



# Beating Cancer Inequalities in the EU: Spotlight on cancer prevention and screening

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Francesca Colombo, Head of Health Division, OECD



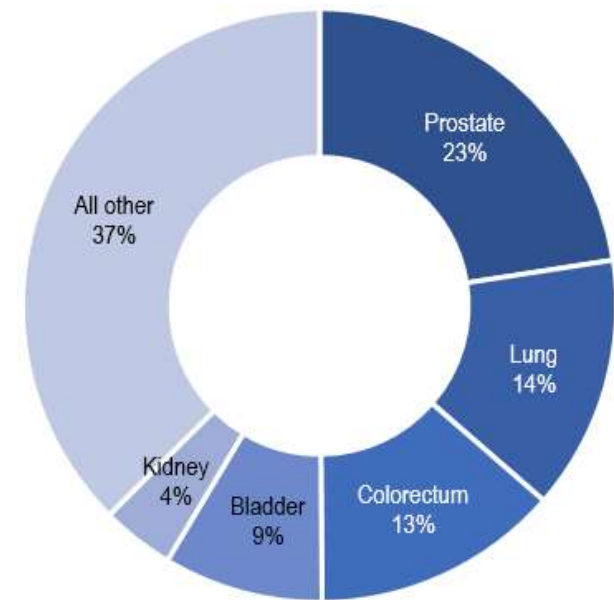
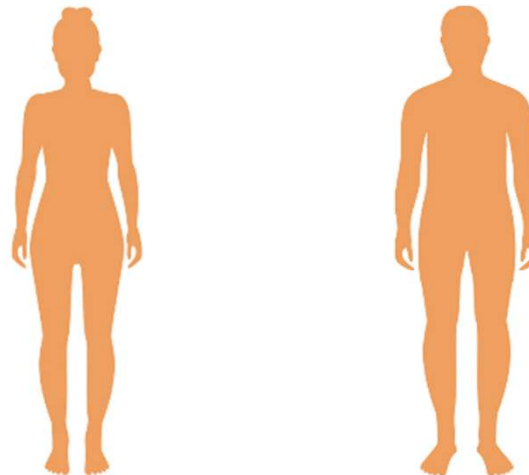
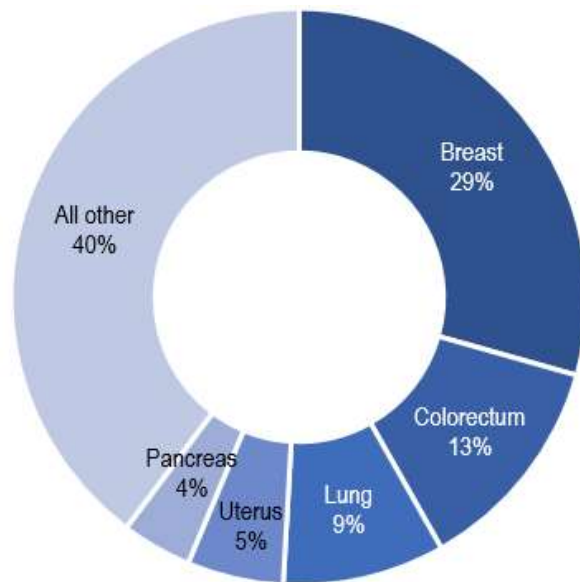


**The burden of cancer in Europe is increasing and remains unequal**

# In 2022, there was a cancer diagnosis every 11 seconds

An estimated **2.78** million new cancer cases were diagnosed in 2022 in EU+2

Share of cancer cases by site



**1 276 601** cases among women in EU

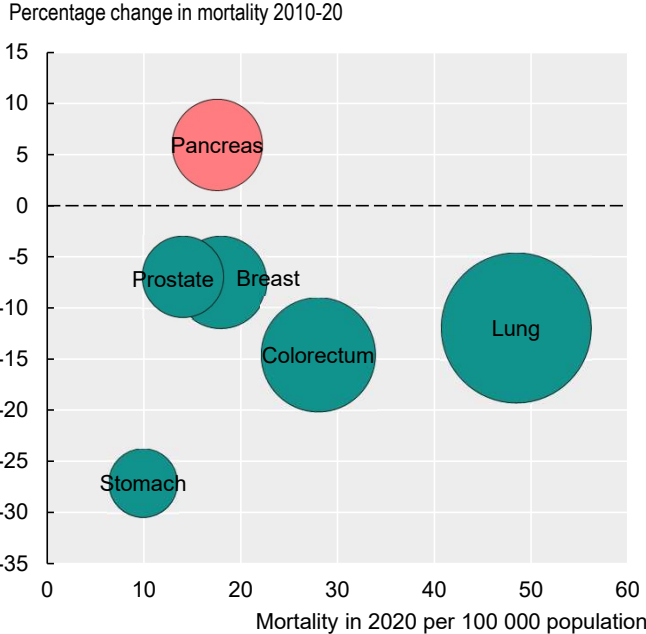
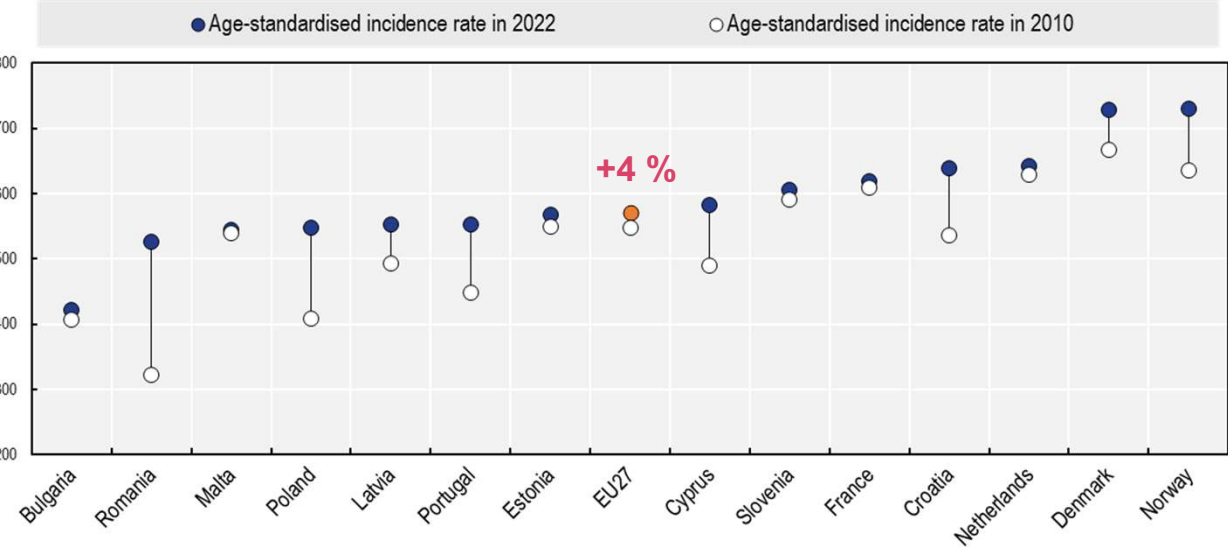
**1 465 846** cases among men in EU

# More people are being diagnosed with cancer, but cancer mortality is decreasing



Estimated cancer incidence increased in 14 countries between 2010 and 2022

Cancer mortality decreased by 10% between 2010-20, with decreases across most cancer sites



Note: age-standardised cancer incidence rates per 100 000 population

Source: ECIS (2023), Eurostat (2023)

# There is between 2- and 4-fold variation in mortality rates across the top cancer sites

X 1.9



Breast cancer

X 2.7



Colon cancer

X 2.7



Prostate cancer

X 2.4



Lung cancer

X 4.1



Stomach cancer

23.8 ● Slovak Rep

50.5 ● Hungary

23.9 ● Denmark

81.0 ● Hungary

20.8 ● Lithuania

18.0 ● EU27

28.0 ● EU27

14.0 ● EU27

48.4 ● EU27

9.9 ● EU27

12.3 ● Norway

18.6 ● Cyprus

8.6 ● Malta

33.5 ● Sweden

5.0 ● Sweden

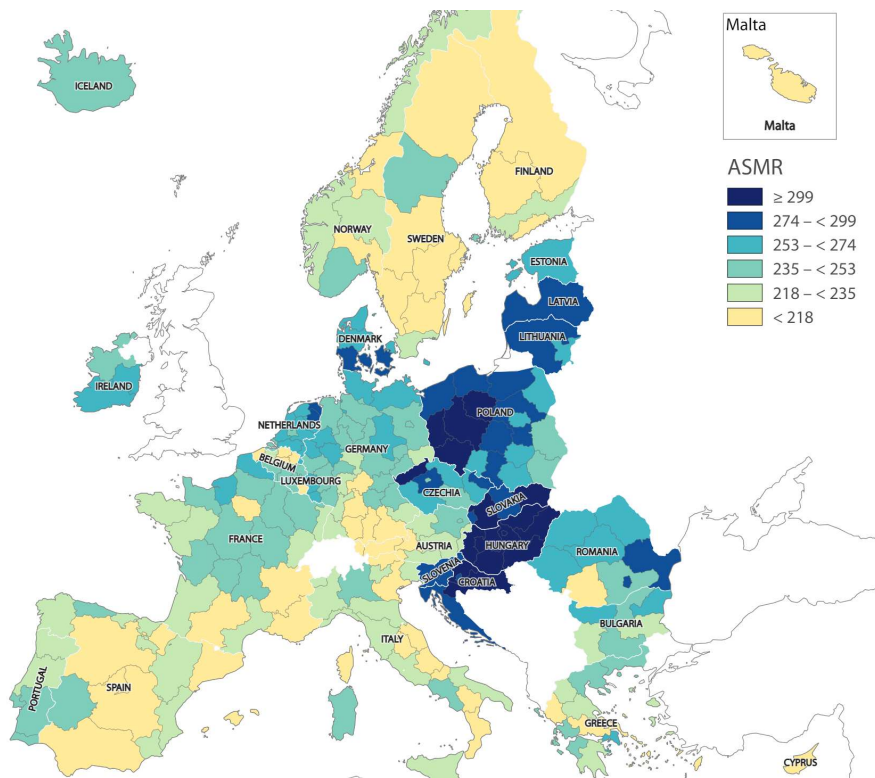
Note: age-standardised mortality rates per 100 000 pop, per cancer sites

Source: Eurostat (2023)

# There are also large inequalities in cancer mortality within countries

Cancer mortality rates vary by almost 40% between regions within a country

Men & lower socioeconomic groups have higher cancer burden



Age-standardised mortality rate per 100 000 population, by NUTS2



**70%**  
higher risk of cancer mortality in men



**X1.7-2.6 times**  
Lung cancer mortality among people with lower education



**9 percentage points**  
Lower survival among most deprived groups

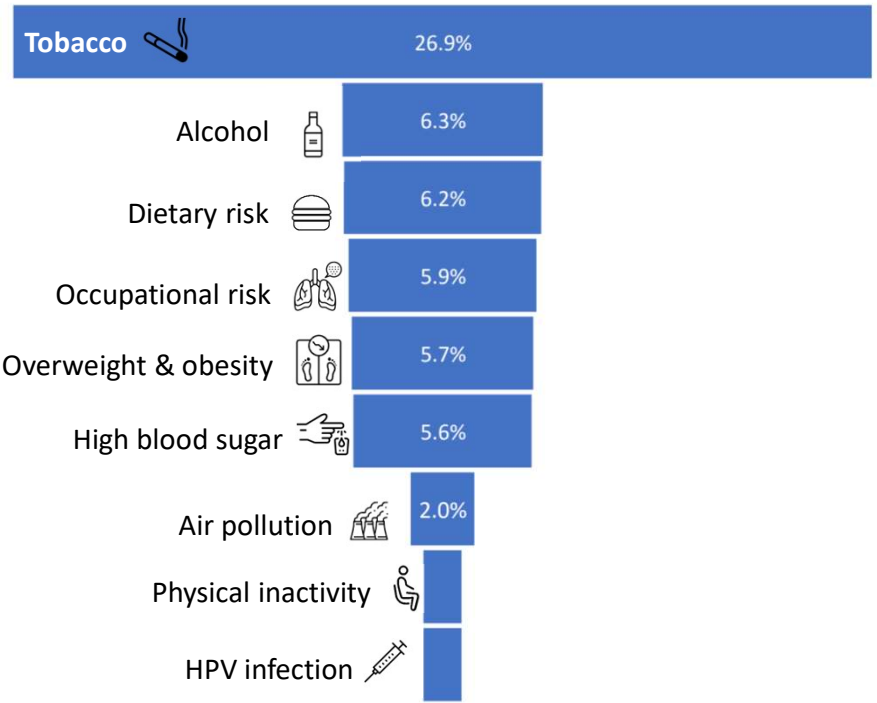


**Inequalities are rooted in factors that  
are amenable to policy action**

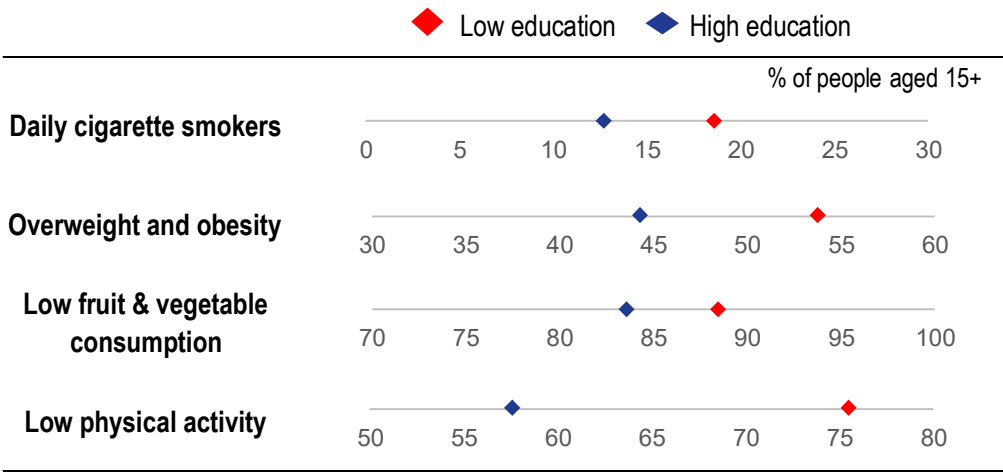
# Over 40% of the cancer burden is from preventable risk factors, more prevalent among lower socioeconomic groups



Share of cancer deaths attributed to each risk factor, EU + 2



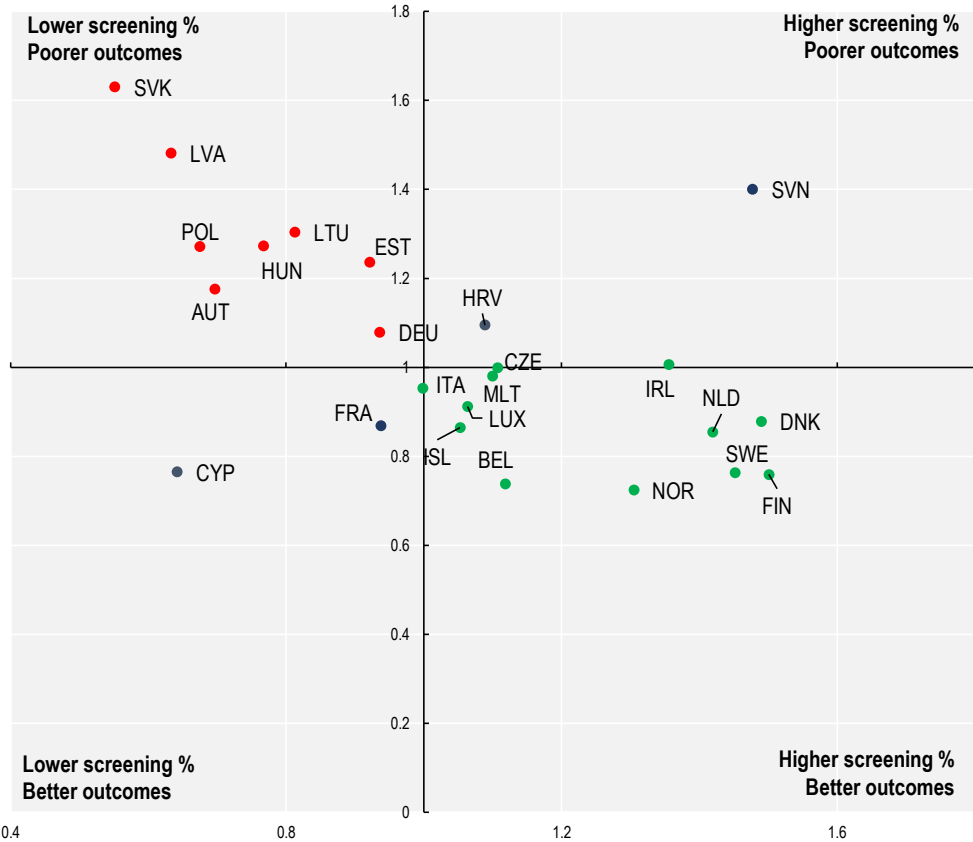
Lower educated individuals have higher cancer risk factors



Source: Institute for Health Metrics and Evaluation (IHME, 2019); Eurostat (EHIS, 2019)



# Higher participation in screening programmes is linked to better cancer outcomes...



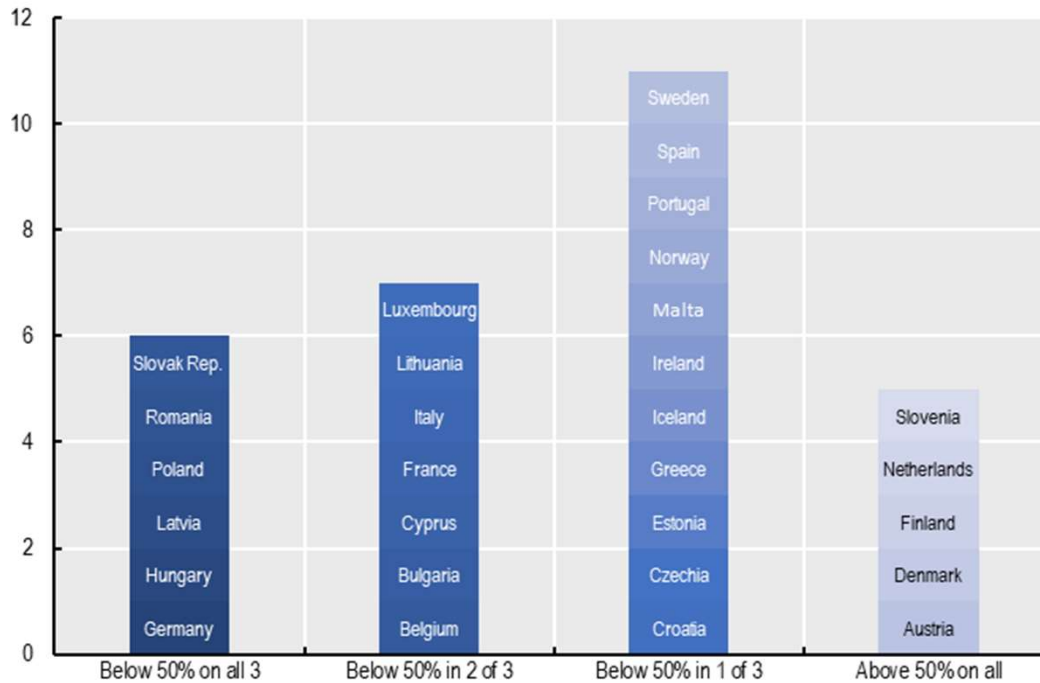
Countries with higher participation in breast cancer screening programmes have a lower ratio of breast cancer mortality to incidence rates

Source: OECD Health Statistics (OECD, 2023), Eurostat (2023), ECIS (2023)

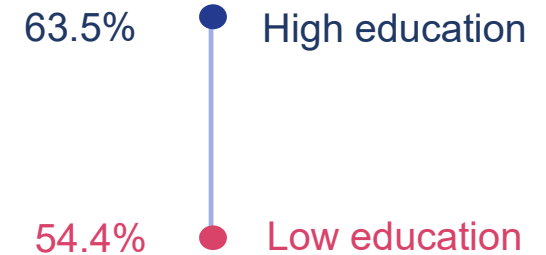
# ...Yet screening rates are insufficient and vary among groups



Only **5** countries have >50% participation rates in breast, colorectal and cervical cancer screening programmes



Mammogram screening rates by education levels (EU average)

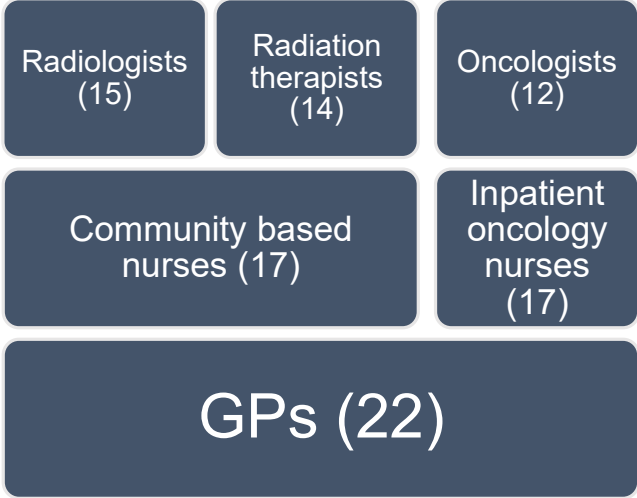


# Workforce shortages and medication access hamper the delivering of high quality cancer care



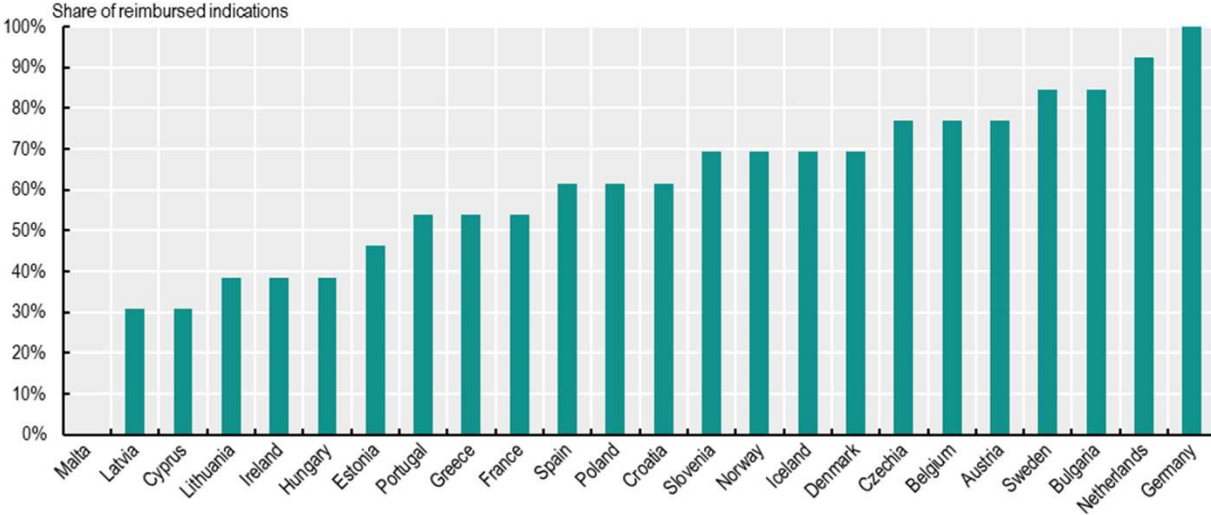
## Overstretched workforce

# of countries reporting shortages (out of 23)



## Unequal access to cancer medicines

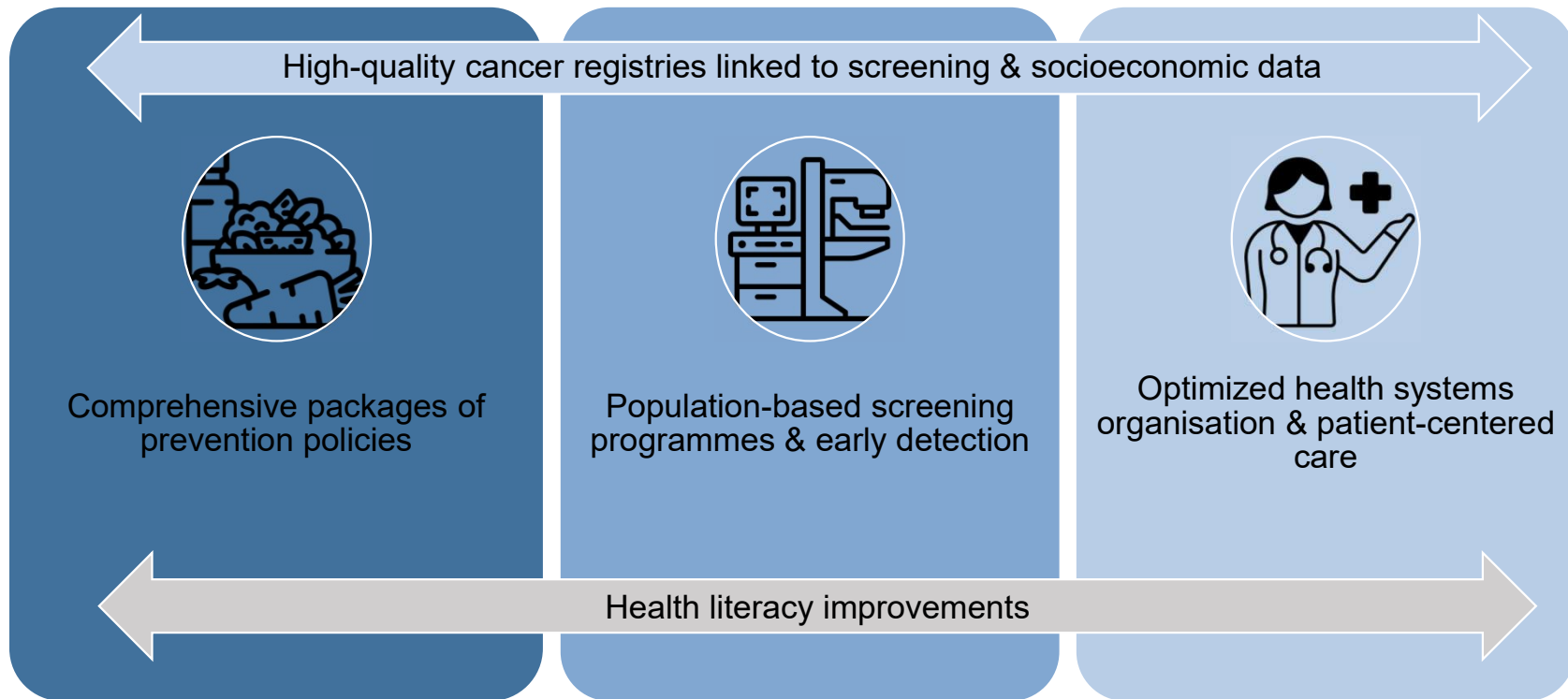
The proportion of high-value indications publicly covered varies 3-fold across countries





# What can health systems do?

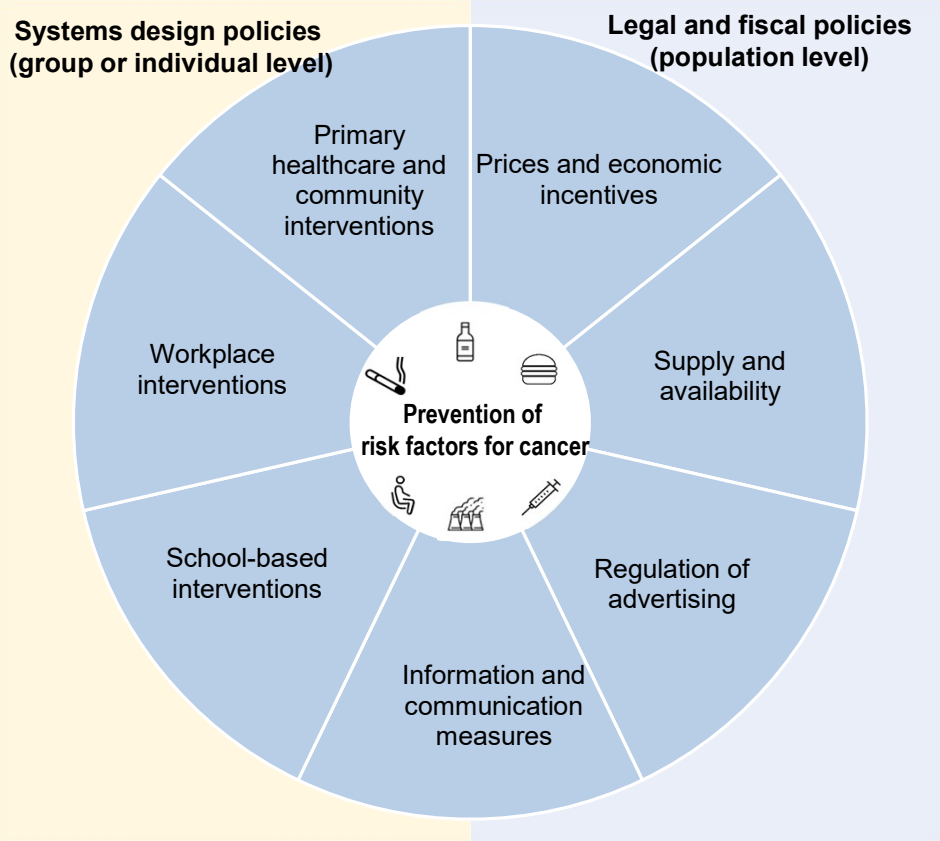
# An organised approach to cancer control policies – spanning prevention to treatment – is needed



# A comprehensive prevention policy package is the most effective approach

*Diet & physical activity: Health Promotion Centres, front-of-pack food labelling, menu labelling (Slovenia)*

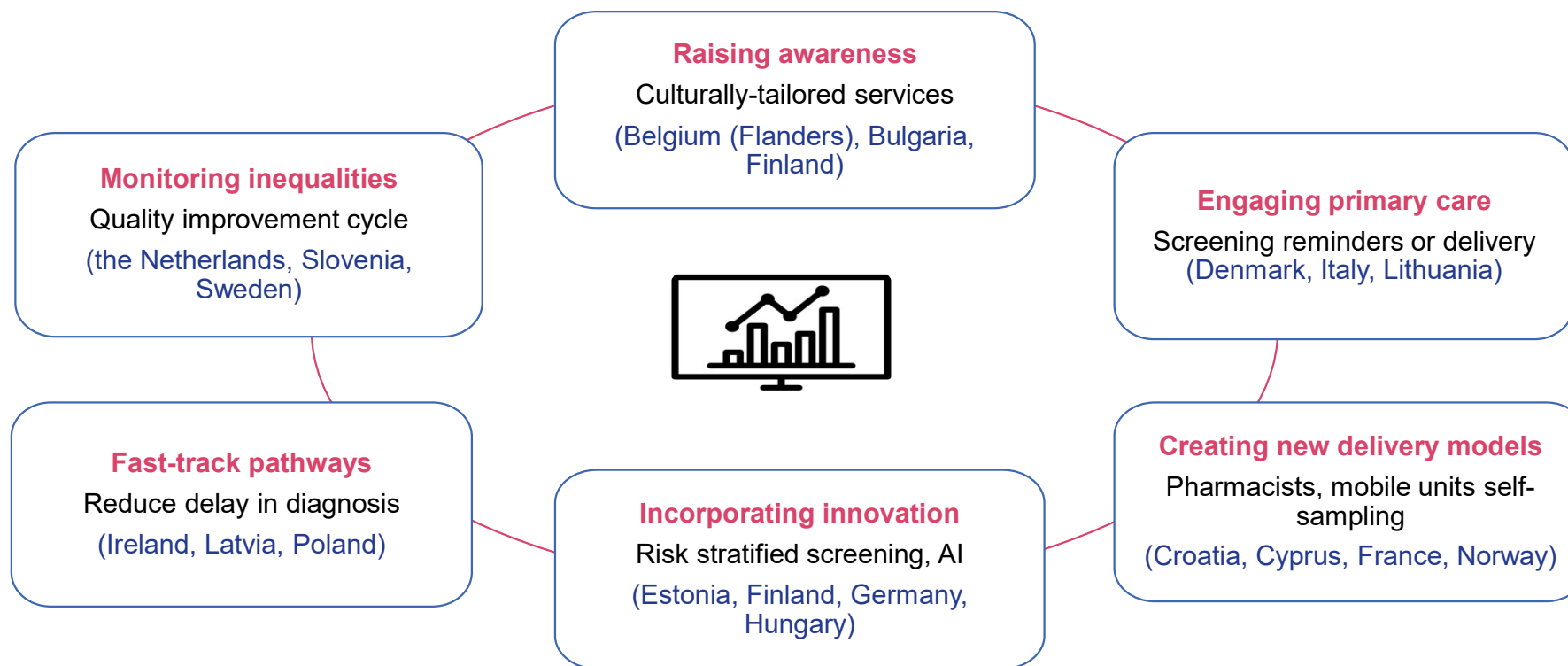
*HPV: School vaccination programmes, pharmacists vaccinate (Iceland)*



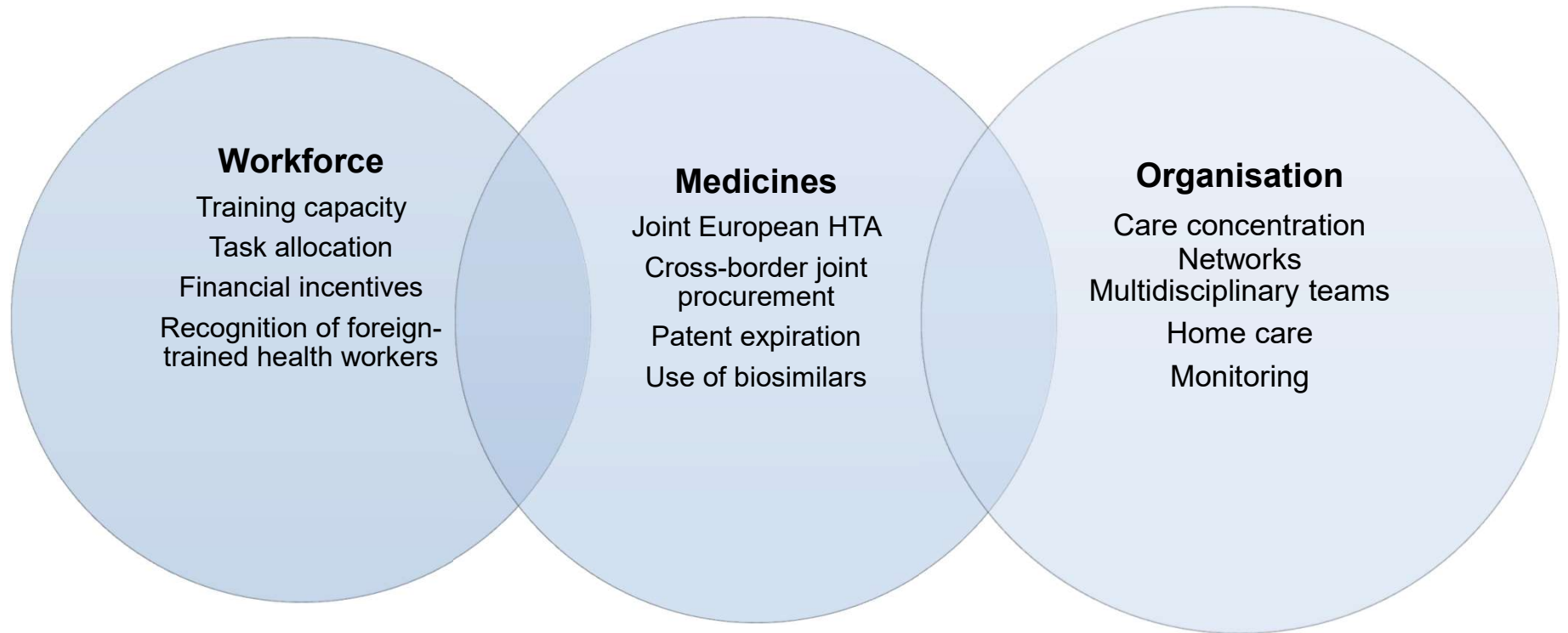
*Tobacco: Tax increase, plain packaging, annual quit campaign, reimbursement of nicotine replacement (France)*

*Alcohol: State monopolies (Nordic countries); social media advertising ban (Norway); MUP (Iceland)*

# 6 key policy options to improve early detection



# High-quality cancer care systems should be a focus







# Thank you

[francesca.colombo@oecd.org](mailto:francesca.colombo@oecd.org)

