

# Cancer Situation Overview



## National Cancer Plan

Croatia is among the **37.5% of countries** in Central Eastern Europe (CEE) that have an updated national cancer plan.



## Cancer Mortality

In 2020, Croatia had a **cancer mortality rate of 346.3 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **64.9 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Croatia is 10%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **1 in 10 women (9.9%) in Croatia reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While **colorectal cancer** is the second most common cause of cancer death in Europe, **over 5 in 10 people (53.5%) of people in Sweden reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



## Risk Factors

- On average, **65.7% men and 36.6% women in Croatia frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe.
- 25.1% men and 19.2% women in Croatia are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 22.6% of people in Croatia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Croatia does not provide any data on the number of oncologists in the country.
- Croatia has **685.2 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Croatia is 589 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Croatia is 94€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

**Croatia has a national cancer registry**, while 1 in 4 countries in the CEE do not.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

10.6% of women in Croatia with a very low income have reported to have never had a cervical smear test, compared to only 4.5% of women with a very high income.



## GENDER

Alcohol consumption is one of the main risk factors for developing cancer. 65.7% of men in Croatia regularly consume alcohol, compared to only 36.6% of women.



## EDUCATION

Obesity represents a risk factor that can lead to the development of cancer. People in Croatia with a primary education are more than twice as likely to be obese compared to those with a tertiary education (31.3% vs. 13.8).



## CROATIA



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

Czechia **does not have an updated national cancer plan**, while 37.5% countries in Central and Eastern Europe (CEE) do.



## Cancer Mortality

In 2020, Czechia had a **cancer mortality rate of 254.9 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **49.6 per 100,000 inhabitants**.



## Cancer Survivorship

The **5-year survival rate for lung cancer in Czechia is 10.6%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **4.5% of women in Czechia reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **over 1 in 3 people (33.6%) in Czechia reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



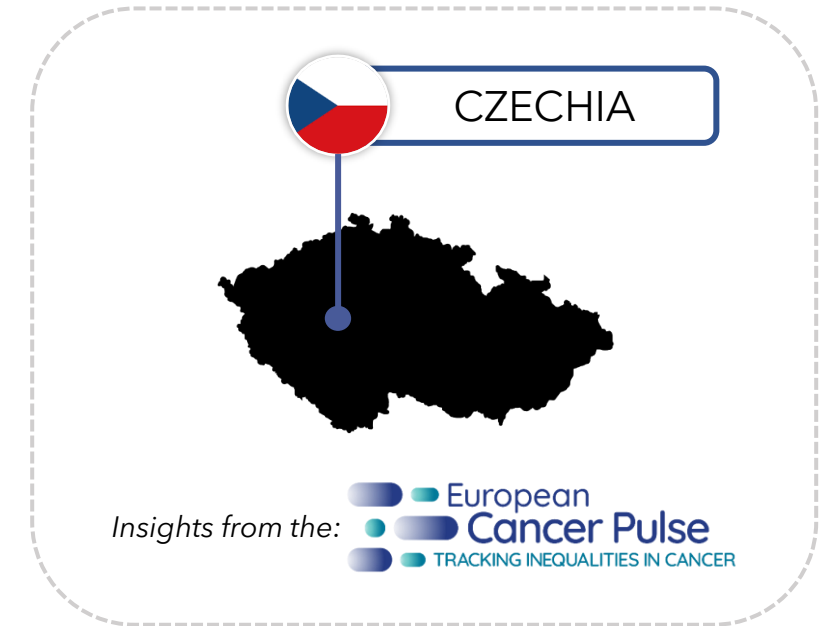
## Risk Factors

- On average, **89.4% of men and 57.6% of women in Czechia frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe.
- 23.2% men and 15.7% women in Czechia are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 19.3% of people in Czechia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Czechia has **2.89 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3 across CEE and 3 in Western Europe.
- Czechia has **856 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Czechia is 724 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.

## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Czechia is 147€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.

## Tracking & Monitoring

Czechia has a **national cancer registry**, while 1 in 4 countries in the CEE do not have national cancer registries.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

A main element of cancer prevention is a healthy diet. People in Czechia with a very high income are almost twice as likely to consume 5 or more portions of fruit and vegetables a day compared to those with a very low income (9.5% vs. 5.4%).



## GENDER

Alcohol consumption is one of the main risk factors for developing cancer. 79.4% of men in Czechia regularly consume alcohol, compared to 57.6% of women.

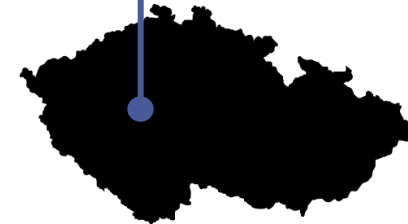


## EDUCATION

12.3% of women in Czechia with a primary education have reported to have never had breast examination by X-ray, compared to only 4.7% of women with a tertiary education.



CZECHIA



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

**Estonia does not have an updated national cancer plan** while half of the countries in Northern Europe have one.



## Cancer Mortality

In 2020, Estonia had a **cancer mortality rate of 300 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 261.5 across Northern Europe and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **61.8 per 100,000 inhabitants**.



## Cancer Survivorship

The **5-year survival rate for lung cancer in Estonia is 16.9%**, compared to 15% in Europe on average, 16.9% across Northern Europe and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **over 1 in 10 women (11.5%) in Estonia reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, 7.8% on across Northern Europe and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **over 6 in 10 people (63.5%) in Estonia reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, 58.6% across Northern Europe and 40.9% in Western Europe.



## Risk Factors

- On average, **62.8% of men and 39.8% of women in Estonia frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 67.3% of men and 51.1% of women across Northern Europe as well as 74.8% of men and 60.1% of women in Western Europe.
- 25.2% men and 13.5% women in Estonia are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 17.3% of men and 9.7% of women across Northern Europe as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 21.1% of people in Estonia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Estonia has **4.6 of oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.9 across Northern Europe and 3 in Western Europe.
- Estonia has **623.9 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 1085.3 across Northern Europe and 1194.4 in Western Europe.



## Availability of Medicines

The average **time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Estonia is 1015 days**, compared to 539 in Europe on average, 610 across Northern Europe and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Estonia is 94€**, compared to 164€ in Europe on average, 136€ across Northern Europe and 260€ in Western Europe.



## Tracking & Monitoring

Lithuania has a **national cancer registry**, and so do all countries in Northern Europe.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

Obesity represents a risk factor that can lead to the development of cancer. 24.1% of Estonians with a very low income are obese, compared to only 15.4% of those with a very high income.



## GENDER

Alcohol consumption is one of the main risk factors for developing cancer. 62.8% of men in Estonia regularly consume alcohol, compared to only 39.8% of women.

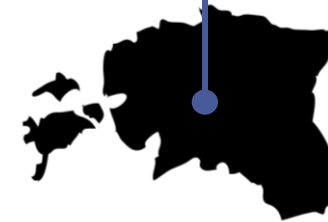


## EDUCATION

18.2% of women in Estonia with a primary education have reported to have never had breast examination by X-ray, compared to only 8.8% of those with a tertiary education.



ESTONIA



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER



# Cancer Situation Overview



## National Cancer Plan

Hungary **does not have an updated cancer plan**, while 37.5% of countries in Central and Eastern Europe (CEE) do.



## Cancer Mortality

In 2020, Hungary had a **cancer mortality rate of 337.8 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **84.39 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year survival rate for lung cancer is not available for Hungary.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **almost 1 in 10 women (8.4%) in Hungary reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While **colorectal cancer** is the second most common cause of cancer death in Europe, **6 in 10 people (60.3%) in Hungary reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



## Risk Factors

- On average, **63.9% men and 31.4% women in Hungary frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe
- **21.5% men and 17.3% women in Hungary are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- **Obesity is prevalent among 23.9% people in Hungary**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Hungary does not provide any data on the number of oncologists per 100,000 inhabitants in the country.
- Hungary has **662.4 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Hungary is 617 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Hungary is 102€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

Hungary **does not have a national cancer registry**, while 75% of countries in CEE do.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

9.5% of women in Hungary with a very low income have reported to have never had breast examination by X-ray, compared to only 4.8% of women with a very high income.



## LOCATION

67.1% of people living in rural areas in Hungary have reported to have never had colorectal cancer screening, compared to 52.3% living in cities.

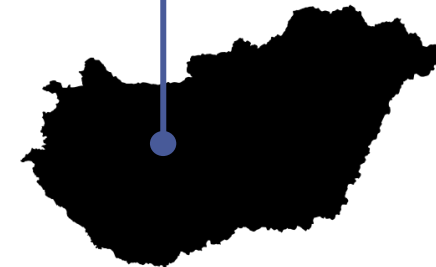


## EDUCATION

Obesity represents a risk factor that can lead to the development of cancer. 24.4% of Hungarians with a primary education are obese, compared to only 17.4% of those with a tertiary education.



HUNGARY



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER



# Cancer Situation Overview



## National Cancer Plan

Ireland has an updated national cancer plan, while 55.6% of countries in Western Europe do not.



## Cancer Mortality

In 2020, Ireland had a **cancer mortality rate of 208.5 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 249.9 across Western Europe and 302.7 in CEE.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **53.2 per 100,000 inhabitants**.



## Cancer Survivorship

The **5-year survival rate for lung cancer in Ireland is 17.5%**, compared to 15% in Europe on average, 18% in Western Europe and 11.4% in CEE.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **1 in 10 women (10.3%) in Ireland reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, 8.2% across Western Europe and 21.6% in CEE.
- While colorectal cancer is the most common cause of cancer death in Europe, **over 6 in 10 people (61.8%) in Ireland reported to have never undergone colorectal cancer screening**, compared to 55.5% in Europe on average, 40.9% across Western Europe and 60.2% in CEE.



## Risk Factors

- On average, **69.4% of men and 59.9% of women in Ireland frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 74.8% of men and 60.1% across Western Europe as well as 66.9% of men and 37% in CEE.
- 15% men and 12.7% women in Ireland are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 18.5% of men and 14% of women in Western Europe and 24.6% of men and 15.7% across CEE.
- Obesity as risk factor: there is no obesity data available for Ireland.



## Medical Personnel

- Ireland has **4.1 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.8 across Southern Europe and 3 in Western Europe.
- Ireland has **1288.2 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 1194.4 across Western Europe and 688.2 in CEE.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Ireland is 606 days**, compared to 539 in Europe on average, 333 across Western Europe and 699 in CEE.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Ireland is 207€**, compared to 164€ in Europe on average, 260€ across Western Europe and 106€ in CEE.



## Tracking & Monitoring

Ireland has a national cancer registry and is part of the 88.9% of countries in Western Europe that have one.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

A main element of cancer prevention is a healthy diet. 41% of people in Ireland with very high income consume 5 or more portions of fruit and vegetables a day, compared to only 28.3% of those with a very low income.



## LOCATION

A main element of cancer prevention is physical activity. 54.2% of Irish people living in rural areas don't engage in any health enhancing activities, while it is only 41.4% for those living in cities.



## EDUCATION

Twice as many women in Ireland with a primary education have reported to have never had a breast examination by X-ray, compared to those with a tertiary education (14.1% vs. 6.7%).



## IRELAND



Insights from the:

# Cancer Situation Overview



## National Cancer Plan

Italy **does not have an updated cancer plan**, like 66.7% of countries in Southern Europe who do not have one.



## Cancer Mortality

In 2020, Italy had a **cancer mortality rate of 286.9 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **45.9 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Italy is 15.9%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, approximately **0.5 in 10 women (5.6%) in Italy reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While **colorectal cancer** is the second most common cause of cancer death in Europe, **almost 5 in 10 people (46%) people in Italy reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



## Risk Factors

- On average, **72.7% men and 43.8% women in Italy frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe
- **20.5% men and 12.7% women in Italy are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- **Obesity is prevalent among 11.4% people in Italy**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Italy has **7.4 oncologists per 100,000 inhabitants in Italy**, compared to 3 in Europe on average, 3.8 across Southern Europe and 3 in Western Europe.
- Italy has **615.6 nurse per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Italy is 399 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Italy is 174€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

Italy **does not have a national cancer registry**, while half of the countries in Southern Europe have one.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

In 2019, lung cancer mortality in Italy was almost three times higher for men than women (72.9 vs. 25.5 per 100,000).



## GENDER



## EDUCATION

A main element of cancer prevention is physical activity.  
72.8% of people in Italy with a primary education do not engage in any health enhancing activities, while it is only 48.5% for those with a tertiary education.



## ITALY

While 10.7% of women with a very low income in Italy reported to have never had a breast examination by X-ray, it was only 3.1% for those with a very high income.

# Cancer Situation Overview



## National Cancer Plan

Latvia does not have an updated cancer plan, while 50% of countries in Northern Europe have one.



## Cancer Mortality

In 2020, Latvia had a **cancer mortality rate of 305.8 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **44.77 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Latvia is 20.4%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **almost 2 in 10 women (17.5%) in Latvia reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While **colorectal cancer** is the second most common cause of cancer death in Europe, **almost 5 in 10 people (47.7%) in Latvia reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



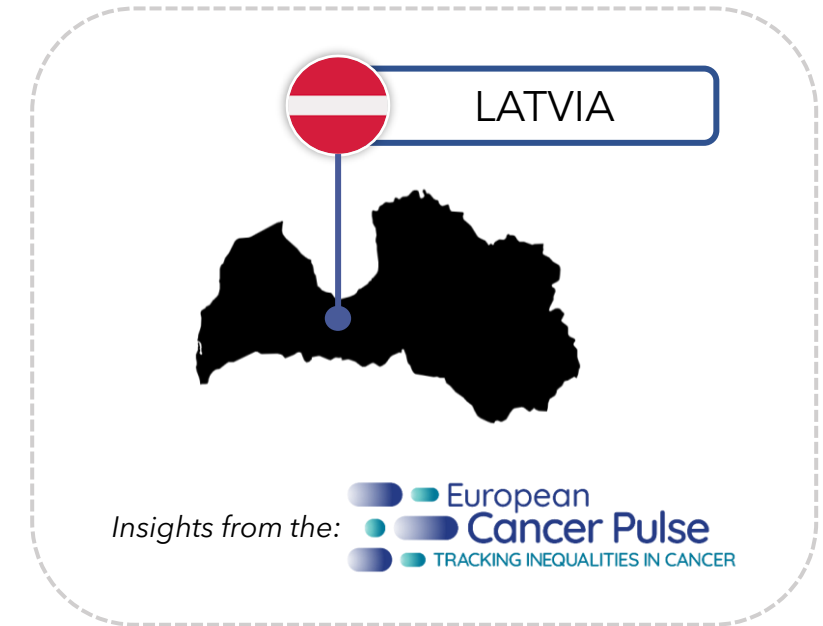
## Risk Factors

- On average, **56.8% men and 35% women in Latvia frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe
- **34.4% men and 12.1% women in Latvia are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- **Obesity is prevalent among 22.3% people in Latvia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Latvia has **3.1 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.8 across Southern Europe and 3 in Western Europe.
- Latvia has **439 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Latvia is 930 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Latvia is 81€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

Like all countries in Northern Europe, Latvia has a **national cancer registry**.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

Obesity represents a risk factor that can lead to the development of cancer. 28.1% of Latvians with a very low income are obese, compared to only 17.9% of people with a very high income.



## LOCATION

51.5% of people in Latvia living in rural areas have reported to have never had a colorectal cancer screening, compared to only 45.4% of those living in cities.



## EDUCATION

37.2% of women in Latvia with a primary education reported to have never had a breast examination by X-ray, compared to only 15% of women with a tertiary education.



LATVIA



Insights from the:  European  
Cancer Pulse  
TRACKING INEQUALITIES IN CANCER



# Cancer Situation Overview



## National Cancer Plan

**Lithuania has an updated national cancer plan** while half of the countries in Northern Europe do not.



## Cancer Mortality

In 2020, Lithuania had a **cancer mortality rate of 298.1 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 261.5 across Northern Europe and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **43.6 per 100,000 inhabitants**.



## Cancer Survivorship

**The 5-year survival rate for lung cancer in Lithuania is 9.9%**, compared to 15% in Europe on average, 16.9% across Northern Europe and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **over 1 in 10 women (12.4%) in Lithuania reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, 7.8% on across Northern Europe and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **almost 4 in 10 people (39.2%) in Lithuania reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, 58.6% across Northern Europe and 40.9% in Western Europe



## Risk Factors

- On average, **58.7% of men and 32.3% of women in Lithuania frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 67.3% of men and 51.1% of women across Northern Europe as well as 74.8% of men and 60.1% of women in Western Europe.
- 29.1% men and 9.5% women in Lithuania are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 17.3% of men and 9.7% of women across Northern Europe as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 18.3% people Lithuania**, compared to 17.7% in Europe, 18.5% across Northern Europe and 15.9% across Western Europe.



## Medical Personnel

- Lithuania has **2.34 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.9 across Northern Europe and 3 in Western Europe.
- Lithuania has **774.1 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 1085.3 across Northern Europe and 1194.4 in Western Europe.



## Availability of Medicines

The average **time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Lithuania is 907 days**, compared to 539 in Europe on average, 610 across Northern Europe and 333 in Western Europe.

## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Lithuania is 108€**, compared to 164€ in Europe on average, 136€ across Northern Europe and 260€ in Western Europe.

## Tracking & Monitoring

Lithuania has a national cancer registry, like all countries in Northern Europe.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

Obesity represents a risk factor that can lead to the development of cancer. 24.8% of Lithuanians with a very low income are obese, compared to only 10.7% of those with a very high income.



## GENDER

Smoking is one of the main risk factors for developing cancer. Almost 3 in 10 Lithuanian men (29.1%) smoke on a daily basis, compared to only 1 in 10 women (9.5%).

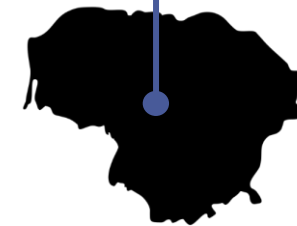


## EDUCATION

52.1% of Lithuanians with a primary education have reported to have never undergone a colorectal cancer screening, compared to only 33.7% of those with a tertiary education.



LITHUANIA



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

Poland has an updated national cancer plan, while 62.5% of countries in Central and Eastern Europe (CEE) do not.



## Cancer Mortality

In 2020, Poland had a **cancer mortality rate of 312.6 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **63.6 per 100,000 inhabitants**.



## Cancer Survivorship

The **5-year survival rate for lung cancer in Poland is 14.4%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **16.6% of women in Poland reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **almost 8 in 10 people (79.7%) in Poland reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



## Risk Factors

- On average, **64.4% men and 34.3% women in Poland frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe.
- 23% men and 14.2% women in Poland are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 18.5% of people in Croatia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Poland has **5.71 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3 across CEE and 3 in Western Europe.
- Poland has **510.1 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Poland is 864 days**, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Poland is 96€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

**Poland does have a national cancer registry**, while 25% of countries in the CEE do not have one.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

Smoking is one of the main risk factors for developing cancer. 24.9% of people with very low income in Poland smoke on a daily basis, compared to only 15.7% of people with a very high income.



## GENDER

In 2019, lung cancer mortality in Poland was two times higher for men than for women (21.7 vs. 8.2 per 100,000).



## EDUCATION

Almost 3 in 10 women (27.5%) in Poland with a primary education have reported to have never had a breast examination by X-ray, compared to only 1 in 10 (10.2%) of those with a tertiary education.



POLAND



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

Romania **does not have an updated national cancer plan**, while 37.5% countries in in Central and Eastern Europe (CEE) do.



## Cancer Mortality

In 2020, Romania had a **cancer mortality rate of 280.6 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **51.08 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Romania is 11.1%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **over 7 in 10 women (71.6%) in Romania reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **over 9 in 10 people (93.1%) in Romania reported to have never undergone colorectal cancer screening**, compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe. .



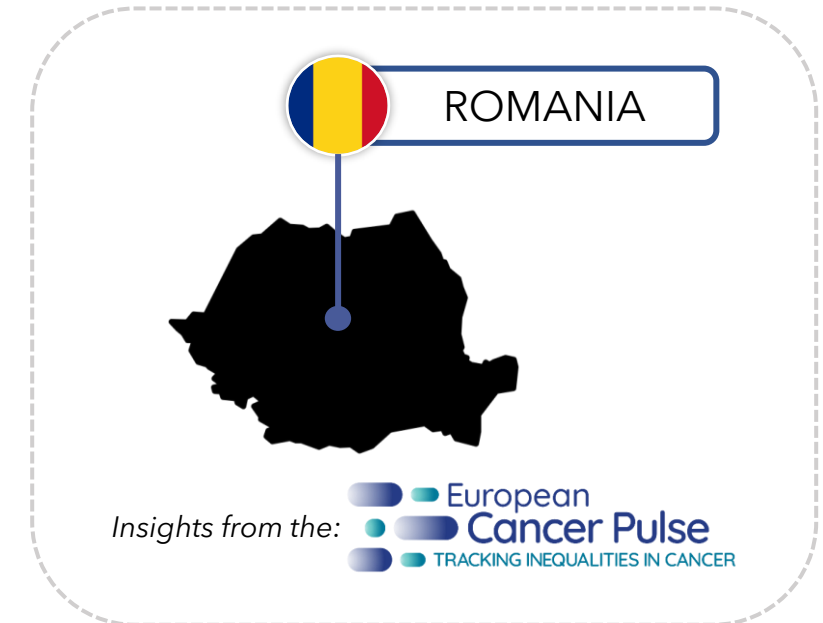
## Risk Factors

- On average, **69.8% men and 31.8% women in Romania frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe.
- **30.6% men and 7.5% women in Romania are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- **Obesity is prevalent among 10.5% people in Croatia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Romania has **3.13 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3 across CEE and 3 in Western Europe.
- Romania has **752.6 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Romania is 617 days**, compared to 874 in Europe on average, 699 across CEE and 333 in Western Europe.

## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Romania is 70€**, compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.

## Tracking & Monitoring

Romania does not have a national cancer registry, while 75% of countries in the CEE do have one.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

85% of women in Romania with a very low income have reported to have never had a breast examination by X-ray, compared to only 54.7% of those with a very high income.



## GENDER

In 2019, stomach cancer mortality in Romania was more than two times higher for men than for women (25.3 vs. 9.6 per 100,000).

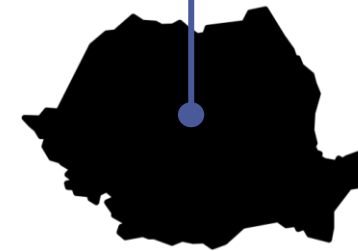


## EDUCATION

Twice as many women in Romania with a primary education have reported to have never had a cervical smear test, compared to those with a tertiary education (66.1% vs. 33.7%)



ROMANIA



Insights from the:  European  
Cancer Pulse  
TRACKING INEQUALITIES IN CANCER



# Cancer Situation Overview



## National Cancer Plan

Slovakia **does not have an updated cancer plan**, while 37.5% of countries in Central and Eastern Europe (CEE) do.



## Cancer Mortality

In 2020, Slovakia had a **cancer mortality rate of 296.6 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 302.7 across CEE and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **43.74 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Slovakia is 11.2%**, compared to 15% in Europe on average, 11.4% across CEE and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **1 in 10 women (9.7%) in Slovakia reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While **colorectal cancer** is the second most common cause of cancer death in Europe, **almost 4 in 10 people (39.7%) in Slovakia reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 60.1% on average across CEE and 40.9% in Western Europe.



## Risk Factors

- On average, **63.2% men and 35.5% women in Slovakia frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 66.9% of men and 37% of women across CEE as well as 74.8% of men and 60.1% of women in Western Europe
- 25.1% men and 19.2% women in Slovakia are daily smokers**, compared to 26.1% men and 15.1% women in Europe on average, 24.6% of men and 15.7% of women across CEE as well as 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 19.3% people in Slovakia**, compared to 17.7% in Europe, 18.2% across CEE and 15.9% across Western Europe.



## Medical Personnel

- Slovakia does not provide any data on the number of oncologists per 100,000 inhabitants in the country.
- Slovakia has **574 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 688.2 on average across CEE and 1194.4 in Western Europe.



## Availability of Medicines

The average time to availability (days between EMA marketing authorisation and patient access) of cancer medicines in Slovakia is 648 days, compared to 539 in Europe on average, 699 across CEE and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, healthcare spending on cancer care per capita in Slovakia is 114€ compared to 164€ in Europe on average, 106€ across CEE and 260€ in Western Europe.



## Tracking & Monitoring

Slovakia has a **national cancer registry**, while 25% of countries in the CEE do not.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

A main element of cancer prevention is physical activity. 51.9% of people in Slovakia with a very low income do not engage in any health enhancing activities, while it is only 36.9% for those with a very high income.



## GENDER

Alcohol consumption is one of the main risk factors for developing cancer. 63.2% of men in Slovakia regularly consume alcohol, compared to only 35.5% of women.

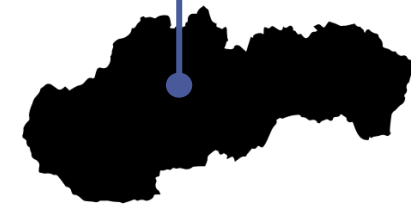


## EDUCATION

19.8% of women in Slovakia with a primary education have reported to have never had breast examination by X-ray, compared to only 8.3% of those with a tertiary education.



## SLOVAKIA



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TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

Spain has an updated national cancer plan, while 66.7% of countries in Southern Europe do not.



## Cancer Mortality

In 2020, Spain had a **cancer mortality rate of 240.3 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 259.5 across Southern Europe and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **45.6 per 100,000 inhabitants**.



## Cancer Survivorship

The **5-year survival rate for lung cancer in Spain is 13.5%**, compared to 15% in Europe on average, 15.7% across Southern Europe and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **approximately 0.6 in 10 women (5.6%) in Spain reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, 12.4% across Southern Europe and 8.2% in Western Europe.
- While colorectal cancer is second most common cause of cancer death in Europe, **almost 6 in 10 people (58.7%) in Spain reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, 62.2% across Southern Europe and 40.9% in Western Europe.



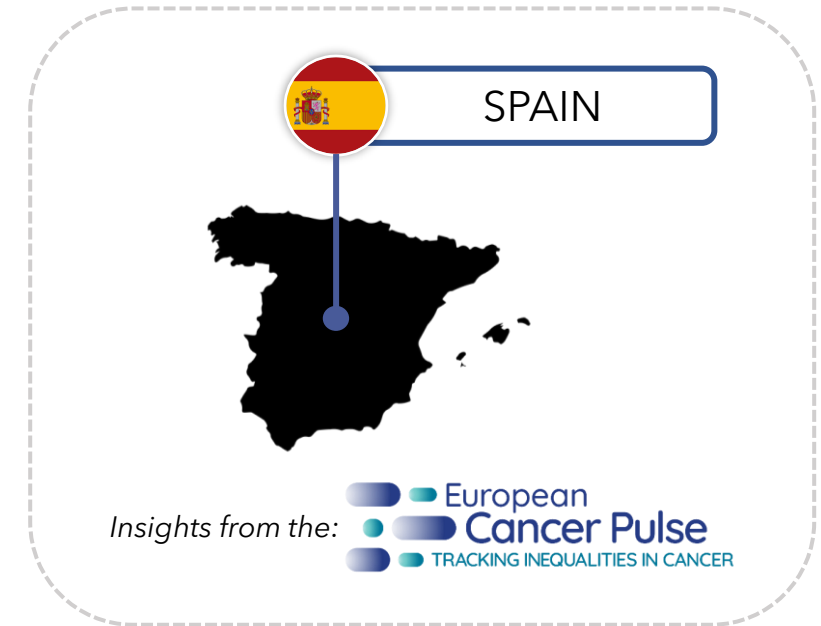
## Risk Factors

- On average, **65.8% of men and 43% of women in Spain frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 62.8% of men and 36.1% across Southern Europe and 74.8% of men and 60.1% in Western Europe.
- 23.2% of men and 16.4% of women in Spain are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 26.1% of men and 14% of women across Southern Europe and 18.5% of men and 14% of women in Western Europe.
- Obesity is prevalent among 15.4% of people in Spain**, compared to 17.7% in Europe, 17.7% across Southern Europe and 15.9% in Western Europe.



## Medical Personnel

- Spain has **3.9 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.8 across Southern Europe and 3 in Western Europe.
- Spain has **589 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 593.8 across Southern Europe and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Spain is 413 days**, compared to 539 in Europe on average, 486 across Southern Europe and 333 in Western Europe.



## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Spain is 123€**, compared to 164€ in Europe on average, 136€ across Southern Europe and 260€ in Western Europe.



## Tracking & Monitoring

While half of countries in Southern Europe have national cancer registries, Spain does not have one.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

69.9% of people in Spain with a very low income reported to have never undergone colorectal cancer screening, compared to 51.5% of those with a very high income.



## GENDER

In 2019, lung cancer mortality in Spain was more than four times higher for men than for women (78.9 vs. 19.2 per 100,000).



## EDUCATION

Obesity represents a risk factor that can lead to the development of cancer. 20% of Spanish people with a primary education are obese, compared to only 10% of those with a tertiary education.



SPAIN



Insights from the:  **European Cancer Pulse**  
TRACKING INEQUALITIES IN CANCER

# Cancer Situation Overview



## National Cancer Plan

Sweden is among the 50% of countries in Northern Europe that have an updated national cancer plan.



## Cancer Mortality

Sweden has a **cancer mortality rate of 241.4 per 100,000 inhabitants**, compared to a rate of 268.4 in Europe on average, 261.5 across Northern Europe and 249.9 in Western Europe.



## Leading Cancer

In 2019, **lung cancer** was the leading cancer in terms of mortality rate, with a rate of **34.3 per 100,000 inhabitants**.



## Cancer Survivorship

The 5-year **survival rate for lung cancer in Sweden is 19.5%**, compared to 15% in Europe on average, 16.9% across Northern Europe and 18% in Western Europe.



## Screening & Prevention

- While breast cancer is one of the leading causes of death for European women, **fewer than 1 in 10 (2.3%) of women in Sweden reported to have never undergone breast screening** (examination by X-ray) compared to 12.9% in Europe on average, with 21.6% on average across CEE and 8.2% in Western Europe.
- While colorectal cancer is the second most common cause of cancer death in Europe, **more than 6 in 10 (62.7%) people in Sweden reported to have never undergone colorectal cancer screening** compared to 55.5% in Europe on average, with 58.6% across Northern Europe and 40.9% in Western Europe.



## Risk Factors

- On average, **70.2% men and 59.6% women in Sweden frequently consume alcohol**, compared to 68% of men and 46.1% of women in Europe, 67.3% of men and 51.1% of women across Northern Europe as well as 74.8% of men and 60.1% of women in Western Europe.
- **5.9% men and 6.8% women in Sweden are daily smokers**, compared to 21.6% men and 13.3% women in Europe on average, 17.3% of men and 9.7% of women across Northern Europe as well as 18.5% of men and 14% of women in Western Europe.
- **Obesity is prevalent among 14.7% people in Sweden**, compared to 17.7% in Europe, 18.5% across Northern Europe and 15.9% across Western Europe.



## Medical Personnel

- Sweden has **5.7 oncologists per 100,000 inhabitants**, compared to 3 in Europe on average, 3.9 across Northern Europe and 3 in Western Europe.
- Sweden has **1085.4 nurses per 100,000 inhabitants**, compared to 890.4 in Europe on average, 1085.3 across Northern Europe and 1194.4 in Western Europe.



## Availability of Medicines

The **average time to availability** (days between EMA marketing authorisation and patient access) **of cancer medicines in Sweden is 297 days**, compared to 539 in Europe on average, 610 across Northern Europe and 333 in Western Europe.

## Healthcare Spending

Adjusted for purchasing power, **healthcare spending on cancer care per capita in Sweden is 153€**, compared to 164€ in Europe on average, 136€ across Northern Europe and 260€ in Western Europe.

## Tracking & Monitoring

Like all countries in Northern Europe, Sweden has a **national cancer registry**.

# SOCIOECONOMIC INEQUALITY FACTS



## INCOME

19.1% of women in Sweden with a very low income have reported to have never had a cervical smear test, compared to only 6.8% of women with a very high income.



## LOCATION

66.4% of people in Sweden living in rural areas have reported to have never had a colorectal cancer screening, compared to only 55.7% of those living in cities.



## EDUCATION

A main element of cancer prevention is physical activity. 33.6% of Swedish people with a primary education don't engage in any health enhancing activities, while it is only 15.6% for those with a tertiary education.



## SWEDEN



Insights from the:  European  
Cancer Pulse  
TRACKING INEQUALITIES IN CANCER



# Cancer Situation Overview



Among the datasets that fed into the European Cancer Pulse, there is **no comparable data for Ukraine** that allows for comparisons across the European regions or with other European countries.



**The grouping of countries into the four European regions is based on [EuroVoc](#):**

- **Western Europe** - Ireland, United Kingdom, France, Belgium, Luxemburg, Netherlands, Germany, Switzerland, Liechtenstein, Austria
- **Northern Europe** - Iceland, Norway, Sweden, Finland, Denmark, Estonia, Latvia, Lithuania
- **Southern Europe** - Portugal, Spain, Italy, San Marino, Malta, Greece, Turkey, Cyprus
- **Central and Eastern Europe** - Poland, Czech Republic, Slovakia, Hungary, Slovenia, Croatia, Bosnia and Herzegovina, Serbia, Montenegro, Albania, North Macedonia, Bulgaria, Romania, Moldova, Ukraine, Belarus, Russia

**Note:** The data was not available for all countries across all data points. Consequently, the calculated regional averages are calculated based on the data from the countries for which it was available.