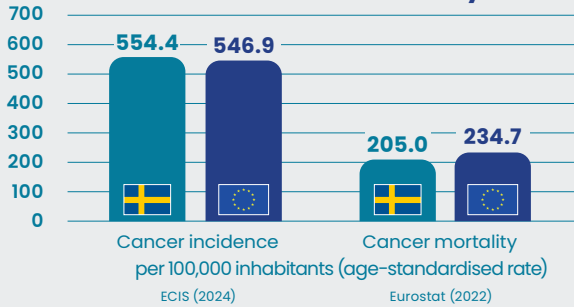


BURDEN

Incidence and mortality



NATIONAL INITIATIVES

National Cancer Strategy



YES

Since 2009
Updated 2026

National Cancer Registry



YES

Since 1958

PREVENTION



8.5%

Cigarette smokers*

EU 18.8%

SE 5.6%

OECD (2023)



7.4L

Alcohol consumption*

EU 10.0L

SE 6.2L

OECD (2023)



17.2%

Obesity rate*

EU 14.8%

SE 16.8%

Eurostat (2022)



7.6%

Fruit and vegetable consumption*

EU 12.4%

SE 22.9%

Eurostat (2022)



23.8%

Physical inactivity*

EU 47.3%

SE 27.1%

Eurostat (2022)



Girls & boys

HPV vaccine eligibility



86%

HPV vaccination coverage in girls**

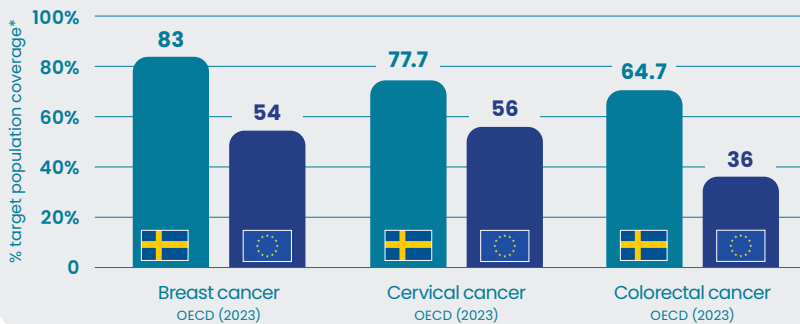
EU Goal: 90%

SE 93%

WHO (2024)

SCREENING

SCREENING RATES



ORGANISED SCREENING PROGRAMMES



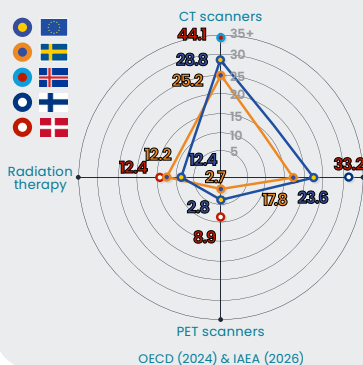
Prostate cancer
ORGANISED TESTING (OPT)



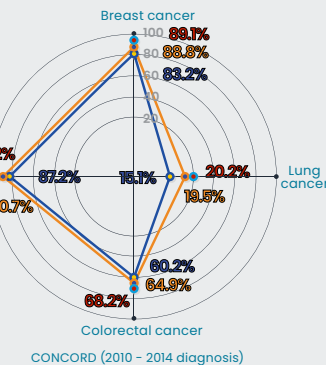
Lung cancer
REGIONAL PILOT STUDIES

CARE AND RESEARCH

Diagnostic and treatment equipment



Survival rates



253
Clinical trials on cancer

Per 1m inhabitants

EU 172.7
SE 511.5
WHO (1999-2024)

QUALITY OF LIFE



1.9
Palliative care services

Per 100,000 inhabitants

EU 1.2
EAPC (2025)



NO
Right to be forgotten

Ending discrimination against cancer survivors



*Among adults aged 15 and over (Obesity rate: 18 and above); **Among girls by age 15; ***Sweden screening coverage data: Breast cancer: % of females aged 40-74; Cervical cancer: % of females aged 23-64 (in some cases also 65-70); Colorectal cancer: varying ages ranges between regions (participation rates: % screened among invited); EAPC: European Association for Palliative Care; ECIS: European Cancer Information System; EPF: European Parliamentary Forum for Sexual and Reproductive Rights; IAEA: International Atomic Energy Agency; OECD: Organisation for Economic Co-operation and Development; WHO: World Health Organization. Special thanks to Mef Nilbert, Martin Jansson, Åsa Persson and Frida Lundberg (National Board of Health and Welfare), Arvid Widenlou Nordmark (Regional Cancer Centres in Sweden), Anna Jansson (the Public Health Agency of Sweden) and Penilla Gunther (member of the EU Cancer Mission Board) for their contribution to the development of the report.

Expert Commentary

Charting the way forward for Swedish cancer policy



Mef Nilbert

EXPERT ADVISOR,
NATIONAL BOARD OF HEALTH
AND WELFARE

Sweden's cancer incidence is just above the EU average and similar to that in the other Nordic countries. Cancer mortality is among the lowest in the EU, but cancer is the leading cause of life-years lost. The population-based National Cancer Registry provides an online, openly available analysis tool that allows for monitoring diagnostic trends and disparities related factors such as geography and socioeconomy.

The Cancer Pulse provides a valuable overview of Sweden's performance. It is a timely baseline for actions defined in the updated National Cancer Strategy and for cross-collaborative initiatives in the newly established National Cancer Mission Hub, SweCan.

Anna Jansson

HEAD, UNIT FOR
HEALTH-PROMOTING LIFESTYLES
AND CHILDHOOD CONDITIONS,
THE PUBLIC HEALTH AGENCY



A resilient and equitable society can reduce cancer incidence through integrated public health strategies that address all major risk factors. This includes for example tobacco and alcohol control policies, limiting exposure to carcinogens via products and pollution, radon and UV protection, universal HPV vaccination programmes, promotion of healthy eating habits and physical activity in daily life, and the prevention of overweight and obesity.

The goal is to ensure a health-promoting society, accessible to all. By systematically addressing these risk factors while tackling structural inequalities, it is possible to create a society where everyone has the opportunity for good health.



Kjell Ivarsson

NATIONAL CANCER
COORDINATOR, REGIONAL
CANCER CENTRES IN SWEDEN

Sweden is divided into 21 self-governing regions. Some advanced cancer care is concentrated in a few hospitals, but most care and diagnostics are provided in the region where the patient lives. In order to provide equity of care, the regions jointly develop clinical guidelines. These are based on international guidelines, albeit adapted to Swedish conditions.

The screening programs for breast cancer, cervical cancer and bowel cancer show high participation rates, and large screening projects are ongoing for prostate cancer and lung cancer.

There is a strong development in cancer care right now. This applies to both new methods and drugs linked to precision health and methods and approaches linked to the patient's quality of life. In particular, cancer rehabilitation is undergoing strong development.

Penilla Gunther

MEMBER, CANCER MISSION
BOARD, EUROPEAN
COMMISSION



One of the most important sections in Europe's Beating Cancer Plan, the Cancer Mission, and the Swedish cancer strategy, in my opinion, is the goal of quality of life. Regardless of where you are in the diagnostic or treatment process, you should be able to maintain a good quality of life.

This can mean feeling safe with your healthcare professionals, trusting them to give you the best treatment available, or having the support of your loved ones. But whatever quality of life means to each individual, access to good cancer care must be a patient right.

