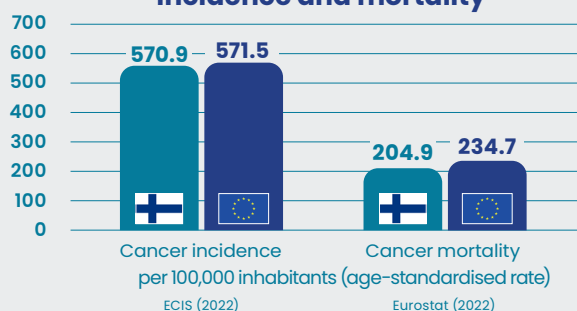


BURDEN

2nd cause of deaths*

Incidence and mortality



NATIONAL INITIATIVES

National Cancer Strategy



YES

FICAN (2025)

National Cancer Registry



YES

FCR

PREVENTION



11.3%

Daily smokers of cigarettes

EU 18.8%
THL & OECD (2022)



7.4L

Consumption of alcohol per adult (+15) per year

EU 10.0L**
THL & OECD (2023)



22%

Obesity rate (BMI ≥ 30)

EU 14.8%**
Eurostat (2022)



Girls & boys

HPV vaccine eligibility

EPF (2023)



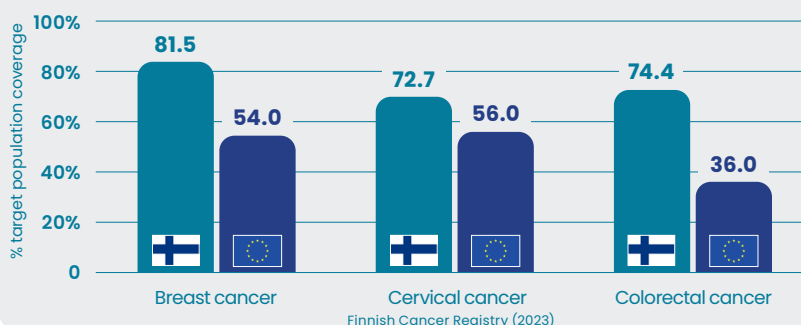
73%

HPV vaccination coverage

EU Goal: 90%
WHO (2024)

SCREENING

SCREENING RATES***



ORGANISED SCREENING PROGRAMMES



Lung cancer
ONGOING CLINICAL TRIAL

LDCT-SC-FI trial



Prostate cancer
ONGOING CLINICAL TRIAL

ProScreen trial

TREATMENT, WORKFORCE AND RESEARCH



10.31

Radiation therapy equipment
Per 1m inhabitants

EU 7.53**
IAEA (2020)



2223

Nurses

Per 1,000 new cancer cases

EU 1376
OECD (2022)



568

General practitioners

EU 679
OECD (2022)



254.6

Clinical trials on cancer

Per 1m inhabitants

EU 116.1**
WHO (1999-2024)

QUALITY OF LIFE AND INEQUALITIES



1.52

Palliative care services

Per 100,000 inhabitants
EU 0.96**
EAPC (2025)



NO

Right to be forgotten

Ending discrimination against cancer survivors (2025)



53%

Difference in cancer mortality by education

EU 37%
OECD (2015-2019)



13%

LGBTIQ breast cancer screening

EU FRA (2023)



FICAN

*Global Burden of Disease Compare (2021) **Overall/Average value for countries of the WHO Europe region with available data (i.e. not EU-only) ***Breast cancer: % of females aged 50-69 screened, Cervical cancer: depending on municipality, % of females aged 25-65 or 30-65, and those aged 25-65 belonging to risk groups, Colorectal cancer: % of population aged 60-70 screened; EAPC: European Association for Palliative Care; ECIS: European Cancer Information System; EPF: European Parliamentary Forum for Sexual and Reproductive Rights; FRA: European Union Agency for Fundamental Rights; IAEA: International Atomic Energy Agency; OECD: Organisation for Economic Co-operation and Development; Special thanks to the team of the Finnish Cancer Center (FICAN) for its contribution to the development of this report.

Expert Commentary

Charting the way forward for Finnish cancer policy



Tomi Mäkelä

MD PHD
DIRECTOR,
FINNISH CANCER CENTER FICAN

With the first National Cancer Strategy Finland is taking action to address the exceptional cancer challenge the country is facing in the next ten years. The first strategic goal is to develop patient involvement and user-friendly services. Tackling inequalities regarding regions, socioeconomic status, and age is a key focus area to improve performance in prevention and care.

Developing national programmes in specific areas requiring attention such as lung cancer is important. Leveraging Finnish health data strengths, digitalisation and AI on a national level enables impactful and equal treatment and provides opportunities for research and innovation and increased clinical trials.

Juha-Pekka Turunen



MD PHD
SECRETARY GENERAL,
CANCER SOCIETY OF FINLAND

Among the risk factors for cancer, overweight is becoming increasingly important, and the use of nicotine products has increased significantly among young people. The availability of alcohol has increased following the liberalisation of Finland's alcohol laws.

The most significant change in the cancer situation in Finland is the increase in the number of people over 75 and over 85 years of age with cancer due to our age structure. Finland must therefore invest in geriatric oncology and increase palliative and hospice care. Cancer quality registries will be an important tool for developing cancer treatment in different parts of Finland.



Jenni Tamminen-Sirkiä

PHD
EXECUTIVE DIRECTOR,
ASSOCIATION OF CANCER
PATIENTS IN FINLAND

Cancer patients and their representatives highly value the strategic goals of patient involvement, user-friendly services, and the strong emphasis on equality in our first National Cancer Strategy. When implemented, these elements can make a great difference in the patient journey.

Versatile collaboration between public healthcare, research institutions, authorities, and associations is crucial for the successful implementation of the strategy. Associations work closely with people and help bridge the gap between them, authorities, and decision-makers. They also play a key role in tailoring user-friendly services that support patient engagement and adherence to treatment.

Sirkku Jyrkkiö



MD PHD
HEAD OF DIVISION AND TURKU
CANCER CENTRE,
TURKU UNIVERSITY HOSPITAL

The prevalence of cancer and cancer survival rates are at a good level in Finland, but continuous development work is required to remain among the world's leading countries.

Finnish citizens actively participate in screening programmes, and this trust shown by the public must be nurtured. It is essential to ensure that our screening programmes remain up to date and of high quality.

The number of oncologists in Finland is below the European average relative to the population. On the other hand, Finland has a strong tradition of nursing, and experienced and skilled nurses perform many tasks that are handled by doctors elsewhere. Collaboration between professional groups has become excellent. However, it is important to ensure sufficient training of oncologists to secure competent personnel throughout Finland in the future.

