Europe's Beating Cancer Plan in Action:

National Implementation for the Future

EFPIA Oncology Platform and Cancer Patients Europe

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CANCER PATIENTS EUROPE

Executive summary

This report evaluates the alignment of National Cancer Control Programmes (NCCPs) with Europe's Beating Cancer Plan (EBCP), focusing on six Member States: France, Spain, Germany, Denmark, Hungary, and Slovakia. It explores how aligning national cancer strategies with the EBCP can drive improvements across cancer prevention, early detection, diagnosis, treatment, and survivorship. The report identifies varying levels of alignment with EBCP priorities, highlights key challenges, and provides tailored policy recommendations for both national and EU-level stakeholders.

Key findings across three archetypes of countries reveal significant differences in alignment:

- **Archetype A (France, Spain)**: These countries demonstrate the strongest alignment with EBCP priorities. Both have comprehensive governance structures, well-established cancer control plans, and dedicated funding streams. They excel in prevention, screening, personalised medicine, and research integration. Notably, France's NCCP has a ten-year horizon, with a strong commitment to funding and stakeholder involvement, while Spain aligns closely with EBCP objectives and has integrated key cross-cutting themes such as cancer inequalities and paediatric cancer care.
- **Archetype B (Germany, Denmark)**: These countries have robust cancer control strategies, but their NCCPs are in various stages of development or revision. While they show a strong commitment to EBCP goals, some gaps remain in areas such as paediatric cancer care, comprehensive monitoring systems, and integration of personalised medicine across all regions. Both countries have made progress in aligning with EBCP objectives but continue to face challenges in funding and ensuring full implementation across all regions.
- **Archetype C (Hungary, Slovakia)**: These countries face considerable challenges in updating and implementing their NCCPs. Gaps include limited funding, lack of comprehensive integration of EBCP priorities, and unequal access to high-quality cancer care. While both countries are involved in some pilot projects and are slowly making progress, the overall implementation of their cancer control strategies remains fragmented. There is a need for targeted support to address these gaps and improve integration with EU-level initiatives.

The report includes policy recommendations for European Union institutions and Member States to ensure national implementation of the EBCP:

National:

Funding and governance

- Protect and ring-fence multi-year NCCP funding lines through national budget laws or dedicated funds.
- Leverage ongoing revisions of national cancer plans to strengthen alignment with Europe's Beating Cancer Plan (EBCP) priorities, including inequalities, paediatric cancer, and personalised medicine.
- Require regional and national plans to include explicit measures to reduce within-country disparities and embed equity and paediatric cancer measures with targeted interventions for vulnerable groups.
- Publish updated KPI lists within a transparent monitoring and reporting framework, developed with broad stakeholder input, and accompanied by implementation roadmaps that include measurable milestones

Prevention

- Adopt comprehensive laws that extend smoke- and aerosol-free protections to priority outdoor settings and ensure parity across all nicotine and tobacco products, supported by strong enforcement.
- Introduce or strengthen school-based, gender-neutral HPV vaccination programmes with reminder systems, ensuring equitable access and sustained progress towards the EBCP 2030 target of 90% coverage.

Screening and early detection

- Ensure all screening programmes are fully aligned with European Commission Initiative guidelines, and support systematic piloting of new programmes (e.g., prostate, gastric) where feasible.
- Move successful pilots (e.g., low-dose CT for lung cancer) into national programmes and support the uptake of innovative screening technologies and risk-stratification measures.

Treatment and personalised medicine

- Develop national precision medicine implementation roadmaps with measurable milestones, stakeholder-validated KPIs, and clear decision rules for scaling successful pilots into standard care.

Research and investment

- Strengthen national cancer networks by integrating Comprehensive Cancer Centres (CCCs) as hubs for high-quality and equitable care.

European:

Funding and governance

- Adopt an EU National Cancer Control Plan (NCCP) Minimum Standard Framework that sets progressive milestones for governance, financing, KPIs, and data interoperability; includes a compact, EBCP-aligned KPI set (e.g., screening coverage, diagnostic timelines, biomarker uptake, paediatric indicators, equity index); is supported by a permanent EU NCCP Support Facility offering technical assistance, capacity-building grants, and operational toolkits; and ensures all guidance is modular and adaptable to national contexts rather than one-size-fits-all.

- Provide capacity-building grants and programmes that clarify financial and governance structures and ensure integration of all EBCP pillars and cross-cutting themes.
- Sustain national implementation of cancer control initiatives by securing a dedicated cancer funding stream within the next Multiannual Financial Framework (MFF) to support priority cancer areas.

Guidance and knowledge-transfer

- Require all EU-funded cancer projects to include equity measures as a condition for funding.
- Develop and disseminate an EU "best practice toolkit" with model governance structures, KPI frameworks, and equity mechanisms based on successful national experiences.
- Institutionalise EU knowledge-sharing mechanisms (e.g., rotating "fast-track" or twinning programmes) to accelerate adoption of best practices and provide practical implementation support.

EU and national policymakers must dedicate sustained funding and agree on a clear follow-up roadmap for Europe's Beating Cancer Plan (EBCP) beyond 2025, ensuring that National Cancer Control Programmes remain fully resourced and aligned as the primary vehicles for implementation

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Introduction

Cancer is one of the most serious health threats facing the European Union (EU) today. Driven by demographic changes, environmental exposures, and lifestyle-related risk factors, the **number of new cancer cases in the EU has been rising steadily**. Between 1995 and 2022, annual cancer incidence in Europe increased by nearly 60%, reaching over 3.2 million cases.[1] While scientific advances have led to a 20% decline in cancer mortality over the past two decades,[2] cancer still causes over 1.5 million deaths annually in the EU. Without decisive and coordinated action, cancer is projected to become **the leading cause of death in the EU by 2035**.[3]

This growing burden poses complex challenges not only for individuals and families, but also for health systems, economies, and societies across the EU, with an estimated economic burden of EUR 100 billion a year in Europe.[4] At the same time, rising survival rates, an estimated 22 million cancer survivors in the EU, highlight the impact of progress made in early detection, diagnosis, and treatment. However, these **gains have not been shared equally across Member States**, regions, or population groups, exposing persistent disparities in access, outcomes, and quality of care.[5]

Europe's Beating Cancer Plan (EBCP),[6] launched in 2021, is the EU's **ambitious response to the growing burden of cancer across Member States**. It sets out a comprehensive framework for cancer prevention, early detection, diagnosis, treatment, and survivorship, aiming to reduce cancer incidence and improve outcomes for all Europeans. With the EBCP nearing the end of its first implementation cycle (2021-2025), **National Cancer Control Programmes (NCCPs) will be the primary vehicles to ensure the continuity and sustainability of its initiatives**. While the European Commission plays a central role in driving and funding the EBCP's initiatives, the success of many actions also depends on how they are adopted and implemented at the national level.[7] Given that health policy is primarily a national competence, **NCCPs are the key instruments through which Member States can translate EBCP goals into country-specific policies and services**. Ensuring alignment between the EBCP and national strategies is therefore essential: without it, progress achieved under the EBCP may stall after 2025, risking fragmentation and inequity in cancer care across the EU.

NCCPs are critical to ensuring that EBCP's vision translates into tangible outcomes. By reflecting shared objectives and integrating EBCP targets into national contexts, NCCPs can serve as operational roadmaps that drive consistent progress, reduce inequalities, and reinforce EU-added value in cancer control. To maintain this momentum, ensuring EBCP's continued effectiveness requires both **coherent, up-to-date NCCPs at the national level and sustained, coordinated action at the EU level through a refreshed plan**.

Building on these priorities, this report assesses alignment across six Member States to identify common trends, systemic strengths and weaknesses, and opportunities for further alignment between EBCP and NCCPs. This comparative analysis provides the foundation for **actionable recommendations to both national and EU policymakers to enhance coherence and foster collaborative action**.

Following this introduction, the methodology is explained in detail, including the indicators used to assess alignment and the rationale for grouping countries into archetypes, with the research design combining desk research and stakeholder input. Background information on the EBCP is provided, along with an overview of the current landscape of NCCPs across the EU. A comparative analysis highlights best practices and contextual differences. The report also offers targeted policy recommendations for Member States, along with cross-cutting proposals for EU-wide action to strengthen coherence and accelerate implementation in national contexts. Country profiles are included in the annex.

1 Methodology

This report aims to assess how well NCCPs across selected EU Member States align with the objectives and priorities of EBCP. Given the complexity of the EU cancer policy landscape, the methodology intends to balance depth and representativeness: a detailed indicator framework guides the assessment, while six countries were selected to represent different levels of alignment and readiness.

Indicator selection

To assess the alignment of NCCPs with EBCP, this study applied a structured set of indicators designed to capture the extent to which NCCPs reflect EBCP objectives and enable their implementation. Indicators were identified through a review of EU-level policy frameworks and country cancer profiles, and are grouped into five broad categories: governance and funding; prevention; screening and early detection; treatment and personalised medicine; and research and investment:

- **Governance and funding**: this category assesses whether countries have a dedicated NCCP, the timeliness of updates, the existence of coordination structures, the degree of stakeholder engagement, and the availability of dedicated national funding streams. It also considers whether EBCP pillars and cross-cutting themes are integrated into governance frameworks, alongside mechanisms for monitoring, evaluation, and public reporting.
- **Prevention**: this category examines the adoption and implementation of national policies aimed at reducing cancer risk factors, including tobacco control measures (such as smoke-free environments and taxation), measures to address vaccine-preventable cancers. It also considers participation in EU-funded prevention initiatives, such as VH-COMSAVAC and EUROHELICAN.
- **Screening and early detection:** indicators evaluate the scope and coverage of organised population-based screening programmes for breast, cervical, and colorectal cancer, as well as the degree of integration of emerging screening priorities outlined in the 2022 Council Recommendation[8] (lung, prostate, and gastric cancers), and participation in EU-supported quality assurance schemes.
- **Treatment and personalised medicine:** this category examines the prioritisation and implementation of personalised oncology and genomic testing, including biomarker uptake, integration of molecular profiling into routine care, and the establishment of supportive infrastructure such as national molecular tumour boards. Participation in EU-level initiatives, including CAN.HEAL and PCM4EU, is also assessed.

- **Research and investment**. These indicators measure countries' participation in EU4Health and Horizon Europe-funded projects, integration of innovation ecosystems, and the use of pilot programmes to develop comprehensive care pathways. They also capture how NCCPs leverage EU-funded projects and joint actions to promote sustainable investment and accelerate uptake of new technologies.

Archetype rationale

Given the scope and complexity of aligning NCCPs with the EBCP, this report focuses on six countries selected to represent three distinct archetypes, based on their degree of alignment with EBCP objectives, governance structures, funding models, and implementation capacity:

- **Archetype A** *(France, Spain)*: countries in this group demonstrate strong alignment with EBCP priorities, comprehensive NCCPs, and well-established governance frameworks. They are characterised by dedicated funding streams, stakeholder-inclusive development processes, and advanced infrastructures supporting screening, precision oncology, and research integration.
- **Archetype B** *(Germany, Denmark)*: these countries have robust cancer strategies and are actively revising or developing new NCCPs, frequently integrating recent EBCP priorities. Their demonstrated commitment to implementing NCCPs highlights both readiness and openness to collaboration. With structured engagement and alignment with evolving European objectives, they present a clear opportunity to strengthen cancer control strategies and accelerate progress toward more comprehensive, EU-aligned frameworks.
- **Archetype C** *(Hungary, Slovakia)*: countries in this group face persistent challenges in updating and implementing NCCPs. Gaps include limited dedicated funding, incomplete integration of EBCP objectives, and uneven access to innovation and high-quality care. While pilot initiatives exist, implementation remains fragmented and uptake of EU-supported opportunities is lower compared to other Member States.

By capturing a range of national contexts and levels of readiness, this archetype approach supports a structured and representative comparative analysis. The resulting insights highlight strengths and weaknesses that can guide policy decisions at both national and EU levels.

Research design

The analysis combines comprehensive desk research with stakeholder engagement to capture both the formal structures and practical realities of NCCP implementation across Member States.

The desk research was conducted between April 2025 and September 2025 and involved a comprehensive review of NCCPs and associated policy documents. These included the EBCP, its implementation roadmap (2024) and its review (2025); the EU Cancer Mission and flagship initiatives' publications; the Council Recommendations on cancer screening (2022 update); Horizon Europe and EU4Health project databases; national and regional budget documents relevant to cancer control; reports from the European Observatory on Health Systems and Policies, the Organisation for Economic Co-operation and Development (OECD), and the World Health Organisation (WHO); and other relevant scientific literature.

This phase established a baseline understanding of how each country's NCCP incorporates EBCP priorities and served as the foundation for indicator scoring. Unless otherwise specified, all information and data referenced in this report are drawn directly from the relevant NCCPs.

To complement desk research, a targeted stakeholder survey was designed to capture country-level insights on governance structures, funding models, implementation challenges, and opportunities for improved alignment with the EBCP. The survey was conducted between June 2025 and September 2025 and distributed to national affiliates of EFPIA Oncology Platform member companies, national trade associations (NTAs), and other policy stakeholders, including EU-level experts and national decision-makers from the six selected countries. The survey responses provide contextual perspectives on barriers and enablers of NCCP implementation.

This stakeholder input enriched the analysis by highlighting operational challenges not captured in policy documents and pointing to country-specific opportunities for improvement. When these insights were leveraged, the input is quoted and referenced throughout the report.

2 State of Play: NCCPs and the EBCP

Europe's Beating Cancer Plan (EBCP)

Launched in 2021, the EBCP is the EU's **most comprehensive strategy to tackle cancer across all stages of the disease pathway**. It embodies not just a political commitment to reduce the cancer burden, but a clear path of actions for the mobilisation of EU resources, greater collaboration among Member States, and harnessing advances in research and innovation.

Recognising the complex and far-reaching nature of cancer, the Plan adopts a comprehensive and patient-centred approach that spans all stages of the disease. It is structured around **four key pillars where the EU can add the greatest value: prevention, early detection, diagnosis and treatment, and quality of life for patients and survivors**. In addition to its four main pillars, the EBCP features three cross-cutting themes: fostering new technologies, research and innovation at the service of patient-centred cancer prevention and care; reducing cancer inequalities across the EU; and putting childhood cancer under the spotlight.

To operationalise its goals, the EBCP sets out **ten flagship initiatives along with multiple supporting actions, backed by significant EU investment**. A total of **EUR 4 billion has been earmarked for cancer-related actions**, including EUR 1.25 billion from the EU4Health programme, with additional financial support provided by the Horizon Europe Framework Programme for Research and Innovation and the Digital Europe Programme.[9] These resources aim to help Member States strengthen capacity, adopt evidence-based practices, and accelerate innovation in cancer prevention, diagnosis, and care. Notably, the Plan encourages collaboration between countries with different levels of infrastructure and experience, helping to bridge gaps and ensure that all EU citizens, regardless of geography or socioeconomic background, benefit from the same high standards of cancer care.

While the EBCP sets the strategic direction at the EU level, **its success also depends on implementation at national level**. This refers to **the extent to which Member States integrate the Plan's objectives, pillars, and flagship initiatives into their National Cancer Control Programmes** (NCCPs), the central policy tools used to plan, coordinate, and evaluate cancer-related action at national level. Effective implementation involves adapting EU-level priorities to national contexts, aligning funding and governance structures, and ensuring meaningful stakeholder engagement.

The European Commission's Implementation Roadmap for the EBCP[10], which spans from 2021 to 2025, has provided a timeline and framework to translate the Plan's ambitions into action at the EU level primarily. The roadmap is built around **10 flagship initiatives that represent the most visible and strategic commitments of the Plan**, each with defined objectives, timelines, and EU-led implementation. These are complemented by **32 further actions that address the full cancer pathway**.

Together, the flagship initiatives and actions form a coherent programme in which the Commission plays a central coordinating role, guiding Member States, mobilising EU funding, and ensuring that commitments are delivered effectively and on schedule. The **actions are different in nature**: some initiatives are purely Commission-led, enabling the Commission to act directly to design, launch and oversee delivery, while others depend on the involvement of other EU institutions or Member States' cooperation. In addition, a number of actions are consortia-led, with the Commission providing funding and strategic direction while research organisations, public authorities, and other stakeholders develop and implement the work.

	Commission-led	Require other Institutions' involvement	Consortia-led
EBCP-specific	• Knowledge Centre on Cancer • European Cancer Inequalities Registry • European Guidelines and Quality Assurance Schemes • Expand the European Cancer Information System	• Updated Council Recommendation on cancer screening • Council Recommendation on vaccine-preventable cancers • Review of Tobacco Directives and Council Recommendation on smoke-free environments	• Creation of 'National Comprehensive Cancer Infrastructures' and EU network • Creation of a European Cancer Patient Digital Centre • Launch of the 'Genomic for Public Health Project' • 'Cancer Diagnostic and Treatment for All' initiative and Personalised Medicine Partnership • European Initiative to Understand Cancer • Inter-specialty training programme
Broader actions and policy initiatives supporting EBCP	• Implementation of the Health Technology Assessment (HTA) Regulation • Implementation of the EU Clinical Trials Framework • Implementation of Council Directive on protection from ionising radiation • Monitoring the implementation of health components of the Recovery and Resilience Plans, including on cancer	• Proposal for the European Health Data Space (EHDS) Regulation • Towards the EHDS (TEHDAS) Joint Action • Adopt new Occupational Safety and Health Strategic Framework to reduce workers' exposure to chemicals • Create EU platform for repurposing existing medicines	• Launch Horizon Europe Partnership on Assessment of Risks from Chemicals

Selection of actions, by no means covers every action of the Implementation Roadmap.

As the EBCP implementation period draws to a close, the **Commission has signalled that many of the Plan's activities are nearing completion** given that the commitments, funding and support at the EU level have been delivered. This makes the question of sustained alignment with national strategies all the more urgent. To ensure long-term impact beyond 2025, it is **critical that Member States institutionalise and reinforce the reforms, tools, and partnerships introduced under the EBCP within their own NCCPs,** while the EU maintains focus on cancer through continued, organised, and renewed action at the European level. Lessons learned and best practices from NCCPs are also critical to inform future EU cancer actions and ensure efforts are focused where they can have the most impact for patients and healthcare systems.

The 2025 review of the EBCP[11] underscores the stakes of this transition as the 2021-2025 implementation period draws to a close. While over 90% of the Plan's flagship initiatives and actions are reported to be ongoing or concluded, the review reveals **major gaps in strategic continuity and funding clarity beyond 2025**. The Commission notes that many actions are long-term in nature and will continue for years, but it does not set out a structured roadmap for the next phase once the current cycle ends. This **absence of a post-2025 framework raises concerns about how momentum will be maintained**, particularly as cancer remains the second leading cause of death in the EU.

Some initiatives will continue past 2025. These include Joint Actions such as JANE, which runs until 2028, and the planned 2026 report on the implementation of the Cancer Screening Recommendation. However, these **follow-on activities are not presented as part of a cohesive EU-level strategy for the coming years**. Without clear mechanisms to integrate project results into long-term policy, there is a risk of fragmented implementation and uneven follow-through across Member States.

Uptake of EBCP actions at national level is hindered by rising healthcare costs and insufficient resources to support national cancer plan objectives, as well as by workforce shortages and uneven access to healthcare infrastructure. Clinical barriers, including misalignment between policies and practice, uneven application of international guidelines, and the need for stronger inter-professional and multi-disciplinary

approaches, are also identified as key challenges. Policy and institutional barriers – such as regional disparities, lack of political prioritisation, limited coordination between stakeholders, and fragmented data systems – are further slowing progress and weakening the contribution of research and evidence-informed decision-making.

Financial sustainability is another core concern. Although the Commission references several funding streams, including Cohesion Funds, the Recovery and Resilience Facility (RRF), and EUR 2 billion from Horizon Europe to bridge the Cancer Mission and the EBCP, it **does not specify how much of this funding remains available or how it will be allocated**. While Cohesion Funds and the RRF are largely channelled through Member States to support health system investments, Horizon Europe and EU4Health primarily fund EU-level projects, research, and cross-border initiatives. For EU4Health, EUR 531.5 million has been programmed for cancer actions, but only around EUR 220 million had been committed to projects as of April 2024. The review also warns that the EUR 1 billion cut to the EU4Health budget will mean adjustments across the health portfolio, including the cancer strand. **Without clarity on sustained EU funding, the burden of financing and embedding reforms will fall disproportionately on national budgets**, underscoring the importance of robust, well-resourced NCCPs to maintain progress and ensure long-term impact.

Looking ahead, the European Commission's proposals for the **next Multiannual Financial Framework (2028–2034) will also restructure health-related funding**. Under the proposed "Competitiveness Fund", EU4Health would be merged with Horizon Europe and other programmes, streamlining access to funding but potentially altering how health and cancer-related projects are prioritised and financed. While this could create more integrated funding opportunities, it also adds uncertainty regarding the continuity of a dedicated health budget line.

Moreover, the review **identifies continued challenges in aligning NCCPs with EBCP goals**. While the Plan has catalysed progress in tobacco and alcohol control, cancer screening, and precision medicine, **national uptake remains uneven**. The review notes that only half of the Member States have updated their NCCPs since the introduction of the EBCP, and many lack monitoring systems to assess progress. Limited financial resources in some countries affect key areas including cancer prevention, early detection, quality of life programmes, research, and efforts to reduce inequalities, while diagnosis and treatment tend to receive more consistent funding.

> "Europe's Beating Cancer Plan has led many Member States to successfully roll out strengthened screening programmes and health-literacy initiatives. These efforts are helping citizens access reliable preventive services and make informed choices about healthy food, physical activity, and clean environments. At the same time, the plan is supporting the development of a well-trained oncology and primary care workforce to guide patients throughout their cancer journey. However, despite this progress, up-to-date and comprehensive data on how implementation is advancing across the EU remains limited. Improved monitoring is essential to fully understand where gaps persist and how coordinated EU action can continue to deliver a truly person-centred approach to beating cancer."
>
> **– MEP András Kulja, European People's Party**

According to a study by the European Parliamentary Research Service (EPRS)[12], the implementation of the EBCP at **national levels shows progress but significant gaps and delays remain**, particularly in areas such as prevention, cancer care, and improving quality of life for patients. The study underscores that financial constraints, institutional barriers, and disparities in healthcare access remain significant challenges in ensuring the plan's full execution across all Member States.

Taken together, these findings emphasise the **need for sustained strategic coordination between the EU and its Member States**. As the formal EBCP implementation period draws to a close, ensuring continuity of effort, and of political and financial support, will be essential. While the EBCP has catalysed unprecedented EU action, uneven integration into NCCPs risks fragmenting progress and undermining EU equity goals.

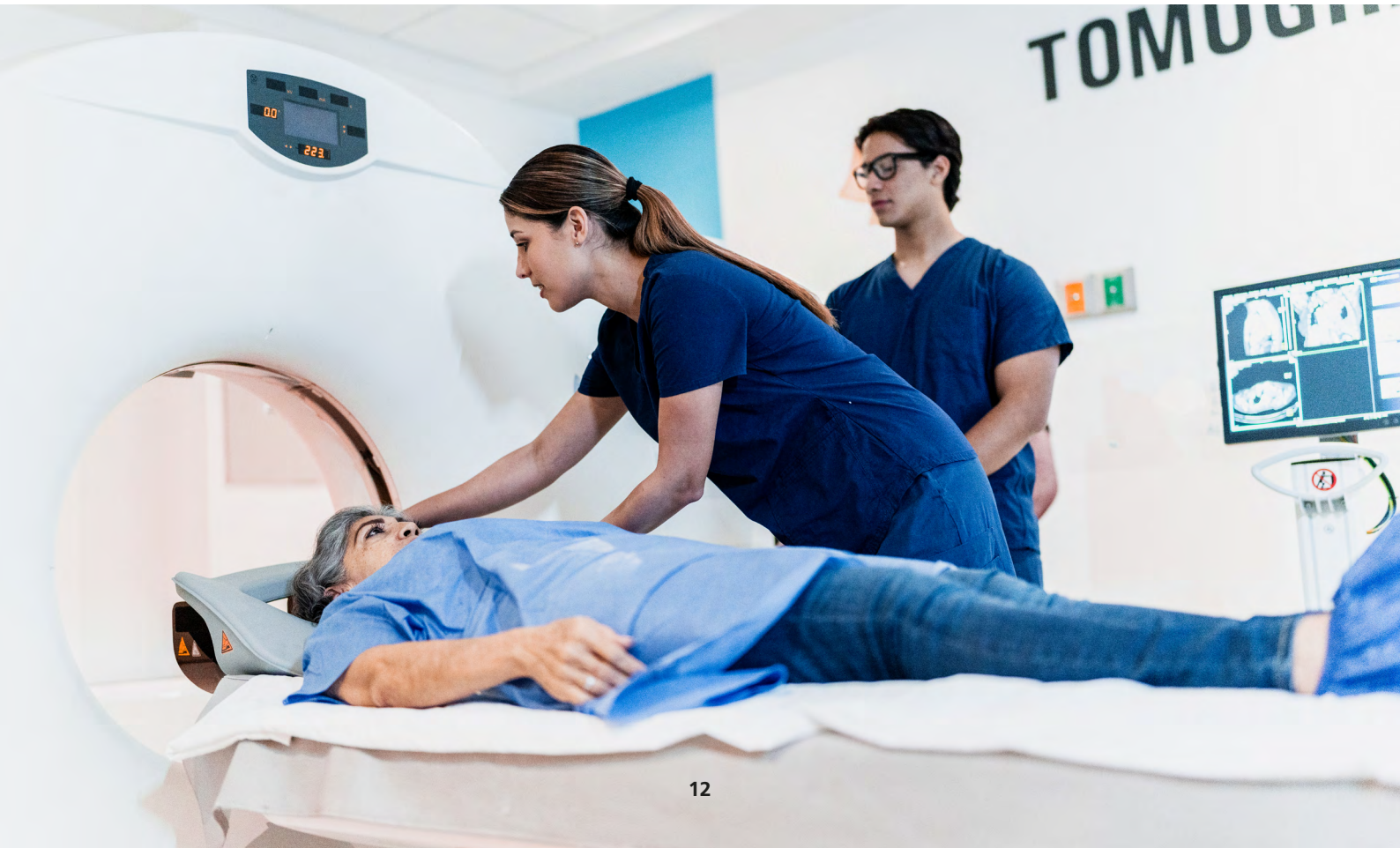
Landscape analysis of National Cancer Control Programmes

NCCPs are public health strategies designed to reduce cancer incidence and mortality and improve the quality of life for people with cancer. Comprehensive NCCPs cover the full cancer continuum – prevention, early detection, screening, diagnosis, treatment, survivorship, and palliative care – and are supported by strong governance, appropriate financing, monitoring systems, and quality management.[13] **When developed and implemented effectively, NCCPs translate strategic goals into concrete actions, optimise resource use, enhance equity and access, and improve population-level cancer outcomes**.[14]

Since the launch of EBCP in 2021, progress on aligning NCCPs with its objectives has been uneven. Only four countries (Bulgaria, Greece, Romania, and the Netherlands) lacked NCCPs prior to EBCP's publication. Fourteen countries (Bulgaria, Croatia, Czechia, Denmark, Estonia, France, Italy, Latvia, Portugal, Romania, Slovenia, Slovakia and Spain) have **revised their existing plans or developed entirely new ones**, incorporating EBCP priorities. Belgium, Germany, Greece, Ireland, Latvia, Lithuania, and Sweden are **currently updating their plans or developing new ones**. The Netherlands has adopted the Dutch Cancer Agenda, a stakeholder-led initiative, with the participation of its Ministry of Health, Welfare, and Sport.

Nearly all NCCPs (22 out of 27) are **well-aligned with EBCP's four core pillars**: prevention, early detection, diagnosis and treatment, and quality of life. However, **alignment with the EBCP's cross-cutting themes is far less consistent**.[15] Research and innovation feature in most NCCPs, but dedicated sections addressing cancer inequalities are rare (only seven Member States have them), and only about half of Member States include a specific focus on paediatric cancers. Countries with the highest degree of alignment, such as France, Poland, Spain, and Sweden, have incorporated all pillars and cross-cutting themes into their NCCPs, whereas others (e.g., Hungary and Slovakia) tend to omit paediatric cancer or inequality-focused measures.

The **timeliness and completeness of NCCP updates also vary**.[16] Many national plans still pre-date the EBCP and require further revision to embed its flagship initiatives and monitoring requirements. While most countries have a designated authority for monitoring and evaluation, in several cases the timing and format of reporting are not specified. **Without common reporting frameworks, EU comparability and accountability are undermined**. Differences in governance capacity, funding, and data collection infrastructure further contribute to uneven uptake and implementation. **Without targeted support to address these gaps**, particularly in lower-resourced Member States, **alignment with the EBCP risks remaining incomplete**, undermining the ambition of EU-wide delivery of equitable, high-quality cancer prevention and care.



3 Comparative analysis of NCCPS

Funding and governance

There is significant variation in the extent to which countries have structured their cancer control plans in line with the timeline and themes of the EBCP.[17] **Archetype A (France and Spain) shows the strongest alignment with EBCP timelines, pillars, and cross cutting-themes.** France's NCCP, structured around four key pillars, aligns with all seven EBCP areas, including prevention, early detection, diagnosis, treatment, quality of life, inequalities, paediatrics, and research.[18] The plan includes specific KPIs and performance measurements, with actions broken down by disease pathways and priorities, and an implementation timeline that covers two phases (2021–2025 and 2026–2030). Spain also fully integrates EBCP priorities into its national programme, with specific focus on prevention, early detection, and treatment.[19] It includes a dedicated section on KPIs, with detailed performance indicators for each strategic area, such as tobacco control, screening participation, and paediatric cancer care.

Archetype B (Germany and Denmark) has a structured national approach, but with some **differences in alignment with the EBCP timeline and priorities**. Germany's NCCP, which was first drafted in 2008 and updated in 2017, incorporates many EBCP priorities, but still lacks a dedicated section for paediatric cancers.[20] It does not have a section specifically for KPIs and performance measurement, though progress is monitored through ad-hoc evaluations. Denmark's Cancer Plan IV, its former plan, only fully addressed three out of four pillars of the EBCP (early detection was only partially covered) and failed to include dedicated sections on all EBCP cross-cutting themes.[21] While, Denmark's Cancer Plan V, published during the development of this study, covers early detection, treatment, quality of life, and survivorship, it still lacks a dedicated section on paediatrics.[22] The plan includes high-level KPIs based on three guiding principles and 36 initiatives, broken down into four areas of action. However, specific disease pathway metrics are not included and the plan still lacks a clearly defined implementation timeline.

Archetype C (Hungary and Slovakia) shows more limited alignment with the EBCP and less defined implementation frameworks. Hungary's NCCP, first developed in 1993 and updated in 2018, lacks a clear implementation timeline and strong integration of EBCP cross-cutting themes.[23]

The plan includes a framework for performance measurement, though these are not broken down by disease site and lack appropriate implementation. Slovakia's NCCP, adopted in 2018 and updated in 2021, aligns with the EBCP and is accompanied by yearly action plans.[24] However, it only partially integrates EBCP pillars, with a focus on prevention, and has even less emphasis on the cross-cutting themes. The Slovak Plan includes detailed KPIs for its screening programmes, with breakdowns by cancer type (breast, cervical, and colorectal), though other priorities are less comprehensively covered.

Archetype A (France and Spain) countries demonstrate the most robust governance structures, with clearly defined taskforces, stakeholder involvement, and dedicated funding mechanisms.

Best Practice: France's Funding and Governance Model

France's NCCP illustrates how long-term strategic planning, robust governance, and dedicated funding can deliver continuity: its legally mandated Ten-Year Cancer Strategy (2021–2030), led by the National Cancer Institute (INCa), is backed by EUR 1.74 billion in dedicated funding for the first five years and overseen by three formal committees: the National Monitoring Committee, the Strategic Steering Committee, and the Operational Steering Committee.[25] These committees ensure accountability and guide the implementation process, with the NCCP being accompanied by two implementation roadmap and progress being regularly reviewed. Stakeholders, including patient organisations, healthcare professionals, and research institutions, are heavily involved in shaping and evaluating the plan.

Similarly, **Spain has a well-defined governance structure for its NCCP**. The plan's implementation overseen by the Strategy Monitoring and Evaluation Committee, which includes input from a variety of stakeholders, such as scientific societies, patient organisations, and research institutions. Spain's decentralised healthcare system means that regional governments are responsible for implementing the plan, but national oversight ensures that progress is monitored consistently. Spain has integrated the NCCP into its broader healthcare budget, with EUR 12 million allocated specifically for cancer screening and cancer-related health promotion.[26] While Spain lacks a dedicated national funding stream for the NCCP, existing health budgets and EU funding mechanisms provide the necessary financial support. The Monitoring and Evaluation Committee tracks progress, although public reporting is not as systematic as in France. There are plans to introduce an Evaluation Manual in 2025 to improve the process.

Archetype B (Germany and Denmark) shows more variation in governance structures. Both countries involve stakeholders, but at different levels of depth. In Germany, the NCCP is coordinated by the Federal Ministry of Health, with expert working groups overseeing the implementation of various components. The plan's governance is somewhat fragmented, with a focus on specific areas such as cancer registries and psycho-oncology services, but no overarching taskforce to monitor the entire plan. Although Germany's NCCP lacks KPIs, progress is tracked through ad-hoc evaluations conducted by the working groups. Stakeholders, including healthcare professionals and research institutions, provide input through these working groups, but the broader public involvement is limited. Funding for the German plan is allocated through separate streams, such as EUR 60 million annually for cancer registries and EUR 42 million for psycho-oncology services.[27] However, the lack of a unified funding stream for the entire programme means that there is no clear financial commitment to the full implementation of the NCCP. Denmark's NCCP has a more collaborative governance structure, with the Danish Health Authority taking the lead in coordinating the implementation. The plan includes a follow-up group of key stakeholders, including healthcare professionals, research bodies, and patient organisations, who collaborate to monitor and evaluate progress. However, the level of stakeholder involvement is more limited than in France and Spain,

and there is less integration of paediatric cancer care in the governance structure. Denmark has allocated EUR 80 million annually for the Cancer Plan V from 2025 onwards, under the New Health Package, but specific funding allocations for individual initiatives are not yet fully defined.[28] Monitoring mechanisms are still under development, and an implementation agreement, expected in 2025, will define the specific targets and funding provisions for the future.

In Archetype C (Hungary and Slovakia), governance structures are less defined, and stakeholder involvement is more limited. Hungary's NCCP is managed by the National Oncology Institute (NIO), with some involvement from the National Public Health Centre (NNK).[29] However, the governance framework lacks the comprehensive oversight seen in France and Spain, and the plan does not integrate all relevant EBCP priorities, particularly paediatric cancer and quality of life. Stakeholder involvement is limited, with the focus primarily on government agencies and healthcare providers, rather than a broader range of actors such as patient organisations. Hungary lacks a dedicated funding stream for the NCCP, and the plan's monitoring framework is underdeveloped, with performance measurement not broken down by disease site. As a result, implementation is difficult to track and evaluate. Slovakia, by contrast, has made progress in aligning its governance with the EBCP.[30] Its NCCP is overseen by the Ministry of Health, with the Slovak National Oncology Institute (NOI) responsible for implementing cancer care standards and screening programmes.[31] The governance structure is still less developed than in Archetype A countries, and stakeholder involvement is limited to healthcare professionals and government bodies. Slovakia does not have a dedicated national funding stream for its NCCP, although it benefits from the Recovery and Resilience Plan (RRP), which allocates EUR 1.27 billion for cancer-related infrastructure and services, however there is no overarching financial commitment to fund the entire programme and its monitoring system remains underdeveloped.

> "Germany has several robust but fragmented measures in place to monitor the implementation of its NCCP. Monitoring remains compartmentalised, with no single oversight body or national accountability framework tying all measures together."
>
> **– German Pharmaceutical Industry Representative**

Prevention

All six countries are parties to the WHO Framework Convention on Tobacco Control (FCTC)[32] and have adopted national measures to restrict smoking in enclosed public spaces, workplaces and hospitality venues. However, **the extent to which they are aligning with the new EU Council Recommendation on smoke- and aerosol-free environments (2024)**[33] – which calls for comprehensive protection in indoor and key outdoor settings and explicitly includes e-cigarettes, heated tobacco products and other surrogates – **varies considerably**.

Archetype A (France and Spain) is the most advanced. **France has long had robust indoor smoke-free rules**[34] and, as of July 2025, has extended bans to a wide range of outdoor areas including beaches, parks, school surroundings, bus shelters and sports facilities.[35] However, the new rules do not cover terraces and currently exclude e-cigarettes, leaving partial gaps with the Council Recommendation. **Spain, by contrast, is on track to fully operationalise the EU framework:** the government has tabled a bill that would prohibit smoking and vaping on beaches, terraces, playgrounds, stadiums and transport hubs, explicitly covering all novel nicotine products.[36] Once adopted, this would make Spain a frontrunner in Europe for comprehensive implementation.

Archetype B (Germany and Denmark) delivers strong indoor protections but remains uneven in extending coverage. Germany maintains extensive bans in enclosed public spaces, though implementation varies across *Länder*, with some hospitality exemptions still in place. Outdoor restrictions are largely localised, and national law does not yet ensure aerosol-free environments across priority outdoor settings.[37] Denmark similarly has well-established indoor protections under its Smoke-free Environments Act but has not adopted comprehensive national outdoor measures;[38] progress is instead driven by local initiatives such as Copenhagen's "smoke-free city" strategy. While both countries regulate e-cigarettes, national provisions to ensure full parity with smoke-free rules are still developing.

Archetype C (Hungary and Slovakia) has adopted strong indoor rules, banning smoking in all enclosed public spaces. Both countries have also extended these bans to vaping, creating legal parity between combustible and electronic products. However, neither has systematically extended protections to outdoor settings such as terraces, beaches, or playgrounds, leaving them only partially aligned with the Council Recommendation.[39] **Enforcement capacity and monitoring also remain weaker** than in Archetype A countries, reflecting more limited governance structures in tobacco control.

HPV vaccination has been introduced in all six countries, but **progress towards the EBCP 2030 target of achieving 90% coverage of girls and significant increases in boys varies considerably**.[40] Differences in programme design, delivery channels, and follow-up mechanisms explain much of the variation.

Archetype A (France and Spain) shows **contrasting trajectories.** Spain has achieved relatively high levels of uptake, with national funding and regional delivery producing close to 80% coverage among girls and full integration of boys into the programme. France, by contrast, has historically underperformed, with coverage below 50% in girls. The recent introduction of a school-based vaccination offer in 2023 represents an important step towards improving equity and uptake, though sustained implementation and monitoring will be necessary to close the gap with the European target.

Archetype B (Germany and Denmark) illustrates **the impact of delivery models.** Germany relies primarily on primary care, with recommendations for girls since 2007 and for boys since 2018. Coverage remains moderate, reflecting the absence of a systematic school-based approach and weaker recall mechanisms. Denmark, by contrast, operates a structured national programme with active reminders, resulting in consistently high levels of coverage across both sexes and placing it among the stronger performers in Europe.

Archetype C (Hungary and Slovakia) demonstrates **steady progress through national initiatives.** Hungary operates a school-based, gender-neutral vaccination programme for pupils in the seventh grade, achieving uptake of around 75%. Slovakia has recently strengthened its programme by introducing full reimbursement for the nonavalent vaccine up to age 15 and by establishing an HPV Coalition to support outreach and awareness. Early indications suggest that these reforms are improving coverage, though monitoring and sustained investment will be critical to reach the 2030 goal.

"Seeing some countries move decisively while others lag behind is deeply concerning. Cancer prevention should not depend on your postcode. Strong, consistent implementation is what turns EU policy into real-world protection." – Antonella Cardone, Cancer Patients Europe

Across the six countries reviewed, **only France is actively involved in the EUROHELICAN project**, through the Centre Hospitalier Universitaire de Nantes (999915868).[41] The institution participates in efforts to implement population-based Helicobacter pylori test-and-treat programmes and contributes to the development of guidelines and recommendations for impact evaluation under the coordination of IARC/WHO. Moreover, **Spain is the only countries actively involved in the VHCOMSAVAC project**, which focuses on community-based screening, vaccination, and care for viral hepatitis B and C, particularly among migrant and refugee populations with high prevalence.[42] France, Germany, Denmark, Hungary, and Slovakia currently have no formal participation, reflecting limited engagement with this targeted viral hepatitis prevention initiative within the six countries reviewed.

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– Antonella Cardone, Cancer Patients Europe

Screening and early detection

Across the countries reviewed, **breast cancer screening is well established as an organised, population-based programme.** However, the degree of alignment with the European Commission Initiative on Breast Cancer (ECIBC) guidelines varies considerably.[43] No country is yet fully aligned with ECIBC recommendations. A common gap is the exclusion of certain age groups from organised invitations. Most programmes remain limited to women aged 50-69, meaning that younger group (45-49) and older women (70-74) are not systematically covered, despite EU guidance highlighting

potential benefits for these populations. France is a partial exception, as its programme includes older women, but frequency of screening is not age-adjusted.[44]

Performance also differs across archetypes. Archetype A (France and Spain) has strong organisational structures and quality assurance (QA) but rigid age eligibility. Archetype B (Denmark and Germany) combines solid, credible programmes with different levels of innovation. **Denmark leads the way thanks to its centralised digital coordination and participation rates above 80%**[45], while Germany has been slower to adapt. Archetype C (Hungary and Slovakia) reflects transitional systems that are functional but less standardised and still rely partly on opportunistic screening. On breast cancer QA, **Spain and Germany are actively represented within the ECIBC structures, with experts involved in developing guidelines and institutions involved in the QA schemes**.[46] By contrast, France, Denmark, Hungary, and Slovakia are not currently engaged in the European QA scheme. France and Hungary previously had key opinion leaders involved but no longer maintain representation. **Germany is the only country analysed represented in the Guidelines Development Group**.[47]

Cervical cancer screening is also embedded in organised, population-based programmes, though alignment with the 2022 Council Recommendation varies.[48] Archetype A countries (France and Spain) and Denmark are the strongest performers. France provides broad access from age 25 and differentiates methodology by age, thereby exceeding the Council's minimum criteria.[49] Spain is fully aligned for women 30-65, and goes further by **tailoring approaches for younger women depending on HPV vaccination status**, while also embedding HPV vaccination monitoring within its screening system.[50] Denmark demonstrates best practice in innovation, introducing **HPV self-sampling for non-responders** and moving systematically toward HPV as the primary method for women aged 30–59.[51]

Germany, Hungary, and Slovakia remain only partially aligned with the 2022 Council Recommendation.[52] Germany has integrated HPV testing for women aged 35+, but the three-year interval does not match the Council's recommended five-year cycle.[53] Archetype C countries, Hungary and Slovakia, **continue to rely primarily on cytology, with HPV testing under consideration but not yet systematically implemented**.[54] Both are still behind in adapting their programmes to vaccination history and in offering self-sampling options. The QA for cervical cancer, part of the European Commission Initiative on Cervical Cancer (CvC), is still under development and therefore no guidelines are publicly available.[55] Germany is currently the only country represented in the EU cervical cancer expert working group.[56]

Colorectal cancer screening is well established as an organised, population-based programme across all six countries reviewed, with most either fully aligned with, or going beyond, EU recommendations. France, Spain, Denmark, Hungary, and Slovakia have **robust national frameworks using biennial faecal immunochemical testing (FIT) testing followed by colonoscopy, ensuring systematic coverage for average-risk adults**. Several countries (notably France, Denmark, and Slovakia) extend eligibility beyond the EU's recommended upper age limit of 69, covering individuals up to 74.[57] Spain is fully aligned with the 2022 Council Recommendation[58], with implementation phased in regionally under a national mandate.[59] Hungary recently **consolidated its programme by anchoring it in the national budget, securing long-term sustainability**.[60] Germany remains only partially aligned. While men have full access to colonoscopy from age 50, women must wait until 55, meaning women aged 50–54 have more limited screening options than recommended by EU guidance.[61] This gender disparity reduces overall alignment compared with peers.

Overall, colorectal screening stands out as the **most consistently established cancer screening programme across the six countries**. Denmark emerges as a best performer, while Germany is the main outlier with incomplete alignment, despite being the only country among these six represented in the EU colorectal cancer expert working group. The QA scheme for colorectal cancer, part of the European Commission Initiative on Colorectal Cancer (ECICC), is still under development and therefore there are no guidelines publicly available.[62]

Following the 2022 Council Recommendation, several **countries have made significant moves to test, pilot or introduce organised lung cancer screening programmes**.

Best Practice: Germany's Lung Cancer Screening Programme

Germany became the first country to adopt a national programme in 2025, when the Federal Joint Committee approved low-dose CT (LDCT) screening for high-risk individuals with full reimbursement through statutory health insurance.[63] While the system does not yet include systematic invitations, this decision represents a decisive policy shift and sets **Germany apart as a frontrunner in implementation**.

Other countries are advancing through structured pilots with clear trajectories toward national rollout. In France, the IMPULSION project, targeting smokers and former smokers aged 50–74, integrates smoking cessation support with LDCT screening and is explicitly anchored in the national cancer plan as a step toward a future nationwide programme by 2030.[64] Hungary has built considerable practical experience through the HUNCHEST pilots, which have expanded from local to national scale over the past decade, demonstrating substantial benefits in early detection, even if screening is not yet fully institutionalised.[65]

Elsewhere, **programmes remain in exploratory or feasibility phases**. Spain has launched several large pilots, including the nationwide CASSANDRA study[66] and regional initiatives such as Galicia's pilot and the Basque participation in the LuCIA project.[67] However, without a unified national framework, progress remains fragmented. Denmark is trialling a government-funded pilot in Southern Denmark that combines LDCT with AI-supported diagnostics, but decisions on national adoption remain pending.[68] Slovakia has established national guidelines and begun pilot testing in hospitals, but the country is still evaluating feasibility before a broader rollout. Overall, the landscape demonstrates that lung cancer screening is no longer an abstract policy goal but an emerging reality across Europe. The **Council Recommendation[69] has acted as a catalyst, prompting most Member States to initiate pilots or feasibility studies**, and in Germany's case, to establish the EU's first national programme. France and Hungary are also well advanced, while Spain, Denmark, and Slovakia illustrate the more cautious, incremental path still common across the region. Of the countries analysed, only Slovakia and Denmark do not participate in the EU-funded project *Strengthening the screening of Lung Cancer in Europe* (SOLACE), which aims to facilitate implementation of lung cancer screening programmes across Europe breaking down barriers to access across all social and economic groups.[70] At EU level, the European Commission is currently establishing the working group for its Initiative on Lung Cancer (EC-LuC)[71] and the recently published 5th European Code Against Cancer (5ECAC)[72] includes a recommendation for lung cancer screening programme, alongside breast, colorectal and cervical screening.

No country has yet introduced an organised, population-based prostate cancer screening programme. Opportunistic PSA testing is common in some cases, as in Germany where over 30% of men aged 45+ undergo annual PSA testing, though this remains outside the statutory insurance package and is not systematically monitored.[73] France and Hungary similarly rely on opportunistic testing in primary care, with Hungary's NCCP explicitly discouraging a national programme due to concerns about overdiagnosis.[74] Denmark conducts periodic reviews of screening priorities but has not advanced to pilot stage.[75] Some countries have taken tentative steps toward alignment with the Council Recommendation.[76] Spain **has initiated a formal HTA review and launched regional pilots**,[77] while Slovakia has created a **dedicated working group to develop patient pathways, guidelines, and pilots**.[78] These initiatives signal emerging policy momentum but remain exploratory. Moreover, of the countries analysed, only Spain and Denmark participate in the EU-funded project PRostate cancer Awareness and Initiative for Screening in the European Union (PRAISE-U), a multi-national-led consortium aiming to enable EU Member States to organise prostate

screening programmes, including individualised approaches to identify men who can benefit from early treatment.[79]

Unlike breast, cervical, colorectal, and even lung cancer, **gastric cancer screening is not on the policy agenda in any of the countries reviewed**. France, Spain, Germany, Denmark, Hungary, and Slovakia all report no organised or opportunistic national programme for stomach cancer, treating treat gastric cancer as an area for clinical management rather than population-level screening. The common rationale is declining incidence and mortality across Europe, with gastric cancer representing a relatively smaller share of national cancer burdens compared to other tumour types. Where measures exist, they are **limited to clinical pathways and risk-based strategies**. France, for example, recommends endoscopy with biopsy only in suspected cases,[80] while Germany emphasises targeted Helicobacter pylori eradication for at-risk individuals.[81] Denmark maintains a standing advisory body that periodically reviews screening options but has not prioritised gastric cancer for inclusion.[82] Hungary and Slovakia explicitly omit gastric cancer from their NCCPs, reflecting a lack of political momentum or epidemiological justification for national screening initiatives.[83] Moreover, only archetype A countries and Germany are actively involved in the EU-funded project TOwards GAstric Cancer Screening Implementation in the European Union (TOGAS),[84] and the European Commission Initiative on Gastric Cancer (EC-GaG) is not yet developing guidelines for gastric cancer screening.[85]

All six countries reviewed are active participants in the EUCanScreen joint action, contributing through national authorities, public health institutes, and research centres. Their roles range from coordination and implementation research (France, Spain) to leadership of specific work packages (Germany on accessibility, Hungary on new screening approaches), as well as regional pilots (Denmark) and data provision for evaluation models (Slovakia).[86] These roles showcase a strong collective engagement in advancing EU-wide screening optimisation.

The inclusion of key performance indicators (KPIs) for cancer screening is uneven across the six countries. **No country has targets fully aligned with EBCP's ambition of 90% coverage for breast, cervical, and colorectal screening by 2025**.[87] Spain has the most explicit framework, setting coverage targets for HPV, HBV, and screening programmes, though its thresholds for colorectal (65%) and cervical (70%) fall short of EU goals.[88] Germany and Denmark do not embed numerical KPIs in their cancer plans but have well-developed monitoring infrastructures: Germany through the Robert Koch Institute and *Länder* registries,[89] and Denmark through its digital Civil Registration System.[90] France has set a broad objective of increasing screening volumes by one million procedures by 2025 but does not include cancer-specific KPIs.[91] By contrast, Hungary lacks formal KPIs and perform below the EU average in most screening areas, with coverage being especially low for colorectal cancer.[92]

Best practice: Slovakia's monitoring of screening programmes

Slovakia has established a robust monitoring system for its population-based cancer screening programmes, underpinned by a set of indicators reported annually by the National Oncology Institute. These indicators track invitation coverage, participation, detection, referral, and timeliness of follow-up across breast, cervical, and colorectal screening. Results are published by cancer type, providing a transparent picture of programme performance, allowing for continuous improvement, and enabling evidence-based policymaking needed to improve coverage.[93]

Coverage rates for breast, cervical, and colorectal cancer screening remain below the EBCP target of 90% in all six countries. Denmark consistently performs best, with participation well above EU averages across all three programmes (83% for breast, 61% for cervical, and 61% for colorectal), though still short of the 90% goal.[94] Germany and Spain perform relatively well in cervical screening (78% and 68% respectively), but lag in other areas: breast screening in Germany

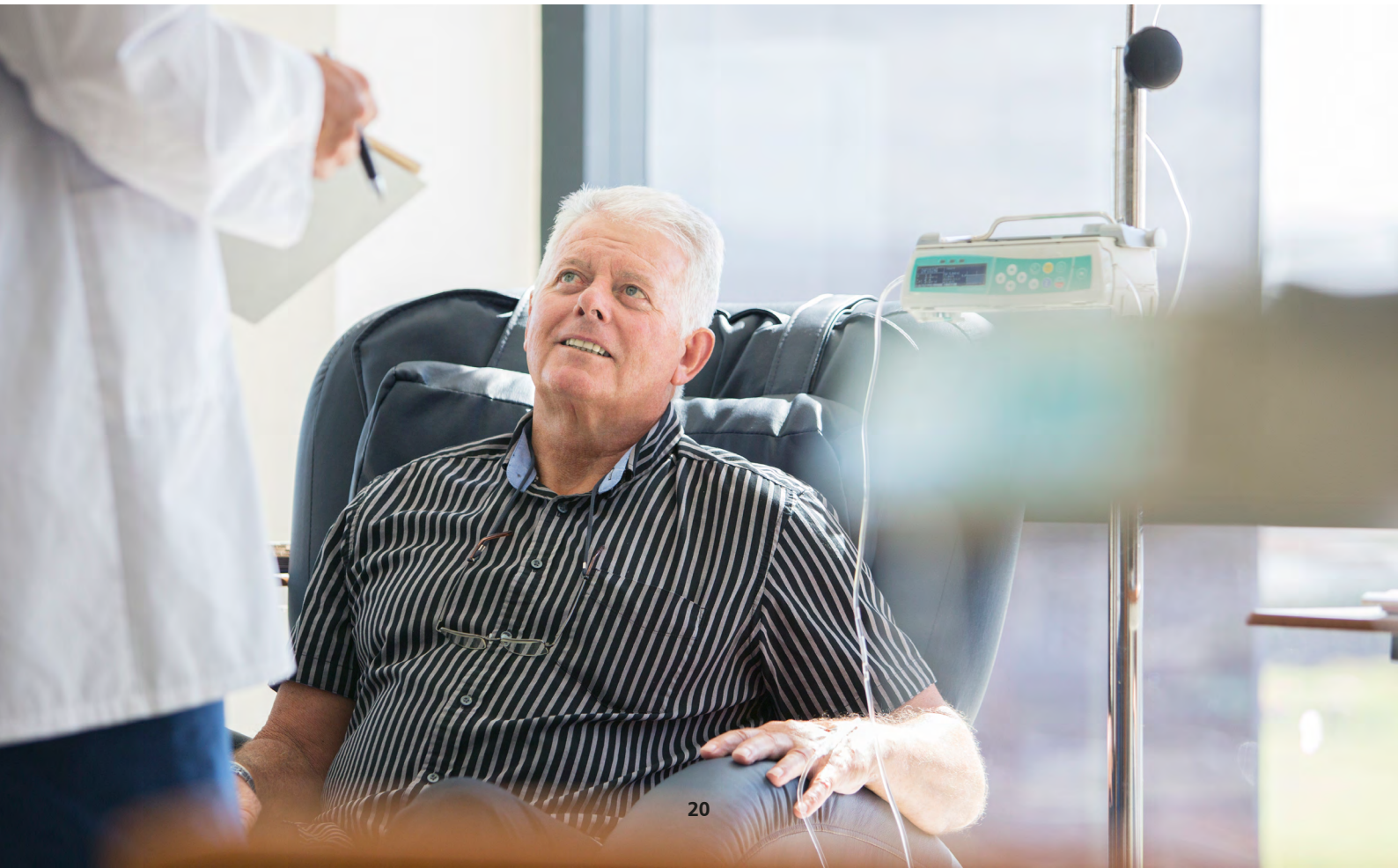
(52%)[95] and colorectal screening in Spain (32%)[96] fall below the EU average. France performs close to the EU average overall, with cervical screening slightly above average (60%), but breast (48%) and colorectal (34%) participation below average.[97]

At the opposite end, Hungary and Slovakia record the lowest results. Hungary performs far below EU averages in all three areas, with colorectal screening especially low at just 8%[98]. Slovakia also underperforms for breast (29%) and cervical (46%) screening, though it performs better for colorectal (52%), exceeding the EU average of 42%.[99]

Treatment and personalised medicine

All six reviewed countries acknowledge the importance of personalised treatments and genomic testing, with varying degrees of commitment to improving the supporting infrastructure. A common theme is the recognition that personalised medicine, particularly in oncology, requires not only the integration of genomic testing into routine care but also significant infrastructure development to ensure equitable access and optimise treatment outcomes. However, the degree of formalisation, investment in infrastructure, and integration into national health systems differ significantly across archetypes.

Archetype A (France and Spain) **demonstrates the most comprehensive and strategic approach to genomic medicine**. France has integrated genomic testing through initiatives such as the France Genomic Medicine Plan 2025, which aims to make genomics a routine part of care for cancer and rare diseases.[100] The country focuses on expanding molecular biology platforms, training healthcare professionals, and investing in new technologies such as RNA sequencing. Spain similarly prioritises personalised medicine in its NCCP, focusing on precision oncology.[101] It commits to expanding access to molecular diagnostics by creating a network of national and regional reference laboratories, strengthening bioinformatics, and establishing data-sharing platforms. The Spanish strategy also emphasises the need for equity by addressing regional disparities in access to genomic testing and ensuring nationwide standardisation.



Archetype B (Germany and Denmark) focuses on **embedding genomic testing within national systems and improving patient access through structural reforms**. Germany has incorporated genomic testing into its NCCP through a model project launched in 2024, which reimburses whole-exome and whole-genome sequencing for cancer and rare disease patients.[102] This initiative is a foundational step towards the permanent funding and integration of genomic testing into routine care. **Denmark** is advancing personalised cancer treatment through the development of a national clinical database for personalised medicine, in collaboration with the Ministry of Health.[103] It aims to integrate genomic data into the national cancer care pathways, ensuring that personalised medicine becomes a core component of patient care.

Archetype C (Hungary and Slovakia) has **made clear strategic commitments, but infrastructures remain less mature**. Hungary has made significant strides by integrating genomic testing into its public healthcare system, with the National Institute of Oncology playing a central role in coordinating genomic profiling and targeted therapies. The country has invested in upgrading diagnostic imaging, creating a Virtual Oncology Information System, and linking it to the national Electronic Health Service Space. Hungary also participates in European projects such as the Genomic Data Infrastructure (GDI) and 1+ Million Genomes, aiming to enhance the interoperability of genomic data across the EU.[104] Slovakia has made initial steps by investing in genomic testing for hereditary cancer syndromes and creating a national genomic database through the Slovak Genome Project. However, the infrastructure is still in its early stages, and the system is primarily focused on hereditary conditions.[105]

While all countries recognise the importance of genomic testing and personalised treatments, the maturity of their infrastructures diverges. Archetype A (France and Spain) stands out for its well-developed national plans, significant investments, and a focus on equity. Archetype B (Germany and Denmark) is working on integrating genomic medicine into routine care through national funding models and data systems. Archetype C (Hungary and Slovakia) shows progress but is still in the early stages of building comprehensive infrastructures, with a strong emphasis on pilot projects and EU collaborations to support further development.

Across the six countries reviewed, supportive mechanisms are in place to facilitate the use of biomarker testing and genetic profiling in cancer care, though the extent and integration of these mechanisms differ. **France and Spain are the most advanced, with comprehensive systems for integrating biomarker testing into clinical practice**. France supports 28 molecular genetics platforms and has dedicated funding for Next Generation Sequencing (NGS),[106] while Spain has created the IMPaCT-GENóMICA programme, a network of high-capacity genomic analysis centres, and a Common Catalogue of Biomarkers for oncological tests.[107] Both countries are active in European data-sharing initiatives like 1+Million Genomes.

Best Practice: Spain's integration of personalised medicine

Spain has institutionalised precision oncology through IMPaCT-GENÓMICA, a national infrastructure programme that links regional reference laboratories into a coordinated network.[108] This ensures genomic testing is delivered consistently across autonomous communities, supported by harmonised standards and interoperable data systems. A key innovation is the Common Catalogue of Biomarkers, expanded in 2025 to include 29 additional cancer-related tests, which makes biomarker and genomic testing a guaranteed benefit for patients under the public health system.[109] The roll-out is further backed by targeted investment through PERTE (Proyectos Estratégicos para la Recuperación y Transformación Económica), Spain's strategic recovery and innovation framework co-funded by EU instruments.[110]

Germany also provides reimbursement for NGS tests and has frameworks like New Examination and Treatment Methods (NUB) to enable earlier access to innovative diagnostics.[111] Denmark, however, lacks a dedicated mechanism for biomarker testing in cancer care. Hungary has committed to integrating molecular diagnostics into higher-level oncology centres, supported by a digital system for care coordination.[112] Slovakia faces limitations in infrastructure and funding: while pilot projects for molecular testing are underway, the country lacks a national strategy for comprehensive diagnostics.[113]

Out of the six countries reviewed, **four countries have dedicated funding or a strategy to improve infrastructure and access for genomic testing**. France leads with the Genomic Medicine Plan 2025, a comprehensive national strategy aimed at integrating genomic testing into routine care.[114] Germany also has a clear national strategy with dedicated funding, including the genomDE initiative, which focuses on building a secure, interoperable national genomic data infrastructure.[115] Denmark has allocated DKK 5 million for a national clinical database to support personalised medicine in cancer, though it lacks a specific strategy for genomic testing.[116]

Best practice: Denmark's Strategy for Personalised Medicine

The Danish Government and Danish Regions have recently launched a national strategy for personalised medicine, with 13 initiatives to provide more accurate diagnoses and tailored treatments, including in cancer care, while reducing overtreatment, side effects and unnecessary hospital admissions. Building on Denmark's strong research and collaboration in advanced therapies (ATMPs), the strategy will better use health data and AI for early detection and individualised care, with DKK 90 million invested over three years to ensure patients' values guide treatment.[117]

Slovakia has initiated the Slovak Genome Project, aiming to create a national genomic reference database, but it is not a formal national strategy.[118] Spain does not have a dedicated strategy but supports genomic testing through initiatives like the PERTE for Cutting-Edge Health, which funds personalised medicine projects.[119] Hungary does not have a national strategy and instead participates in EU initiatives such as PRIME-ROSE and the European Genomic Data Infrastructure project to support genomic testing and data sharing.[120]

Four of the six Member States are engaged in the CAN.HEAL Joint Action, which focuses on advancing genomics, data sharing, and equitable access in cancer prevention and care. France participates through the National Institute of Health and Medical Research (Inserm) and the Institut Curie, contributing strong biomedical and research capacities. Spain mobilises multiple institutions, reflecting a distributed model with both clinical and evaluation expertise. Germany contributes via leading university hospitals, with particular emphasis on genomics and interoperable health data systems. Denmark participates through Aarhus University, with targeted involvement in project activities. By contrast, Hungary and Slovakia are not involved. Collectively, Archetype A (France, Spain) and B (Germany, Denmark) are advancing integration into European genomic and data-driven cancer initiatives, while Archetype C (Hungary, Slovakia) remain outside this project framework.[121]

Across the six countries reviewed, **all are actively involved in the EP PerMed project, with varying degrees of participation**. France, through the National Research Agency (ANR), contributes to management, personalised medicine development, and research funding. Spain has a strong presence with the participation of multiple regional and national health institutions, contributing to several work packages, such as management, personalised medicine development, healthcare implementation, and international cooperation. Germany leads strategic initiatives and call management, while Denmark emphasises funding and innovation. Hungary focuses on research funding. Archetype A (France, Spain) demonstrates a comprehensive and collaborative approach across various PM areas,

Archetype B (Germany, Denmark) takes a leadership role in strategic coordination and funding, while Hungary focuses on research and international collaboration and Slovakia's role is still developing.[122]

Across the six countries reviewed, **five are actively participating in the PCM4EU Consortium, with Slovakia being the exception**. France is involved in key work packages such as the implementation of DRUP-like trials in the EU and data pooling of results and education, while Spain contributes to the implementation of DRUP-like trials in the EU and data pooling of results and equitable access to molecular-based clinical trials. Germany, through Heidelberg University Hospital, and Denmark, with the Region of Hovedstaden, both play significant roles in trial implementation and ensuring access to clinical trials. Hungary, through the National Institute of Oncology, is actively engaged in several work packages, including molecular diagnostics, implementation of DRUP-like studies in the EU and pooling of results data, implementation and dissemination, and equal access to molecular-based clinical trials.[123]

Research and Investment

Across the six countries reviewed, all NCCPs or equivalent strategies explicitly **incorporate measures to strengthen comprehensive cancer care networks and infrastructures,** though the maturity and scope of implementation vary. A unifying feature is the recognition that high-quality cancer care requires integration across different levels of the health system, from primary care to tertiary centres, supported by digital infrastructures and quality-assured reference institutions. However, the level of formalisation, degree of international alignment, and extent of digital integration diverge markedly across archetypes.

Archetype A (France and Spain) demonstrates the most developed ecosystem of cancer networks anchored in internationally recognised centres. France has established a **tiered management model centred on attending physicians and non-hospital professionals**, supported by one of the largest cohorts of OECI-accredited institutions in Europe, with 19 centres either accredited or in the process of re-accreditation as of 2025.[124] Spain likewise promotes cooperative care models with formal integration of primary care and hospital providers, with 11 OECI-accredited centres, emphasising the role of shared electronic medical records to optimise patient pathways.[125] The Spanish NCCP also promotes networks and groups of excellence in cancer research, through the national cooperative research structures, accredited health research institutes and national tissue biobank development, highlighting a systemic link between care delivery and innovation.[126]

Archetype B (Germany and Denmark) presents strong organisational structures based on **national certification models and formalised research-care linkages**. Germany's tiered system of certified Comprehensive Cancer Centres (CCCs), supported by German Cancer Aid and the German Cancer Society, has been progressively institutionalised within the NCCP, ensuring equity and quality assurance nationwide. Flagship centres such as the NCT Heidelberg illustrate how integrated care and research infrastructures are embedded into care delivery.[127] Denmark, by contrast, operates a centralised model under the Danish Comprehensive Cancer Groups (DCCC), with a unique governance structure authorised to take national decisions. Digital and organisational integration is particularly strong, with 12 national research centres embedded within DCCC platforms, supported by the Danish Cancer Society's dedicated "Knæk Cancer" funds, and coordinated through shared governance, IT systems, and cross-regional partnerships.[128]

Archetype C (Hungary and Slovakia) reflects transitional systems with clear strategic commitments but less mature infrastructures. Hungary's NCCP emphasises hierarchical organisation from family doctors through county and regional centres to the OECI-accredited National Institute of Oncology.[129] The strategy is distinctive in its digital ambitions, including oncology registration cards, virtual oncology information systems, telemedicine, telepathology, and integrated oncology databases, designed to harmonise care standards and support real-time data exchange.[130] Slovakia has taken initial steps by mandating the accreditation of the National Cancer Institute in Bratislava,

complemented by expansion of regional centres.[131] Its engagement with the Comprehensive Cancer Infrastructures for Europe (CCI4EU) project in 2024 highlights reliance on EU-level expertise to accelerate infrastructure development, particularly for breast and colorectal cancer pathways.[132]

In sum, while all archetypes recognise the need for structured, network-based infrastructures, the degree of maturity diverges: Archetype A is marked by density of OECI-accredited centres and established integration of digital tools; Archetype B by nationally coordinated certification and governance models; and Archetype C by aspirational frameworks where digital strategies and EU-supported initiatives aim to compensate for limited institutional maturity.

All six Member States reviewed are engaged in the EU4Health-funded EUnetCCC project, a landmark EUR 110 million investment that mobilises 163 organisations across 31 countries to achieve the target of certifying 100 CCCs by 2028.[133] France occupies a central coordinating role through INCa, steering governance and certification frameworks, while Spain contributes through a wide constellation of regional research institutes and oncology centres, ensuring broad territorial engagement. Germany and Denmark focus on technical leadership: the German Cancer Society and Federal Ministry of Health (BMG) head work packages on governance and network implementation, while Denmark co-leads evaluation activities via its regional health structures.[134] Hungary's National Institute of Oncology participates in eight work packages, including co-leadership of evaluation, supported by additional national institutions, and Slovakia is active in certification, capacity building, and implementation tasks, drawing on EUnetCCC to accelerate system development.[135] Collectively, this pattern underscores that while participation is universal, Archetype A provides strategic and expansive leadership, Archetype B drives governance and evaluation, and Archetype C leverages the project as a vehicle for capacity-building and integration into European oncology networks.

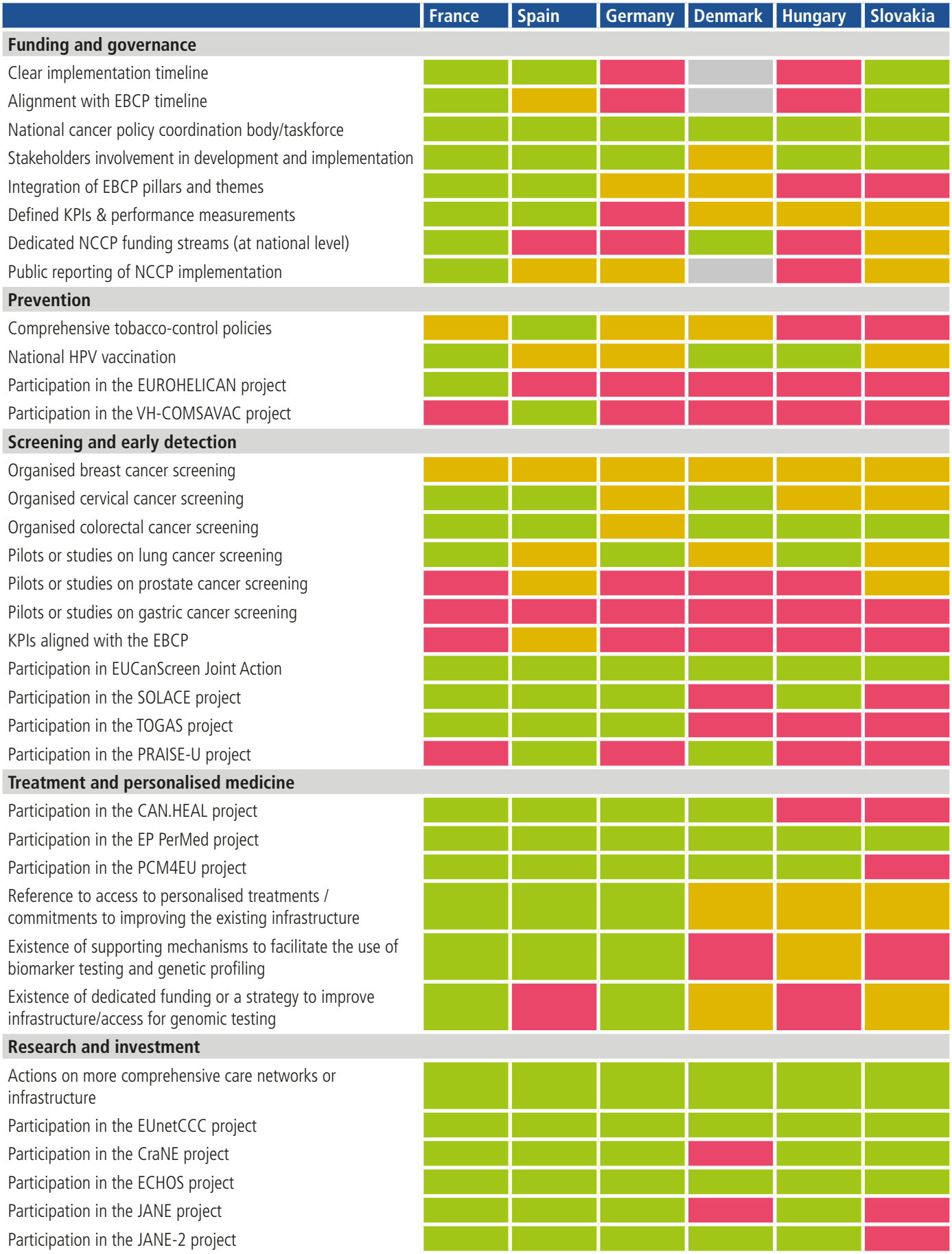
Five of the six Member States participated in the CraNE Joint Action, which laid the groundwork for a European Network of CCCs.[136] France, through INCa and partners, led on defining frameworks and criteria for CCC implementation. Spain, via the Catalan Institute of Oncology, led on equitable access to high-quality care and research. Germany contributed through the German Cancer Society (leading the work package on Comprehensive Cancer Care Networks), alongside BMG, the German Cancer Research Centre (DKFZ) and DKH. Hungary's National Institute of Oncology engaged across five work packages, spanning coordination, dissemination, evaluation, sustainability, and CCC frameworks. Slovakia, through its National Oncology Institute, participated in work packages 5-7 and anchored its involvement in national stakeholder events to launch a first CCC and strengthen links with the European network. Denmark did not participate.[137] Overall, Archetype A (France, Spain) and B (Germany) held leadership roles in key work packages, while Archetype C (Hungary, Slovakia) used CraNE to consolidate capacity and accelerate national CCC development.

> "A key priority for France is the establishment and harmonisation of Comprehensive Cancer Centres (CCCs) at European level, in order to create an integrated network among Member States. These accredited centres will enable the exchange of expertise, ensure equitable access to innovation, and facilitate the implementation of new technologies or practices, particularly in cross-border research, teleconsultation, and data sharing."
>
> **– French National Stakeholder**

All six Member States are also participants in the Horizon Europe–funded ECHoS project, which supports the creation of National Cancer Mission Hubs (NCMHs) and their integration into the broader European cancer ecosystem.[138] France, through INCa, contributes directly to the early design of the network and its European linkages, while Spain, via Tecnalia and the Carlos III Health Institute (ISCIII), supports the Knowledge Exchange Programme by sharing practices from its national hub. Germany participates through the DLR Project Management Agency, aligning with its established role in programme coordination on behalf of federal ministries. Denmark's involvement is led by the Region of Southern Denmark and Vejle Hospital, anchoring activities in oncology research and clinical expertise. Hungary's National Institute of Oncology engages in four work packages, spanning project management, hub design, synergies with other initiatives, and civic engagement, reflecting its aim of consolidating national and international partnerships. Slovakia participates through the Slovak Cancer Research Foundation and the National Oncology Institute, including hosting a stakeholder forum in Bratislava to launch its NCMH under the Slovakian Presidency of the Council of the EU.[139]

Lastly, across the Joint Actions JANE and its successor JANE-2, Member State involvement demonstrates both continuity and expansion in building European Networks of Expertise for innovative cancer care. **Four countries (France, Spain, Germany, Hungary) were engaged in JANE**: France led

on high-tech medical resources; Spain advanced sustainability and healthcare–research integration; Germany mobilised a wide institutional base including BMG, DKFZ, the Federal Centre for Health Education (BZgA) and major university hospitals; and Hungary's National Institute of Oncology contributed across five work packages, including management, sustainability and poor-prognosis cancers. Denmark and Slovakia did not participate.[140] **JANE-2 broadened the scope, with five Member States (all except Slovakia) actively involved**. France (INCa) joined groups on omics technologies, survivorship and high-tech resources. Spain strengthened its role through Biosistemak and major hospitals, leading work packages on dissemination, sustainability and survivorship. Germany again mobilised a comprehensive network ensuring strong federal and research engagement. Denmark participated for the first time, with four regional health authorities spanning nearly all WPs, leading evaluation and co-leading high-tech resources. Hungary's National Institute of Oncology, alongside public health and pulmonology institutes, engaged across ten WPs, from survivorship to personalised prevention, though often with lower intensity.[141] Overall, Archetype A (France, Spain) and Archetype B (Germany, Denmark) are consolidating leadership across core work packages, while Archetype C (Hungary) focuses on broad engagement to build national capacity within the European network.



*Grey – non-applicable

4 Policy recommendations

National:

Funding and governance

- Protect and ring-fence multi-year NCCP funding lines through national budget laws or dedicated funds.
- Leverage ongoing revisions of national cancer plans to strengthen alignment with Europe's Beating Cancer Plan (EBCP) priorities, including inequalities, paediatric cancer, and personalised medicine.
- Require regional and national plans to include explicit measures to reduce within-country disparities and embed equity and paediatric cancer measures with targeted interventions for vulnerable groups.
- Publish updated KPI lists within a transparent monitoring and reporting framework, developed with broad stakeholder input, and accompanied by implementation roadmaps that include measurable milestones

Prevention

- Adopt comprehensive laws that extend smoke- and aerosol-free protections to priority outdoor settings and ensure parity across all nicotine and tobacco products, supported by strong enforcement.
- Introduce or strengthen school-based, gender-neutral HPV vaccination programmes with reminder systems, ensuring equitable access and sustained progress towards the EBCP 2030 target of 90% coverage.

Screening and early detection

- Ensure all screening programmes are fully aligned with European Commission Initiative guidelines, and support systematic piloting of new programmes (e.g., prostate, gastric) where feasible.
- Move successful pilots (e.g., low-dose CT for lung cancer) into national programmes and support the uptake of innovative screening technologies and risk-stratification measures.

Treatment and personalised medicine

- Develop national precision medicine implementation roadmaps with measurable milestones, stakeholder-validated KPIs, and clear decision rules for scaling successful pilots into standard care.

Research and investment

- Strengthen national cancer networks by integrating Comprehensive Cancer Centres (CCCs) as hubs for high-quality and equitable care.

European

Funding and governance

- Adopt an EU National Cancer Control Plan (NCCP) Minimum Standard Framework that sets progressive milestones for governance, financing, KPIs, and data interoperability; includes a compact, EBCP-aligned KPI set (e.g., screening coverage, diagnostic timelines, biomarker uptake, paediatric indicators, equity index); is supported by a permanent EU NCCP Support Facility offering technical assistance, capacity-building grants, and operational toolkits; and ensures all guidance is modular and adaptable to national contexts rather than one-size-fits-all.
- Provide capacity-building grants and programmes that clarify financial and governance structures and ensure integration of all EBCP pillars and cross-cutting themes.
- Sustain national implementation of cancer control initiatives by securing a dedicated cancer funding stream within the next Multiannual Financial Framework (MFF) to support priority cancer areas.

Guidance and knowledge-transfer

- Require all EU-funded cancer projects to include equity measures as a condition for funding.
- Develop and disseminate an EU "best practice toolkit" with model governance structures, KPI frameworks, and equity mechanisms based on successful national experiences.
- Institutionalise EU knowledge-sharing mechanisms (e.g., rotating "fast-track" or twinning programmes) to accelerate adoption of best practices and provide practical implementation support.

EU and national policymakers must dedicate sustained funding and agree on a clear follow-up roadmap for Europe's Beating Cancer Plan (EBCP) beyond 2025, ensuring that National Cancer Control Programmes remain fully resourced and aligned as the primary vehicles for implementation.

5 Annex: Country Profiles

France

Launched in 2021, the French NCCP (ten-year cancer control strategy 2021-2030)[142] represents a renewed national commitment to cancer prevention, treatment and research. It builds upon the earlier cancer plans, first introduced in 2003, which led to the establishment of the French National Cancer Institute (INCa) in 2005.[143] Created to coordinate national efforts in the fight against cancer, INCa has become a key actor in France's cancer control landscape and, to some extent, within the EU.

The French NCCP spans a ten-year period and aims to sustainably reduce the impact of cancer on French citizens through ambitious and actionable initiatives. The strategy is structured around four key areas**: improving prevention; reducing after-effects and improving quality of life; combatting cancers with poor prognosis; and ensuring that everyone benefits from progress**.[144] The French NCCP was published the same year as EBCP and sets out a timeline and objectives that are closely aligned with the EU plan.[145] The priorities of the French strategy **fully align with the EBCP's four pillars**, from prevention to quality of life, as **well as its transversal themes**, including cancer inequalities, paediatric cancers and innovation.[146]

The French NCCP's governance structure is led by INCa, which was officially mandated by a law of 8 March 2019 to develop the ten-year strategy.[147] The plan was developed through a **broad and inclusive consultation process launched in 2018, engaging a wide range of stakeholders** including patients, advocacy groups, INCa's internal governance bodies, institutional partners, research organisations, hospital federations, the national health insurance system, regional actors, healthcare professionals (HCPs), and the general public.[148] To guide implementation, a **detailed roadmap was created for the 2021–2025 period, setting out 237 planned actions with clearly defined objectives**, indicators and responsibilities, supported by **a dedicated public budget of EUR 1.74 billion**, a 20% increase over the previous plan.[149] As this first phase nears completion, approximately 90% of the actions have been initiated. An assessment of this first phase is currently being prepared to inform the development of the second roadmap, covering the 2026-2030 period, which is expected to be published in February 2026.[150]

Implementation is closely monitored and publicly reported through three formal committees: the National Monitoring Committee, which includes representatives from ministerial offices, parliament, local authorities, businesses, research bodies, and patients; the Strategic Steering Committee, made up of senior government officials, heads of health agencies, and scientific experts; and the Operational Steering Committee, chaired by INCa, involving similar stakeholders at operational levels.[151] These governance and oversight mechanisms ensure transparency, coordination, and continuity throughout the lifecycle of the plan.

France's NCCP explicitly prioritises prevention, with strong legislative measures on tobacco control, emerging school-based HPV vaccination initiatives, and participation in EU infectious disease projects. France maintains robust indoor smoke-free legislation and, as of July 2025, has extended bans to a wide range of outdoor areas including beaches, parks, school surroundings, bus shelters, and sports facilities, although terraces and e-cigarettes are not yet fully covered.[152] The school-based HPV vaccination programme introduced in 2023 is a major step towards improving uptake, which has historically been below 50% in girls.[153]

France's **screening plans are well developed for the three established programmes**. Organised breast cancer screening (DOCS) has been in place since 2004 for women aged 50–74 and partially aligns with guidance from the European Commission Initiative on Breast Cancer (ECIBC), which prescribes similar use of mammography but differences in age ranges and frequency. The organised cervical cancer screening programme, implemented since 2018, broadly aligns with the Council Recommendations (France starts screening from age 25 with more frequent checks to age 30, then moves to the five-year high-risk human papillomavirus (HR-HPV) testing interval). A national colorectal screening programme has been in place since 2008 for people ages 50–74, expanding coverage beyond EU age recommendations (50-69).[154] France is **actively exploring Council-recommended screening for lung cancer** and has launched a pilot, IMPULSION, based on low-dose CT with built-in smoking-cessation support and repeat scans, which could inform a national rollout by 2030.[155] **Prostate cancer screening is not implemented nationally** (opportunistic prostate-specific antigen (PSA) testing exists but organised screening is not planned) and there are **no national gastric cancer screening** strategies given France's lower relative incidence. France aims to conduct one million more screening procedures by the end of 2025 but currently falls short of some EU coverage benchmarks,[156] particularly for breast and colorectal screening and is not currently involved in EU guideline or quality assurance (QA) development groups for the cancers of interest.

The ten-year strategy **highlights personalised medicine and genomics as integral to cancer treatment**. It prioritises the

support and expansion of molecular biology platforms across all regions, investing in staff training and new technologies such as RNA sequencing to integrate "omics" approaches into routine care.[157] Complementing these efforts, the France Genomic Medicine Plan 2025 sets out clear objectives to mainstream genomic medicine in clinical practice, ensure equitable patient access and position France as a global leader in precision medicine. This includes the establishment of 28 hospital-based molecular genetics platforms providing essential molecular testing to inform targeted therapies and disease monitoring, backed by dedicated funding for Next Generation Sequencing (NGS) infrastructure and skills development. The NCCP and associated initiatives thus create a robust framework facilitating access to personalised treatments and supporting biomarker-driven clinical trials, ensuring France remains at the forefront of genomic medicine and precision cancer care.[158]

The 2021-2025 NCCP roadmap prioritises **building networks of excellence around Comprehensive Cancer Centres (CCCs)** accredited by the European Organisation of Cancer Institutes (OECI), with 19 centres accredited or in accreditation, within a tiered care framework integrating hospital and non-hospital professionals.[159] Comprehensive cancer care networks are an explicit objective, supported by France's coordination of EUnetCCC to establish a European CCC network by 2028, aiming for high-quality cancer services with 90% population coverage.[160]

Spain

Spain has a dedicated NCCP, the Cancer Strategy of the National Health System,[161] approved by the National Health System Interterritorial Council on 24 February 2021. This latest version was published shortly before the EBCP's launch and updates earlier strategies from 2006[162] and 2009.[163] The **Spanish NCCP fully addresses all four EBCP pillars** (i.e. prevention, early detection, diagnosis and treatment, and quality of life) as well as the **three transversal themes** of inequalities, paediatric cancer, and research and innovation, placing Spain among the EU countries with complete alignment.[164]

The NCCP's governance is led by the **Strategy Monitoring and Evaluation Committee (CSE)**, created under the 2006 plan and operational since 2007This body is made up of a Technical Committee – bringing together experts, scientific societies, and patient representatives – and an Institutional Committee – with representatives from all 17 Autonomous Communities and INGESA for Ceuta and Melilla. The Ministry of Health, the Carlos III Health Institute (ISCIII), national public health bodies, and regional cancer registry networks also participate. **Monitoring and evaluation are coordinated nationally by the CSE**, supported by the Technical Secretariat within the Directorate General of Public Health. While monitoring is regularly carried out, **public reporting is not systematic**. In February 2025, the Ministry of Health announced the development of an Evaluation Manual with "solid and agreed indicators" to strengthen measurement of the plan's implementation.[165]

Spain's autonomous regions are responsible for implementation, as these manage healthcare delivery in a decentralised system. Several have adopted, updated, or are in the process of drafting their own cancer strategies, although this is not uniform nationwide and the absence of dedicated plans in some regions contributes to variability in implementation and resource distribution. Ongoing strategies include Cataluña's (2022-2026)[166] and Galicia's (2022-2028).[167] Two new regional cancer strategies are expected to be approved in 2025 for Castilla-La Mancha[168] and the Basque Country,[169] replacing its 2018-2023 plan.[170] Other regions have completed strategies, such as Andalucía (2021)[171] and Extremadura (2017-2021).[172] In the Comunidad Valenciana, the previous plan (2019-2022)[173] was due for renewal under a 2024-2027 framework,[174] but no recent updates on its adoption have been reported.

In Spain, **national funding for cancer is generally embedded in broader health, research, and innovation lines**, as well as in measures financed through the Recovery, Transformation and Resilience Plan.[175] While the 2025 national budget does not provide a detailed breakdown of cancer control funding, it allocates EUR 22.8 million to the Foundation of the National Cancer Research Centre (CNIO) for cancer research.[176] More detailed allocations for other cancer control activities appear in regional budgets. For example, in Murcia, the 2025 draft budget earmarks EUR 897,732 for cancer screening activities.[177]

Spain demonstrates **strong alignment with the Europe's Beating Cancer Plan in primary prevention and vaccination initiatives.** Spain is on track to fully operationalise the 2024 EU Council Recommendation on smoke- and aerosol-free environments, with a bill proposed to prohibit smoking and vaping on beaches, terraces, playgrounds, stadiums, and transport hubs, explicitly covering all novel nicotine products.[178] HPV vaccination coverage is high, reaching close to 80% among girls, and boys are fully integrated into the programme, reflecting national funding and regional delivery structures.[179]

Spain has **organised, population-based screening programmes for breast, cervical, and colorectal cancer**, coordinated nationally and implemented by all Autonomous Communities. Breast cancer screening partially aligns with ECIBC guidance, recommending biennial mammographies for women aged 50-69. Cervical cancer screening is fully aligned with the 2022 Council Recommendations, and colorectal screening is offered biennially to adults aged 50-69 via faecal occult blood testing, although coverage varies across regions.

Spain does not yet have a **unified national protocol for lung cancer screening**, but several pilots are underway. The CASSANDRA project,[180] coordinated by the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR), involves all Autonomous Communities except Galicia, which launched its own pilot in May 2024.[181] The Basque Country participates in the Lung Cancer Innovative Approach (LuCIA) project.[182] n 2024, the Canary Islands approved a proposal to roll out lung cancer screening across all islands, but implementation has stalled. Madrid also announced a pilot in 2023, although there have been no updates since. **No national protocol exists for prostate cancer**, but feasibility is under review following the 2022 EU Council Recommendations. Regional pilots are underway in Galicia (July 2024)[183] and the Basque Country (June 2025). Similarly, there is **no national gastric cancer screening programme** or pilots, nor are there commitments to develop such a programme.

The Spanish NCCP emphasises personalised medicine, **prioritising precision oncology and the use of genomic and biomarker testing**. National initiatives include the IMPaCT-GENÓMICA programme, the Common Portfolio of Services (approved June 2023),[184] and EUR 25 million in targeted funding through the 2024 PERTE de Salud de Vanguardia.[185] In January 2025, the Common Catalogue of Genetic and Genomic Tests was expanded to Respiratory Medicine with 29 additional tests.[186] Despite these advances, **access to biomarker testing remains uneven across regions**. A 2024 expert analysis identified barriers such as the lack of a national strategy, limited public funding, lack of regulation, fragmented infrastructure, and shortages of skilled staff.[187] While Catalonia, the Basque Country and Cantabria have launched regional precision medicine strategies, they are disconnected and lack interoperability.

The Spanish NCCP promotes **cooperative care networks between professionals and centres** to optimise resources, reduce patient travel, and enhance specialisation. While many collaborations remain informal, the plan calls for their formalisation. It also prioritises interconnected cancer research through ISCIII-accredited institutes, expansion of tissue biobank networks, and continued participation in European Reference Networks (ERNs). Spain further holds a strong role in the OECI, with 11 accredited centres.

Germany

Germany's NCCP was first introduced in 2008 and has been updated three times since then, namely in 2011 and 2017. Most recently, a Joint Declaration on the NKP was published in to **realign Germany's national cancer strategy, setting out a renewed, flexible framework to guide cancer policy** in response to evolving challenges such as digitalisation, prevention, survivorship, and integrated care. The Declaration was drafted jointly by Federal Ministry of Health (BMG), the German Cancer Society (DKG), German Cancer Aid (DKH), and other stakeholders, including scientific societies and patient representatives.[188]

The NCCP **does not benefit from a single, unified national budget line**. Instead, its implementation is supported through multiple statutory, regional, and project-based funding streams. For instance, clinical cancer registries – a central component of the NKP – are funded through the Fifth Book of the German Social Code (SGB V), which governs statutory health insurance (GKV) in Germany, with the latter covering up to 90% of the costs and federal states providing the remainder, totalling approximately EUR 60 million annually. Psycho-oncology services are also financed via SGB V, with around EUR 42 million annually contributed by GKV, *Länder* budgets, and philanthropic sources. Personalised medicine initiatives, such as genomDE, receive funding from national reform programmes and EU instruments, including the Structural Reform Support Programme (SRSP). DKH also plays a pivotal role in this, issuing competitive calls to support the development of regional CCCs and providing multi-year grants to improve care quality, research capacity, and regional equity.[189]

Governance of the plan is overseen by the BMG and executed via stakeholder working groups that include *Länder* representatives, scientific institutions, health providers, and patient groups. While this reflects a collaborative approach, the **plan lacks a formal national monitoring framework with defined objectives, key performance indicators (KPIs), or timelines**.[190]

Germany **implements strong indoor smoke-free legislation under federal law, complemented by Länder-specific measures,** though coverage of outdoor spaces such as terraces, beaches, and playgrounds remains uneven.[191] E-cigarettes and heated tobacco products are partially regulated, but full parity with combustible tobacco rules has yet to be established nationally. Germany introduced HPV vaccination recommendations for girls in 2007 and boys in 2018, primarily delivered through primary care. Coverage remains moderate, reflecting the absence of a systematic school-based approach and weaker recall systems.[192]

Germany runs **organised, population-based screening programmes for breast, cervical, and colorectal cancer.** The breast cancer screening programme offers biennial mammography for women aged 50 to 69, with ongoing national discussion regarding the inclusion of age groups 45–49 and 70–74, in line with recent EU recommendations. Cervical cancer screening was restructured in January 2020 and includes annual cytology testing for women aged 20 to 34, and HPV/cytology co-testing every three years for women aged 35 and

over, consistent with the 2022 Council Recommendations.[193] The colorectal cancer screening programme includes annual faecal occult blood testing and a colonoscopy starting at age 55. While generally aligned with guidelines of the European Commission Initiative on Colorectal Cancer (ECICC), it excludes women aged 50–54 from the invitation programme.[194]

Germany became the first EU country to formally introduce a national lung cancer screening programme. Approved by the Federal Joint Committee (G-BA) in June 2025, the programme targets high-risk individuals using low-dose computed tomography (LDCT) and will be reimbursed through public health insurance. While not yet integrated into the NKP itself, this initiative directly responds to the updated Council Recommendations on cancer screening and builds on the HANSE pilot project and national clinical guidelines.[195] For **prostate and gastric cancers, there are no national screening programme or pilots, nor any commitments to develop them**. Nonetheless, the PROBASE study – led by the German Cancer Research Centre (DKFZ) – is assessing the effectiveness of baseline PSA testing for men aged 45-50 and aims to inform future recommendations for structured prostate cancer screening in Germany. Finally, although the **NKP does not include a unified framework of KPIs aligned with the EBCP**, Germany collects performance data across all screening programmes. These include participation rates, diagnostic timelines, and follow-up procedures, which are published by the Robert Koch Institute (ZfKD) and G-BA.

Improving cancer treatment and ensuring equitable access to high-quality care are key goals of the German NCCP. The plan supports a **robust certification system for oncology centres, promoting guideline-based care and cross-sectoral coordination**. Moreover, precision oncology has gained strategic prominence through recent reforms. Most notably, a nationwide model project launched in January 2024 is trialling the integration of whole-exome and whole-genome sequencing into clinical care for patients with rare diseases and cancer.

In parallel, the **genomDE initiative is developing a secure national genomic medicine infrastructure to support standardised sequencing, bioinformatics, and data integration**. Funded by the BMG and EU Structural Reform Support, genomDE aims to facilitate clinical decision-making across tumour boards and ensure harmonised quality standards. The Network Genomic Medicine Lung Cancer (nNGM) coordinates molecular testing across 21 university hospitals, enabling centralised access to biomarker testing and tumour profiling. These efforts are supported by an NKP working group focused on improving registry interoperability and data sharing.[196]

Germany also continues to prioritise translational and applied cancer research as a pillar of its national cancer strategy. Early projects supported under the NKP focused on psycho-oncology, patient decision-making, and screening uptake. **Current priorities focus on precision medicine and data integration**, and Germany is an active participant in EU-funded programmes, including JANE-2 under the EU-4Health programme.[197] Germany's network of accredited CCCs, supported by DKH and embedded in the NCCP, provides integrated platforms for clinical care, research, professional education, and innovation. The 2024 update also encourages **integration of clinical trials in care delivery and the development of digital infrastructure** to support data-driven cancer care across the *Länder*.

Denmark

Published in May 2025, Denmark's Cancer Plan V **is the latest national strategy for cancer control, developed after EBCP's launch**.[198] The plan was drafted by the Danish Health Authority, operating under the Ministry of the Interior and Health, with limited external input from Danish Parliament or other sectors. The development process involved targeted consultation with a follow-up group of regional and municipal authorities, professional societies, patient organisations, and research institutions.[199] Although Cancer Plan V **does not specify a detailed implementation timeline**, an agreement signed in June 2025 commits Danish Regions and Local Government Denmark (KL) to promptly deploy the 2025 funds allocated for municipal and regional initiatives, with an understanding that these initiatives will extend over multiple years.[200]

Cancer Plan V is structured **around four main areas of action aligned with the EBCP pillars**: prevention, early detection, diagnosis and treatment, and quality of life. It also **addresses, to a lesser extent, the transversal themes** of cancer inequalities, paediatric cancer, and research and innovation.[201]

Denmark's governance structure for the Cancer Plan V involves **a collaborative approach between the Government, the Danish Regions, and KL**.[202] The plan was developed in consultation with these key stakeholders, reflecting a shared commitment to its successful implementation. Funding is secured through the 'New Health Package' introduced in May 2023, which allocates EUR 80 million annually from 2025 onwards specifically for the NCCP.[203] This budget supports initiatives such as a pilot national lung cancer screening programme, a new patient counselling service for those with life-threatening diseases and a specialised treatment unit. Although implementation has not yet fully commenced, and formal monitoring and public reporting are not yet applicable, accountability is established through agreements such as the Implementation Agreement of June 2025.[204] This agreement recognises the cross-sectoral nature of many initiatives and commits the Danish Regions and KL to cooperate on exe-

cution. Furthermore, a political agreement is planned for autumn 2025 to **outline the allocation of funds from 2026 onwards**, including the setting of **implementation targets and mechanisms for follow-up**.

Denmark has **strong indoor smoke-free legislation under its Smoke-free Environments Act,** but national measures for outdoor spaces such as terraces, playgrounds, and beaches are not yet implemented. E-cigarettes are regulated, but full parity with combustible tobacco rules is still developing.[205] **HPV vaccination is delivered through a structured national programme with active reminders,** achieving high coverage for both girls and boys, placing Denmark among the stronger performers in Europe.[206]

Denmark's screening and early detection plans are well advanced and generally aligned with the European Council Recommendations, particularly for breast, cervical and colorectal cancers.[207] **Organised population-based breast cancer screening was introduced in 2009** for women aged 50-69, with biennial mammography invitations, however, the programme does not extend to other recommended age groups outlined by the ECIBC. **Cervical cancer screening, initiated in 2006 for women aged 23-64, has evolved towards HPV-based testing for women aged 30-59**, with self-sampling offered to non-responders in most regions by 2024, reflecting alignment with updated Council Recommendations. **Colorectal cancer screening has been in place since 2014 for those aged 50-74**, slightly extending beyond the ECICC's recommended upper age limit of 69.

While no formal national lung cancer screening programme exists, **Cancer Plan V allocates funds to a pilot project launched in 2024** at Odense University Hospital targeting high-risk individuals aged 60-74, in line with Council calls for feasibility studies using low-dose CT scans. **There are no organised national screening programmes for prostate or gastric cancer**, but ongoing assessments and an Advisory Committee support potential future developments.[208]

Although no specific objectives for screening are defined in the NCCP, Denmark performs above EU benchmarks in screening coverage and cancer prevention expenditures.[209] Screening is nationally coordinated and regionally executed, supported by digital infrastructure for invitations and reminders, with data archived centrally to support research and programme optimisation.

Denmark's NCCP explicitly **recognises the importance of personalised medicine in cancer treatment,** emphasising the need to improve the use of health data to support tailored therapies.[210] The government, working with the Ministry of Health and the Quality Institute, plans to establish a national clinical database dedicated to personalised medicine in cancer care. The NCCP also **commits to further developing cancer care pathways** to better reflect patients' overall health, treatment options and individual preferences, incorporating advances in innovative treatments such as personalised medicine.[211] Denmark is actively involved in several related EU-funded projects, with **key roles in trial implementation and equitable access to molecular-based clinical trials**. While no specific supportive mechanisms are currently in place exclusively for biomarker testing and genetic profiling, EUR 670,000 was allocated in 2025 for the **national clinical database initiative**, distributed to regions via block grants, although genomic testing is not specifically mentioned in the funding.[212]

Denmark has one accredited CCC (Vejle Cancer Centre) and **two others (Aarhus and Copenhagen) in accreditation**.[213] The Danish Comprehensive Cancer Centre (DCCC) coordinates cancer research and treatment nationally, supported by regional health authorities and the Danish Cancer Society. Since 2016, **twelve national research centres have been established to promote collaboration and knowledge sharing across regions**.[214]

Hungary

Hungary's National Cancer Control Plan was first developed in 1993 by the National Institute of Oncology (NIO), **making it the first such plan in Central Europe**.[215] It was revised in 2001 and 2005, and elevated to a government-level programme in 2006. The latest version, published in 2018, covers prevention, early detection and integrated care, but lacks a clear implementation timeline and monitoring system.[216] While partially aligned with EBCP objectives, notably in prevention, detection and treatment, gaps remain in paediatric cancer, inequalities, quality of life, and research and innovation.

Hungary's NCCP is coordinated by NIO, a government-affiliated institution under the Ministry of Interior. The **NIO oversees implementation, develops treatment protocols, manages professional training and data infrastructure, and operates the National Cancer Registry**. The National Centre for Public Health (NNK) is responsible for implementing organised screening programmes, public health campaigns, and managing population invitation and data systems. Within the NNK, the State Health Administration is legally mandated to ensure the quality of public health screening services.

Although the plan recommends creating a Governing Board for strategic oversight and a Cancer Programme Board for expert implementation, these structures are not yet operational**. It also calls for a future SMART-based indicator system to monitor progress across programme pillars, but this system has not been finalised or made public.** There is no **clear timeline or reporting framework in place nor are specific financial allocations,** costings, or funding mechanisms described.

Hungary implements **strong indoor smoke-free legislation** covering all enclosed public spaces, with vaping included in these bans. However, protections in outdoor public areas such as terraces, playgrounds, and beaches are not systematically enforced, leaving partial gaps with the EU Council Recommendation on smoke- and aerosol-free environments.[217] **HPV vaccination is delivered through a school-based, gender-neutral programme for pupils in the seventh grade,** achieving uptake around 75%.[218]

Hungary operates **organised, population-based screening programmes for breast, cervical and colorectal cancer**, coordinated nationally by the NNK and delivered through the public health system with support from the NIO. Breast cancer screening was introduced in 2002 for women aged 45–65 with biennial mammography, partially aligning with ECIBC guidance. **Cervical cancer screening was restructured in 2020** and currently offers cytology every three years to women aged 25-65, **not yet reflect the 2022 EU Council Recommendation**. However, the NCCP notes that gradual expansion of HPV-based testing is being explored, with pilot projects under consideration. **Colorectal cancer screening was formally launched in 2018 and is fully aligned with EU recommendations**, targeting adults aged 50-70 with biennial FTI.

Lung cancer screening is not yet institutionalised, but **Hungary has piloted LDCT since 2014** through the HUNCHEST I–III studies[219], led by the National Korányi Institute of Pulmonology, representing progress toward alignment with the 2022 EU Council Recommendation. **Prostate cancer screening is not recommended in the NCCP**, though opportunistic PSA testing is available for men aged 50-70, with intervals determined by PSA levels. **Gastric cancer screening is also excluded from Hungary's strategy,** with no pilots under way despite incidence levels that may warrant future consideration.

Key performance indicators for screening remain limited, with **only breast cancer screening assigned a coverage target of 70-80%,** falling short of the EU benchmark of 90%. Other cancer screenings lack defined KPIs, and Hungary continues **to perform below EU averages in breast and colorectal screening coverage**.

The Hungarian NCCP recognises the **growing importance of personalised and targeted therapies and explicitly supports the integration of biomarker and genomic testing in cancer care**. It sets out commitments to strengthen infrastructure, develop integrated IT systems to support multidisciplinary decision-making, and ensure coordinated care. The plan also calls for structured data collection and monitoring to evaluate the safety, effectiveness and cost-efficiency of personalised treatments.

To operationalise these objectives, Hungary has established several national mechanisms. Since 2019, a **centralised system for comprehensive genomic profiling** has been coordinated by the National Molecular Tumour Board in cooperation with the National Health Insurance Fund (NEAK).[220] In parallel, the National Molecular Oncoteam, established in 2020, reviews individual cases and designs therapeutic plans based on test results.[221] Within two years, this system **increased the proportion of patients receiving targeted therapies from 5% to 25%**. Hungary has also invested in research and innovation through the National Tumour Biology Laboratory (2020–2025), which supports the development of innovative therapies, integration of therapeutic procedures into clinical practice, and a national oncology database. Despite these advances, Hungary still lacks a dedicated national funding stream or strategy to expand genomic testing infrastructure and access.

Hungary has **one officially accredited** CCC, the National Institute of Oncology. Beyond this, the NCCP sets out a broader ambition to expand and strengthen comprehensive cancer care networks nationwide. The plan establishes a centralised, hierarchical oncology system to ensure patients receive optimal care at every stage. It integrates family doctors at the primary level, county and regional centres at intermediate levels, and the National Institute of Oncology at the top, bringing diagnostic and therapeutic services closer to patients.

To support this model, the NCCP proposes a Virtual Oncology Information System (VOIR), a national oncology registration card for real-time data sharing, and integration of providers through the Oncology Information Portal. Complementary platforms such as the Tumour Epidemiological Database (DEDB) and the Oncoteam define institutional roles and care pathways, while further emphasis is placed on developing telemedicine, telepathology and teleradiology capacities. Hungary's commitment to comprehensive cancer care networks is also **reflected in its active participation in EU-funded initiatives**.

Slovakia

Slovakia's National Oncology Programme was drafted under the leadership of the Ministry of Health, in close collaboration with the National Oncology Institute (NOI) and the Slovak Society of Clinical Oncology, and originally adopted in 2018. This marked the establishment of a comprehensive framework aimed at reducing cancer incidence and mortality and improving patient quality of life. Over time, the **NCCP was operationalised through successive Action Plans, including a detailed roadmap covering 2021-2025**, which reflects updated priorities and structured approaches to prevention, diagnosis, treatment, research, and data systems.[222]

The Slovak NCCP is coordinated by the Ministry of Health, with the NOI in charge of operational implementation and

evaluation. The NOI also leads national and international collaboration. The 2021-2025 Action Plan includes a **clear governance model, naming the main responsible bodies for each priority and including monitoring structures** such as expert committees, implementation boards, and indicators for progress tracking. **Funding is sourced from national budgets and complemented by European instruments**, including EU4Health, Horizon Europe and the RRF. Although cancer does not have a dedicated line in the national budget, some actions, particularly in diagnostics and screening, have received targeted support.[223]

Slovakia has **strong indoor smoke-free legislation** covering all enclosed public spaces, with vaping included in the bans, but outdoor settings such as terraces, playgrounds, and beaches are not comprehensively regulated. Enforcement and monitoring capacity remain limited.[224] **HPV vaccination has recently been strengthened,** with full reimbursement for the nonavalent vaccine up to age 15 and the establishment of an HPV Coalition to promote outreach and awareness. Early indications suggest uptake is improving, though sustained monitoring and investment will be required.[225]

Slovakia has **national screening programmes for breast, cervical and colorectal cancer**, all coordinated by the NOI. **Breast cancer screening targets women aged 50-69 with biennial mammography**. Women aged 45-49 are not included in the organised invitation system but may access opportunistic screening through primary care or specialist referral, while those aged 40-44 can also undergo voluntary screening. There are ongoing national discussions on extending coverage to women aged 70-74, in line with ECIBC recommendations for triennial screening in this group. **Cervical cancer screening transitioned from opportunistic to organised provision in 2021**. The programme invites women aged 23 to 64 and is currently based on cytology, with plans to incorporate HPV testing in line with EU recommendations. The system includes structured invitations and referral pathways for colposcopy in case of abnormal results, with the aim of standardising care and reducing inequities. **Colorectal cancer screening is organised at the national level and targets both men and women aged 50-74, extending beyond the ECICC recommendation of 69**. The programme uses biennial FTI followed by colonoscopy for positive results, with invitations sent automatically by health insurers to ensure systematic coverage.

For lung cancer, a multistakeholder working group established in 2021 by the Ministry of Health, the NOI and health insurers developed national guidelines and patient pathways for LDCT screening**. A pilot programme is now being implemented across several hospitals as a feasibility study**, evaluating recruitment strategies, high-risk targeting and impacts on diagnostic and surgical capacity. Its outcomes are expected to inform future decisions on potential national roll-out, in line with EU recommendations. Slovakia has established a Cancer Screening Commission and working groups for each cancer type, including prostate cancer. Their tasks include defining patient pathways, developing guidelines, planning pilots, improving data systems and supporting awareness campaigns. Despite this structure, no **national prostate cancer screening programme with organised invitations is in place**. Similarly, **no dedicated gastric cancer screening programme** is in place and no working group has been established.

Slovakia provides universal access to publicly funded cancer treatment, but geographical disparities and uneven access to innovation persist. The NOP includes **specific provisions for personalised medicine**, particularly for hereditary cancers. Genetic testing of family members is reimbursed following the identification of BRCA1/2 or other germline mutations in a patient. Clinical genetic services, including molecular diagnostics, are offered in oncology centres. Molecular testing is routinely used in breast and lung cancer, and in hereditary colorectal cancer, though access varies by region and depends on local infrastructure and reimbursement.[226]

There is **no national strategy for biomarker testing, and access is not yet universal**. In lung cancer care, less than half of eligible patients receive the recommended biomarker testing. QA processes are in early stages; Slovakia has not yet introduced a national external QA mechanism but participates in EU-level initiatives. The Slovak Genome Project, launched in parallel, aims to build a national genomic reference database to support integration of genetic and molecular data into clinical care. Slovakia is also involved in the EP PerMed initiative via the Slovak Centre of Scientific and Technical Information.[227]

The NOP supports the integration of research and clinical care, including through international cooperation. Slovakia participates in Horizon Europe and EU4Health initiatives such as CraNE and EUnetCCC. Under CraNE, the NOI contributed to work packages on the EU network of CCCs, national comprehensive care networks, and accreditation criteria. These discussions informed Slovakia's work to develop its own CCC model.[228] Currently, Slovakia has no OECI accredited centres. Slovak research institutions are also piloting advanced molecular diagnostics for hereditary cancers. One example is the implementation of genome- and RNA-based workflows for Lynch syndrome, which are being tested at national oncology centres. These efforts aim to build readiness for wider uptake of personalised oncology across the system.

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