European Cancer Inequalities Registry

Country Cancer Profile 2023

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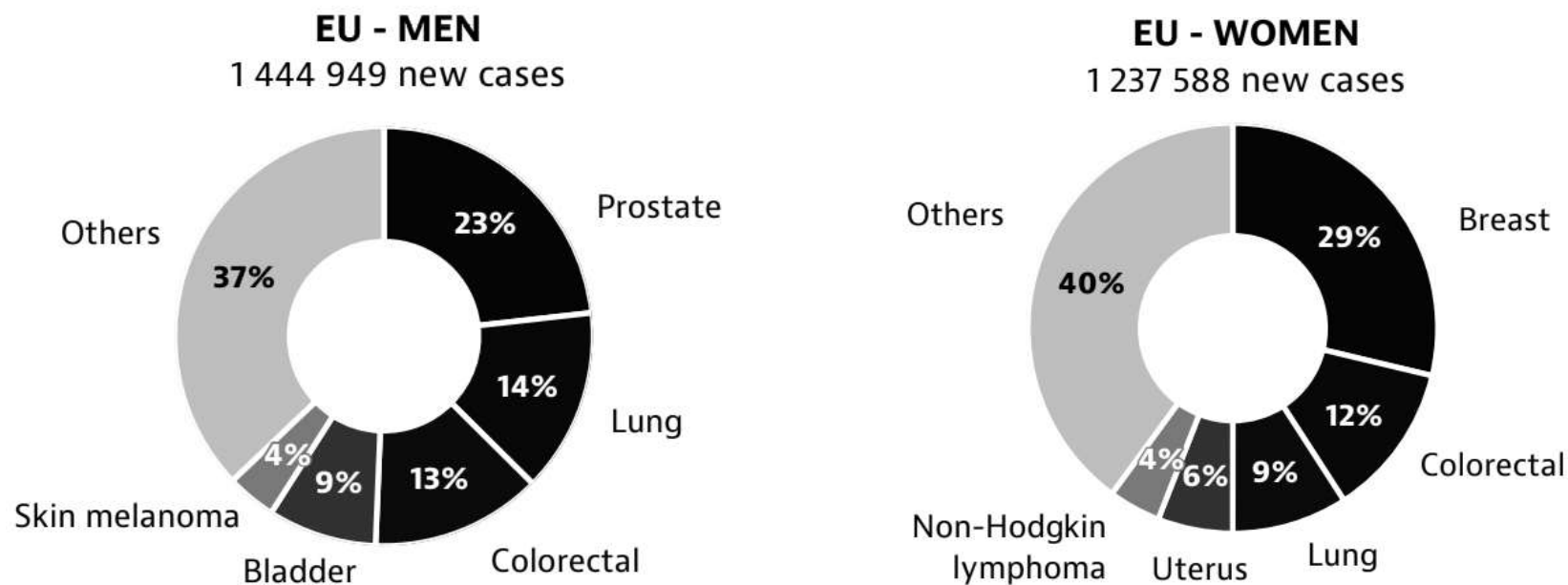
The burden of cancer in Europe is devastating, and marked with strong inequalities

The overwhelming burden of cancer in the EU

There were over 2.6 million of new cancer cases in 2020, equivalent to 1 EU citizen diagnosed with cancer every 12 seconds

EU - MEN
1 444 949 new cases

- Prostate 23%
- Lung 14%
- Colorectal 13%
- Bladder 9%
- Skin melanoma 4%
- Others 37%

EU - WOMEN
1 237 588 new cases

- Breast 29%
- Colorectal 12%
- Lung 9%
- Uterus 6%
- Non-Hodgkin lymphoma 4%
- Others 40%

Source: European Cancer Information System (ECIS). From https://ecis.jrc.ec.europa.eu, accessed on 09/05/2022. © European Union, 2022.

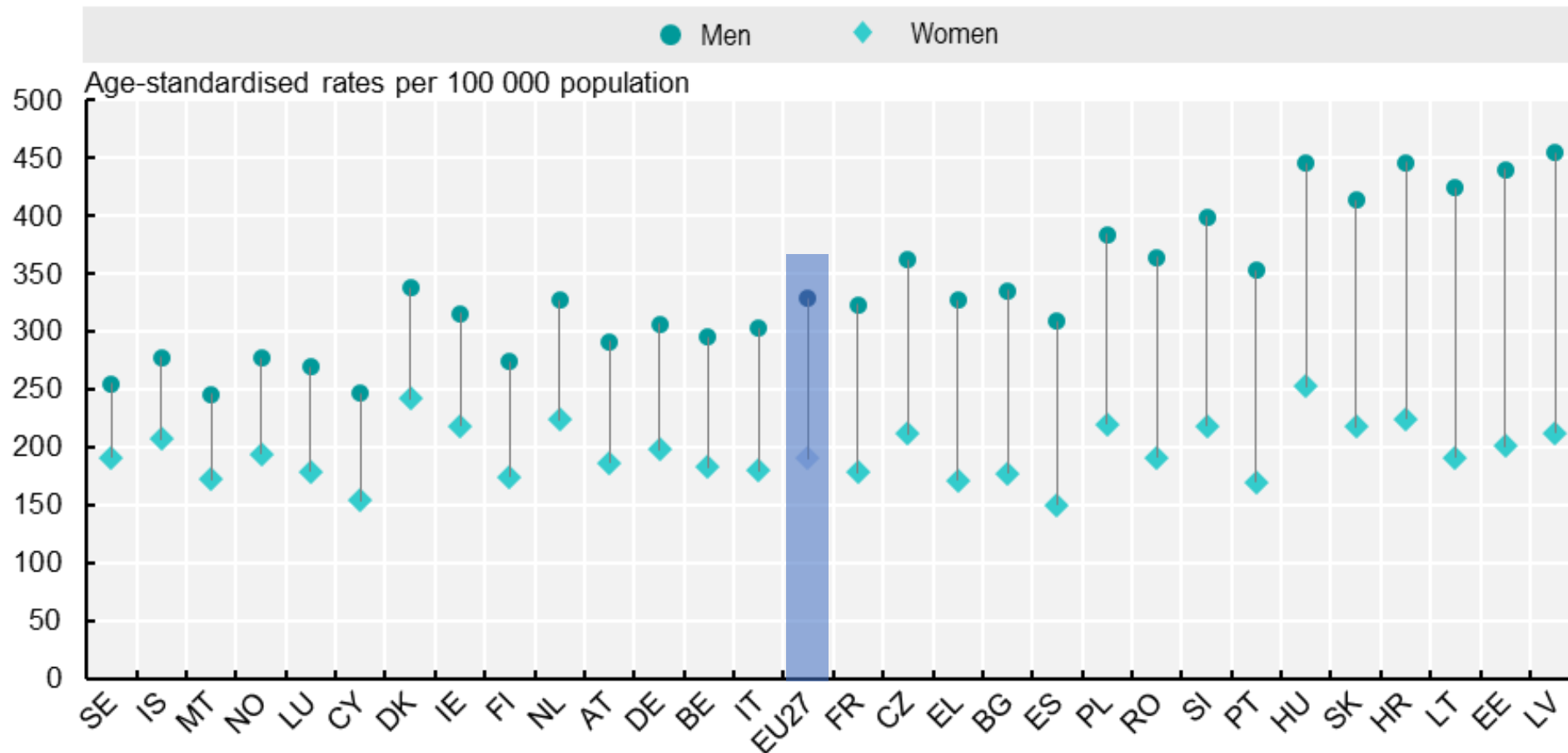# Cancer mortality rates have decreased over time

But cancer is still the second leading cause of mortality in 2019 following CVD
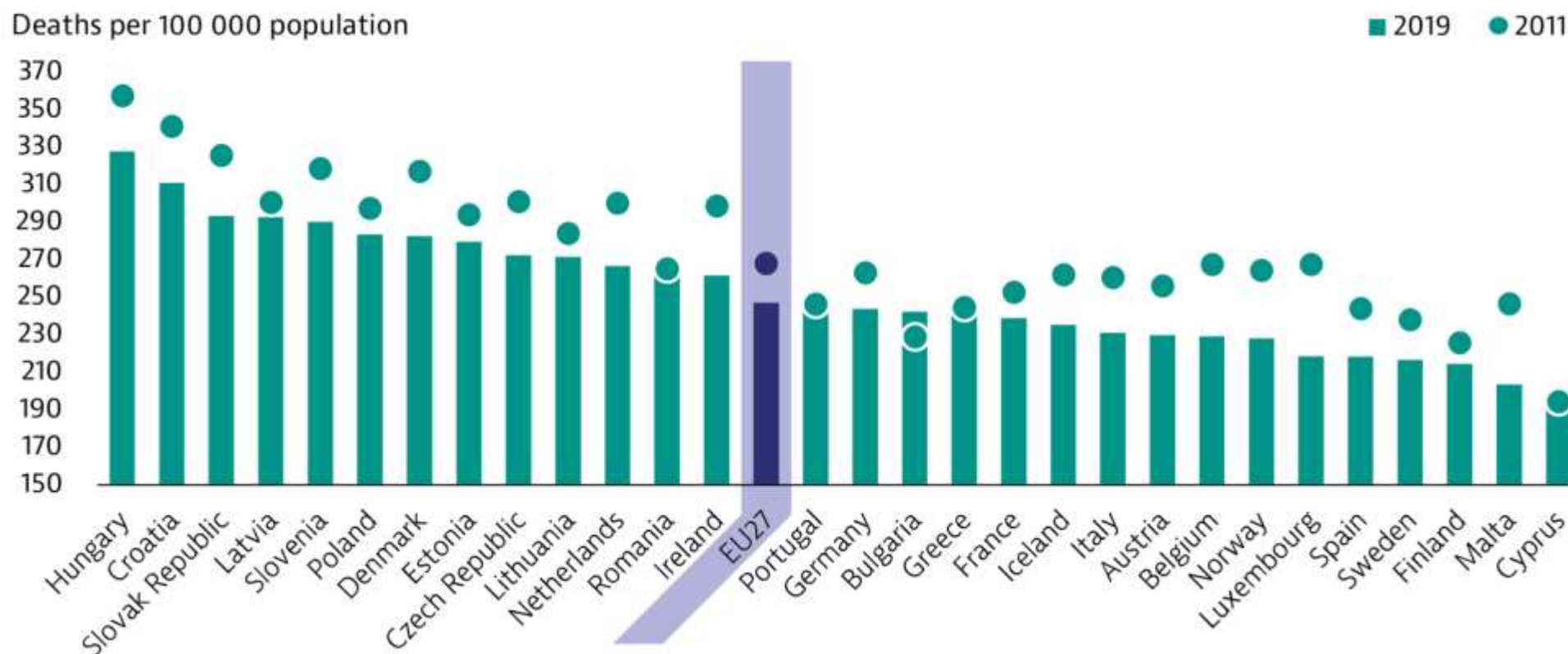
Source: Eurostat Database.

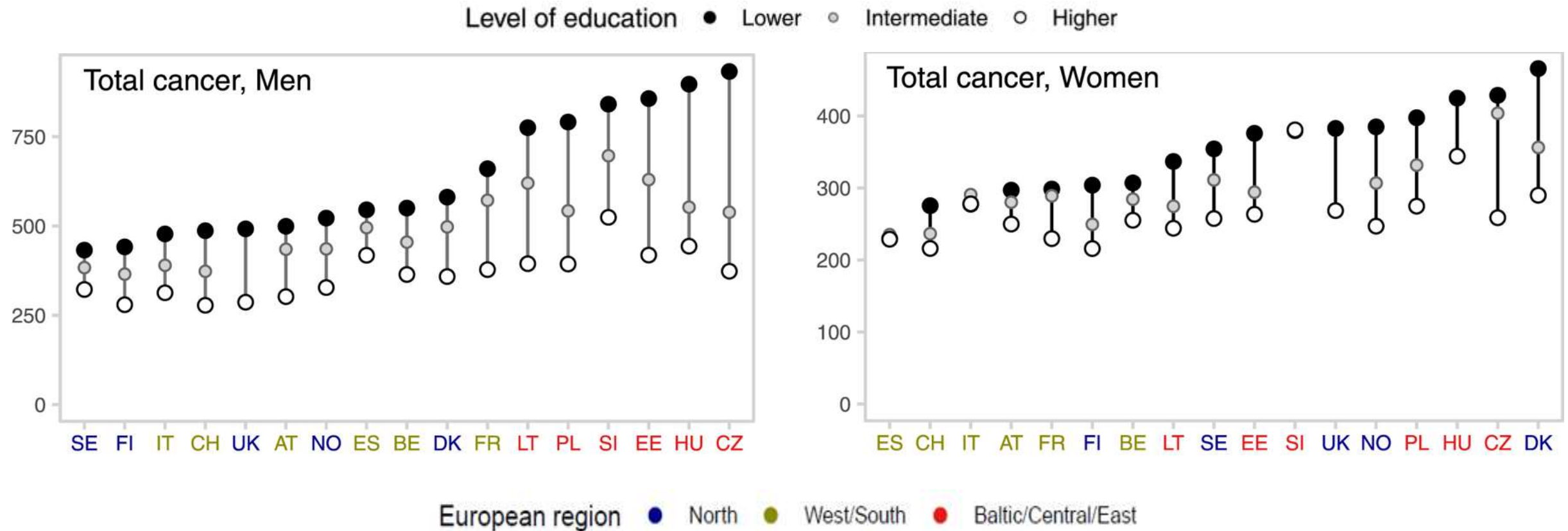# Nordic countries are performing better with more gender equity

Within countries, cancer mortality rate is almost 75% higher among men than women across EU countries

Age-standardised rates per 100 000 population

Legend: ● Men ◆ Women

Countries (x-axis): SE, IS, MT, NO, LU, CY, DK, IE, FI, NL, AT, DE, BE, IT, EU27, FR, CZ, EL, BG, ES, PL, RO, SI, PT, HU, SK, HR, LT, EE, LV

Source: Eurostat Database.

Interventions to reduce socio-economic inequalities in cancer mortality should focus on low-educated people

Age-standardised cancer mortality rates per 100 000 population by education

What can health systems do?

1. Improve prevention

Smoking is one of the largest preventable risk factor for cancer

Smoking remains more common among low socio-economic status:
smoking is 50% higher among low income than high income people in EU countries

Percentage of daily smokers

Legend: ■ Total ◇ High income ◆ Low income
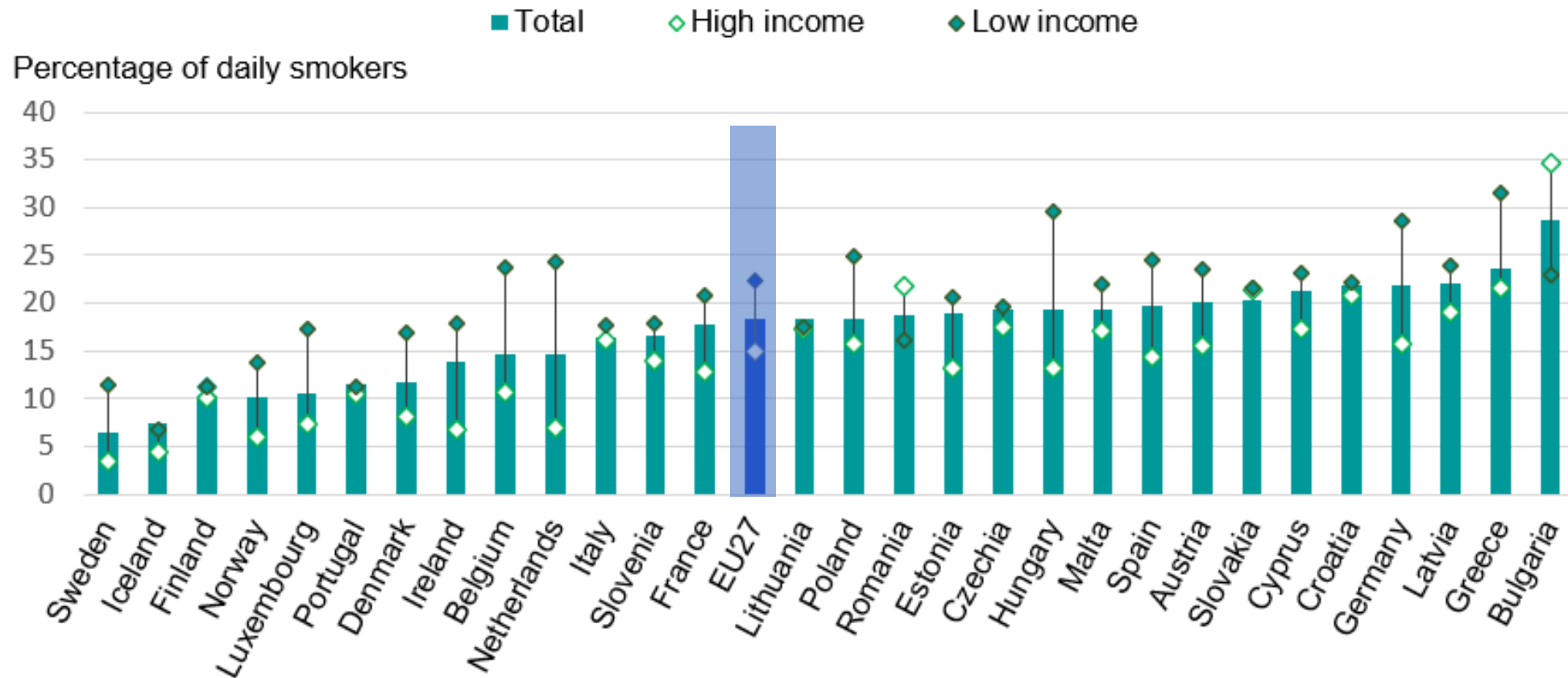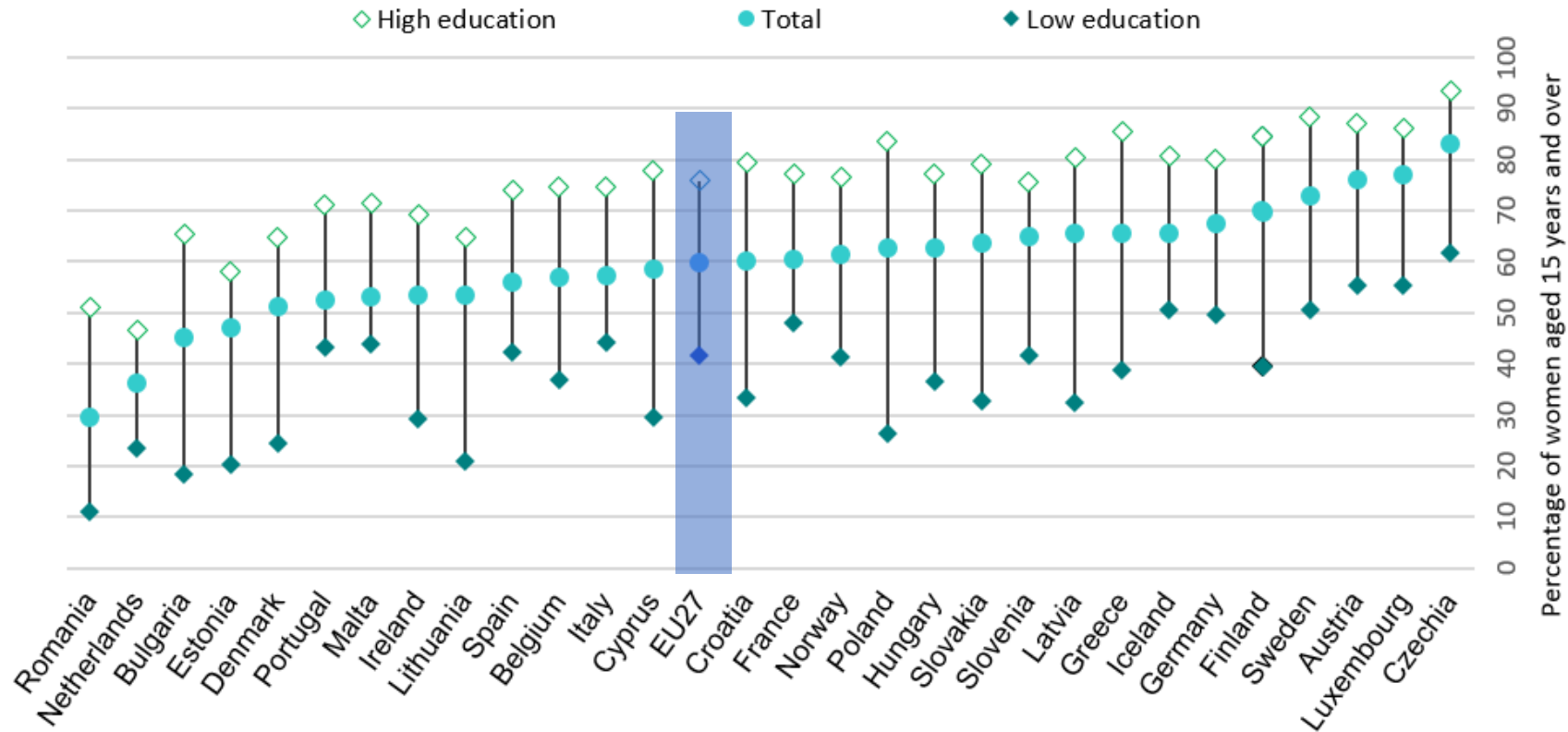
Source: Eurostat database, EHIS.

What can health systems do?

2. Improve accessibility

# All EU countries have opportunities to improve access to early diagnoses

Self-reported participation to cervical cancer screening programmes varies nearly 3-fold across countries and almost 2-fold across education groups in the EU

Source: Eurostat database, EHIS.

Access to oncology medicines remains unequal across EU countries

Denmark and Germany have the largest number of product/indications approved and covered

Number of sample product/indication pairs
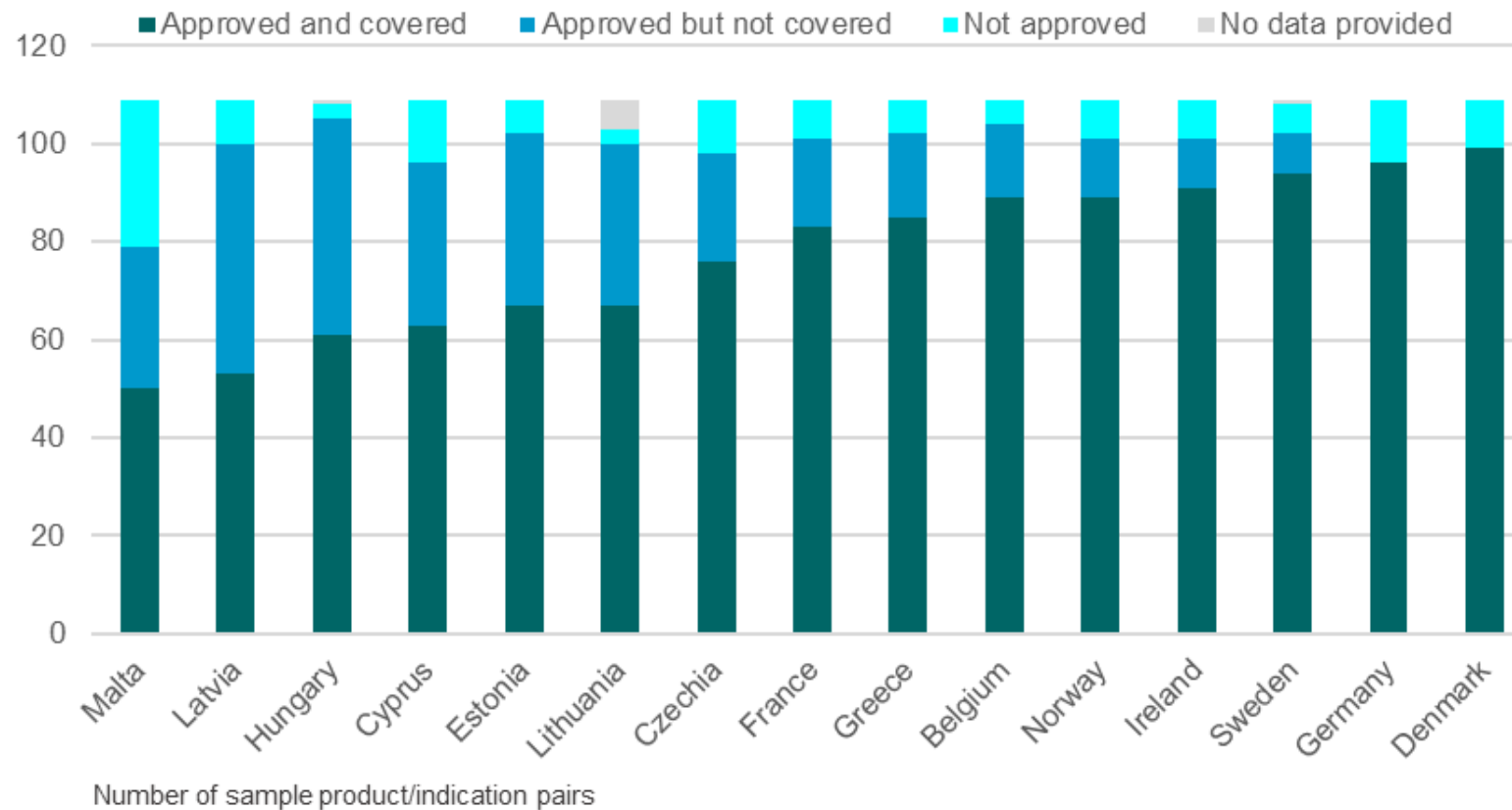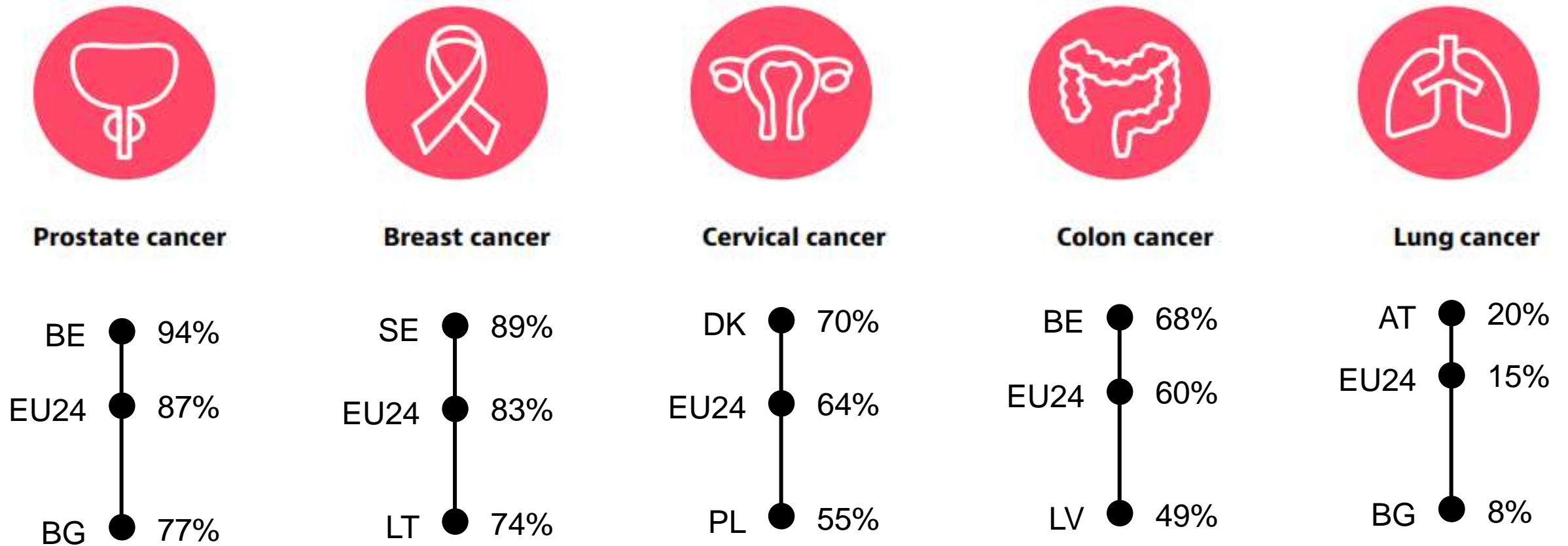
Source: Chapman, Paris and Lopert (2020).

What can health systems do?

3. Improve quality

Implementing evidence-based practice to promote quality of cancer care

While survival rates have increased in most EU countries, there is still room for improvement in care quality

Prostate cancer

BE	94%
EU24	87%
BG	77%

Breast cancer

SE	89%
EU24	83%
LT	74%

Cervical cancer

DK	70%
EU24	64%
PL	55%

Colon cancer

BE	68%
EU24	60%
LV	49%

Lung cancer

AT	20%
EU24	15%
BG	8%

Note: Data refer to people diagnosed between 2010 and 2014.
Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

Measurement is key to inform policy and practice

We only measure, regularly, about half of the data we need

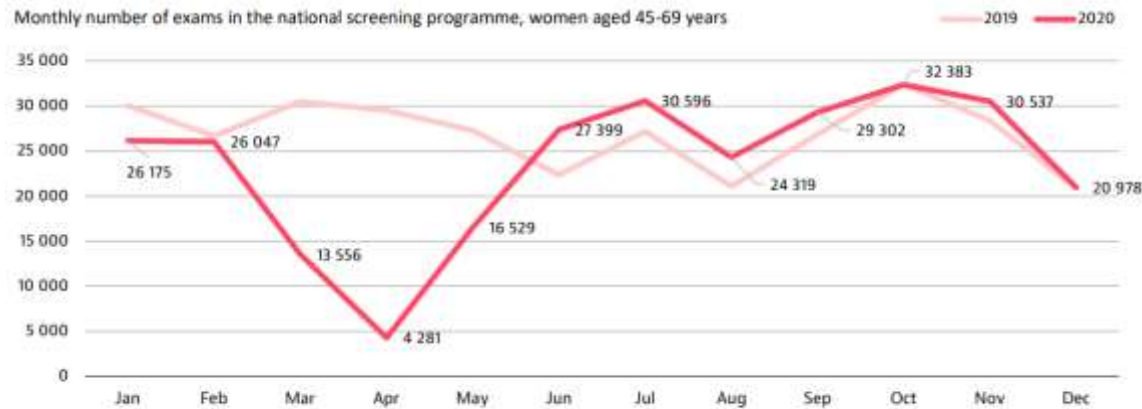| |
|---|
| **Risk factors such as smoking and obesity** |
| **Incidence** |
| **Cancer screening** |
| **Stage distribution** |
| **Hospital utilisation (average length of stay, discharges)** |
| **Survival and mortality** |
| **Patient-reported outcomes** |
| **Resources (e.g. oncologists, radiologists)** |
| **Spending on cancer care** |
| **Access to cancer therapy (e.g. authorisation, coverage, waiting time, affordability of cancer drugs)** |

What can health systems do?

4. Improve resilience

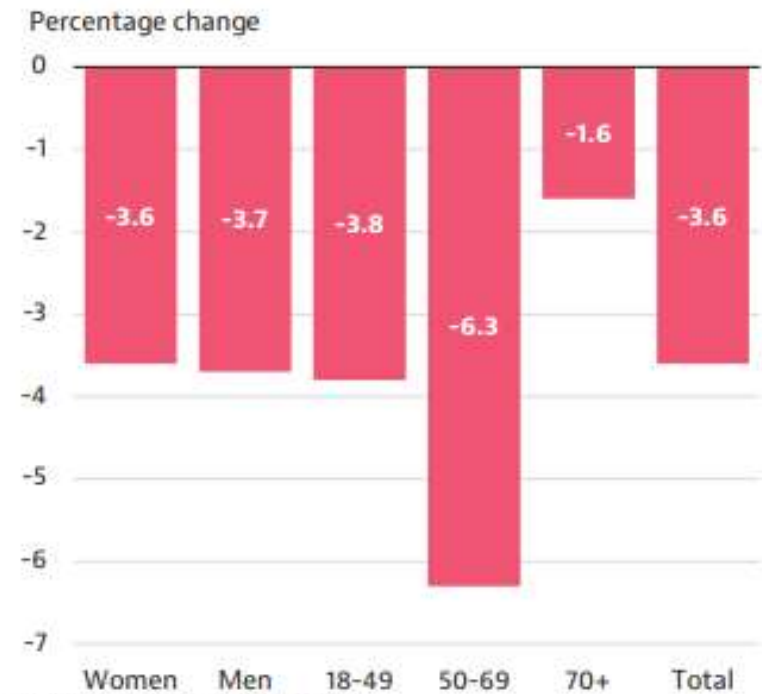# The COVID-19 pandemic had a major impact in disrupting cancer care

Decreases in uptake of cancer screening

Monthly number of exams in the national screening programme, women aged 45-69 years — 2019, 2020

Austria

Values shown: 26 175, 26 047, 13 556, 4 281, 16 529, 27 399, 30 596, 24 319, 29 302, 32 383, 30 537, 20 978

Source: Österr. Brustkrebs-Früherkennungsprogramm (BKFP) / Gesundheit Österreich GmbH (GOeG).

Mammography — 2019, 2020

Colonoscopy — 2019, 2020

Poland

Source: Koczkodaj et al. (2021).

Reduction in the notification of new malignant cases

Percentage change:
- Women: -3.6
- Men: -3.7
- 18-49: -3.8
- 50-69: -6.3
- 70+: -1.6
- Total: -3.6

Source: Johansson et al. (2022)
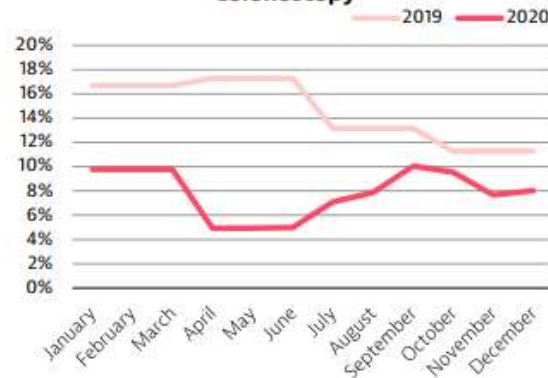
Finland

Key findings

Prevention	Invest in health promotion and disease prevention policies to prevent cancer through comprehensive prevention policies
Accessibility	Invest in early diagnoses programmes to ensure timely access to cancer care and treatment, and in health workforce to increase recruitment and retention rates
Quality	To improve cancer quality and address inequalities in cancer care, countries need to collect and use data for monitoring and benchmarking performance
Resilience	Minimising any disruption in cancer screenings is key to prevent a backlog of undiagnosed cancer patients and improve survival probabilities

Thank you

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