# **EUROPEAN CANCER**



IRELAND 84.3%

ORTUGAL **90.8%** 



# **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 %

## **CANCER SCREENING POLICY IN EUROPE**

FINLAND 86.1%

LATVIA 63.6%

68.0%

IUNGAR\ 73.5%

26.1%

69.4%

CZECHIA **87.1%** 

ESTONIA **79.8%** 

ROMANIA **34.7%** 

ITHUANIA 72.7%

SWEDEN **85.7%** 

NORWA **88.6%** 

85.6%

78.3%

86.6%

SPAIN **84.0%** 

**JXEMBOUR**(

68.5%

GERMANY 83.6%

68.7%

91.2%

ITALY 80.5%

Cancer screening is a key element of the fight against cancer, as its 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



Bulgaria

26.1 %

# **EUROPEAN CANCER SCREENING POLICY INDEX**

November 2024

																								NOVEITIBET 2024											
Country OVERALL SCORE		OVERARCHIN	IG											PREVIOUSLY RECOMMENDED SCREENING PROGRAMMES													NEWLY RECOMMENDE					,			
000112	Cancer	Cancer Screening	Performance Score					Breast C	Cancer							Cer	rvical Cancer							Colore	ctal Cancer				Prost	ate Cancer	Education **	Income I	Urbanisation **	Performand Score	a
	Policy	Registration		Coverage	Type of organisation	on Covera rate (%	age (6) age grou	jet Scre Inter ip	eening Ty erval te	ype of est provided	Invitation strategy	Performance Score	Coverage	Type of organisation	Coverage rate (%)	Target Scr age Inte group	reening Type erval of te provi	Invitation st ded	on Self san ava	f- mpling ailability	erformance core	Coverage Type of organisati	Coverage rate (%)	Target Scree age group	ning Type al of test provided	Invitation strategy	Self- sampling availability	Performance Score	Existence of recommendation	Implementation pilot				COOLC	
AUSTRIA <b>68.7</b> %	Aligned	No	25%	National	Population- based	- 40%		69 2 yea			One communication	84.4%		Non- population- based		≥20 1 ye years 3 y		ogy NA est	N	lo <b>70</b>	0.3%	National Non- population- based		45-75 2 year years 10 year	s FIT rs Colonoscopy	NA	NA	71.8%	NA	NA	6.9%	8.4% 9	.1%^	91.9%	
BELGIUM 78.3%	Aligned	Yes	75%	Regional	Population- based	- 57%	50- yea		ars Di m	igital ammograph	One / communication channel	87.3%		Flanders: Population- based. Wallonia and Brussels: Non-population- based.		25-64 Fla years yea		ogy NA	N	lo <b>5</b> 4	4.9%	Regional Population- based	52%*	50-74 2 year years	s FIT	One communicatio channel		92.0%	NA	NA NA	16.7%	24.9% 1	.4%	82.3%	••
BULGARIA 26.1%	Optimal	No	50%	NA	Non-popula based	ation- 21%	50- yea		ars Ma	ammography	NA NA	39.6%	NA			30-40 NA years			nication	lo <b>20</b>	0.6%	NA Non- population- based		NA NA	NA	NA	NA	0.7%	NA	NA	86.2%	92.4% 6	3.0%	19.5%	
CROATIA 81.7%	Optimal	Yes	100%	National	Population- based	- 56%		69 2 years	ars Ma	ammography	One communication channel	78.8%		Population- based		25-64 3 y years	ears Cytol	ogy NA	N	lo <b>75</b>	5.6%	National Population- based	25%	50-74 2 year years	s gFOBT	One communicatio channel		76.4%	NA	Under discussion	21.2%	22.4%^ 2	3.1%	77.8%	
CYPRUS 63.6%	Aligned	Yes	75%	National	Population- based	- 25%	50- yea				One communication channel	81.9%		Non- population- based	69%*	NA NA	NA	NA	N	lo <b>11.</b>	.5%	National Population- based	3%*	50-74 2 year years	s FIT	One communicatio channel		83.8%	NA	NA	27.5%	25.8% 4	9.7%	65.6%	€
сzесніа 87.1%	Aligned	Yes	75%	National	Population- based	- 58%	≥45 yea				One communication channel		National	Population- based	75%	25-70 One years	HPV o	ogy, One co-test commun channel	nication	lo <b>90</b>	0.3%	National Population- based	27%		s FIT rs Colonoscopy	One communicatio channel		82.3%	NA	Under discussion	7.5%	3.2%^ 3	.9%^	95.1%	
DENMARK 87.1%	Aligned	Yes	75%	Regional	Population- based	- 83%	50- yea				One communication channel	91.6%		Population- based	59%	23-64 3 y years 5 y	ears Cytol ears HPV t	ogy One est commu channel	nication p	es - 87 partially	7.6%	Regional Population- based	61%	50-74 2 year years	s FIT	One communicatio channel	Yes n	93.5%	NA	NA	13.1%^	13.5% 9	.6%^	87.9%	=
ESTONIA 79.8%	Aligned	Yes	75%	National	Population- based	- 59%	50- yea		ars Ma	ammography	One communication channel	82.1%		Population- based	51%	30-65 5 y years	ears HPV t	est One commu channel	nication	lo 86	6.3%	National Population- based	48%	60-68 2 year years	s FIT	Multiple communicatio channels		80.0%	NA	Under discussion	20.4%	33.6% 1	3.7%	75.4%	
FINLAND 86.1%	,	Yes	75%		Population- based		yea	rs	m	námmograph	One communication channel			based		years		commur channel	nication p	artially		National Population- based		years		One communicatio channel	n	79.8%	Recommendation against	Under discussion		10.6%^ 1		88.9%	_
FRANCE 86.6%			75%		Population- based		yea	rs			One communication channel			based		years 5 y	ears HPV t	ogy One est commun channel	nication p	artially		National Population- based		years		One communicatio channel	n	89.2%	Recommendation against	NA		21.6% 3		90.0%	
GERMANY 83.6%	Aligned	Yes	75%	National	Population- based	- 48%	50- yea		ars Ma	ammography	One communication channel	85.8%		Population- based			ears Cýtol	ogy One ogy commur IPV channel	nication	es-forall <b>90</b>	0.8%	National Population- based			years FIT Colonoscopy	One communicatio channel		74.7%	Recommendation against	Pilot for risk-adapted screening	3.6%^	14.2% 7	.5%^	91.6%	
GREECE 44.8%	Aligned	No	25%	National	Population- based	- 66%*	50- yea	69 1 years			One communication channel	80.0%		Non- population- based	73%*	NA NA		ogy NA	N	lo 5.	9%	NA Non- populatiob- based			s gFOBT s Colonoscopy	NA	NA	43.6%	NA	NA	20.3%^	22.4% 4	9.5%^	69.3%	
HUNGARY 73.5%	Aligned	Yes	75%	National	Population- based	- 30%		65 2 years			One communication channel		National	Population- based				ogy One commu channel	nication	lo <b>76</b>	3.6%	National Population- based	3%	50-70 NA years	FIT Colonoscopy	One communicatio channel	Yes n	61.6%	NA	NA	33.0%	34.3% 1	3.7%	71.3%	_
ICELAND 76.8%	Aligned	Yes	75%	National	Population- based	- 54%		74 2 or 3 rs			One communication channel	92.0%		Population- based				ogy One est commu channel	nication	lo 83	3.1%	NA Population- based	6%*	≥ 50 2 year years NA	s FIT Colonoscopy	NA	NA	62.1%	NA	NA	24.9%^	38.7%^ 2	1.6%^	71.6%	#=
IRELAND 84.3%	Aligned	Yes	75%	National	Population- based	- 62%	50- yea		ars Ma	ammography	Multiple communication channels	88.0%		Population- based	73%	25-65 3 o years	r 5 years HPV t	est One commur channel	nication	lo 89	9.9%	National Population- based	50%	59-69 2 year years	s FIT	One communicatio channel		80.6%	NA	Under discussion	15.7%^	10.3%^ 9	.7%^	88.1%	•
ITALY 80.5%	Aligned	Yes	75%	Regional	Population- based	- 56%	50- yea	69 2 yea			One communication channel	87.0%		Population- based		25-64 3 y years	ears Cytol		nication	lo <b>73</b>	3.2%	Regional Population- based	39%		s FIT Rectosigmoido	One scopy communicatio channel		84.3%	NA	NA	13.7%	31.5% 6	.2%^	82.9%	
LATVIA 63.6%	Aligned	No	25%	National	Population- based	- 31%					One communication channel	82.9%		Population- based		25-70 3 y years	ears Cytol HPV t	ogy or Multiple est commun	nication	lo 89	9.2%	NA Non- population- based		50-74 2 year years		One communicatio channel		47.6%	NA	NA	24.7%	15.4%^ 3	9.7%	73.4%	
LITHUANIA 72.7%	Aligned	Yes	75%	National	Non popula based	ation- 46%		69 2 yea			One / communication channel			Non- population- based		25-59 3 y years 5 y	ears Cytol ears HPV t		N nication	lo 69	9.9%	National Non- population- based		50-74 2 year years	s FIT	One communicatio		69.1%	Yes, mainly opportunistic	Ongoing	15.3%	23.8% 1	3.2%	80.9%	
LUXEMBOURG 68.5%	Aligned	Yes	75%	National	Population- based	- 54%	50- yea		ars Ma	ammography	One communication channel	86.8%		Non- population- based		NA NA	Cytol	ogy One commu channel	nication	lo 5.	2%	National Population- based	49%*	55-74 2 year years	s FIT	One communicatio channel		85.9%	NA	NA	9.6%^	14.0%^ 7	.5%^	89.6%	
MALTA 80.9%	Aligned	Yes	75%	National	Population- based	- 78%		69 2 yea rs	ars Ma	ammography	One communication channel	90.8%		Population- based		25-43 3 y years	ears Cytol	ogy One commur channel	nication	lo <b>65</b>	5.1%	National Population- based	52%	57-74 2 year years	s FIT	One communicatio channel		86.4%	NA	Under discussion	8.3%	12.3% 1	7.6%^	87.3%	
THE 85.6% NETHERLANDS	Aligned	Yes	75%	National	Population- based	- 73%	50- yea		ars Ma	ammography	One communication channel		National	Population- based		30-60 5 y years	ears HPV t	est One commu channel	nication	'es-for all 86	6.9%	National Population- based	71%	55-75 2 year years	s FIT	One communicatio channel		89.6%	Recommendation against	Not planned yet	8.2%^	21.4% 1	.1%^	86.4%	
NORWAY 88.6%	Optimal	Yes	100%	National	Population- based	- 66%	yea		m	námmograph	One communication channel	88.8%		Population- based		25-69 5 y years	ears HPV t	est One commu channel		'es 96	6.3%	National Population- based	8%*	55-65 2 year years	s FIT	One communicatio channel		73.6%	NA	NA	12.1%	26.0%^ 9	.6%^	84.1%	#=
POLAND 69.4%			75%	National	Population- based	- 33%	50- yea		ars Ma	ammography	One communication channel	83.3%		Population- based		25-59 3 y years	ears Cytol	ogy NA	N	lo 68	3.7%	National Population- based	8%*	50-64 1 time years	Colonoscopy	One communicatio channel		51.3%	NA	Ongoing	39.6%	17.0% 3		68.6%	
PORTUGAL 90.8%			100%		based	- 80%*	50- yea				One communication channel	91.0%		Population- based	66%*	25-60 5 y years	ears HPV t	est NA		es - 88 partially	3.8%	National Population- based	41%*	50-74 2 year years	s FIT	One communicatio channel		85.0%	NA	NA	9.1%^	10.0%^ 1		89.3%	(1)
ROMANIA 34.7%			0%	National	Non-popula based	ation- 9%*	NA	NA	Ma	ammography	NA NA	35.0%		Non- population- based		25-64 5 y years	ears Cytol	ogy NA	N	lo 56	6.5%	National Non- population- based		50-74 2 year years	s FIT	NA	NA	61.6%	NA	Under discussion	77.8%	65.9% 9	4.9%	20.5%	
SLOVAKIA 68.0%			25%	National	Population- based	- 26%		69 2 yea rs		igital nammograph	One communication channel	73.8%		Population- based		23-65 1 or years		ogy One commu channel	nication	lo <b>79</b>	9.6%	National Population- based	39%*		s gFOBT rs Colonoscopy	One communicatio channel	n	84.3%		NA	23.9%	24.9% 1		77.5%	
SLOVENIA 91.2%			100%		based	- 77%	yea	rs			One communication channel			based		years		commun	nication			National Population- based		years		One communicatio channel	n	93.2%		NA		7.4% 4		93.7%	
SPAIN 84.0%			75%		based	- 74%*	yea	rs			One communication channel			based		years	HPV t	est commur channel	nication			Regional Population- based		years		NA		77.6%		Ongoing		28.5% 1		82.9%	
SWEDEN 85.7%	Aligned	Yes	75%	Regional	Population- based	- 80%*					One communication		Regional	Population- based	79%*	23-70 5-7 years	years HPV t	est NA		es- eartially	6.5%	Regional Population- based	26%*	60-74 2 year years	s FIT	One communicati channel		76.6%	NA	Under discussion	5.4%^	18.6%^ 2	25.4%^	83.6%	

<sup>\*</sup>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.

\*These 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.