



LITHUANIA

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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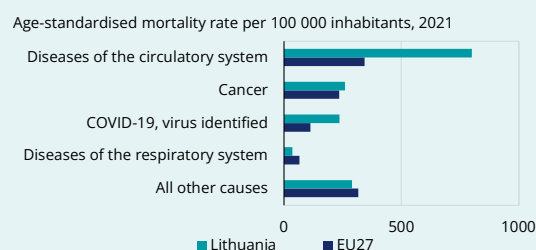
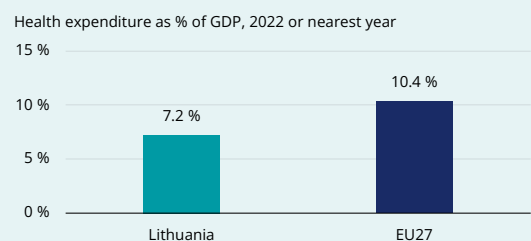
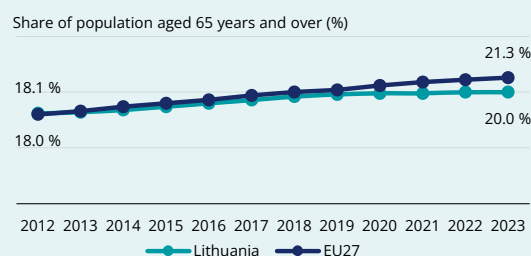
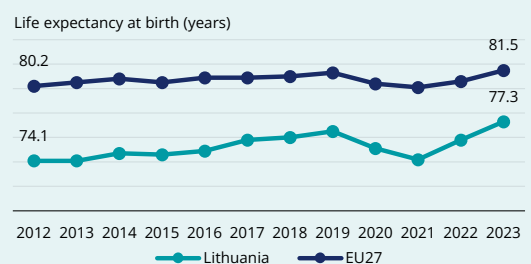
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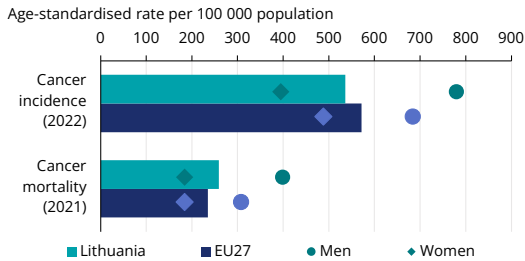
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Key health system and demographic statistics



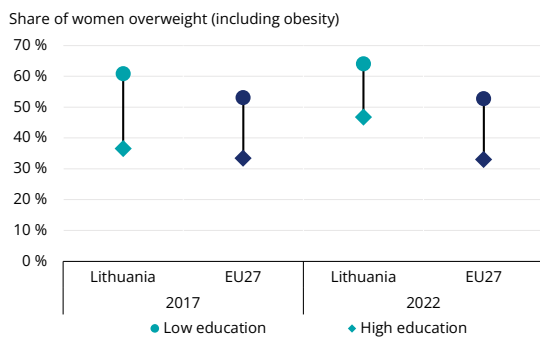
Source: Eurostat Database.

1. Highlights



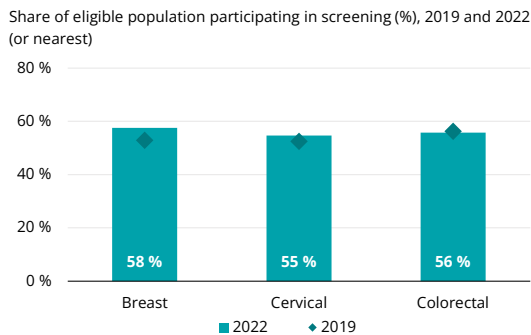
Cancer in Lithuania

Significant gender disparities exist in both estimated cancer incidence and mortality in Lithuania: rates among men are considerably higher than the EU average. Prostate cancer is a key driving factor accounting for one-third of estimated male cancer incidence in 2022. There was no difference between the female cancer mortality rates in Lithuania and the EU in 2021, however male cancer mortality was 30% higher than the EU average.



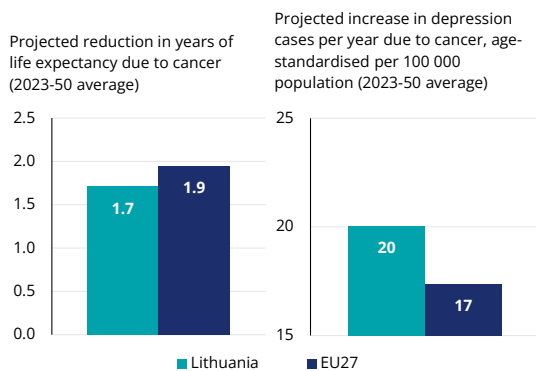
Risk factors and prevention policies

Lithuania performs poorly not only on adult but also on adolescent risk factors. The smoking rate among 15-year-olds is 19%, which is above the EU average. Youth overweight and obesity used to be less common but rose from 15% in 2018 to 20% in 2022, spreading faster among those from less affluent family backgrounds. In addition, the share of overweight rose more quickly among people with higher education levels in Lithuania than among those with lower education levels.



Early detection

In Lithuania, there is no population-based programme for breast, cervical and colorectal cancer screening. While cancer screening participation rates recovered to pre-pandemic levels by 2022, low participation remains an issue. From 2025, Lithuania plans to shift to a population-based approach to boost participation by removing the pre-requisite for general practitioner referrals, and establishing new co-ordination centres to centralise the workflow.



Cancer care performance

Significant delays in approving innovative medicines hinder access to new treatments and there are severe shortages of oncology professionals. While medical imaging availability has improved over time, radiotherapy equipment lags behind the EU average. The Green Corridor initiative aims to reduce waiting times, supported by EU funding for healthcare modernisation. On well-being (including on mental health), the Lithuanian Cancer Patient Coalition shapes policies related to quality of life and psychosocial needs. It is projected that between 2023 and 2050 cancer will lead to much higher depression rates than in the EU.

2. Cancer in Lithuania

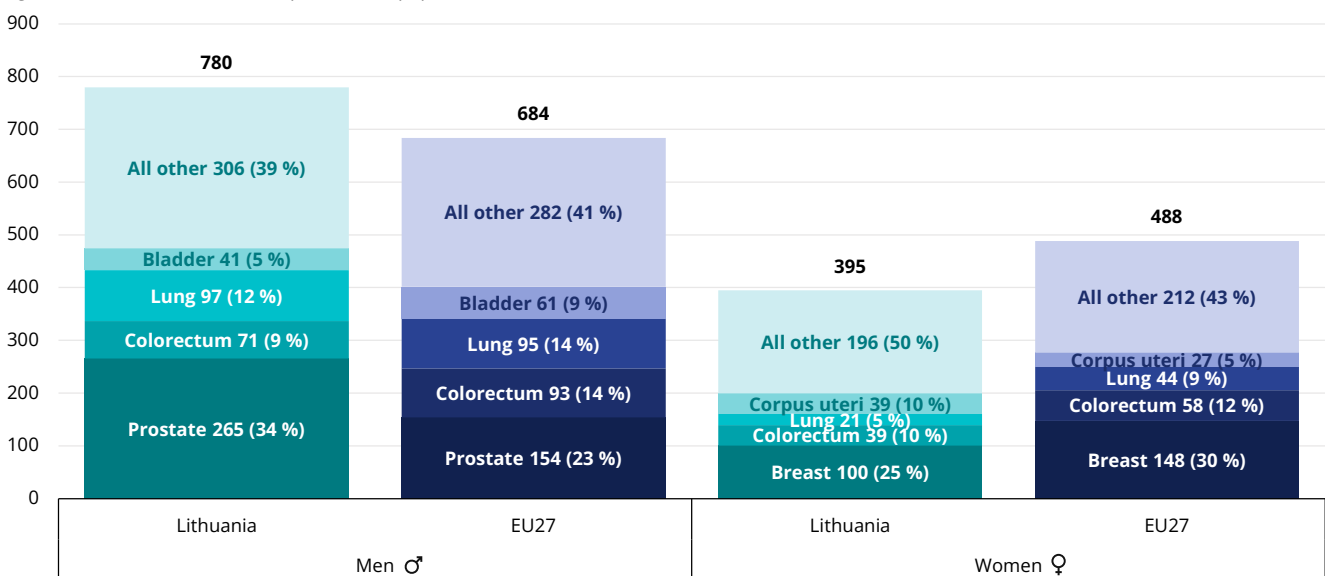
Estimated cancer incidence rates are almost twice higher among men than women

According to the European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, the age-standardised incidence rate for all cancer types except non-melanoma skin cancer

was estimated at 780 per 100 000 men and 395 per 100 000 among women in 2022 (Figure 1). Considering that the corresponding incidence rates are 684 per 100 000 men and 488 per 100 000 women on average across the EU, Lithuania's cancer incidence is disproportionately high among men.

Figure 1. Among men, Lithuania's estimated cancer incidence is higher than that of the EU, but rates among women are lower

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.

Prostate cancer is a key factor in this higher cancer incidence among men in Lithuania. Age-standardised prostate cancer incidence was estimated at 265 per 100 000 in 2022, accounting for 34% of all men cancer incidence.

Although Lithuania has lower cancer incidence rates among women than the EU averages, it is estimated that carcinoma in the female reproductive system is more common. This is particularly the case with cervical cancer (18 per 100 000 population in Lithuania compared to 12 per 100 000 across the EU), endometrial cancer (39 per 100 000 in Lithuania compared to 27 per 100 000 across the EU) and ovarian cancer (21 per 100 000 in Lithuania compared to 16 per 100 000 across the EU). The age-standardised

incidence rates of these female-specific cancers are higher across all age groups in Lithuania. Lithuania's cervical cancer screening participation rates are moderate (see Section 4). On the other hand, Lithuania's human papillomavirus (HPV) vaccination rates for girls aged 15 more than doubled from 33% in 2020 to 76% in 2023, surpassing the EU average (see Section 3).

Looking forward, ECIS estimates that cancer cases in Lithuania will increase by 13% between 2022 and 2040.

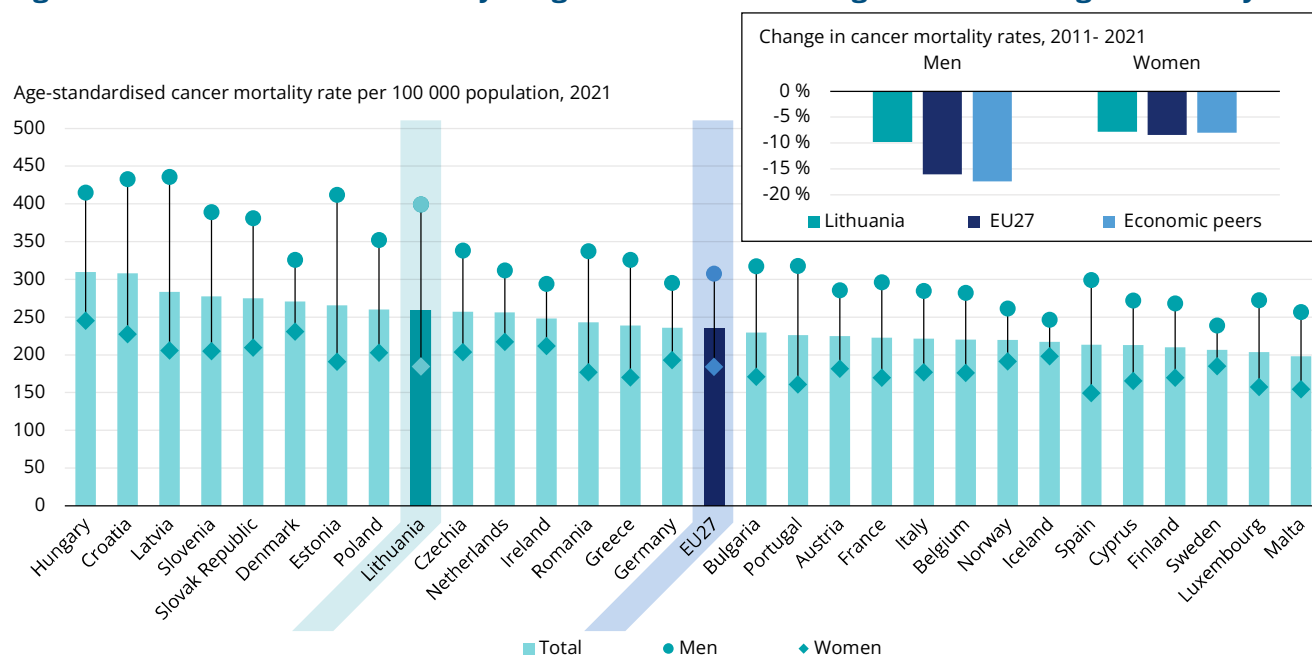
Cancer mortality reflects the male-dominated pattern of cancer incidence

Lithuania's male cancer mortality rate was 400 per 100 000 population in 2021 – 30% higher than the

EU average (Figure 2). More alarmingly, Lithuania registered a slower pace of improvement in male cancer mortality than the EU average between 2011 and 2021. The gaps were 6.3 percentage points between Lithuania and the EU average, and 7.6 percentage points between Lithuania and the average among its economic peers¹, even though mortality rates generally decreased. In

2021, the main causes of death among men were lung (77 deaths per 100 000), prostate (56 per 100 000), colorectal (45 per 100 000) and stomach (34 per 100 000) cancers. For prostate and stomach cancer, the mortality rates were approximately 20 percentage points higher than the EU averages, mostly driven by higher mortality rates seen among those aged 65 and over.

Figure 2. Lithuania's cancer mortality is higher than the EU average and is declining more slowly



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

The female age-standardised mortality rate was 184 per 100 000 population both in Lithuania and across the EU in 2021. Lithuania's moderate female cancer mortality is largely explained by low age-standardised mortality rate in women aged 65 and over, which was 664 per 100 000 and was 6% lower than an EU average of 705 per 100 000. On the other hand, among those aged under 65, the mortality rate was 68 per 100 000, which was 18% higher than the EU average of 59 per 100 000. For cervical cancer, however, mortality rates in Lithuania were double the EU average in both age cohorts, pointing to room for improvement in the cervical cancer screening programme (see Section 4).

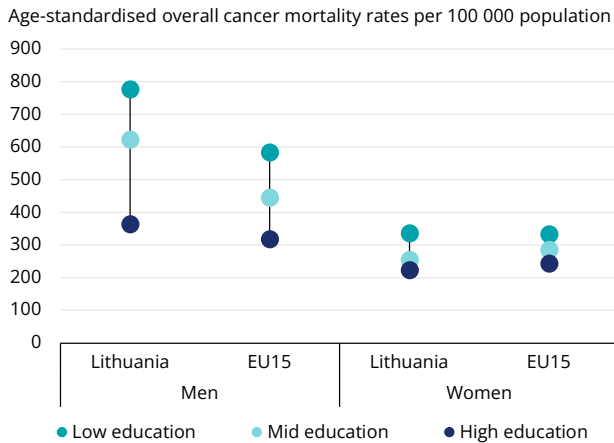
Significant inequalities in cancer mortality exist between people with higher and lower education levels

According to the EU-CanIneq Project, the cancer burden disproportionately falls on

socio-economically disadvantaged individuals in Lithuania (Figure 3). The disparities are more pronounced among men: the mortality rates were 776 per 100 000 population among men with lower education levels and 364 per 100 000 among those with higher education levels – an education gap of 412 per 100 000, which is the second largest among the 15 EU countries with available data. Meanwhile, disparities in rates among women were similar to those in other countries, with mortality rates of 336 per 100 000 population among women with lower education levels and 223 per 100 000 among those with higher education levels.

¹ Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for LT are CY, CZ, ES, FI, FR, IT, MT and SI.

Figure 3. Socio-economic disparities in cancer mortality are most pronounced 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.

Avoidable mortality rates decreased in Lithuania for breast and colorectal cancers, and lung cancer among men

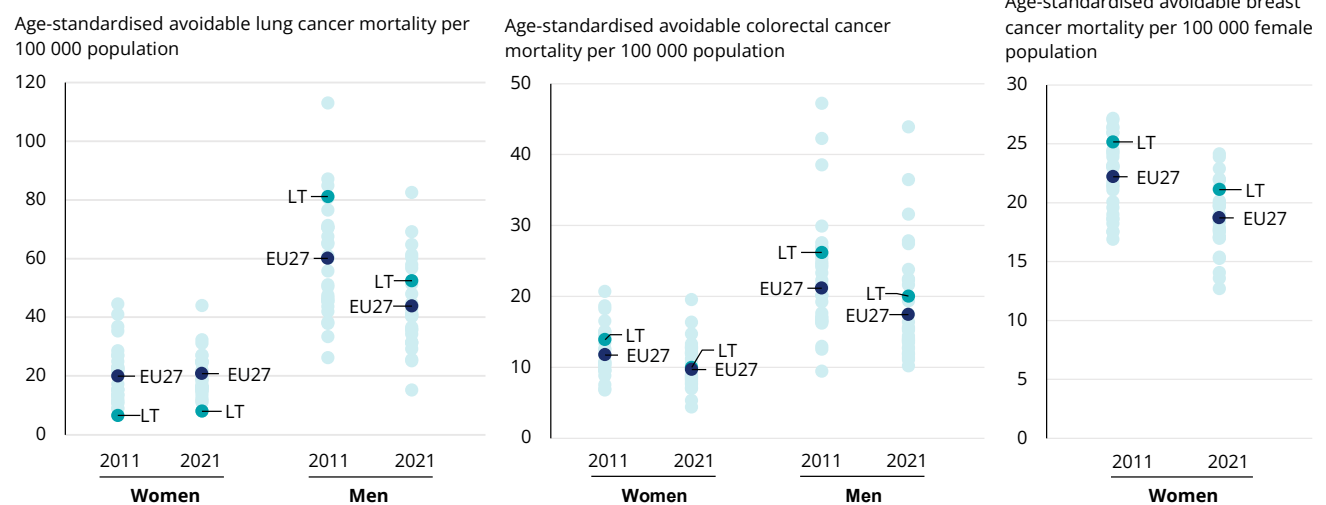
Thanks to improved prevention strategies and advances in treatment options, a significant proportion of cancer deaths among people aged under 75 are considered avoidable.² Avoidable mortality rates declined considerably in Lithuania in 2011-21, mostly driven by falling preventable mortality rates among men. In 2011, the preventable cancer mortality rate among men

under 75 was 152 per 100 000, which was the third highest among EU countries. In 2021, the rate had fallen by 20% to 122 per 100 000. The most significant factor contributing to this decline is lung cancer.

Figure 4 shows the male lung cancer mortality rate dropping from 81 per 100 000 to 52 per 100 000 (and the female preventable mortality rate increasing slightly from 7 per 100 000 to 8 per 100 000). During 2011-21, male preventable lung cancer mortality rates dropped by 35% in Lithuania, in contrast to a reduction of 27% across the EU. The decline in preventable lung cancer mortality among men is attributable to reductions in smoking prevalence, as the National Cancer Prevention and Control Programme 2014-25 (NCCP) emphasises tougher primary care interventions (Ministry of Health, 2014) (see Section 3).

On the other hand, substantial improvement is seen in treatable cancer mortality rates. From 2011 to 2021, treatable mortality rates from breast cancer fell by 16% (from 25 per 100 000 to 21 per 100 000) – similar to the trend across the EU. Treatable mortality rates from colorectal cancer also improved significantly. From 2011 to 2021, treatable mortality rates from colorectal cancer fell by 28% in women (from 14 per 100 000 to 10 per 100 000) and by 24% in men (from 26 per 100 000 to 20 per 100 000), outpacing the average decline across the EU (at around 17% for both women and men). Increased participation in breast and colorectal cancer screening programmes over the past decade contributes to these reductions in treatable cancer mortality (see Section 4).

Figure 4. Lithuania successfully reduced avoidable mortality in several main cancer sites between 2011 and 2021



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

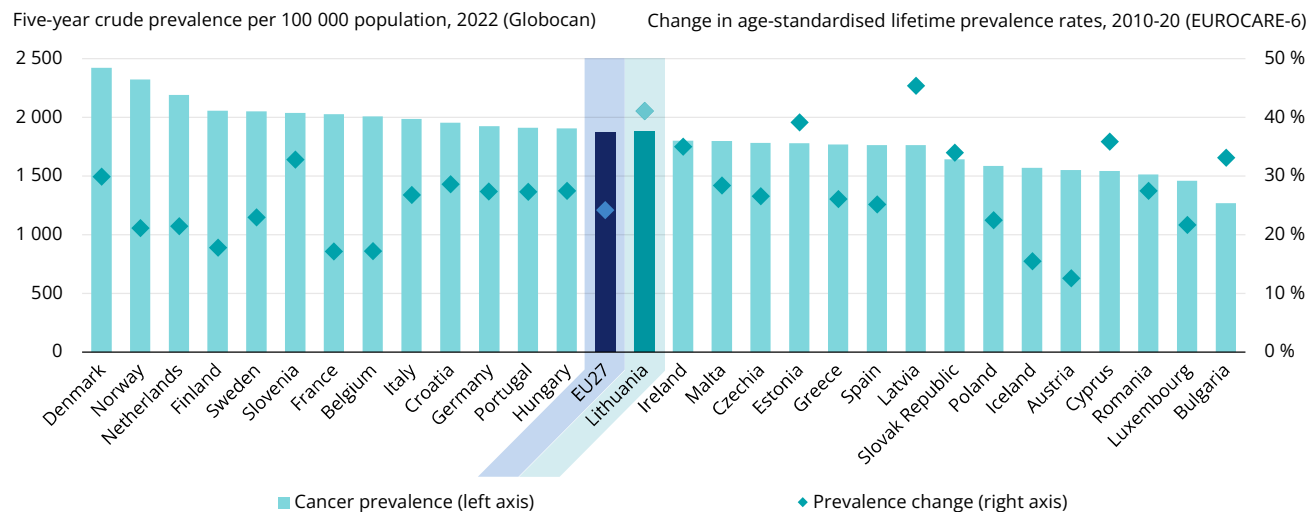
² Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.

Prevalence of cancer is increasing quickly

According to Globocan estimates, five-year prevalence³ of cancer in Lithuania was 1 875 per 100 000 population in 2022 – virtually identical to the EU average (Figure 5). As with cancer incidence and mortality, gender imbalances also exist in cancer prevalence, with rates in Lithuania of 2 257 per 100 000 among men (compared to the EU average of 1966 per 100 000) and 1 546 per 100 000 among women (compared to the EU average

of 1 790 per 100 000). Prevalence of prostate cancer accounts for almost half of male cancer prevalence, while that of breast cancer accounts for one-third of female cancer prevalence. However, age-standardised five-year prevalence rates increased rapidly from 2010 to 2020, according to the EUROCare-6 study. The overall cancer prevalence rate jumped by 41% in Lithuania, which is the second highest increase across the EU, and implies an increasing burden on the cancer care system of Lithuania.

Figure 5. Five-year prevalence rates rapidly increased in Lithuania

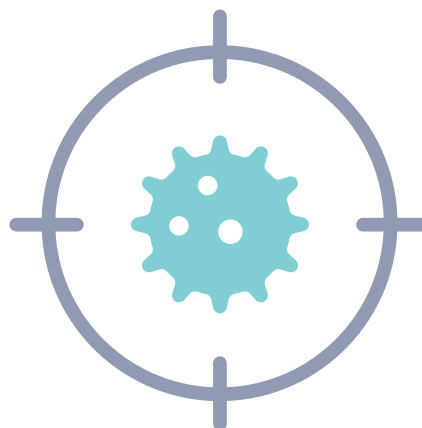


Sources: IARC Globocan Database 2024; EUROCare-6 study (De Angelis et al., 2024).

The National Cancer Prevention and Control Programme 2014-25 is coming to an end

On 16 January 2023, the Implementation Measures Plan (IMP) 2023-25 of the current NCCP was adopted to stipulate plans and targets, and to reiterate responsible authorities (Ministry of Health, 2023). While Lithuania’s NCCP was broadly

aligned with Europe’s Beating Cancer Plan (Box 1), a final evaluation project is under way. The NCCP 2026-30 is in preparation by the Monitoring Council for the Organisation of Oncological Care and the Specialised Healthcare Division of the Ministry of Health’s Personal Healthcare Department.



³ 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.

Box 1. Lithuania's National Cancer Prevention and Control Programme 2014-25 is broadly aligned with Europe's Beating Cancer Plan

Lithuania's NCCP prioritises the four Europe's Beating Cancer Plan pillars (Table 1). The NCCP goals are to tackle risk factors (including smoking, alcohol consumption, diet, physical activity, environmental pollution, ionising and ultraviolet radiation, infection control, and occupational hazards such as carcinogens); to improve the organisation and implementation of cancer screening programmes to increase participation rates; to enhance management and co-ordination of oncological care for timely, comprehensive, high-quality diagnosis and treatment; and to improve quality of life for cancer patients through rehabilitation services, psychological support based on guidelines, and educating patients and families for home care. Additionally, the NCCP has several objectives for improving paediatric cancer, including concentrating on provision of services, investing in the infrastructure of haematology centres, developing genetic and cell research, implementing new health technologies and deepening the knowledge of healthcare specialists. The NCCP aims to improve registry data quality, make them publicly available for research, and enhance oncology education, but the NCCP only mentions the reduction of health inequalities.

Table 1. Lithuania's National Cancer Prevention and Control Programme 2014-25 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 Lithuania's NCCP includes a specific section on the topic; orange indicates that the topic is covered in one of the NCCP sections without being the only focus; and pink indicates that this topic is not covered in the NCCP.

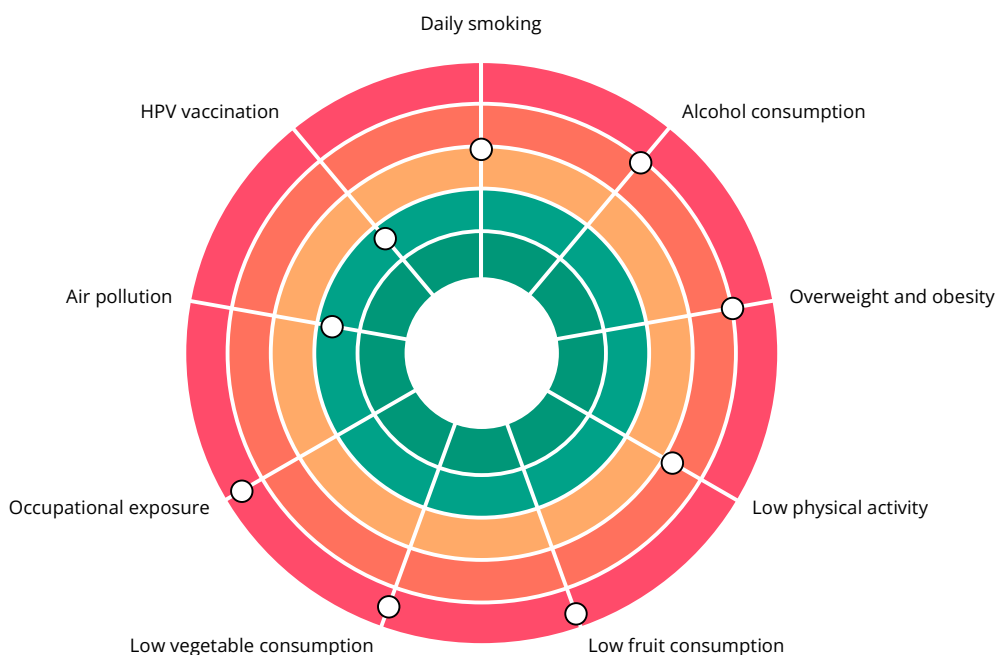
Source: Adapted from "Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan" (not yet published).

3. Risk factors and prevention policies

Lithuania performs poorly compared to other EU countries on alcohol consumption, overweight and obesity, physical inactivity, unhealthy diet and occupational exposure to cancer risk factors

(Figure 6). In 2022, spending on prevention⁴ represented 5% of current health expenditure, which is lower than the EU average of 6%.

Figure 6. Adults in Lithuania perform more poorly than those in other EU countries on almost all risk factors



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 the 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).

Smoking is the most significant risk factor in Lithuania

Lithuania saw a decline in the percentage of those aged 15 and over who reported smoking cigarettes every day in 2019 – from 20% in 2014 to 19% in 2019. During that period, prevalence of daily smoking among men decreased from 34% to 30%, but slightly increased among women from 9% to 10%. In addition, per capita tobacco consumption increased by 7% from 1 145 cigarettes (per capita per year) in 2019 to 1 223 cigarettes in 2023 as the affordability of tobacco products rose. This

suggests that smoking remains the most significant risk factor for cancer in Lithuania.

Traditional cigarettes are being replaced by alternatives

Alternative tobacco products are becoming increasingly popular in Lithuania. According to the Ministry of Finance, the market share of heated tobacco products rose from 23% in 2021 to 33% in 2023 on the back of greater affordability from rising wages (Ministry of Finance, 2024). In fact, the affordability of tobacco products has generally increased over the last couple of years

⁴ 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.

as the number of cigarettes the average disposable income earner could afford rose from 254 packs per month in 2021 to 280 packs in 2023. Heated tobacco is particularly attractive as its current excise duty stands at 28.8% in contrast to that of conventional cigarettes, which is 60.8%.

The Ministry of Finance suggests to increase excise duties on heated tobacco products in 2025-27 to reduce the high levels of tobacco use in Lithuania. It is worth noting, however, that the primary reason for these tax hikes is to sustain the GDP share of tax revenue arising from smoking products. The link to a long-term commitment from a public health perspective is not explicitly established – for example, Europe’s Beating Cancer Plan aims of achieving a “tobacco-free generation” by 2040 and of reducing tobacco use to 5% of the population.

High alcohol consumption remains a public health challenge

Lithuania has one of the highest alcohol consumption rates in the EU. Although annual consumption was stable at just below 12 litres per capita for three years in a row (2018-20), it reached 12 litres per capita in 2021, which was the second highest rate in the EU. In 2022, the alcohol consumption rates decreased to 11 litres. Based on Globocan 2020 estimates of its contribution to cancer incidence, alcohol consumption is responsible for 7.7 colorectal cancer cases per 100 000 men (compared to a 7.4 EU average) and 5.7 breast cancer cases per 100 000 women (compared to a 5.5 EU average).

The government’s alcohol interventions are relatively restrictive compared to those in other EU+2 countries.⁵ The minimum legal age for purchasing alcohol is 20 (which is higher than the EU average), both off-premises and on-premises alcohol sales are restricted, and TV and social media advertisements are banned (OECD, 2024). On the other hand, excise duties levied on alcohol products are not systematically adjusted to inflation.

One example where a systematic approach could be used to improve effectiveness is a pricing policy via excise duties. As rising wages in recent years are expected to raise the affordability of alcoholic beverages, the Ministry of Finance is proposing to increase excise duties in 2025-27 (Ministry of Finance, 2024). Recent evidence demonstrates that the Lithuanian Government’s decision to raise excise duties on alcohol products in March 2017 was associated with narrowing general mortality gaps between individuals aged 40-70 with lower and higher education levels – especially among men (with an estimated 11% decrease in the education gap in 2017), although these mortality differences have dissipated within the following 15 months (Manthey et al., 2023).

Overweight and obesity are on the rise among adults as well as adolescents

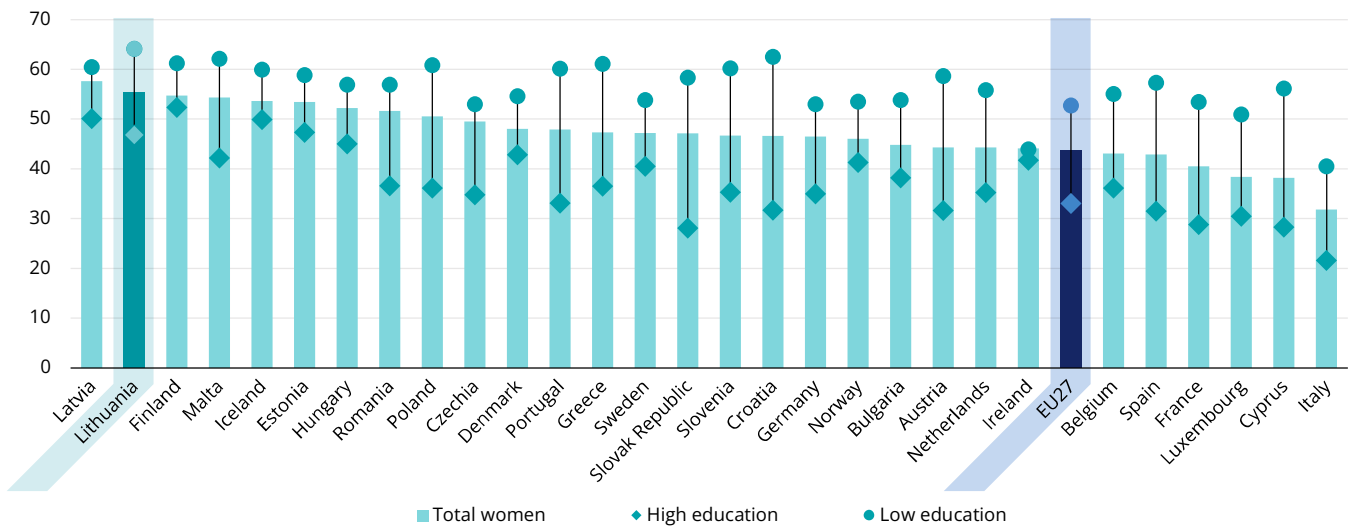
Lithuania has experienced rising levels of overweight and obesity in recent years. The share of overweight among the population aged 18 and over increased from 56% in 2017 to 59% in 2022, whereas the corresponding EU average fell from 52% in 2017 to 51% in 2022. While prevalence of overweight in Lithuania remains higher for both sexes than the EU averages, the increase is greater among men (an increase of 3.4 percentage points between 2017 and 2022) than women (an increase of 2.9 percentage points).

In both Lithuania and the EU, overweight is more prevalent among adults with lower education levels. Across the EU, the recent decline in overweight rates between 2017 and 2022 was primarily driven by a falling share of overweight and obesity among individuals with higher education levels (from 45% to 43%). Conversely, the share of overweight increased more among people with higher education levels in Lithuania (from 45% to 53%) than among those with lower education levels (from 55% to 60%). This increasing prevalence of overweight among people with higher education levels is observed for both men and women. Moreover, prevalence of overweight and obesity is increasing among women regardless of their education levels, with the overall share of overweight and obese women rising from 53% in 2017 to 55% in 2022 (Figure 7).

⁵ EU+2 countries include 27 EU Member States (EU27), plus Iceland and Norway.

Figure 7. Overweight and obesity rates are high among Lithuanian women

% of women aged 18 years and over with overweight (including obesity), 2022



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

At the same time, prevalence of overweight and obesity is rising among younger populations, at a higher rate in Lithuania than the EU average. The share of overweight among Lithuanian 15-year-olds rose by 5 percentage points to 20% in 2018-22, while it rose by 2 percentage points to a 21% EU average. As across the EU, prevalence of overweight is concentrated among children with disadvantaged family backgrounds: 27% of those aged 11-15 in the bottom 20% of family affluence based on the Family Affluence Scale were classified as overweight in 2022, compared to 18% of those in the top 20% of family affluence. This gap widened from 5.5 percentage points in 2018 to 9 percentage points in 2022.

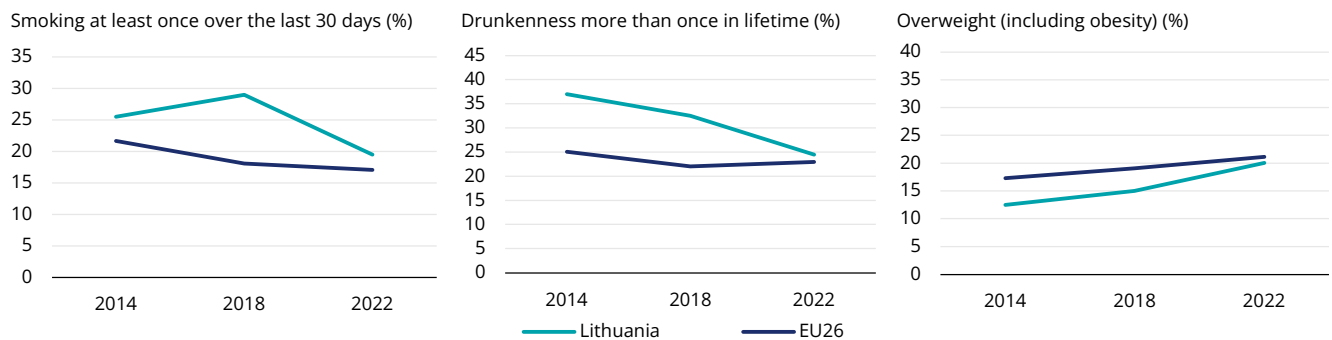
Poor nutrition and lack of physical activity contribute to overweight and obesity. In 2022, 63% of Lithuanians adults consumed fruit (compared

to 39% in the EU) and 57% consumed vegetables (compared to 40% in the EU) less than once daily. In 2022, 26% of Lithuanians aged over 15 engaged in physical activity at least three times per week – below the EU average (31%). Among 15-year-olds, 29% consumed fruit daily (compared to 30% in the EU on average), and the share of 15-year-olds engaging in 60 minutes of physical activity daily in Lithuania is also low – at 11%, lower than the 15% EU average.

E-cigarette use is a rising concern among youth

Gaps in prevalence of adolescent risk factors are narrowing between Lithuania and the EU (Figure 8). The daily smoking rate among 15-year-olds dropped to 20% in Lithuania compared to an EU average of 17% in 2022, and occurrence of drunkenness fell to 25% compared to an EU average of 23%.

Figure 8. Adolescent risk factors are improving for smoking and repeated drunkenness



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.

However, use of e-cigarettes is spreading rapidly in Lithuania. In 2022, the share of 15-year-olds who reported using e-cigarettes at least once over the last 30 days was 35%, which is the highest prevalence among all the EU+2 countries surveyed. Unlike traditional tobacco products, e-cigarettes are more popular among girls (36%) than among boys (34%).

Use of e-cigarettes is more concentrated among children whose family background is disadvantaged. In Lithuania, 11- to 15-year-olds estimated to be in the bottom 20% of family affluence have a 5 percentage points higher prevalence rate (25%) than those in the top 20% of family affluence (20%). In July 2022, Lithuania banned flavours and smells of e-cigarettes unless they are tobacco-based but there have been reports that purchasing such products remains easy, and that fines are not functioning well to serve as a deterrent.

Chemical exposure remains a concern, while air pollution levels have greatly improved

According to the European Working Conditions Survey 2015, 17% of Lithuania's employed population reported having been exposed to chemical products or substances – just below the EU average of 18%. In 2021, however, Lithuania was placed in the third worst position for share of pollution exposure (32%), after Poland (36%) and Croatia (34%). By contrast, the mean population exposure to PM_{2.5} demonstrates a substantial decrease of 38%, from 14 µg/m³ to 9 µg/m³ for Lithuania during 2010-20.

Lithuania's human papillomavirus vaccination coverage rate among girls is higher than the EU average

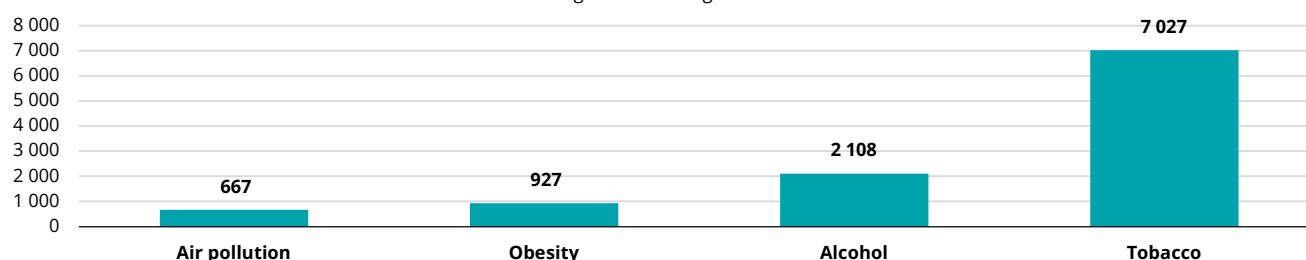
Lithuania started national HPV vaccination programmes for girls aged 11-12 from 2016 and for boys aged 11-12 from 2023. The vaccine administration is not school-based, but administration records are held in the national registry. In 2023, the percentage of Lithuanian 15-year-old girls who had completed the HPV vaccination course was 76%, which is among the highest in the EU. Given its higher-than-average cervical cancer incidence (see Section 2), Lithuania should sustain its efforts to implement the HPV vaccination programme. Within Lithuania's HPV vaccination programme, 43% of boys received all recommended doses of their vaccine in 2023 (compared to the EU average of 51%).

Prevention policies are key to reduce the cancer burden

According to OECD Strategic Public Health Planning (SPHeP) modelling work, thousands of cancer cases could be prevented over 2023-50, if Lithuania were to achieve risk factor targets on tobacco, alcohol, obesity and air pollution (Figure 9). Tobacco targets offer the largest potential gains, for a reduction of 7 027 cases, while meeting alcohol targets would lead to a reduction of 2 108 cancer cases in 2023-50. Meeting obesity targets would reduce the cancer burden by 927 cases and meeting air pollution targets would reduce it by 667 cases over the same period. These findings underline the significance of further investment in cancer prevention policies, but the Lithuanian Government's spending on prevention dropped by 6% to EUR 229 million in 2022 (see Section 5.3).

Figure 9. Addressing behavioural risk factors could significantly lower the cancer burden

Number of cancer cases avoided between 2023-50 due to achieving risk factor targets



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

4. Early detection

Lithuania will expand access to population-based screening programmes

In Lithuania, the compulsory National Health Insurance Fund (PSDF) covers four cancer screening programmes: breast cancer (women aged 50-69), cervical cancer (women aged 25-59), colorectal cancer (both men and women aged 50-74) and prostate cancer (men aged 50-69 and men aged 45 and over with a family history of prostate cancer) (PSDF, 2024a).

Until the end of 2024, only patients informed and referred by general practitioners (GPs) had access to these prevention programmes, which are free of charge for the target population. Once a malignant neoplasm is detected in a patient through these programmes, they are placed on the so-called Green Corridor (PSDF, 2023a). This serves as a fast-track referral mechanism through which the oncology case manager arranges necessary diagnostic and treatment procedures for the patient until a multidisciplinary team of specialists confirm the diagnosis, decide a treatment plan and prescribe the initial treatment procedure (see Section 5.2).

Lithuania is one of the few EU+2 countries that takes an opportunistic approach to cancer screening. Given that ambitious national screening targets (60% in 2023, 70% in 2024 and 80% in 2025) are set up for breast, cervical and colorectal cancers, Lithuania plans to reform the programmes. To bolster participation rates, the Ministry of Health announced plans to adopt a more population-based approach (Ministry of Health, 2023).

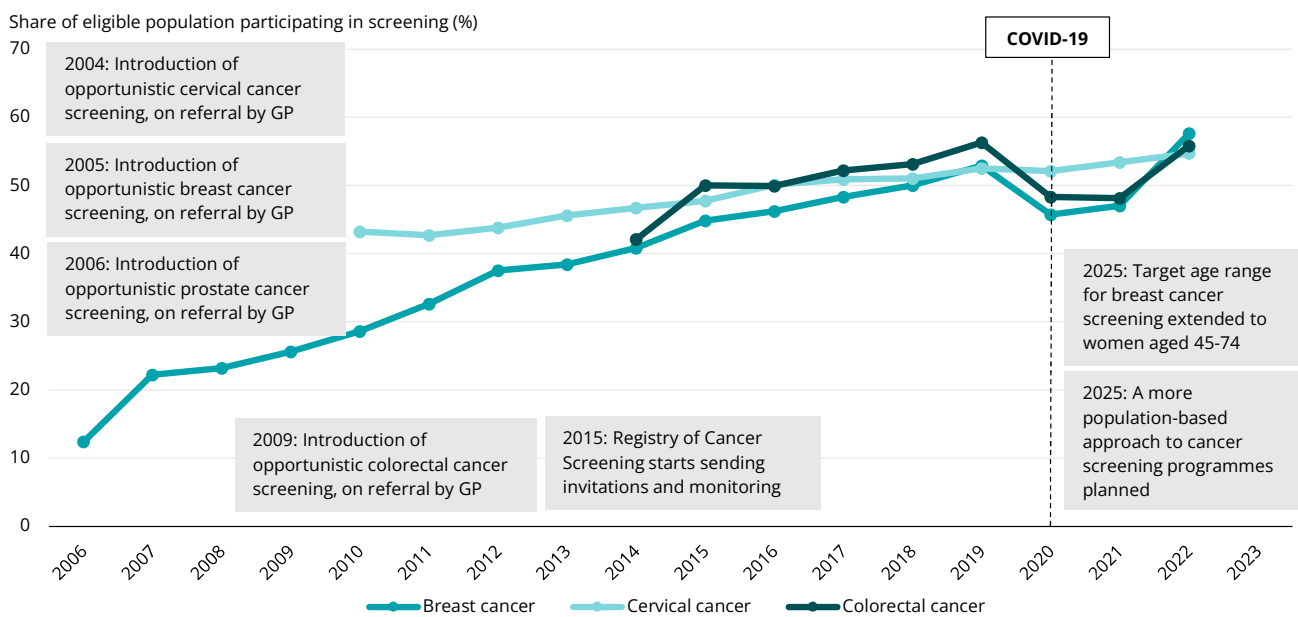
From 1 January 2025, a GP referral to screening programmes is no longer a prerequisite (PSDF,

2024b). Instead, a new organisational procedure was enforced nationwide after the pilot project in several medical facilities concludes. Aside from prostate cancer screening procedures, two co-ordination centres – Vilnius University Hospital Santaros Clinics and Hospital of Lithuanian University of Health Sciences Kaunas Clinics – handle patient information, send out invitations to prevention programmes and manage the workflow. To this end, EUR 340 000 from EU funds has been allocated to repair relevant premises and refurbish necessary equipment (Ministry of Health, 2023).

The target population of the breast cancer prevention programme has been expanded

In Lithuania, breast cancer has been incorporated into a national early detection scheme since October 2005. The existing programme allows women aged 50-69 to have a mammogram free of charge every two years. In 2022, participation rates reached a peak at 58%, according to the PSDF, regaining ground lost during the COVID-19 pandemic (Figure 10). However, participation remains low in the light of national screening targets.

From January 2025, Lithuania expanded the target population to women aged 45-74 in line with the updated Council recommendation on cancer screening of 2022, and introduced an advanced mammography procedure – breast tomosynthesis – for better detection of suspicious lesions (PSDF, 2024b). In 2020, 10 new mammographs (of which 4 have the tomosynthesis function) were purchased with EU funds. In 2023, Vilnius University Hospital Santaros Clinics and the National Cancer Institute instructed 461 GPs and 121 radiologists about how to deliver quality screening services (National Cancer Institute, 2024a).

Figure 10. Cancer screening participation rates are recovering to pre-pandemic levels

Notes: Based on Programme data. 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 25-64 within the past three years and colorectal cancer screening among the population aged 50-69 within the past two years.

Source: OECD Health Statistics 2024.

Cervical cancer screening coverage is increasing

The PSDF started fully reimbursing patients who participated in the national cervical cancer screening programme from July 2004. Primary care providers (GPs, obstetricians, gynaecologists or midwives) are responsible for sampling a cytological smear to be examined by a pathologist for women aged 25-34 every three years. A high-risk cervical HPV test is conducted, and a liquid-based cervical cytological smear is sampled for women aged 35-59 every five years.

The cervical cancer screening rate was little affected by the COVID-19 pandemic, and rose continuously to a record high of 55% in 2022 (see Figure 10). However, the number of services performed that are related to the cervical cancer screening programme declined by 2% in 2022-23, even though the size of the target population remained unchanged. Evidence shows that this is attributable to the opportunistic nature of the current programme. In Lithuania, GPs inform women in the target age group about cervical cancer screening, so participation is heavily dependent on frequency of GP visits.

Men are less likely to get screened for colorectal cancer

Screening for colorectal cancer has been fully covered since July 2009, and was rolled out to the current target population in January 2014. In Lithuania, faecal immunochemical testing (FIT) is fully adopted, and is supposed to be performed

on the target population every two years. If the FIT result is positive, the GP refers the patient to a specialist for colonoscopy and, if necessary, biopsy. In 2022, screening coverage recovered to 56% following the COVID-19 pandemic.

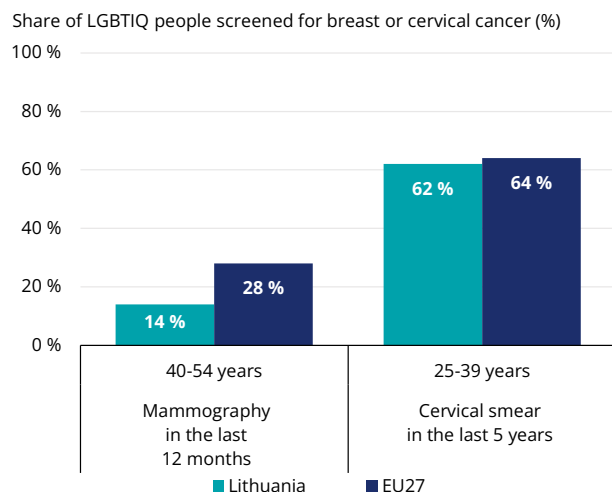
Participation in colorectal cancer screening among men is consistently lower than that among women. For 2014-22, the gender gap in uptake was consistently above 6 percentage points. In 2022, this gap widened from 9 percentage points (43% among men and 52% among women) to 10 percentage points (50% among men and 60% among women). These results are in line with earlier studies suggesting higher health literacy among Lithuanian women than men to explain higher participation in screening. Encouraging male participation would be a key step to narrow that gap in avoidable mortality from treatable cancer between Lithuania and the EU average, which almost ceased to exist for women in 2021 (see Section 2).

LGBTIQ people in Lithuania participate less 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 lower in Lithuania than in other EU countries (Figure 11). For breast cancer screening, 14% of LGBTIQ cisgender females, trans women and intersex people aged 40-54 years reported having had a mammogram in the

previous 12 months, half the EU average of 28%. For cervical cancer screening, 62% of the relevant LGBTIQ population aged 25-39 in Lithuania reported having had a smear test in the previous 5 years, lower than the 64% in the EU.

Figure 11. Among LGBTIQ people, screening participation is lower 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).

The burden of prostate cancer is easing thanks to early detection

Lithuania initiated a prostate cancer screening programme in January 2006, and is participating in a pilot study of the PRAISE-U Project to develop algorithms for cost-effective prostate cancer detection. The prostate-specific antigen (PSA) blood test is conducted for the target population. The screening interval is generally 2 year, but can be stretched to 5 years if the measured PSA level is less than 1 ng/ml for those aged below 60 or 2 ng/ml for those aged 60 and over. If the PSA level is higher than 3 ng/ml, the GP refers the patient to a urologist, who may perform a transrectal ultrasound biopsy of the prostate gland to confirm the diagnosis. In 2023, 25% of men aged 50-69 and men aged 45 and over with a family history of prostate cancer participated in the screening programme.

Evidence suggests positive relationship between the early detection programme and a lower burden of prostate cancer in Lithuania. One study found that 70% of Lithuanian men belonging to the target group were tested in the 10-year span of 2006 to 2015, and that the majority of screened prostate cancer cases were detected early (Patasius, Krilaviciute & Smailyte, 2020). Another argued that the introduction of the prostate cancer screening programme was associated with a moderate decline in prostate cancer mortality, while noting that overdiagnosis and overtreatment risks need to be assessed alongside the benefits (Everatt & Gudavičienė, 2022).

5. Cancer care performance

5.1 Accessibility

Six oncology clinics lead the cancer care of Lithuania: Vilnius University Hospital Santaros Clinics, National Cancer Institute, Hospital of Lithuanian University of Health Sciences Kaunas Clinics, Klaipėda University Hospital, Šiauliai Hospital and Panevėžys Hospital. Among them, radiotherapy equipment is not available at Panevėžys Hospital, and Vilnius University Hospital Santaros Clinics only offers brachytherapy. Collectively, these six oncology clinics form the “oncology cluster” for the Green Corridor Initiative (see Section 5.2). Vilnius University Hospital Santaros Clinics and Hospital of Lithuanian University of Health Sciences Kaunas Clinics will become co-ordination centres to undertake key operations of the national screening programmes from January 2025 (see Section 4).

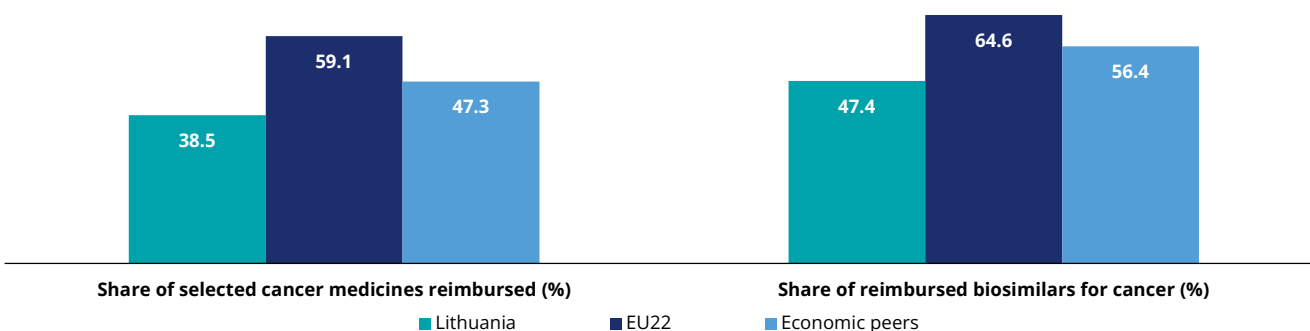
Delays in the approval of innovative medicines in Lithuania are among the longest across the EU

The mean duration between approval by the European Medicines Agency (EMA) and decisions on the public reimbursement list – a measure of waiting time for people to have affordable access to new medicines – is much longer in Lithuania than

in other EU countries, at 1 141 days (more than 3 years). Not only is this well above the EU average of 516 days, it is also the second longest waiting time among the 22 EU countries for which data are available. The same problem can be seen with biosimilars, for which time to reimbursement is 770 days.

These delays result in a low share of new oncology medicines approved and covered by public insurance (Figure 12). Lithuania reimbursed about 40% of selected indications, compared to averages of almost 60% across the EU and 47% among the country’s economic peers. A similar picture applies for biosimilars. The share of biosimilars for cancer medicines with public reimbursement or coverage is 47%, which is lower than both the EU average (65%) and the average among its economic peers (56%). Evidence shows that lower access to new oncology medicines leads to worse cancer care access and quality (State Audit Office, 2023a). A prime example is a prescription drug for breast cancer. In Lithuania, female patients diagnosed with metastatic, aggressive breast cancer did not have access to newer protein kinase inhibitors as of 2019. Without these medicines, Lithuanian patients missed out on modern treatments that could manage metastatic breast cancer better.

Figure 12. Access to innovative oncology medicines is lower in Lithuania than in the EU



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 LT are CY, CZ, ES, FR, 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>.

The State Medicines Control Service of Lithuania (VVKKT) evaluates and makes recommendations on applications, after which the final decision

on whether to include an applied medicinal product in the reimbursable medicines list is taken by the Medicinal Products and Medical Aid

Reimbursement Commission. However, of 140 new drug applications made since January 2020, only 60 had received decisions from the VVKT as of 12 September 2023, of which 8 met the maximum 180-day threshold set by the EU Transparency Directorate on pricing and reimbursement decisions (State Audit Office, 2023a). As of 12 September 2023, the VVKT had 66 applications pending for evaluation, and the waiting time was between 223 and 902 days.

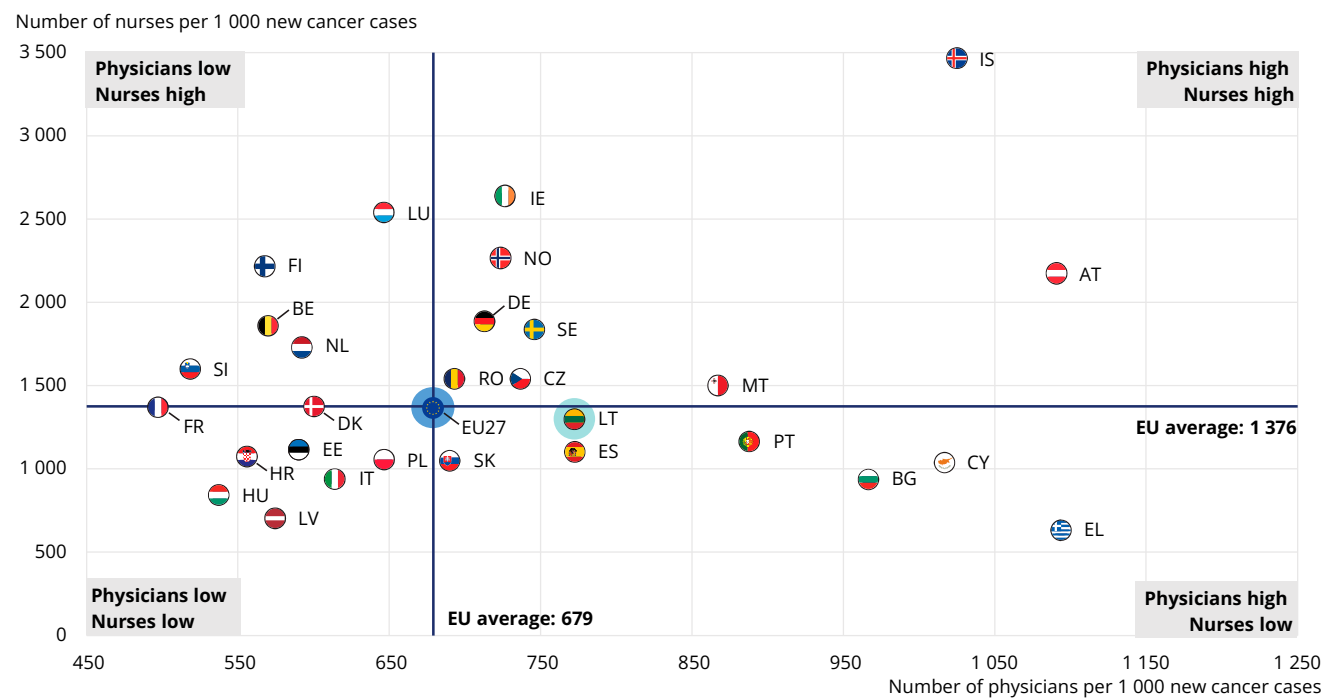
To address these delays and improve public access to novel medicines, the VVKT has increased its capacity. In 2022, the number of specialists to assess new drug applications increased from eight to ten, and more staff were able to receive necessary training due to increased funding from the Ministry of Health. However, more clinical and pharmacoeconomic experts are needed to

expedite the process so that the existing backlog of applications can be cleared. It is also worth considering more active involvement of the VVKT with the NCCP renewal. At present, the VVKT is mentioned in the IMP 2023-25, but its role is not specified beyond its ordinary business (Ministry of Health, 2023).

A lack of medical professionals for oncology care is a cause for concern

Lithuania reported a wide range of medical staff shortages in 2023 (OECD, 2024): GPs, oncologists, radiologists, inpatient oncology nurses and community-based nurses. In 2021, the density of physicians was 773 per 1 000 new cancer cases and the density of nurses was 1 304 per 1 000, indicating a more severe shortage of nurses for cancer care than the EU average (Figure 13).

Figure 13. Shortages of nurses remain an issue in Lithuania



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.

In 2023, the numbers of full-time equivalent workers (FTEs) at the four hospitals with oncology clinics (excluding Klaipėda University Hospital, which is a new hospital created from the merger of three hospitals in the region) were 2 797 doctors and 3 511 nurses (PSDF, 2024c). The number of doctors had increased slightly since 2021, but that of nurses remained almost unchanged. These figures are not specific to oncology, but it can

be inferred that there has been no substantial increase in the oncology workforce – especially nurses.

Over the last few years, policy efforts have been intensified to retain doctors and nurses – particularly by raising wages based on collective agreements. The average monthly salary of a doctor working at a public medical facility jumped

by more than 62% from EUR 2 575 in 2019 to EUR 4 180 in 2023, and that of a nurse surged by 64% from EUR 1 296 in 2019 to EUR 2 128 in 2023 (PSDF, 2024c).

The Lithuanian Health Strategy 2014-25 set a target to have a ratio of nurses to doctors of 2:1 by 2020, but this was not achieved. The 2022 ratio was 1.7:1. An audit report on nursing shortages recommended developing a specific methodology for forecasting nurse needs, enhancing inter-institutional co-operation, and increasing state-funded nursing study places to align with demand (State Audit Office, 2023b). It also highlighted the need to implement the Workforce Attraction Plan 2022 developed by the Ministry of Health, to allocate EUR 14 million from the 2021-27 EU Investment Programme as planned, and continue increasing nurse salaries to attract and retain professionals. Additionally, regulation of workloads, legislative changes to extend nurse responsibilities, and transferring of some tasks to nursing assistants are under discussion.

Availability of diagnostic imaging and radiotherapy equipment has improved but is still below the EU average

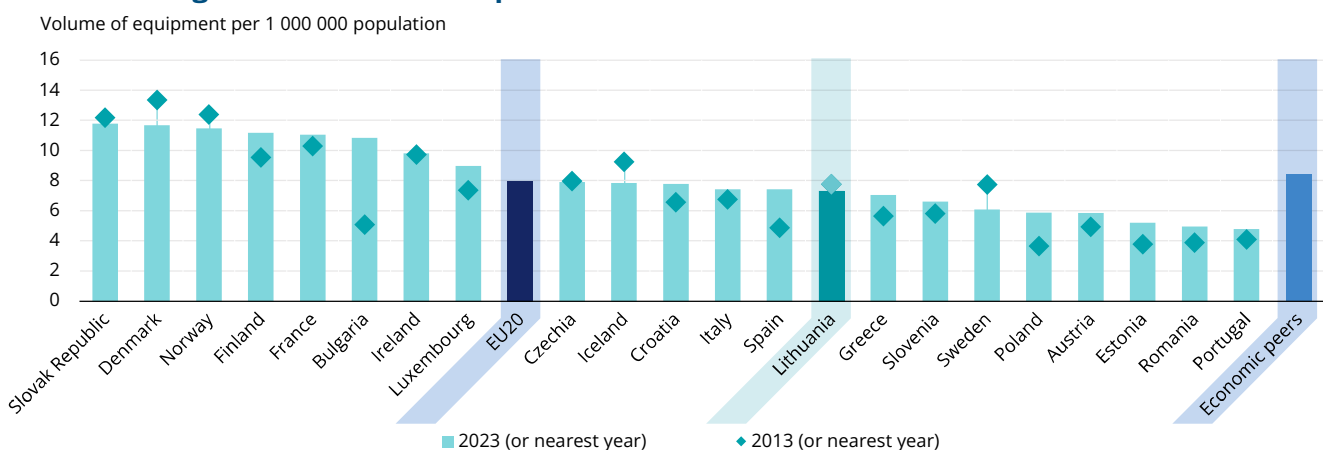
Medical imaging devices such as computed tomography (CT) scanners, gamma cameras, mammographs, magnetic resonance imaging (MRI) scanners and positron emission tomography (PET) scanners are increasingly available and utilised in Lithuania. The numbers of imaging devices increased in the decade to 2023: CT scanner numbers rose to 33 per 1 000 000 inhabitants (up

by 39% from 2012); mammograph numbers to 20 per 1 000 000 (up by 46%); MRI scanner numbers to 17 per 1 000 000 (up by 69%); and PET scanners to 1 per 1 000 000 (up by 112%).

Simultaneously, use of these imaging devices expanded significantly in both hospitals and ambulatory care. Between 2012 and 2022, the annual number of examinations performed more than doubled to 16 224 per 100 000 inhabitants with CT scanners and tripled to 8 715 per 100 000 with MRIs. While these findings suggest advances in cancer diagnosis, the density of equipment is still below the EU averages except for CT scanners. In 2021, the number of MRI units per 1 000 000 population was 17 in Lithuania compared to an EU average of 18 per 1 000 000, and that of PET scanners was 0.7 per 1 000 000 compared to an EU average of 2 per 1 000 000.

The density of radiotherapy equipment in Lithuania is also below the EU average. The volume decreased from a peak of 9 per 1 000 000 inhabitants in 2019 to 7 per 1 000 000 in 2023, which was below the averages of 8 per 1 000 000 across the EU and among Lithuania's economic peers (Figure 14). In 2024, Lithuania had 27 radiation therapy machines (15 for photon and electron beam therapies, 4 X-ray generators, and 8 for brachytherapy or electronic X-ray). About 80% of these were installed in the last 15 years, making them relatively new compared to the EU average. However, the lack of equipment for proton ion therapy may have consequences for quality of care in paediatric oncology (see Section 6).

Figure 14. The volume of radiotherapy equipment in Lithuania is lower than the averages across the EU and among Lithuania's 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 are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for LT are CZ, ES, FI, FR, IT and SI. The EU average is unweighted.

Source: OECD Health Statistics 2024.

5.2 Quality

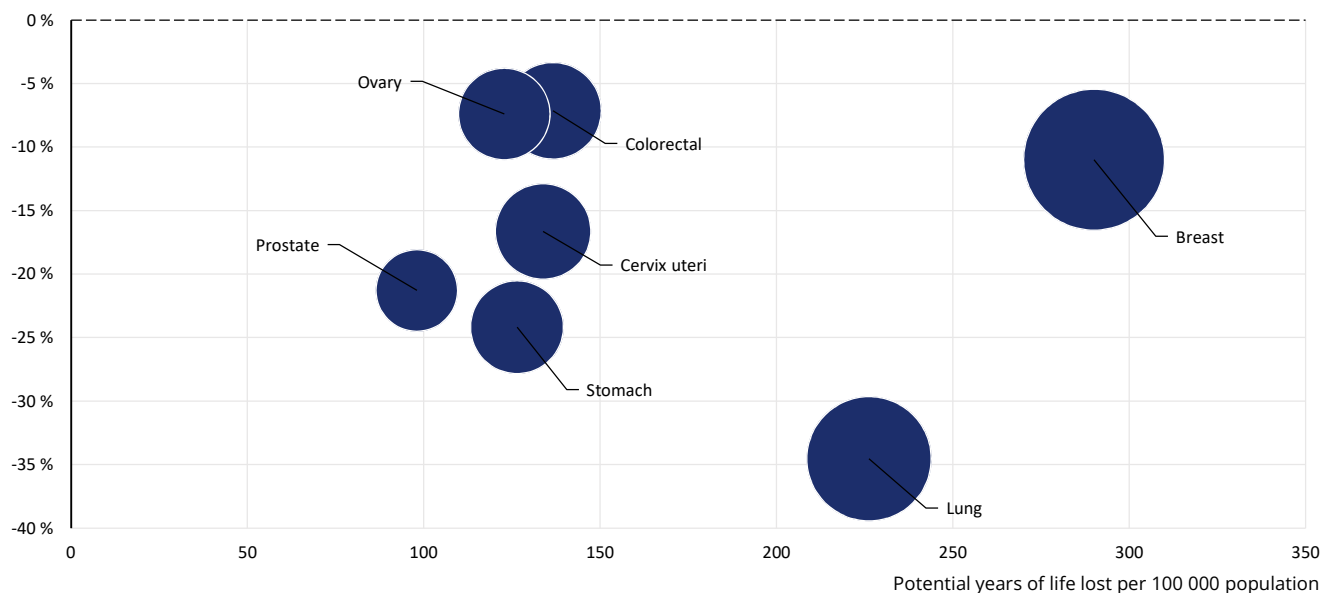
Cancer care is concentrated in six clinics in the oncology cluster, which provides adequate geographical coverage (see Section 5.1). However, provision of some care is slightly uneven, with one clinic completely lacking radiotherapy equipment and only two undertaking paediatric cancer care (see Section 6). University hospitals in the oncology cluster take a multidisciplinary approach to amass expertise on rare cancers. On the other hand, waiting times have long been a barrier to effective cancer care delivery. The new Green Corridor Initiative was launched by the Lithuanian Government to streamline management of the cancer patient workflow.

Potential years of life lost to cancers are falling

Premature mortality from cancer continues to decline in Lithuania in parallel with improvements in behavioural risk factors (see Section 4). 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. From 2012 to 2022, the PYLL to cancer dropped by 14% to 1 699 years per 100 000 inhabitants (Figure 15). The PYLL rate is particularly high for lung cancer (226 years per 100 000 population) although PYLL rates from lung declined by 34% between 2012 and 2022. Breast cancer among women accounts for 290 years per 100 000, but it declined by 11% between 2012 and 2022.

Figure 15. Potential years of life lost to cancer are in decline for all main cancer sites in Lithuania

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 Green Corridor Initiative aims to reduce waiting times

In 2017, Lithuania set several national targets for waiting time to streamline the treatment pathway: 30 calendar days between appointment for a diagnostic test (e.g. CT, MRI or PET scanning) and the test; 28 days between the first visit to a specialist and cancer diagnosis; 14 days between cancer diagnosis and initiation of therapy; 30 days between registration of chemotherapy or haematology services and commencement of

treatment; and 60 days between registration of a surgical procedure and the surgery.

To ensure that these waiting time targets are observed, the Ministry of Health requires healthcare providers to publish waiting times on a monthly basis, and to register patients in the Information System for Pre-registration of Patients, but these measures proved inadequate (State Audit Office, 2018). In this context, a new patient workflow management model called the Green Corridor has been implemented since

May 2023, with the aim of achieving the targets and expediting follow-up processes from diagnosis to cancer treatment or to end-of-life care (PSDF, 2023a).

The Green Corridor system relies on a new electronic patient queue management system, and establishes a new position of oncology care manager. Once a patient is diagnosed with cancer, a care manager is assigned to the patient, who takes charge of providing logistical and emotional support, and co-ordinating medical care throughout the treatment process. Although these changes may be positive, the outcome of the Green Corridor procedure is yet to be studied.

Hospital readmissions prior to death are limited

Lithuania shows relatively low incidence rates of hospital readmission for cancer patients within 30 days of death. In 2013-20, the incidence rate of cancer patient readmission prior to death in Lithuania remained stable between 5% and 6%, and was the lowest among the five countries (Czechia, Denmark, Lithuania, Slovenia and Sweden) for which the relevant data are available. On the other hand, use of palliative care is increasing among cancer patients in Lithuania (see Section 5.4).

Digitalisation of services is under way for more efficient cancer care management

The Electronic Information System of Health Services and Co-operation Infrastructure (ESPBI IS) was introduced in 2015 to modernise management of health records and to enable data exchange between healthcare providers, patients and administrative entities. In 2023-24, ESPBI IS was updated by the Ministry of Health's Department

of e-Health to include a new feature to record the first diagnosis of an oncological disease and new functionality to monitor the cancer patient's diagnosis (for cervical, colon and breast cancers) and treatment pathway (Ministry of Health, 2023). This update is expected to ensure timely and accurate data collection for new cancer diagnoses, and to improve the organisation and efficiency of delivering cancer care.

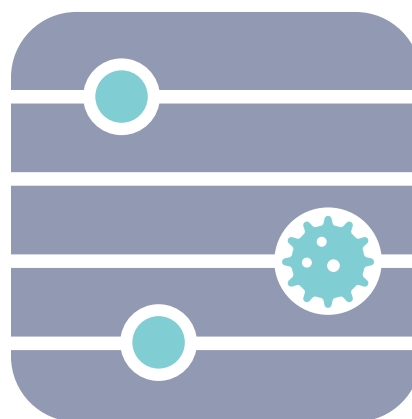
5.3 Costs and value for money

Cancer is projected to impact Lithuania's labour market in 2023-50

In addition to the direct costs on individual health, such as the outcomes of morbidity and mortality, and the mental and psychological toll cancer takes on the patient and those close to them (see Section 5.4), cancer poses substantial burdens on health system and society at large.

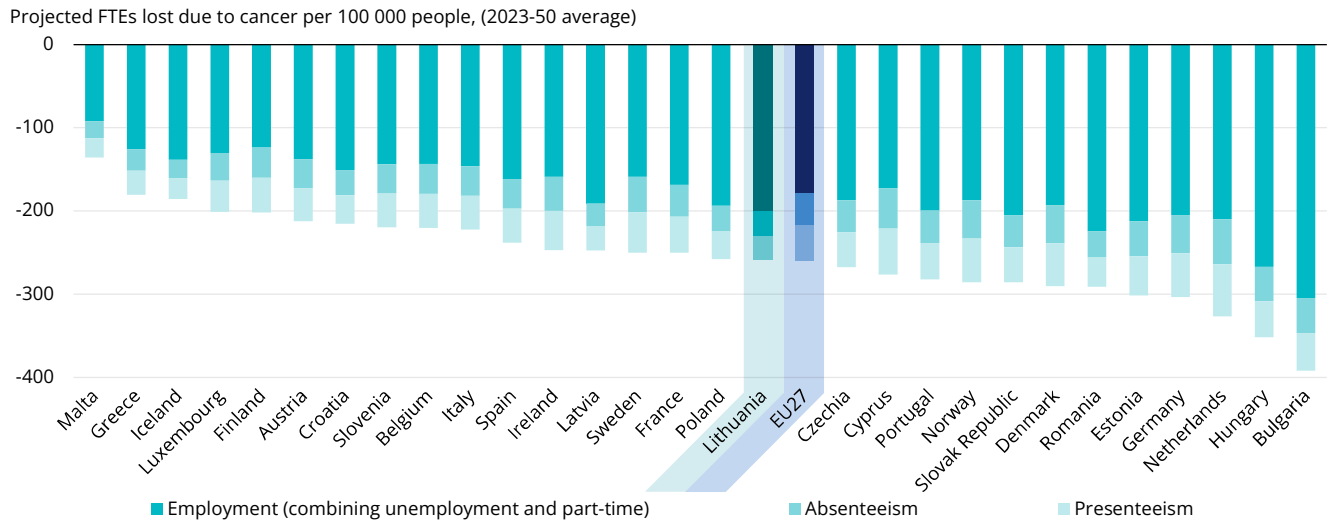
According to OECD SPHeP modelling work, the per capita health expenditure on cancer care is expected to grow by 55% in Lithuania between 2023 and 2050, compared to 59% in the EU27.

There are also indirect burdens that arise from increased employment losses, absenteeism and presenteeism⁶. According to OECD SPHeP modelling work, it is estimated that cancer will have a similar impact on the workforce in Lithuania compared to other EU countries (Figure 16). During 2023-50 on average, there is expected to be a loss of 199 FTEs per 100 000 people in Lithuania due to the need to reduce employment as a result of cancer, as well as 29 FTEs per 100 000 due to absenteeism and 31 FTEs per 100 000 due to presenteeism.



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.

Figure 16. Between 2023-50, cancer is expected to have a similar impact on Lithuania’s workforce compared to other EU countries



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>.

EU funds support the cancer care system

EU funding is often allocated to strengthen the key components of cancer care in Lithuania. In 2014-20, the national project to reskill health professionals in the fields of cancer diagnosis and treatment was carried out with co-financing of EU funds. Likewise, prevention and screening programmes (for breast, cervical and colorectal cancers) and establishment of the Green Corridor were partly financed by the EU (Ministry of Health, 2023). For example, EUR 340 000 was allocated from EU funds towards setting up the two co-ordination centres (PSDF, 2024b).

Furthermore, the national New Generation Lithuania Plan has been established to implement reforms to promote green and digital transformations in line with the EU Recovery and Resilience Facility. EUR 268 million from the EU is to be invested in modernisation of healthcare infrastructure. With respect to cancer, EU funding directly supported the updates to the ESPBI IS to improve recording and delivery of cancer care (see Section 5.2).

Health expenditure on prevention care is declining

Reinforcing prevention policies is one of the priorities of the NCCP (Ministry of Health, 2014), which is reflected in Lithuania’s public spending on prevention programmes. Although expenditure on preventive care initially increased from EUR 145 million in 2020 to EUR 244 million in 2021 due to the COVID-19 pandemic, it declined by 6% to EUR 229 million in 2022. Lithuania’s 2021 expenditure, adjusted for differences in purchasing

power, was EUR 129 per capita – this is almost half the EU average of EUR 213 per capita in 2021.

This decreasing trend can be also seen in the IMP 2023-25, where a plan is mentioned to develop healthy lifestyles and strengthen healthy lifestyle skills in communities, in co-operation with municipal public health offices. This sets out a flat (i.e. declining in real terms) amount of EUR 22-23 million to be spent in 2023-25 (Ministry of Health, 2023).

Lithuanian expenditure on prevention policies is partly financed through excise duties levied on tobacco and alcohol products. In fact, Lithuania is one of the few EU+2 countries (including Estonia, France, Iceland, Ireland and Romania) where a proportion of tax revenues from excise duties are earmarked to fund non-communicable disease prevention and control programmes. For instance, EUR 3.3 million is directed to the State Public Health Promotion Fund, which financially supports prevention projects and awareness campaigns.

5.4 Well-being and quality of life

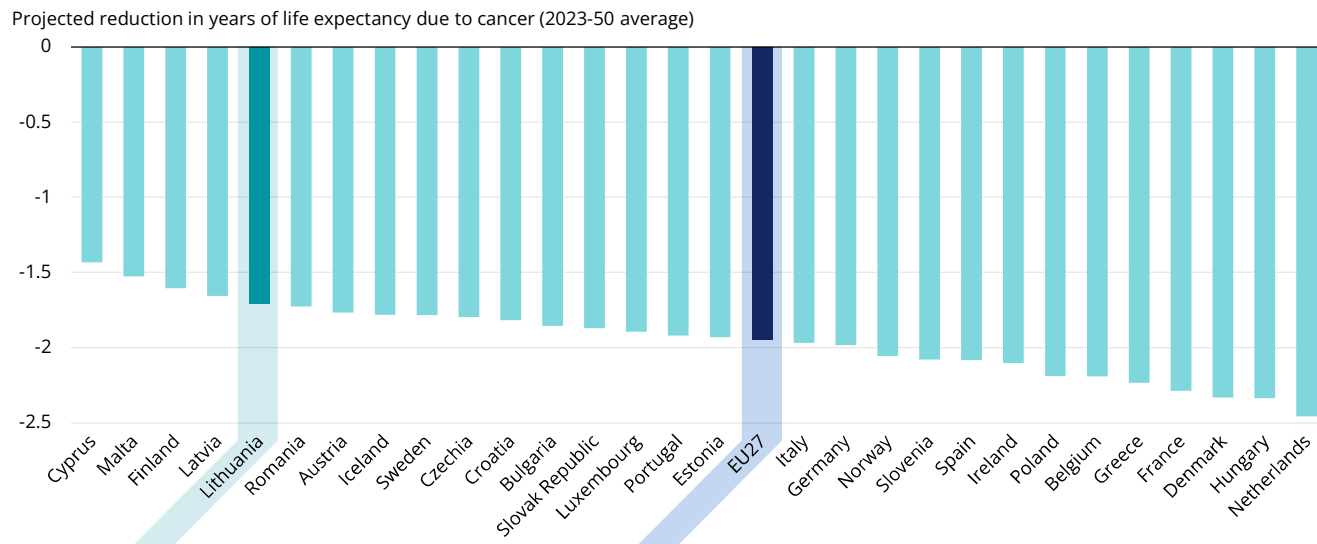
Cancer is expected to reduce life expectancy and increase mental health disorders

With incidence of cancer expected to continue to grow (see Section 2), its impact on public health will become increasingly significant. According to OECD SPHeP modelling work, between 2023 and 2050, cancer will reduce average life expectancy in Lithuania by 1.7 years compared to a scenario without cancer (Figure 17). Even though this is lower than the EU average decline of 1.9 years, it is a significant decrease for Lithuania.

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,

Lithuania is expected to have much higher depression rates because of cancer, at an additional age-standardised rate of 20 cases per 100 000 per year. This is higher than the EU average of 17 per 100 000.

Figure 17. Cancer is expected to reduce life expectancy in Lithuania by 1.7 years on average between 2023 and 2050



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>.

Demand for palliative care is rising

Palliative care is fully covered by the PSDF, and can be provided in both inpatient and outpatient settings, after a GP's evaluation of palliative care needs using criteria including exhaustion of all possible treatments or the need for therapy to alleviate symptoms. For inpatient services, a maximum 120 days of hospitalisation for palliative treatment and nursing care can be reimbursed by the PSDF; this has been the most common form of palliative care in Lithuania (PSDF, 2023b).

For outpatient services, patients can be sent to a palliative care centre (or "pain clinic") for consultation. If patients are critically ill and require complex symptom management, they can be also referred to palliative care centres. Currently, Vilnius and Kaunas each have three public pain clinics, and there is one in each of the other municipalities (POLA, 2023). Given that cancer-related pain is the most common symptom for end-of-life care patients, Lithuania's palliative care focuses on symptom control as well as psychological, spiritual and emotional support (National Cancer Institute, 2024b).

In recent years, access to outpatient services has improved. Generally speaking, home care has been possible if special needs for care are well identified (POLA, 2023). In practice, however, only 24 services

per annum could have been reimbursed for outpatient services at home until 2020. To address this, a 2020 amendment required institutions providing ambulatory nursing care services to make palliative care services available, required palliative care to be available 24/7, and increased the number of reimbursable visits for outpatient services at home to 52, 156 or 260 depending on the needs identified (PSDF, 2023b).

The Lithuanian Cancer Patient Coalition is actively involved to improve cancer patient education and experiences

The Lithuanian Cancer Patient Coalition (POLA) contributes to shaping policies related to cancer care access and quality. It offers free consultations on legal issues, psychological support, and advice on lifestyle and nutrition to community members. For 2025, the POLA and other NGOs aim to reach out to at least 5 000 cancer patients and 1 000 family members.

Moreover, the POLA's educational efforts focus on the importance of health literacy, physical activity and nutrition in preventing cancer and other diseases. These are part of the government's public health campaign to release informative media articles every year in 2023-25. The POLA also facilitates establishment of patient associations

across regions, and organises seminars, training sessions, conferences and therapeutic activities to teach patients and their carers how to engage in treatment and rehabilitation processes effectively.

In addition to these support and educational services, the POLA works to reduce the financial burden on cancer patients and their families by partnering with businesses to provide discounts on various goods and services. It also collaborates with cultural institutions to offer free access to events for patients and their families.

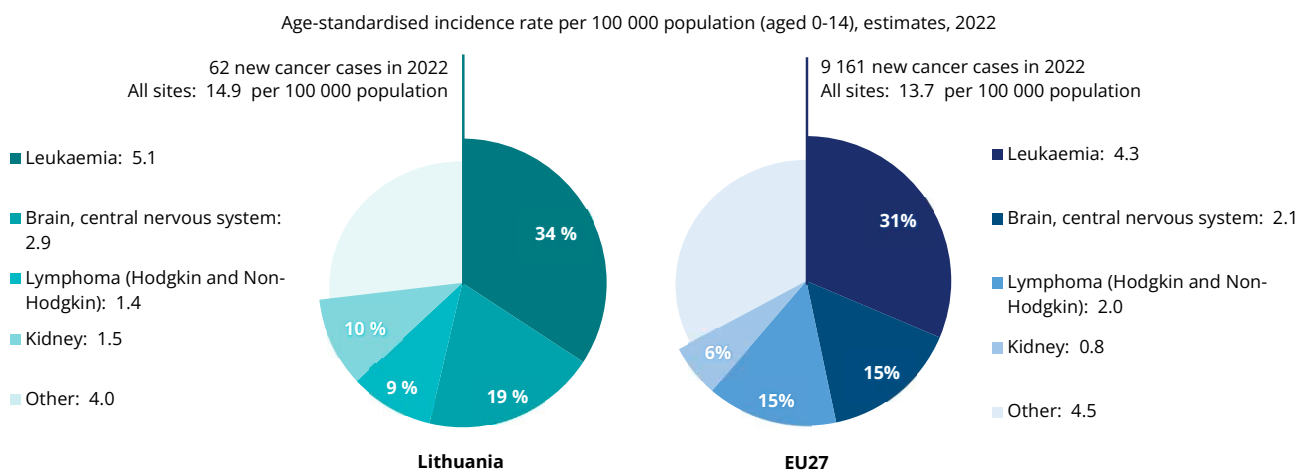
By participating in the legislative process and submitting proposals on healthcare and social security policies, the POLA contributes to providing policy makers with the perspectives of cancer patients and their carers. For example, it has recently pointed out a concern about the procedures for entering the Green Corridor (see Section 5.2), with the aim of improving the visibility of corridors run by different clinics in the oncology cluster.

6. Spotlight on paediatric cancer

According to ECIS, it is estimated that in Lithuania 62 children and adolescents up to age 15 were diagnosed with cancer in 2022. This translates to an incidence rate of 14.9 per 100 000 inhabitants, higher than the EU average of 13.7 per 100 000 (Figure 18). In Lithuania, incidence rates among boys are higher than among girls, similar to the trend across the EU. The most common cancer types are leukaemia with 5.1 cases per

100 000 children (34%), brain and central nervous system cancers with 2.9 cases per 100 000 (19%), lymphoma with 1.4 cases per 100 000 (9%), and kidney cancer, with 1.5 cases per 100 000 (10%). In addition to higher childhood cancer incidence rates, Eurostat data show that Lithuania has a higher cancer mortality rate among children, with a 3-year average mortality rate of 2.4 per 100 000 children (as compared to 2.1 in the EU).

Figure 18. Lithuania’s cancer incidence rate among children is slightly higher than 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.

Lithuania’s paediatric oncology is not well developed and suffers from limited resources. According to the European Society of Paediatric Oncology (SIOPE)’s Organisation of Care & Research for Children with Cancer in Europe (OCEAN) Project, there are only two hospitals to treat paediatric cancer: Vilnius University Hospital Santaros Clinics and Hospital of Lithuanian University of Health Sciences Kaunas Clinics. Both of them are generally well staffed and equipped for cancer treatment, but the former only provides brachytherapy. These two clinics are also part of the oncology cluster and assigned to become co-ordination centres for early detection programmes (see Section 4). However, their geographical coverage may be problematic in terms of accessibility for children living in westernmost regions of the country, such as Klaipėda. The OCEAN Project revealed that 11 out of 13 infrastructural and treatment

modalities of paediatric oncology are available in Lithuania, including chemotherapy, radiotherapy, brachytherapy and participation in clinical trials (SIOPE, 2024). In 2018, only 49% of the 68 medicines identified as essential for treating cancer in patients aged 0 to 18 were available in Lithuania, compared to 76% in the EU on average (Vassal et al., 2021).

The IMP 2023-25 makes no mention of additional resources to be allocated to paediatric oncology (Ministry of Health, 2023). It only touches on participation of children in international academic non-commercial clinical and non-interventional (biochemical) research, which only involves hospitals and not a single government entity.

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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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