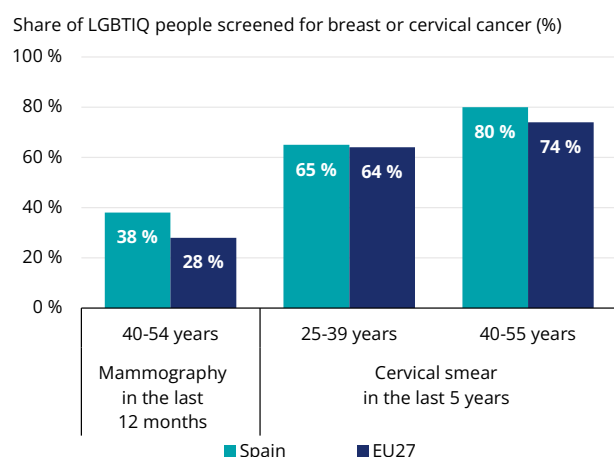


Notes: Data refer to mammography screening among women aged 50-69 within the past two years (based on survey data), cervical cancer screening among women aged 20-69 within the past three years (based on survey data) and colorectal cancer screening among people aged 50-69 over the past two years (based on survey data). Source: OECD Health Statistics 2024.

LGBTIQ persons in Spain participate more in breast cancer screening than their counterparts in the EU

According to the EU LGBTIQ Survey III, participation in cancer screening among relevant LGBTIQ persons is higher in Spain than in other EU countries (Figure 13). For breast cancer screening, 38% of LGBTIQ cisgender females, trans women and intersex people aged 40-54 years in Spain reported having had a mammogram in the previous 12 months, much higher than the EU average of 28%. For cervical cancer screening, 65% of the relevant LGBTIQ population aged 25-39 in Spain reported having had a smear test in the previous 5 years (slightly higher than the 64% in the EU), while 80% of those aged 40-55 reported a smear test (higher than the 74% in the EU). This aligns with the relatively high breast and cervical cancer screening rates seen in Spain in the general population as compared with the EU.

Figure 13. Among LGBTIQ persons in Spain, screening rates are higher than 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).

Broadened screening initiatives improve breast cancer detection in Spain

In 2020, breast cancer screening participation among women aged 50-69 in Spain ranged from 65% to 88% across autonomous communities, with most exceeding the desirable level of 75% recommended by the European guidelines for quality assurance in breast cancer screening. The EU recommends expanding screening to women aged 45-49 and 70-74, based on the preliminary results of its effectiveness in reducing mortality. While conclusive evidence is needed, some Spanish regions have already expanded their programmes. The Spanish Society of Medical Oncology reports that Navarra, Valencia Region, La Rioja, Castilla-La Mancha and Castilla y León now include women aged 45-49, while Galicia and Murcia have extended coverage to age 74. Andalusia is similarly expanding its programme to cover women aged 47-71.

Outreach and invitations can help increase mammography rates

The literature in Spain and abroad concludes that certain groups are less likely to attend mammograms every two years. These groups include migrants, single and younger women, and those dependent on others for care. Similarly, women with lower education levels and those in the lowest socio-economic groups are also less likely to participate in routine mammography. Reported barriers to accessing mammograms include fear of a positive diagnosis, lack of alarming symptoms, feelings of vulnerability during screening, and administrative obstacles. According to Carmona-Torres and colleagues (2017), there was an overall increase in breast cancer screening participation in Spain between 2006 and 2014. Their study reports a shift in the reported reasons for attending screenings, with fewer women mentioning symptoms or health complications as the reason for participation and more responding to direct invitations in person at healthcare centres or through phone calls and letters.

5. Cancer care performance

5.1 Accessibility

Spain ensures universal healthcare coverage within a decentralised system co-ordinated at the national level

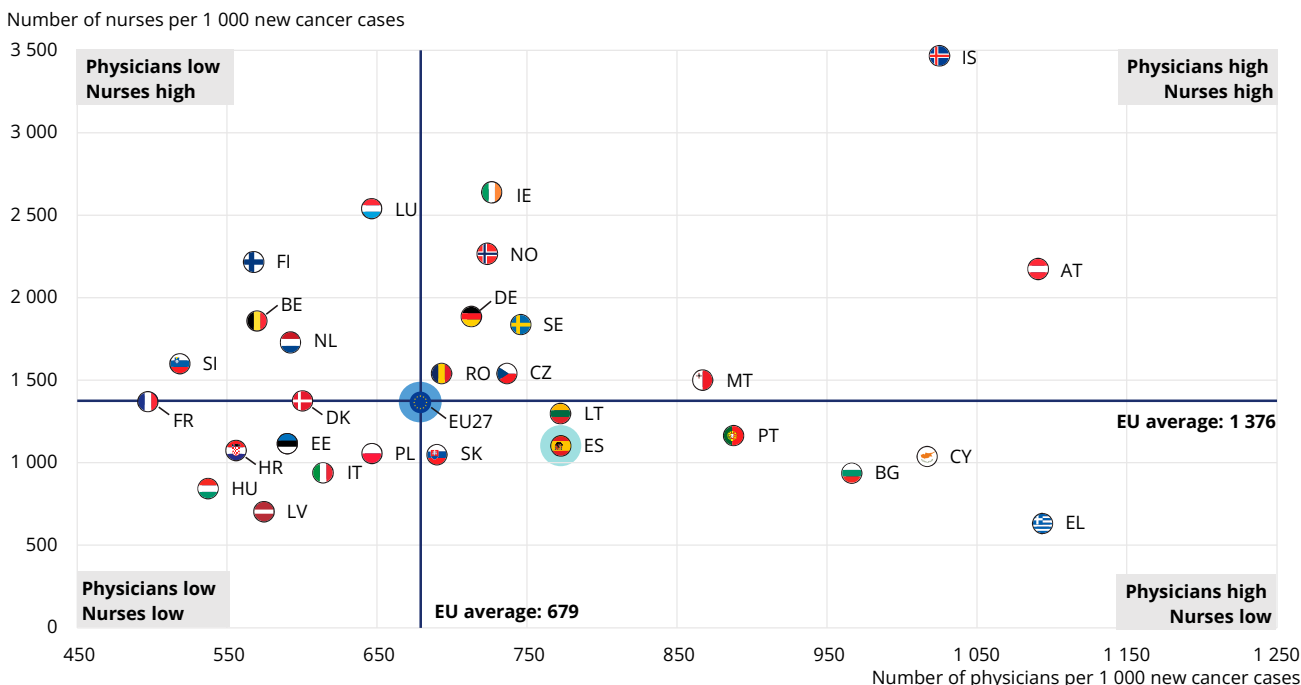
Spain's national health system emphasises universality, ensuring that all residents – regardless of their resident status – have access to a comprehensive range of health services, including cancer care. The system is decentralised: the Ministry of Health is responsible for national planning and regulation, while regional health authorities manage operational aspects. Despite the system's universal coverage, there are notable regional disparities in availability of resources for cancer care, including in health workforce, equipment and oncology medicines, which can impair access to timely and adequate care.

Efforts have been made to enhance equal access to quality cancer care. Spain's NCP, updated in

2021, underscores the importance of multidisciplinary teams and comprehensive cancer centres to improve diagnosis and treatment. Challenges remain for reorganisation of tertiary hospitals to concentrate expertise, which is essential for improving outcomes and ensuring equitable access to high-quality care across the country (see Section 5.2). Other structural challenges to access include addressing workforce shortages and enhancing availability of telemedicine for follow-up care.

Spain reports more physicians but fewer nurses than most EU countries. In 2022, Spain had 773 physicians per 1 000 new cancer cases, surpassing the EU unweighted average of 679 per 1 000. Conversely, Spain has a relatively low number of nurses per cancer case, with 1 106 nurses per 1 000 new cases compared to the EU average of 1 376 per 1 000 (Figure 14).

Figure 14. The number of physicians per 1 000 new cases of cancer is high in Spain, but the number of nurses remains low



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.

Lack of recognition and gaps in occupational safety hinder Spain's oncology nursing

The Cancer Nursing Index by the European Oncology Nursing Society highlights the progress and status of oncology nursing in Europe (EONS, 2024). Spain falls behind many of its economic peers in several dimensions of the Index, especially in workforce, occupational safety and professional recognition. The low score in occupational safety relates to the absence of specific guidelines for handling cytotoxic and radioactive drugs during pregnancy and breastfeeding, a lack of systematic testing for occupational risks, and insufficient formal training before administering cytotoxic drugs. For recognition, oncology nursing lacks formal accreditation within the Spanish education system. Consequently, oncology nursing is not included in the NCP, and cancer centre boards do not have reserved positions for oncology nurses. Although specialised training is accessible through master's programmes, the majority of nurses working in oncology come from the general pool of nurses. This reliance can lead to potential care challenges – particularly during vacation periods, when less experienced nurses may fill in for their seasoned counterparts.

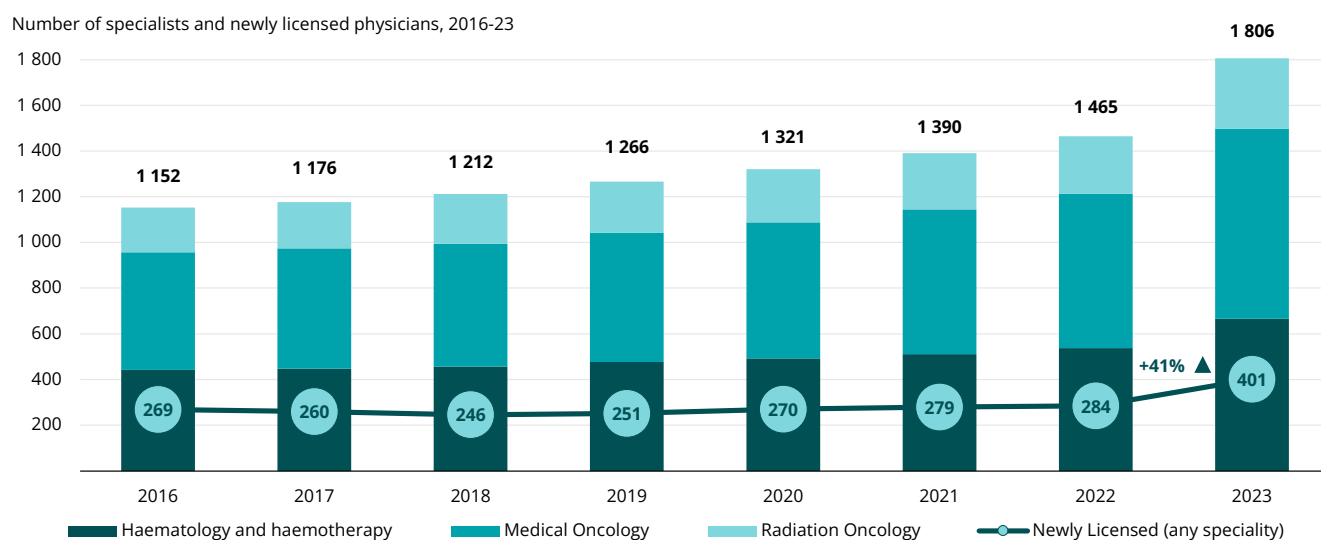
Recruitment and retention challenges highlight the need for improved workforce planning in Spain's oncology sector

An oncology workforce is essential to ensure access to cancer care, but Spain – like other EU countries

– faces notable challenges in recruiting, training and retaining physicians specialising in cancer care. Since oncology was recognised as a medical speciality in 1978, the number of resident intern positions has increased. In 2023, there were 726 radiation oncologists, along with 2 030 haematologists, although data is not available about how many of them practice or perform oncology tasks. In addition, there are estimated to be 1 918 medical oncologists in the country based on the number of members in the Spanish Society for Medical Oncology.

Figure 15 shows that the number of newly licensed specialists in haematology, oncology and radiation oncology remained stable, averaging 266 specialists from 2016 to 2022, but this figure rose to 401 in 2023 – a 40% increase. Additionally, there was a nearly 57% increase in newly enrolled physicians in oncology speciality or subspecialty training from 2016 to 2023. Despite this growth, Spain continues to face a shortage of oncologists compared to neighbouring countries. Professional standing studies conducted by the Spanish Society of Medical Oncology indicate that working conditions could be improved. A sizeable proportion of medical oncologists trained in Spain do not pursue clinical care within the country (9%), largely due to substantial employment instability, with only 15% holding permanent contracts. Many young medical oncologists have considered alternative career paths (65%) or working abroad (52%) (Martinez et al., 2023).

Figure 15. Increasing numbers of trained oncologists in Spain contribute to meeting the rising demand for cancer care



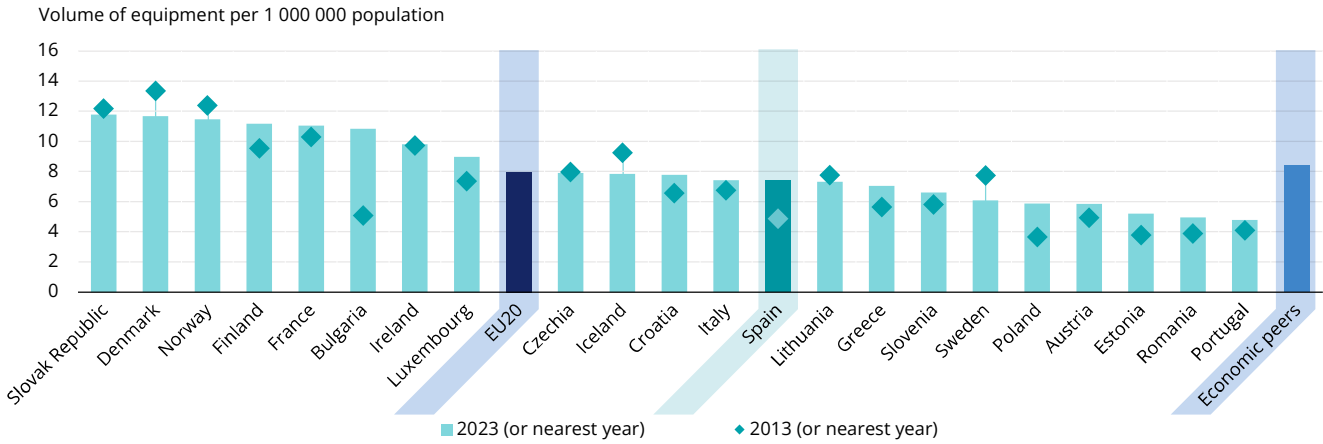
Source: Adapted from Ministry of Health (2023).

The increase in radiotherapy equipment density reflects important investment in Spain in the last decade

In Spain, the volume of radiation therapy equipment in 2022 was 7 per 1 000 000 population, which is slightly lower than the EU average (8 per

1 000 000) and 12% lower than the average among the country's economic peers (8.4 per 1 000 000). However, the volume in Spain has increased significantly by 52% since 2013, reflecting the public and private investment for radiodiagnosis and radiotherapy treatment of cancer (Figure 16).

Figure 16. Spain's radiotherapy equipment volume remains lower than the average among its economic peers despite recent investments



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 are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for ES are CZ, FI, FR, IT, SI. The EU average is unweighted.

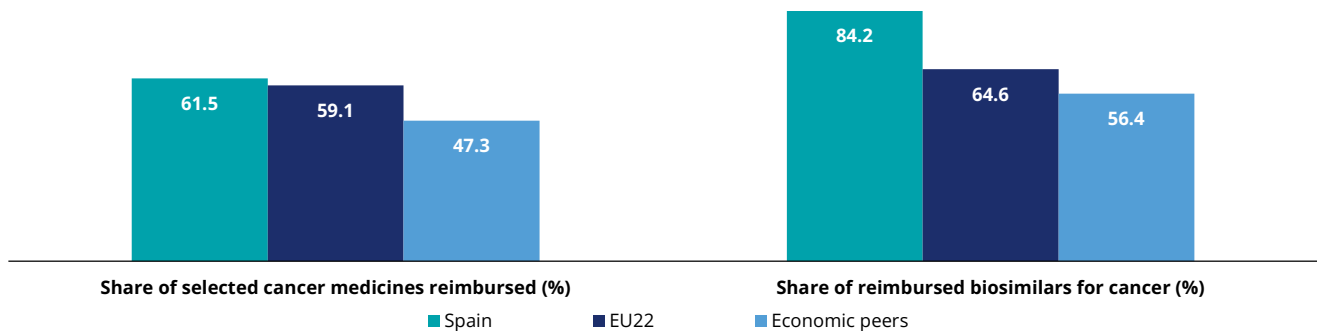
Source: OECD Health Statistics 2024.

Spain's public coverage for cancer medicines and biosimilars is above the EU average

For a selected sample of cancer medicines with high clinical benefit, specifically for breast and lung cancer, 62% of the indications in Spain are publicly reimbursed. This rate is higher than the EU average of 59% and exceeds the 47% average among the country's economic peers.

Generic and biosimilar markets provide an opportunity to increase pharmaceutical spending efficiency. In Spain, 84% of biosimilars for cancer medicines are publicly reimbursed, which is significantly higher than the EU average of 65% (Figure 17). This share is also greater than the average of 56% among Spain's economic peers.

Figure 17. Most biosimilars for cancer medicine are covered within the public system in Spain



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 ES are CY, CZ, FR, LT, MT and SI. The EU average is unweighted.

Source: Hofmarcher, Berchet and Dedet (2024), "Access to oncology medicines in EU and OECD countries", OECD Health Working Papers, No. 170, OECD Publishing, Paris, <https://doi.org/10.1787/c263c014-en>.

5.2 Quality

Cancer is responsible for a significant reduction in potential years of life in Spain

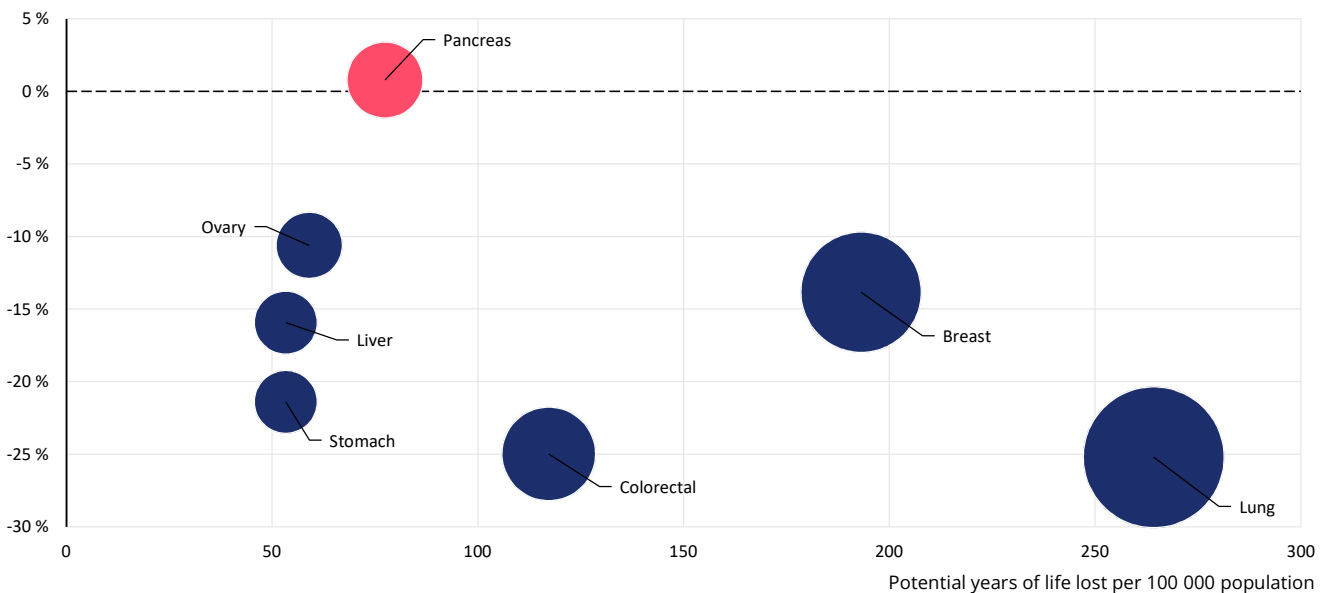
In lieu of survival data, potential years of life lost (PYLL) is an interesting complementary measure of the impact of different cancers on society, because it puts a higher weight on cancer deaths among younger individuals. Examining the change in PYLL over time across various cancer sites can point to improvements in cancer care systems via reductions in premature mortality. In 2021, the PYLL rate due to cancer in Spain was 1 166 per 100 000 population, which is 14% lower than the

EU average (1 355 per 100 000). This achievement reflects significant progress, with Spain reducing its PYLL rate by 19% since 2012, similar to the EU average decrease of 19%.

This overall reduction can mostly be attributed to the reduction in PYLL for three cancer types (colorectal, lung and female breast cancer), which account for the greatest cancer burden in Spain (Figure 18). These three types thus represent an opportunity for potential gains in avoidable mortality through investment in policies for cancer prevention and early detection. Notably, pancreatic cancer is the only site with an increase in PYLL in Spain – rising by 1% since 2012.

Figure 18. Lung cancer remains the leading cause of cancer-related potential years of life lost despite important progress over the past decade

Percentage change in potential years of life lost 2012-22 (or nearest available year) (%)



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.

The new biomarker catalogue might improve access to precision medicine

The Spanish Ministry of Health’s approval of a unified catalogue of cancer biomarkers represents a significant advance for patients, enhancing access to precision medicine and improving diagnostic accuracy by ensuring that these genetic tests are publicly covered. The initiative aims to streamline and personalise treatment – particularly in oncology and rare diseases. However, further regulatory guidance is essential to safeguard the catalogue’s effective use and equitable implementation across the national health system. For instance, specifying a list of accredited centres where these procedures can be developed would

enhance accessibility, ensuring that patients could benefit from the latest therapies.

Establishment of comprehensive cancer centres provides an opportunity to concentrate cancer care and enhance quality

The European Commission is actively developing its Network of Comprehensive Cancer Centres through the CRANE and EUNetCCC projects, aimed at enhancing cancer care quality and accessibility across EU countries. This initiative seeks to connect specialised cancer centres, and ensure that 90% of eligible patients receive care in these centres by 2030. By concentrating cancer care in high-volume, specialised hospitals, the Network

aims to provide high-quality, multidisciplinary treatment and achieve better patient outcomes.

In Spain, establishment of comprehensive cancer centres will effectively reorganise cancer care, enhancing both quality and efficiency. This strategy aims to centralise procedures and to improve care standards, equity in access and patient outcomes. The Ministry of Health is committed to ensuring nationwide coverage to promote equity and accessibility. In the initial stage, 10 centres were listed to be affiliated entities of the new Joint Action EUnetCCC “European Network on Comprehensive Cancer Centres”, with the potential for more centres to join as the European Commission establishes the certification process, allowing additional centres to participate.

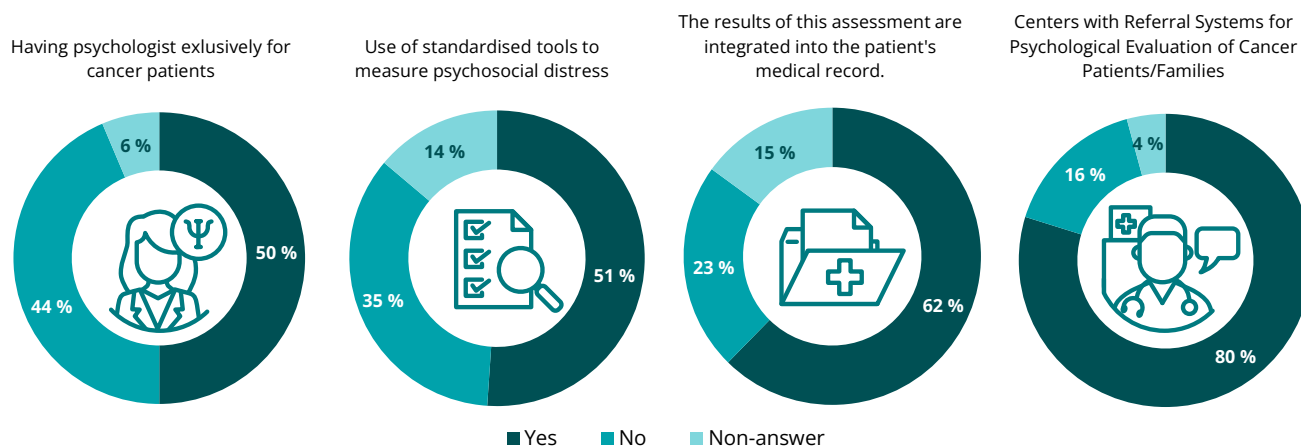
Integration of professional psychosocial support into standard care protocols is heterogeneous in Spain

The NCP, along with specific regional plans, emphasises the importance of professional psychosocial support in cancer care. However, these responsibilities are frequently shifted to patient associations, private entities and families.

A survey conducted by the Cancer Psychosocial Care Observatory of the Catalan Institute of Oncology, in co-ordination with the Ministry of Health, targeted tertiary hospitals across various autonomous communities to study the development of psychosocial cancer care. The survey included centres with medical oncology, radiation oncology and clinical haematology services, and covered a total of 94 hospitals from different regions.

The survey responses indicate that 50% of the hospitals interviewed have clinical psychologists dedicated exclusively to cancer patients (Figure 19). Additionally, 51% (48 out of 94) reported using standardised tools to measure psychosocial distress, with the Hospital Anxiety and Depression Scale, the Distress Thermometer and the Emotional Distress Detection Scale being the tools most frequently used. In 62% of the hospitals, the results of these evaluations are integrated into patients’ medical history. Further, 75 hospitals reported having established referral pathways for cancer patients or family members for further evaluation when the assessments detect possible psychosocial distress, with the most common being inter-consultation (in 24 centres) and direct referral (in 19 centres).

Figure 19. Heterogenous strategies are in place for adoption of professional psychosocial care in cancer



Note: Survey of 94 tertiary hospitals across various autonomous communities in Spain. Source: Informe de Atención Psicológica en Cáncer (2023).

Further integration of patient experiences in cancer planning could enhance perceived quality

Spain’s NCP acknowledges the views of patient associations, but there is a need to integrate patient perspectives further into strategic planning and evaluation indicators. Currently, patient-reported experience and outcome measures are not included in the NCP. However, academics and healthcare professionals have launched regional initiatives

related to breast cancer care in Spain, such as at the Madrid 12 Octubre Hospital and Donostia and Cruces hospitals in the Basque Country. These initiatives measure aspects such as satisfaction with breast following breast intervention, emotional functioning, social functioning, global health status and body image. Systematically incorporating patient reported outcomes in cancer care in Spain would provide valuable insights into patient satisfaction and the effectiveness of care.

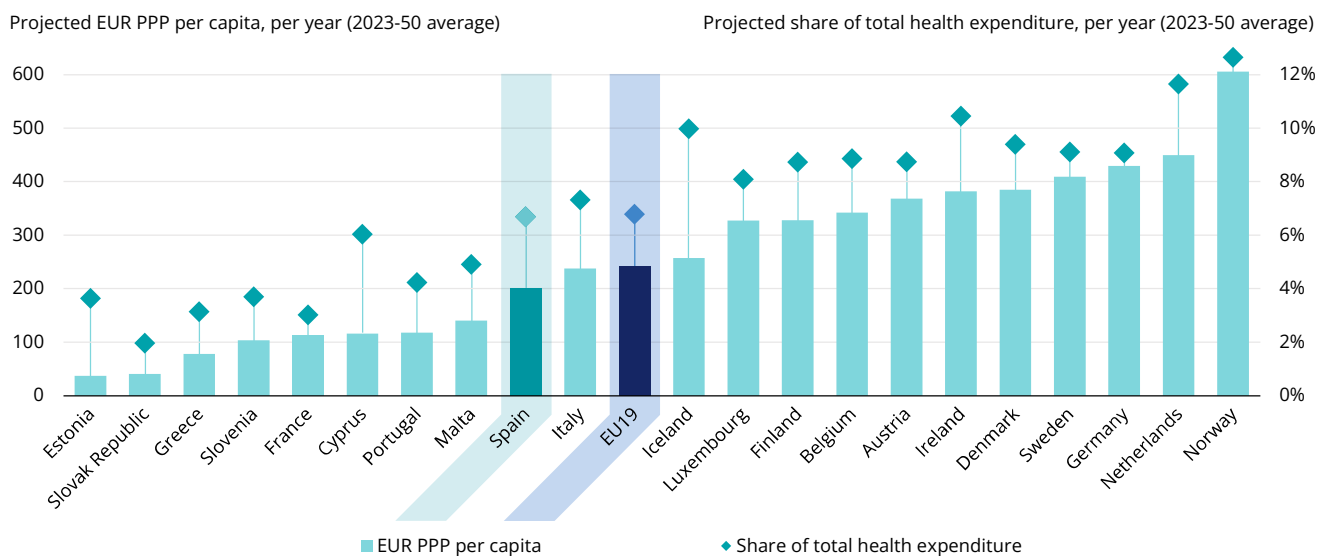
5.3 Costs and value for money

The cost of cancer care and its value for money are fundamental to the sustainability of healthcare systems, affecting resource allocation, accessibility and quality of care. High cancer treatment costs can strain healthcare budgets, limiting funds for other critical health services. Efficient spending ensures that resources are used effectively, improving patient outcomes and maintaining equitable access to care. By optimising the cost and value of cancer treatments, healthcare systems can deliver high-quality care to a larger population without compromising financial stability.

Spain’s burden of cancer on health expenditure is expected to be below the EU average between 2023 and 2050

According to OECD SPHeP modelling work, between 2023 and 2050, total health expenditure is estimated to be 7% higher in Spain due to the burden of cancer. This equates to an average of EUR (PPP) 200 per person per year (Figure 20), lower than the EU19 average (EUR 242). Overall, the per capita health expenditure on cancer care is expected to grow by 82% in Spain between 2023 and 2050, compared to 59% in the EU27.

Figure 20. The burden of cancer on health spending in Spain is anticipated to be slightly lower than the EU average during 2023-50



Note: The EU average is unweighted.

Source: OECD (2024), *Tackling the Impact of Cancer on Health, the Economy and Society*, <https://doi.org/10.1787/85e7c3ba-en>.

Cancer-related workforce loss in Spain is expected to be below the EU average

Furthermore, according to OECD SPHeP modelling work, during 2023-50 on average, there is expected to be a loss of 162 full-time equivalent workers (FTEs) per 100 000 people in Spain due to the need to reduce employment because of cancer, which is lower than the EU average of 178 FTEs per 100 000. A further loss of 77 FTEs per 100 000 people is also expected over 2023-50, due to both absenteeism and presenteeism,⁶ although this is somewhat lower than the EU average of 81 FTEs per 100 000.

Similar calculations published by the Spanish Association Against Cancer estimate that when accounting for direct medical costs, direct non-medical costs and indirect costs related to

cancer, the total burden of cancer accounted for at least EUR 19 billion in 2020.

Increasing public funding for oncology drugs requires robust health technology assessment

The Ministry of Health has reported that in 2021, nine out of ten oncology drugs that went through national evaluation for pricing were financed via public expenditure in Spain, marking a 7.5% increase from 2019. Reimbursement of these new medicines by the public healthcare system should be subject to transparent health technology assessments to evaluate the cost – effectiveness of new treatments. Independent and systematic evaluations are essential to prevent waste of resources that could be better used to improve healthcare outcomes.

⁶ Presenteeism refers to lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition.

Reimbursement decisions for new drugs in Spain are made by an inter-ministerial commission that includes representatives from the Ministry of Health and regional governments. This commission receives clinical effectiveness evaluations from various agencies, although economic evaluations are often not part of the reports provided to inform decision makers. Experts suggest the need to consolidate and standardise processes among the agencies involved, addressing challenges in the timing of economic evaluations, the composition of expert groups and the growing involvement of patients in the decision-making process.

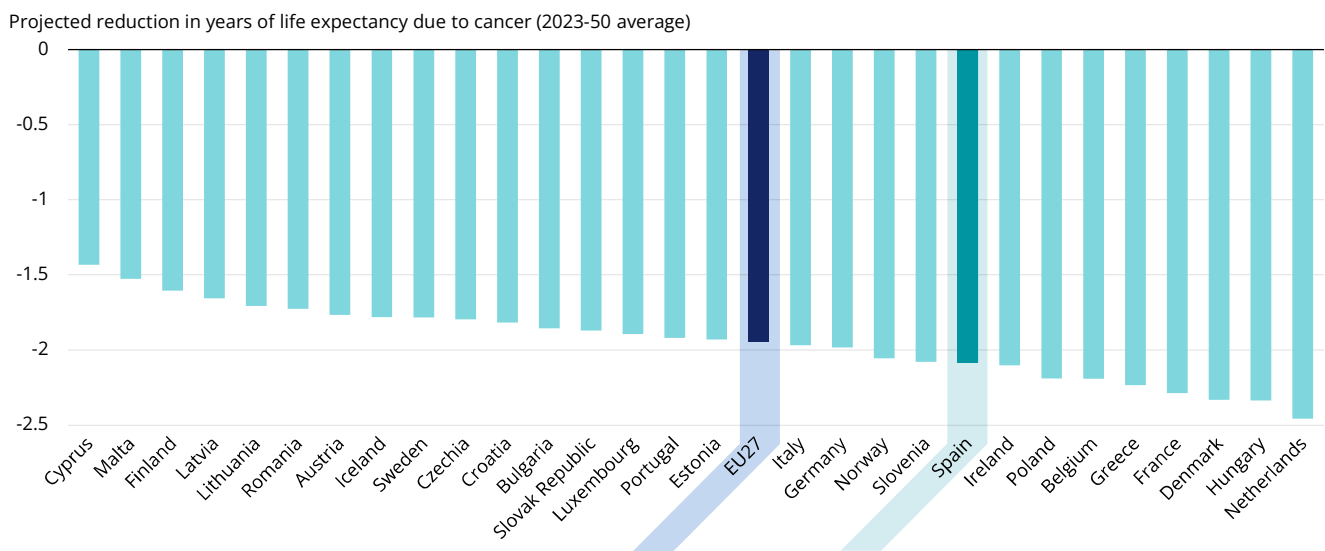
5.4 Well-being and quality of life

OECD SPHeP modelling work suggests that between 2023 and 2050, cancer will reduce population

life expectancy on average in Spain by 2.1 years compared to a scenario without cancer (Figure 21). This is slightly higher than the EU average (1.9 years), given that cancer is the leading cause of mortality for men, and the second leading cause for women in Spain (see Section 2).

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, Spain is also expected to have much higher depression rates, at an additional age-standardised rate of 28 cases per 100 000 per year – much higher than the EU average of 17 cases per 100 000.

Figure 21. Spain’s life expectancy losses due to cancer are higher than in the EU



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

Incidence of mental health disorder symptoms among cancer patients is high in Spain

Cancer patients are especially prone to emotional distress as cancer diagnosis, treatment and fear of relapse can have negative psychological and clinical consequences. A prospective cohort study in Spanish centres during the COVID-19 pandemic revealed high rates of anxiety (36%) and depressive symptoms (35%) among patients with advanced cancer, aligning with similar findings in other oncology studies (Obispo-Portero et al., 2022). These symptoms were more prevalent among women and younger adults. Implementing professional psychosocial support can alleviate the mental health impact on both patients and their families (see Section 5.2). The latest update of the NCP highlights the challenges faced by the national

health system in integrating a psychosocial approach to cancer care, including the need for regular assessments of emotional distress, access to specialised psychological care, support services for families and development of support networks.

Spain is placing increasing focus on a psychosocial approach to achieve patient-centred cancer care

The Spanish Palliative Care Strategy emphasises the importance of psychosocial support in the treatment of severe illnesses, including cancer. It highlights WHO’s definition of palliative care, which includes managing psychological, social and spiritual issues, and stresses the need to prevent and manage burnout among healthcare professionals. The Strategy calls for a comprehensive and co-ordinated response

to these needs, and various autonomous communities have implemented specific measures to provide emotional support to primary carers. A psychosocial approach not only enhances quality of life for patients but also supports better treatment adherence and outcomes.

Fragmented legislation hampers equal access to palliative care in Spain

For patients with advanced cancer and those nearing the end of life, palliative care becomes crucial. It enhances quality of life for both cancer patients and their families by managing pain and providing psychological, social and spiritual support. In 2020, over 60% of patients requiring palliative care in Spain were cancer patients. Palliative care is provided by primary care professionals and specialised services, but gaps in the information systems make it difficult to assess how many people need this care. Based on available data in 2014, estimates from the Spanish Association Against Cancer suggested that coverage for palliative care was insufficient. Recent progress has been made in expanding palliative care resources.

Spain established its National Strategy for Palliative Care in 2007, which was last updated in 2014 to guide regional plans to improve the quality of care for patients in advanced and terminal stages and their families. This Strategy promotes a comprehensive and co-ordinated response to their needs from the healthcare system, respecting their autonomy and values. While there is no

national palliative care law, the Strategy offers a framework for regions to create their own palliative care plans. Several Autonomous Communities, including Andalusia, Navarra, Aragón, Galicia, and the Balearic and Canary Islands, have enacted their own legislation. However, by 2022, many regional strategies were outdated and lacked specific evaluations to measure their effectiveness.

Evaluations of the National Strategy for Palliative Care have revealed challenges in integrating palliative care into broader healthcare services, enhancing psychosocial support for healthcare professionals and investing in palliative care research. Further challenges identified include the need to improve information systems, standardise clinical guidelines, and ensure co-ordinated care across different regions and levels of the healthcare system.

Recent legal developments aim to prevent discrimination against cancer survivors

Even after successful completion of treatment and recuperation, people with a history of cancer may have to deal with difficulties associated with their past condition. A notable legislative advancement in this regard was Spain's 2023 Decree on the Right to be Forgotten. This provides cancer survivors with the right not to be discriminated against in areas such as employment and insurance, acknowledging their recovery five years after finalisation of treatment without relapse.

6. Spotlight on paediatric cancer

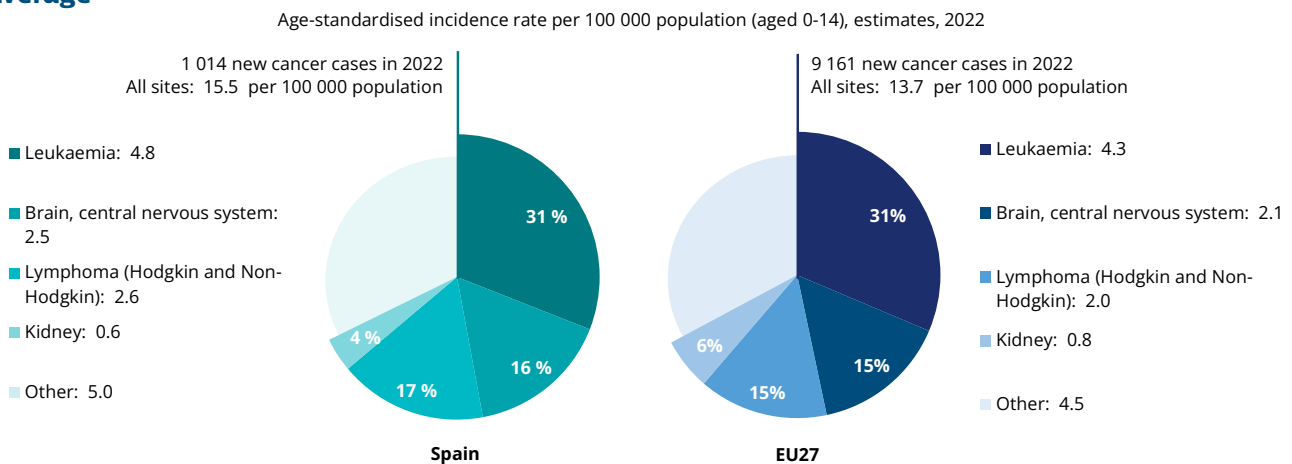
According to ECIS, it is estimated that 1 014 children and adolescents up to age 15 were diagnosed with cancer in Spain in 2022. Incidence rates for ages 0-14 in 2022 were estimated at 18 per 100 000 boys and 13 per 100 000 girls in Spain – higher than the EU averages of 15 per 100 000 boys and 13 per 100 000 girls. Eurostat data shows that mortality rates are also higher in Spain, with a 3-year average mortality rate of 2.4 per 100 000 children as compared to 2.1 in the EU.

In Spain in 2022, leukaemia was estimated to be the most commonly diagnosed cancer in children

up to age 15, accounting for 31% of new cases among boys and 29% among girls. For both sexes, this was followed by brain and central nervous system cancers and non-Hodgkin lymphoma (Figure 22).

To support the study and monitoring of paediatric cancer in Spain, the Spanish Registry of Childhood Tumours was established in 1980 as a public – private scientific initiative. Currently, the Registry captures data on more than 90% of childhood tumours, offering valuable insights into cancer incidence and survival trends.

Figure 22. Leukaemia is the most common cancer among Spanish children, with rates above the EU average



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) for cancer incidence. 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, Spain has 40 institutions treating children with cancer (SIOPE, 2024). Among these, 5 are part of the Innovative Therapies for Children and Adolescents with Cancer consortium – a network focused on developing new treatments for paediatric oncology through collaborative research and clinical trials. All the 13 infrastructural and treatment modalities including brachytherapy, stem cell transplants, palliative care and proton therapy are available to care for paediatric cancer patients in Spain. Out of the 436 clinical trials involving paediatric and adolescent cancer patients in Europe between 2010 and 2022, 188 were running in Spain (43%). In addition, in 2018, 75% of the 68 medicines identified as essential for treating

cancer in patients aged 0 to 18 were available in Spain, similar to the 76% EU average (Vassal et al., 2021).

Efforts are under way to centralise paediatric oncology in high-volume hospitals nationwide, although regional implementation varies. In 2023, a review of international scientific evidence by the Spanish Ministry of Health concluded that centralising paediatric oncology care in high-volume centres could have a favourable impact on mortality and survival rates. The review also highlighted knowledge gaps, and proposed areas for further research. Some regions in Spain have already made significant progress in centralising care, with positive evaluations indicating improvements in care quality; other regions are expected to follow in the coming years.

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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.

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