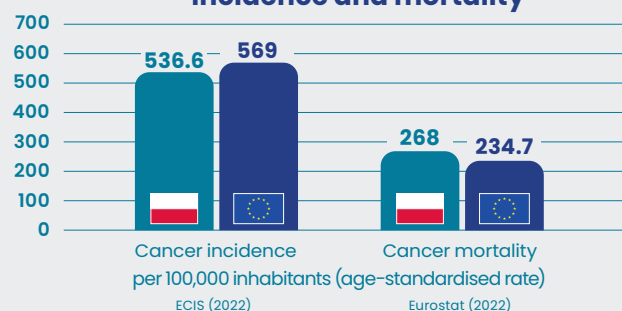


BURDEN

2nd cause of deaths*

Incidence and mortality



NATIONAL INITIATIVES

Cancer plan



YES

National Oncology Strategy (2020-2030)

Ministry of Health (2020)

Cancer registry



YES

National Cancer Registry

Polish National Cancer Registry

PREVENTION



17.1%

Daily smokers of cigarettes

18.8%
Statistics Poland & OECD (2019)



11.0L

Consumption of alcohol per adult (+15) per year

10.0L**
Statistics Poland & OECD (2021)



18.5%

Obesity rate (BMI ≥ 30)

16.0%**
Eurostat (2019)



Girls & boys

HPV vaccine eligibility

EPF



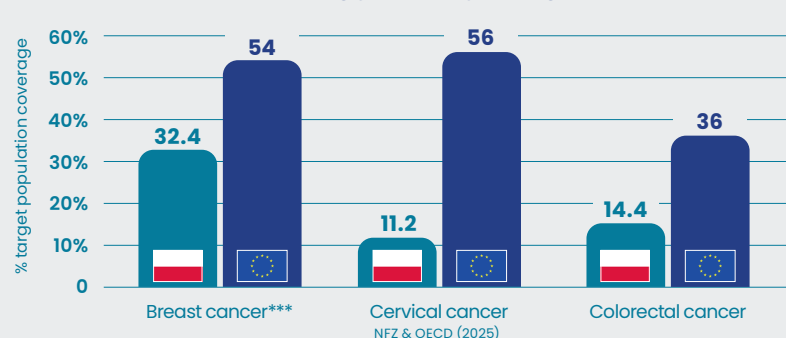
16.67%

HPV immunisation coverage

EU Goal: 90%
CeZ (2025)

SCREENING

SCREENING RATES



ORGANISED SCREENING PROGRAMMES



Lung cancer
NATIONAL PROGRAMME

Lung Cancer Prevention Program



Prostate cancer
ONGOING IMPLEMENTATION PILOT

PRAISE-U
EU-funded project

SCREENING POLICY INDEX



69.4%

ECO (2024)

TREATMENT AND WORKFORCE



5.40

Radiation therapy equipment

Per 1m inhabitants

7.53**
IAEA (2023)



567

Nurses

Per 100,000 inhabitants

881**
Polish Ministry of Health & OECD (2022)



310

General practitioners

Per 100,000 inhabitants

790**
Polish Ministry of Health & OECD (2022)

QUALITY OF LIFE AND INEQUALITIES



1.55

Palliative care services

Per 100,000 inhabitants

0.74**
EAPC (2019)



NO

Right to be forgotten

Ending discrimination against cancer survivors (2025)



8.6%

Cities

Colorectal cancer screening rate

Eurostat (2019)



5.6%

Rural areas



Narodowy Instytut Onkologii
Im. Marii Skłodowskiej-Curie – Państwowy Instytut Badawczy

*Global Burden of Disease Compare (2019) **Overall/Average value for countries of the WHO Europe region with available data (i.e. not EU-only) *** Poland: females aged 45-69; EU: females aged 50-69. CeZ: Centre for e-Health; EAPC: European Association for Palliative Care; ECIS: European Cancer Information System; ECO: European Parliamentary Forum for Sexual and Reproductive Rights; GBD: Global Burden of Disease Collaborative Network; IAEA: International Atomic Energy Agency; OECD: Organisation for Economic Co-operation and Development; Special thanks to Piotr Rutkowski, Beata Biel, Agnieszka Janowska and Magdalena Czopowicz for their contribution to the development of this report.

Expert Commentary

Charting the way forward for Polish cancer policy



Prof. Piotr Rutkowski, MD, PhD

HEAD OF DEPARTMENT OF SOFT TISSUE/BONE SARCOMA AND MELANOMA
PLENIPOTENTIARY OF HEAD DIRECTOR FOR NATIONAL ONCOLOGICAL STRATEGY AND CLINICAL TRIALS
MARIA SKŁODOWSKA-CURIE NATIONAL RESEARCH INSTITUTE OF ONCOLOGY WARSAW POLAND

The **Polish Cancer Plan** shows that only the integration of activities in the areas of education, prevention, the development of science, technology transfer, and healthcare system changes enables visible improvement in epidemiological indicators related to cancer.

Poland has significantly improved access to new therapies in oncology, continues to work on improving prevention strategies, and has launched a new comprehensive system in oncological care. However, several challenges still need to be overcome, especially limitations in financing the healthcare system and encouraging our citizens to benefit from prevention tools and adopt healthier lifestyles.

Prof. Jacek Jassem, MD, PhD

HEAD OF DEPARTMENT OF ONCOLOGY AND RADIOTHERAPY
MEDICAL UNIVERSITY OF GDAŃSK, POLAND



Key priorities in cancer care in Poland include strengthening primary prevention and early detection. Expanding public education on early symptoms and risk factors, such as smoking, poor diet, and inactivity, is crucial. Many cancers are diagnosed late, limiting treatment options.

Better access to screening and supporting primary care providers to promote healthy lifestyles and recognise early signs can improve survival. Another priority is developing integrated care models and quality control systems to ensure consistent, equitable, and patient-centred cancer care across the country.



Agata Polińska

VICE PRESIDENT
ALIVIA CANCER FOUNDATION

In February 2025, we prepared a report in which, from the patient's perspective, we identified the most important challenges facing oncological care in Poland.

Excessively long waiting times for diagnosis and treatment and insufficient coordination of care are problems that require immediate action. Improvement is only possible through comprehensive system solutions to shorten queues, increase service availability, guarantee equal access regardless of residence or socio-economic status, and implement viable coordination mechanisms. While we appreciate the National Cancer Network, delays in e-DiLO implementation remain a key challenge.

