

COMPARATOR REPORT CANCER IN EUROPE

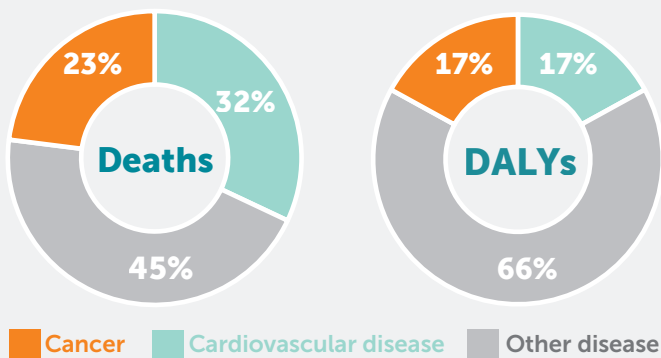


The Comparator Report on Cancer in Europe 2025¹, developed by the Swedish Institute for Health Economics (IHE), provides an overview of the current state of cancer care in Europe. The report describes major trends in cancer across Europe, including patient outcomes, disease burden, investment in cancer care and patient access to cancer medicines and molecular diagnostics. It also lists solutions to tackle cancer.

EFPIA is keen to support and work with the cancer community to ensure that everyone facing a cancer diagnosis in Europe can benefit from optimal treatment and care.

Cancer is projected to become the leading cause of death in the EU by 2035. Currently, it is responsible for almost one in four deaths. It is also associated with the highest disability-adjusted life years (DALYs) alongside cardiovascular diseases.

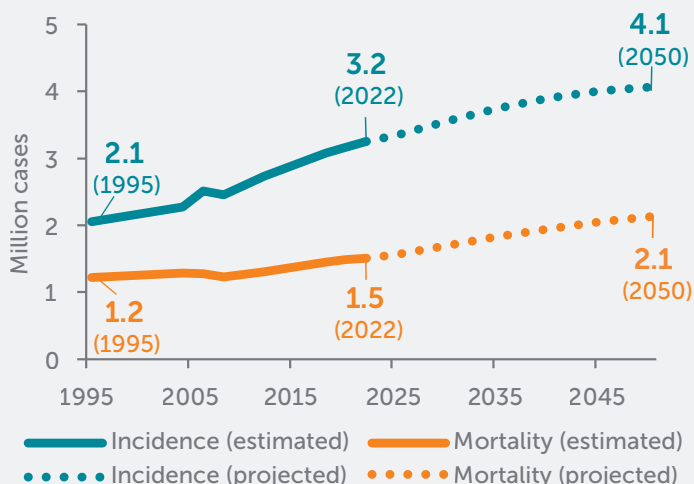
Cancer's share of total disease burden in Europe



Cancer incidence (i.e. number of newly diagnosed cases/year) increased by almost 60% between 1995 and 2022 in Europe. With an aging population, the incidence is expected to rise even further in the coming years and decades, as cancer is an aging-associated disease.

However, as more people survive cancer, mortality (i.e. number of deaths/year) is rising slower than incidence. Once population growth and aging are accounted for, cancer mortality has decreased in nearly all European countries since 1995. Nevertheless, without continued improvements in care, the annual number of cancer deaths is predicted to rise further.

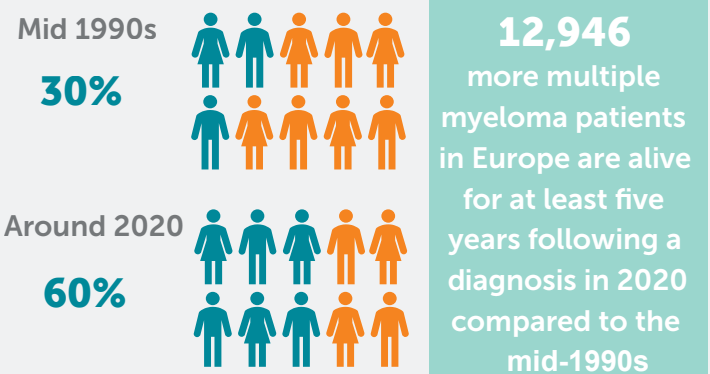
Cancer incidence and mortality in Europe



Advances in cancer treatment have increased survival but there is a long way to go before we achieve good prospects for all cancer patients in Europe

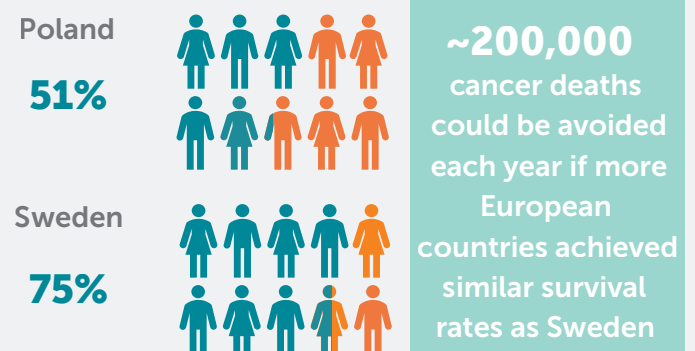
The five-year survival rate for cancer overall has improved in Europe since the 1990s, but the progress has differed between cancer types. Hematological cancers had the greatest improvements in survival, which coincides with many new medicine launches. Small or no improvements were recorded for certain solid tumors (bladder, brain, gynecological and laryngeal cancer).

Five-year relative survival of multiple myeloma



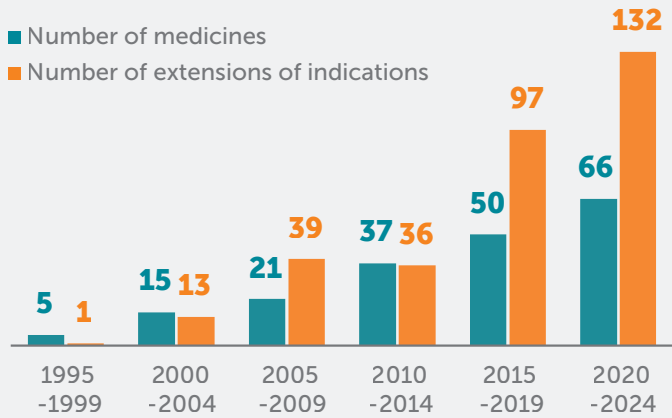
The latest survival data show large disparities between countries. Survival rates were lowest in Poland and highest in Sweden. These differences can be translated into lives lost.

Five-year relative survival of cancer




Advances in cutting-edge research are increasing our understanding of cancer and how it can be tackled. As a result, the average number of new medicines per year approved by the EMA increased from one in 1995-2000 to around 14 in 2021-2024. The EMA has approved almost 200 new cancer medicines and more than 300 new indications since 1995.

EMA approvals of new cancer medicines over the past three decades




The accelerated trend in the approval of new indications is mostly driven by the Nobel prize-winning immunotherapies. Their application has expanded quickly across dozens of cancer types, and from metastatic to early-stage treatment settings since 2015.

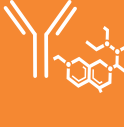
Thanks to ground-breaking advances in innovative cancer treatments, we now have more opportunities than ever to combat cancer



Precision Oncology
The rise in targeted treatments is transforming the standard of cancer care by improving outcomes and reducing side effects



CAR-T therapies
They provide a revolution in the treatment of hematological cancers by empowering the body's immune system to effectively fight cancer cells



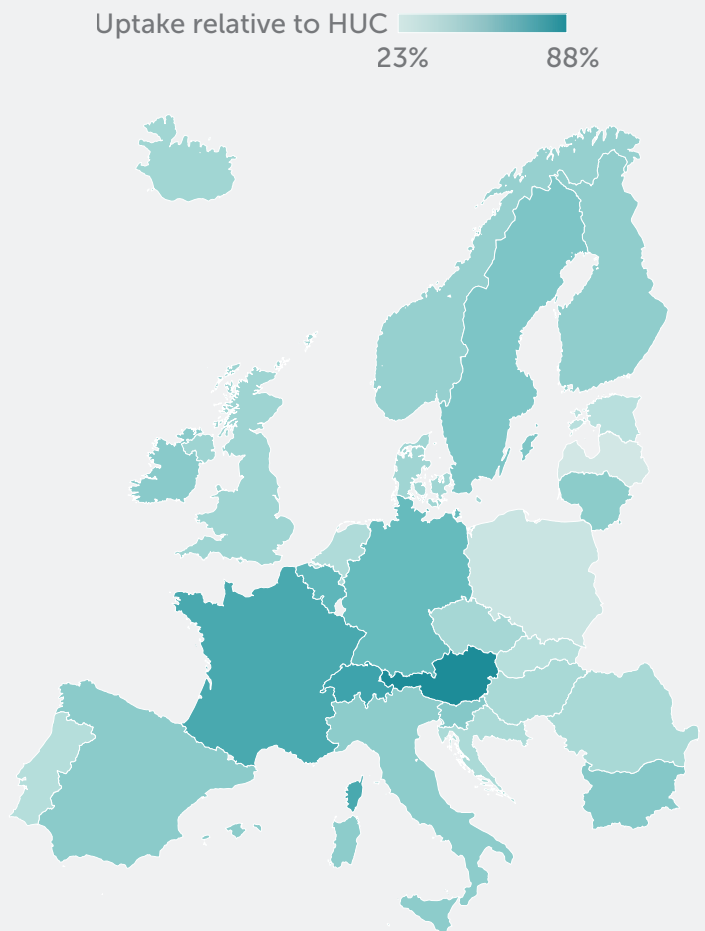
Antibody-drug conjugates (ADCs)
By combining the properties of targeted therapies and chemotherapies, tumor cells are killed while healthy cells are spared

Almost half of the new cancer medicines approved by the EMA for solid tumors in 2015-2020 were associated with a predictive biomarker. The lack of reimbursement for medicines together with biomarker tests (companion diagnostics) is a bottleneck. In 2023, only 11 out of 24 European countries had joint/parallel reimbursement systems.



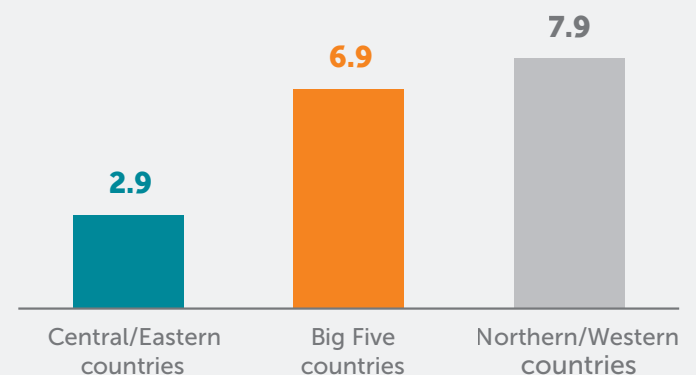
Western European countries tend to reimburse more cancer medicines and do so faster than countries in Central and Eastern Europe and smaller countries. The actual use of new medicines (uptake in milligrams per cancer case) follows the same pattern.

Overall uptake of newer cancer medicines in 2023 (relative to highest-uptake country, HUC)



Austria, Switzerland, and France lead the uptake of newer cancer medicines in clinical practice, while Latvia, Poland, Estonia, and Slovakia have the lowest uptake levels.

Uptake of newer medicines in lung cancer in 2023 (expressed as sales in standard weekly doses per case)



However, the gap between the two highest- and lowest-uptake countries shrank from a 5.3-fold difference in 2018 to a 3.3-fold difference in 2023, narrowing the access gap for patients.

Uptake of new cancer medicines is unequal across European countries, but there are clear signs of convergence

More needs to be done to ensure that everyone facing a cancer diagnosis can benefit from scientific progress

Many structural barriers hinder equitable access to cancer medicines, such as:

- * national pricing and reimbursement processes
- * budgetary constraints
- * suboptimal healthcare infrastructure and organization



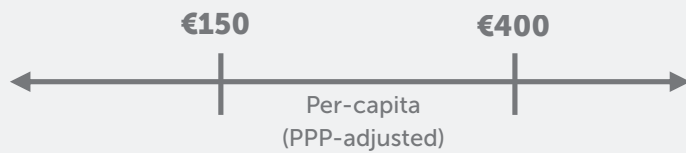
Spending on cancer care in Europe is small in relation to the disease burden

Adequate funding of cancer care is fundamental to achieving good patient outcomes and access to cancer medicines. Yet only 7% of the total health expenditure in Europe is currently allocated towards cancer care and treatment. There are also substantial differences in cancer care spending between European countries. This mostly reflects differences in overall spending on health care between countries.

Cancer care spending in 2023

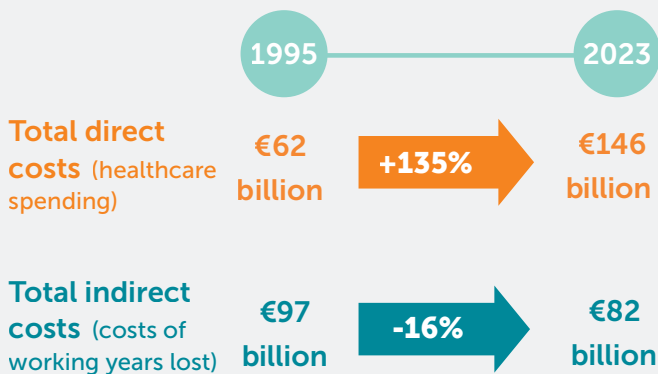
Bulgaria, Croatia, Latvia, Romania

Germany, Switzerland



Cancer care spending has risen in Europe over the past decades, mainly due to the growing number of cancer patients and investment in new technology. Better outcomes from cancer care have resulted in a reduction in indirect costs.

Changes in the economic burden of cancer in Europe

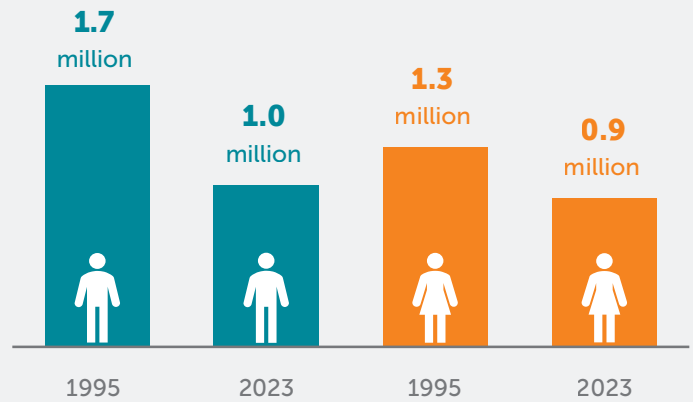


Economic burden

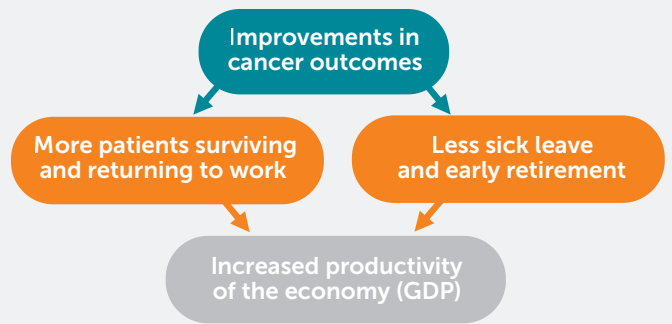


The savings in indirect costs are the result of reduced productivity loss in working-age patients.

Potential years of working life lost due to premature cancer death in Europe



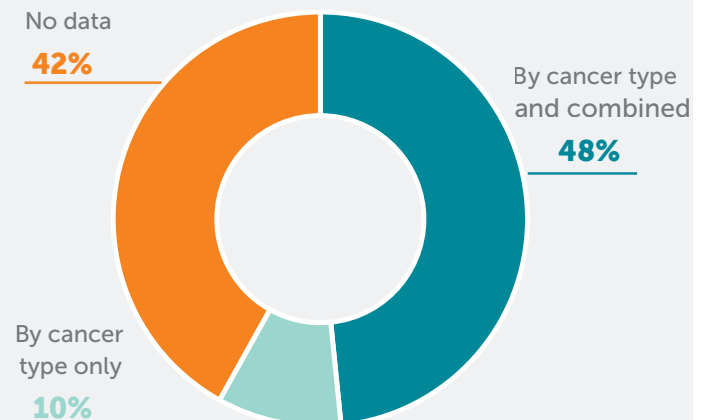
Through more effective treatment and management of the condition, patients can return to the workforce earlier, benefiting not only the patient but also their family and society overall.



Improving data collection is critical for assessing treatment effectiveness, demonstrating value of new technologies, and guiding policy decisions

Despite the significant investment in cancer care, reliable data on outcomes is scarce. Currently, many countries lack up-to-date and detailed survival statistics. To support future evidence-based policymaking, it is important to collect and provide such data.

Proportion of European countries with published five-year survival rates of cancer



Most countries also lack comprehensive real-world data on treatment patterns, showing how patients are treated across hospitals and regions.

Making the difference for people with cancer: The way forward.

01

Support investments in research and development:

Continuous investment in research, development, and innovation is essential for discovering new therapies and advancing cancer care. However, the EU is facing a serious competitiveness challenge, and Europe's share of global medicine R&D investment has decreased by 25% in the last two decades. Europe has put competitiveness at the centre of the new EU mandate: fostering a more innovation-friendly environment is imperative.

Key asks:

- * Ensure that the revision of the General Pharmaceutical Legislation (GPL) creates the right ecosystem for the pharmaceutical industry to continue to discover, develop and deliver new cancer medicines in Europe.
- * Ensure a stable and predictable intellectual property (IP) and incentives framework, and champion a stable, fast, effective, and globally competitive regulatory framework.
- * Safe-guard investment in innovation to make healthcare systems sustainable, gain efficiencies, and maximize the value of Euros invested.

02

Enhance screening programmes:

Regular and systematic screening is crucial to detect cancers at earlier stages, reducing mortality and improving the quality of life of patients, caregivers and families.

The recommendation on cancer screening adopted by the Council of the EU in 2022 was a significant step forward, improving existing screening guidelines for breast, colorectal and cervical cancer, and introducing new screening programmes for lung, prostate, and gastric cancer.

Key asks:

- * Assist Member States as they incorporate and implement the recommendation within their national cancer plans.
- * Mobilise dedicated EU funding to support the implementation of the recommendation and foster the knowledge sharing of screening efforts across the EU.

03

Deliver equitable and faster access to new medicines across the EU:

Innovation is meaningless if patients cannot access it. Currently, there are tremendous delays and disparities in the time it takes for European patients to access new oncology medicines. For cancer patients, every day counts and there is an urgent need to implement solutions that can streamline processes.

Key asks:

- * Work together with all stakeholders to address barriers and delays to access.
- * Maintaining the political momentum and attention for Member States and the European Commission to set up an efficient system of European joint clinical assessments and joint scientific consultations (EU HTA Regulation) which deliver faster decision making at national level, leading to improved access to innovative medicines for patients.

04

Ensure the right cancer treatment is given to the right person at the right time:

New technologies and improved understanding of cancers are unlocking the opportunities offered by Precision Oncology (PO), which is about identifying the optimal treatment based on each patient's unique characteristics and needs. PO has the potential to improve outcomes, reduce costs and alleviate the pressure on healthcare systems and workforce.

Key asks:

- * Implement harmonised policies adapted to the evolving science at both EU and national level to ensure equitable and sustainable access to PO solutions across the EU.
- * Promote multidisciplinary training and care delivery, and empower patients to decide on appropriate use of their data.
- * Support research and development in the future of PO, also through EU funding programs like Horizon Europe and the next Multiannual Financial Framework (MFF) 2028-2035.



Importantly, commitment to the implementation of the Europe's Beating Cancer Plan (EBCP) should continue beyond 2025 and be aligned with the EU Cancer Mission vision to improve the lives of 3 million people by 2030. To support the implementation of these crucial initiatives, we call for:

1

The allocation of dedicated funding from the next MFF 2028-2035 to support implementation at national and local levels, and strengthen national cancer mission hubs.

2

The development of a Measurement Matrix framework to assess progress in cancer care, keep all stakeholders accountable, and ensure continuous progress.

#WeWontRest until everyone diagnosed with cancer has a brighter future, with cancer care delivered sustainably across the whole pathway and the latest innovation unlocked and made accessible to those in need.

References

¹ This infographic presents data points from the report *Comparator Report on Cancer in Europe 2025 - Disease Burden, Costs and Access to Medicines and Molecular Diagnostics* (IHE Report 2025:2). All underlying data sources are included in the report which can be downloaded from the IHE website: https://ihe.se/app/uploads/2025/03/IHE-REPORT-2025_2_.pdf