European Commission

OECD
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Beating Cancer Inequalities in the EU

Spotlight on cancer prevention and early detection

Executive summary

The complete report is available in English:

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Cancer is a major public health concern in Europe. In 2022, there were an estimated 2.78 million new cancer cases in the 27 European Union Member States (EU27), plus Iceland and Norway (EU+2 countries), which is equivalent to about five new diagnoses every minute. By 2035, it is anticipated that cancer will be the leading cause of death in Europe.

The report builds on the 2023 EU Country Cancer Profiles, www.oecd.org/health/eu-cancer-profiles.htm and the European Cancer Inequalities Registry, https://cancer-inequalities.jrc.ec.europa.eu/. It examines policies and actions to tackle cancer, with a focus on addressing preventable risk factors and improving the reach of screening and early diagnosis to counter concerning cancer trends and inequalities. The examples discussed in the report show that strong political will and targeted actions are needed to make prevention an effective priority.

Cancer mortality rates vary 1.6-fold across countries, and by up to 37% between regions within a country

While estimated cancer incidence increased between 2010 and 2022 in 14 of 24 countries with available data, mortality decreased by 10% in the EU27 during this period, with reductions seen across most cancer

sites. However, cancer mortality remains high (representing 22.5% of all deaths) and varies 1.6-fold across EU+2 countries. For many cancers, higher age-standardised cancer mortality rates are found in Central and Eastern European countries (Croatia, Hungary, Latvia, the Slovak Republic and Slovenia), while Western European and Nordic countries (Finland, Luxembourg, Spain and Sweden) have the lowest mortality rates.

Not everyone has the same risk of dying from cancer, even within the same country. Cancer mortality rates differ by up to 37% between regions in Romania, and by at least 30% between regions in France, Germany, Poland and Spain. Men have almost 70% higher mortality rates than women. In addition, men with lower education levels are 2.6 times as likely to die from lung cancer as their counterparts with higher education levels; while for women, that figure stands at 1.7 times.

Unhealthy lifestyles, metabolic risk and poor environment explain over 40% of the cancer burden: A comprehensive set of prevention policies is needed

By far the leading risk factor for cancer death in EU+2 countries is tobacco (with more than a quarter of cancer deaths attributed to smoking), followed by alcohol consumption, unhealthy diet, occupational risk, overweight and obesity, high blood sugar, air pollution, physical inactivity and infection from three types of oncoviruses – human papillomavirus, hepatitis B virus and hepatitis C virus. The major risk factors for cancer are consistently more prevalent among people with lower socio-economic characteristics, such as lower income and education levels. There are also large disparities in cancer risk factors by gender to the detriment of men – notably for cigarette smoking, alcohol consumption, poor diet, and overweight and obesity. Men across the EU27 are 51% more likely to be daily smokers and more than twice as likely to report heavy alcohol drinking as women.

All countries have scope to prioritise prevention policies and learn from other countries' best practices. Even with heightened prevention investment following the COVID-19 pandemic, only 5.1% of total health spending was dedicated to prevention on average in the EU27 in 2021. Countering alarming trends in cancer incidence and inequalities requires key prevention policies to address cancer risk factors, but no policy is sufficient on its own. **A comprehensive package of prevention policies** is necessary to tackle different cancer risk factors and target at-risk population groups – including **fiscal and regulatory policies**; accessibility of **health information**; **health-promoting and empowering communities** that engage people via **primary healthcare, schools and workplaces**; and better **health literacy** across population groups.

Screening alone is insufficient to ensure access to early detection; improved awareness, outreach and a greater role for primary care are also necessary

Screening for breast, cervical and colorectal cancers is effective in raising early detection and improving survival. This report demonstrates that countries with higher breast cancer screening participation rates have better outcomes, such as a lower breast cancer mortality-to-incidence rate ratio. Despite population-based screening programmes for breast, colorectal and cervical cancers in most EU countries in 2023, participation rates vary greatly and are concerningly low in many countries. In 11 EU+2 countries, less than half of women aged 50-69 have had a mammogram within the past two years. There are also disparities in cancer screening rates to the detriment of groups with lower education or income levels; for example, the likelihood of having had a mammogram is 15% lower among women with lower education levels.

A wide range of policy options exists for EU+2 countries to improve early detection through greater participation in cancer screening and earlier cancer diagnosis. Such efforts should begin with **increasing awareness of cancer, its related symptoms and the benefits of screening**. Efforts should also include

establishing **delivery models that reach vulnerable populations in their local communities**, such as use of mobile screening units or self-sampling tests for colorectal and cervical cancer screening. **General practitioners** (GPs) can support early diagnosis by recognising cancer symptoms and recommending screening to their patients, as can **fast-track pathways**, which reduce the time between cancer suspicion and diagnosis.

The difference in public coverage of cancer medicines across EU countries is three-fold, while the cancer workforce is overstretched

As the high prices of oncology medications are taking up an increasing share of healthcare budgets, countries are examining new ways to ensure access to cancer treatments. The OECD analysis shows marked variability in the proportion of breast and lung cancer indications/products that are publicly reimbursed in 2023. Germany reports coverage for all indications/products, while Malta, Cyprus and Latvia cover less than a third.

Delivering people-centred care for cancer patients is also a key issue, given both the increasing number of cancer diagnoses and the healthcare workforce shortages reported by countries – including shortages of GPs, oncologists, nurses, radiologists and psychologists. Countries are relying on a range of solutions to tackle workforce challenges, such as increasing training capacity, reallocating tasks among healthcare professionals, introducing financial incentives and recruiting foreign-trained professionals.

Overall, this report shows that there is much work to be done to address the increasing burden of cancer and inequalities: investing in comprehensive prevention policies and ensuring widespread reach of screening and early diagnosis will make a major dent in Europe's cancer trends in the years to come. Inclusive approaches to cancer prevention and cancer control policies – with particular emphasis on vulnerable groups – should be scaled up to improve the health and well-being of all Europeans. This requires investment in comprehensive, quality cancer registries – linked to data from screening programmes and on individuals' socio-economic status – to provide timely insight on cancer control efforts across the population.

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