EUROPEAN CANCER





TIME TO ACCELERATE FOR CANCER SCREENING

RANKING SCALE

Slovenia 91.2 % Portugal 90.8 % 88.6 % Norway 87.1 % Denmark Czechia 87.1 % France 86.6 % 86.1 % Finland Sweden 85.7 % The Netherlands 85.6 % 84.3 % Ireland 84.0 % Spain 83.6 % Germany 81.7 % Croatia Malta 80.9 % 80.5 % Italy Estonia 79.8 % Belgium 78.3 % Iceland 76.8 % 73.5 % Hungary Lithuania 72.7 % Poland 69.4 % Austria 68.7 % Luxembourg 68.5 % Slovakia 68.0 % Latvia 63.6 % 63.6 % Cyprus Greece 44.8 % Romania 34.7 %

Bulgaria

0-50% 50-60% 60-70% 70-80% 80-90% 90-100%

26.1 %



evidence-based implementation is critical to detect the disease early and pillar of Europe's Beating Cancer Plan, as new EU Council recommendations were published in December 2022, calling to:

- Continue and improve the implementation of previously recommended screening programmes on breast, cervical and colorectal cancer
- Explore the feasibility of implementing prostate, lung and gastric cancer screening programmes

With thanks for the support of our Contributors

Find out more at europeancancer.org/screening

TIME TO ACCELERATE FOR CANCER SCREENING CAMPAIGN

The Time To Accelerate for Cancer Screening campaign is an initiative of the European Cancer Organisation aiming to help ensure that all EU
Member States play their role in delivering the
shared commitments represented by the Council Recommendations on cancer screening, and that all EU citizens benefit from the best policies for early detection of cancer. The campaign works to:

- Use cancer screening data to inform cancer
- screening policy
 Foster cross-country best practice sharing and learn from testimonies about the reality of
- cancer screening programmes Develop and publicise policy recommendations on the topic

THE EUROPEAN CANCER SCREENING POLICY INDEX

The European Cancer Screening Policy Index is a new policy tool of the Time To Accelerate for Cancer Screening campaign. Based on existing data from leading initiatives in the field and on a selection of key cancer screening policy indicators by leading experts, the Index aims to:

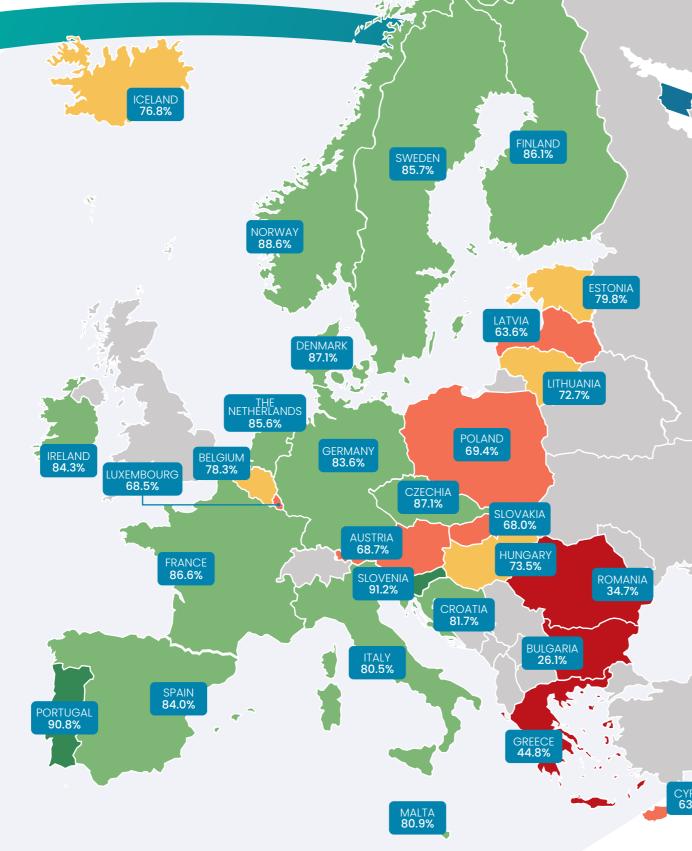
- Capture the current state of cancer screening
- policies across European countries
 Provide a single measurement benchmarking
 countries' advancement in cancer screening policy
- Highlight actionable policy insights to assist

The European Cancer Screening Policy Index will be a living tool, growing and evolving as new sources of data intelligence on cancer screening become available.

KEY FINDINGS

- Few European countries include all recommended cancer screening programmes in their National Cancer Plans although progress is ongoing in many cases

 Harmonised registration of cancer screening data
- remains a significant challenge across Europe Implementation of population-based cancer screening across European countries is still incomplete: three countries lack organised programmes screening for breast cancer, eight
- for cervical cancer, and six for colorectal cancer Social inequalities, including disparities according to income, education, and urbanisation, continue to hinder equal access to cancer screening
- Overall performance scores reveal that Slovenia, Portugal, and Norway demonstrate the best alianment with the latest EU recommendations



EUROPEAN CANCER SCREENING POLICY INDEX

November 2024

Country		/ERALL CORE		OVERARCHIN	G							PREVIOUSLY RECOMMENDED SCREENING PROGRAMMES													NEWLY SCREENI	RECOMMENDED NG PROGRAMMES		SOCIAL INEQUALITIES									
	360	JOKE	Cancer Screening	Cancer Screening	Performance Score				Brea	ast Cancer		Ţ.					Ų.	Cervical C	Cancer		Ţ				_	Colorecta	l Cancer				Prost	ate Cancer	Education	Income	Urbanisation	Performano Score	e
			Policy	Registration		Coverage T	ype of rganisation	Coverage rate (%)	Target age group	Screening Interval	Type of test provided	Invitation strategy	Performanc Score	Coverage	e Type of organis	Covera ation rate (%	age Target %) age group	t Screening Interval	Type of test provided	Invitation strategy	Self- sampling availability	Performance Score	Coverage Type orga	of nisation Cov rate	erage Targ e(%) age grou	et Screening Interval	Type of test provided	Invitation strategy	Self- sampling availability	Performance Score	Existence of recommendation						
AUSTRIA	68	8.7%	Aligned	No	25%	National Pr	opulation- ased	40%	45-69 years	2 years	Digital mammograp	One ohy communica channel	84.4 %	NA	Non- popula based			1 year 3 years	Cytology HPV test		No	70.3%	National Non- popul based	ation-			FIT Colonoscopy	NA	NA	71.8%	NA	NA	6.9%	8.4%	9.1%^	91.9%	
BELGIUM	78	8.3%	Aligned	Yes	75%	Regional Probability	opulation- ased	57%	50-69 years			One ohy communica		Regional	Flander Popula	rs: 46% tion-		Flanders: 3 years	3 Cytology	NA	No	54.9%	Regional Popul	ation- 52%		74 2 years	FIT	One communication		92.0%	NA	NA	16.7%	24.9%	11.4%	82.3%	
												channel			based. Wallonia Brussel Non-po -based	a and ls: opulation												channel									
BULGARI	21	6.1%	Optimal	No	50%	NA N	on-populatio ased	n- 21%	50-69 years	2 years	Mammograp	hy NA	39.6%	NA		tion-		NA		One communicati channel	No ion	20.6%	NA Non- popul based	ation-	* NA	NA	NA	NA	NA	0.7%	NA	NA	86.2%	92.4%	63.0%	19.5%	
CROATIA	81	1.7%	Optimal	Yes	100%	National Probability	opulation- ased	56%	50-69 years	2 years	Mammograp	hy One communica channel	78.8 %	NA	Popula based		25-64 years		Cytology	NA	No	75.6%	National Popul based		5 50-7 year		gFOBT	One communication channel		76.4%	NA	Under discussion	21.2%	22.4%^	23.1%	77.8%	**
CYPRUS	6	3.6%	Aligned	Yes	75%	National Poble	opulation- esed	25%	50-69 years			One ohy communica channel	81.9 %	NA	Non- popula based	tion-	NA	NA	NA	NA	No	11.5%	National Popul based		* 50-7 year		FIT	One communication channel		83.8%	NA	NA	27.5%	25.8%	49.7%	65.6%	€
CZECHIA	87	7.1%	Aligned	Yes	75%	National Pr	opulation- ased	58%	≥45 years			One ohy communica channel		National					HPV co-tes	One st communicati channel		90.3%	National Popul based				FIT Colonoscopy	One communication channel		82.3%	NA	Under discussion	7.5%	3.2%^	3.9%^	95.1%	
DENMARI	87	7.1%	Aligned	Yes	75%	Regional Pr	opulation- ased	83%	50-69 years			One ohy communica channel	91.6%	National					Cytology HPV test	One communicati channel	Yes - ion partially	87.6%	Regional Popul based		50-7 year		FIT	One communication channel	Yes	93.5%	NA	NA	13.1%^	13.5%	9.6%^	87.9%	
ESTONIA	79	9.8%	Aligned	Yes	75%	National Pr	opulation- ased	59%	50-68 years	2 years	Mammograp	hy One communica channel		National	Popula based		30-65 years			One communicati channel		86.3%	National Popul based		60-6 year	68 2 years	FIT	Multiple communication channels		80.0%	NA	Under discussion	20.4%	33.6%	19.7%	75.4%	
FINLAND	86	6.1%	Aligned	Yes	75%	National Pr	opulation- ased	82%	50-69 years			One ohy communica channel	91.4 %	National	Popula based		30-65 years			One communicati		95.3%	National Popul based		60-6 year	, , , , , , , , , , , , , , , , , , , ,	FIT	One communication channel		79.8%	Recommendation against		12.5%^	10.6%^	10.3%^	88.9%	+
FRANCE	8(6.6%	Aligned	Yes	75%	National Pr	opulation- ased	47%	50-74 years		Mammograp	hy One communica channel	85.6 %	National		tion- 59%				One communicati		93.2%	National Popul based		5 50-7 year		FIT	One communication channel		89.2%	Recommendation against	n NA	4.8%^	21.6%	3.6%^	90.0%	
GERMANY	83	3.6%	Aligned	Yes	75%	National Pr	opulation- ased	48%	50-69 years	2 years	Mammograp	hy One communica channel	85.8 %						Cytology	OHATHIO		90.8%	National Popul based				rs FIT Colonoscopy	One communication channel		74.7%	Recommendation against		3.6%^	14.2%	7.5%^	91.6%	
GREECE	4	4.8%	Aligned	No	25%	National Pr	opulation- esed	66%*	50-69 years	1 year		One ohy communica channel		NA	Non- popula based	tion-	NA	NA		NA	No	5.9%	NA Non- popul based	atiob-		70 2 years rs 5 years	gFOBT Colonoscopy	NA	NA	43.6%	NA	NA	20.3%^	22.4%	49.5%^	69.3%	
HUNGARY	7:	3.5%	Aligned	Yes	75%	National Probability	opulation- ased	30%	45-65 years			One ohy communica		National	Popula					One communicati		76.6%	National Popul based	ation- 3%		70 NA 's	FIT Colonoscopy	One communication	Yes	61.6%	NA	NA	33.0%	34.3%	18.7%	71.3%	
ICELAND	76	6.8%	Aligned	Yes	75%	National Pr	opulation- ased	54%	40-74 years			One communica	92.0 %	National	Popula based					One communicati		83.1%	NA Popul based			2 years 's NA	FIT Colonoscopy	channel NA	NA	62.1%	NA	NA	24.9%^	38.7%^	21.6%^	71.6%	
IRELAND	84	4.3%	Aligned	Yes	75%	National Probability	opulation- esed	62%	50-69 years	2 years	Mammograp	hy Multiple communica channels	88.0 %	National	Popula based		25-65 years		rs HPV test	One communicati channel		89.9%	National Popul based		59-6 year	69 2 years	FIT	One communication channel		80.6%	NA	Under discussion	15.7%^	10.3%^	9.7%^	88.1%	111
ITALY	8(0.5%	Aligned	Yes	75%	Regional Po	opulation- ased	56%	50-69 years	2 years		One ohy communica channel		National	Popula based		25-64 years		Cytology	One communicati channel		73.2%	Regional Popul based					One opy communication channel		84.3%	NA	NA	13.7%	31.5%	6.2%^	82.9%	
LATVIA	63	3.6%	Aligned	No	25%	National Probability	opulation- ased	31%		2 years		hy One communica channel	tion	National						r Multiple communicati channels		89.2%	NA Non- popul based	ation-		74 2 years 's		One communication channel		47.6%	NA	NA	24.7%	15.4%^	39.7%	73.4%	
LITHUAN	A 72	2.7%	Aligned	Yes	75%	National No ba	on population ased	n- 46%				One ohy communica channel	tion	National		tion-				One communicati channel		69.9%	National Non- popul based	ation-	5 50-7 year	74 2 years	FIT	One communication channel		69.1%	Yes, mainly opportunistic	Ongoing	15.3%	23.8%	18.2%	80.9%	
LUXEMBO	URG 68	8.5%	Aligned	Yes	75%	National Probability	opulation- ased	54%	50-69 years	2 years	Mammograp	hy One communica channel	tion	NA	Non- popula based	tion-	NA	NA	Cytology	One communicati channel		5.2%	National Popul based			74 2 years 's	FIT	One communication channel		85.9%	NA	NA	9.6%^	14.0%^	7.5%^	89.6%	=
MALTA	8(0.9%	Aligned	Yes	75%	National Probability	opulation- ased	78%	50-69 years	2 years	Mammograp	hy One communica channel		National	Popula based		25-43 years		Cytology	One communicati channel		65.1%	National Popul based			4 2 years	FIT	One communication channel		86.4%	NA	Under discussion	8.3%	12.3%	17.6%^	87.3%	
	8! Ands		Aligned	Yes	75%	National Probability	opulation- ased	73%	50-75 years	2 years	Mammograp	hy One communica channel		National	Popula based		30-60 years			One communicati channel		86.9%	National Popul based		55-7 year		FIT	One communication channel		89.6%	Recommendation against	n Not planned yet	8.2%^	21.4%	11.1%^	86.4%	
NORWAY	88	8.6%	Optimal	Yes	100%	National Probability	opulation- ased	66%	50-69 years			One ohy communica channel	88.8% tion	National		tion- 78%				One communicati channel		96.3%	National Popul based			65 2 years 's	FIT	One communication channel		73.6%	NA	NA	12.1%	26.0%^	9.6%^	84.1%	#=
POLAND	69	9.4%	Aligned	Yes	75%	National Po	opulation- ased	33%	50-69 years	2 years		hy One communica channel		National	Popula based		25-59 years		Cytology	NA	No	68.7%	National Popul based		* 50-6 year		Colonoscopy	One communication channel		51.3%	NA	Ongoing	39.6%	17.0%	37.6%	68.6%	
PORTUGA	L 9(0.8%	Optimal	Yes	100%	National Po	opulation- ased	80%*	50-69 years			One ohy communica channel		National	Popula based	tion- 66%*	25-60 years		HPV test	NA	Yes - partially	88.8%	National Popul based		* 50-7 year		FIT	One communication channel		85.0%	NA	NA	9.1%^	10.0%^	12.9%^	89.3%	(8)
ROMANIA	34	4.7%	Insuficient	No	0%	National N	on-populatio ased	ın- 9%*	NA	NA	Mammograp		35.0%	National		tion-			Cytology	NA	No	56.5%	National Non- popul based	ation-	* 50-7 year		FIT	NA	NA	61.6%	NA	Under discussion	77.8%	65.9%	94.9%	20.5%	
SLOVAKI	61	8.0%	Aligned	No	25%	National Pr	opulation- ased	26%	50-69 years			One ohy communica channel	73.8 %	National	Popula			1 or 3 years		One communicati channel		79.6%		ation- 39%			gFOBT Colonoscopy	One communication channel		84.3%	NA	NA	23.9%	24.9%	18.8%	77.5%	•
SLOVENIA	9 1	1.2%	Optimal	Yes	100%	National Probability	opulation- ased	77%		2 years	Mammograp	hy One communica channel	tion	National		tion- 72%		3 years		One communicati channel		78.7%	National Popul based			74 2 years	FIT	One communication channel		93.2%	NA	NA	6.8%	7.4%	4.8%^	93.7%	-
SPAIN	84	4.0%	Aligned	Yes	75%	National Poble	opulation- ased	74%*	50-69 years	2 years	Mammograp	hy One communica channel	tion	Regional		tion- 68%*	25-65 years	3-5 years	Cytology HPV test	One communicati channel	Yes	94.7%	Regional Popul based		* 50-6 year		FIT	NA .	NA	77.6%	No	Ongoing	12.8%	28.5%	10.0%^	82.9%	
SWEDEN	8!	5.7%	Aligned	Yes	75%	Regional Pr	opulation- ased	80%*				One ohy communica	96.7%		Popula based		23-70 years		HPV test		Yes- partially	96.5%	Regional Popul based		5* 60-7 year		FIT	One communicatio channel		76.6%	NA	Under discussion	5.4%^	18.6%^	25.4%^	83.6%	

Sources and details on methodology available at europeancancer.org/screening

^{*}Cancer screening coverage rates derived from survey data; other values are from programme data.

**These columns contain inequality scores according to three social determinants, as an average of values calculated for breast, cervical and colorectal cancer screening. Low values reflect low inequality in access to cancer screening, while high values indicate high inequality. By contrast, for all performance scores, low values reflect poor performance while high values reflect good performance.

AThese inequality scores include values where inequalities are in favour of disadvantages groups, i.e. cases where access was higher for people with low education, low income, or living in rural areas.