

Understanding socioeconomic inequalities in cancer mortality in Europe

EU-CanIneq

Policy Brief
May 2026

Context

Socioeconomic inequalities in cancer remain a major challenge across Europe, with significant differences observed between population groups and countries. Addressing these inequalities is essential to improving cancer outcomes and supporting effective cancer control policies.

Key messages



Socioeconomic inequalities in cancer mortality are large and observed for most cancer types and across all countries in Europe.



A clear social gradient is observed, with progressively higher cancer mortality among individuals with lower education levels.



Large socioeconomic inequalities are also evident for cancers that are largely preventable, such as cervical cancer.



Socioeconomic inequalities in cancer can be reduced through targeted and effective prevention, screening and access to care strategies.



These disparities likely reflect unequal access to screening and care, as highlighted by expert consultations.



It is crucial to continue monitoring and benchmarking socioeconomic inequalities in cancer incidence and mortality across European countries.

1. Why this matters

Cancer is a leading cause of premature death in the European Union, with a growing burden over time.

Socioeconomic inequalities in cancer mortality reflect the cumulative impact of inequalities across the cancer continuum, including differences in:

- Exposure to risk factors.
- Access to prevention and screening.
- Access to diagnosis and treatment.

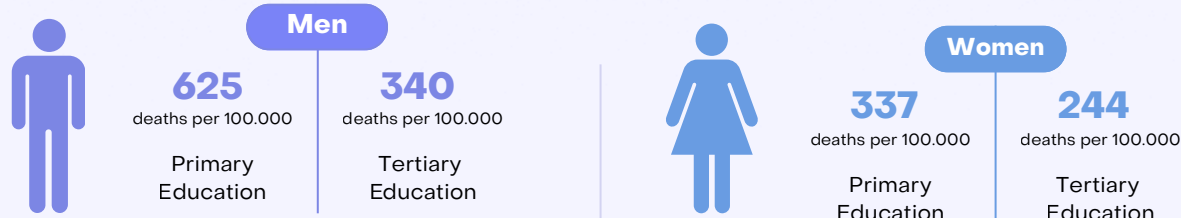
These inequalities contribute to differences in cancer mortality between and within countries, with implications for cancer control policies, costs and sustainability of the health systems and resource allocation. They also represent unfair and avoidable differences in health outcomes, making this a matter of equity and social justice.

Monitoring and addressing inequalities is a priority within Europe's Beating Cancer Plan.

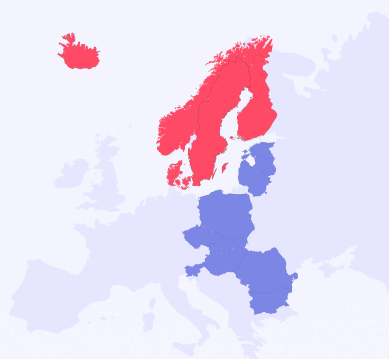
2. What we found

A strong social gradient

Total cancer mortality is higher among individuals with lower education levels.



Variation across countries



The magnitude of inequalities varies across countries and regions, with:

- Higher inequalities observed in Eastern and Baltic countries (both sexes)
- Higher inequalities among women observed in Northern Europe

The largest inequalities were generally observed in Eastern and Baltic countries, where mortality rates among primary-educated groups were often **more than twice as high** as among tertiary-educated populations.

Across cancer types

Large inequalities are observed for all cancer types assessed.



Lung



Colorectal



Breast



Prostate



Stomach



Cervical



Roughly **3x higher** mortality among men with primary education in some Eastern European countries



About **2x higher** mortality among men with primary education in some Eastern European countries



Up to **4x higher** mortality among women with primary education in Bulgaria, alongside much lower screening uptake

EU-Wide outputs



Indicators of cancer mortality by education level, in EU countries (plus Iceland and Norway)



Country-specific factsheets for EU countries (plus Iceland and Norway)



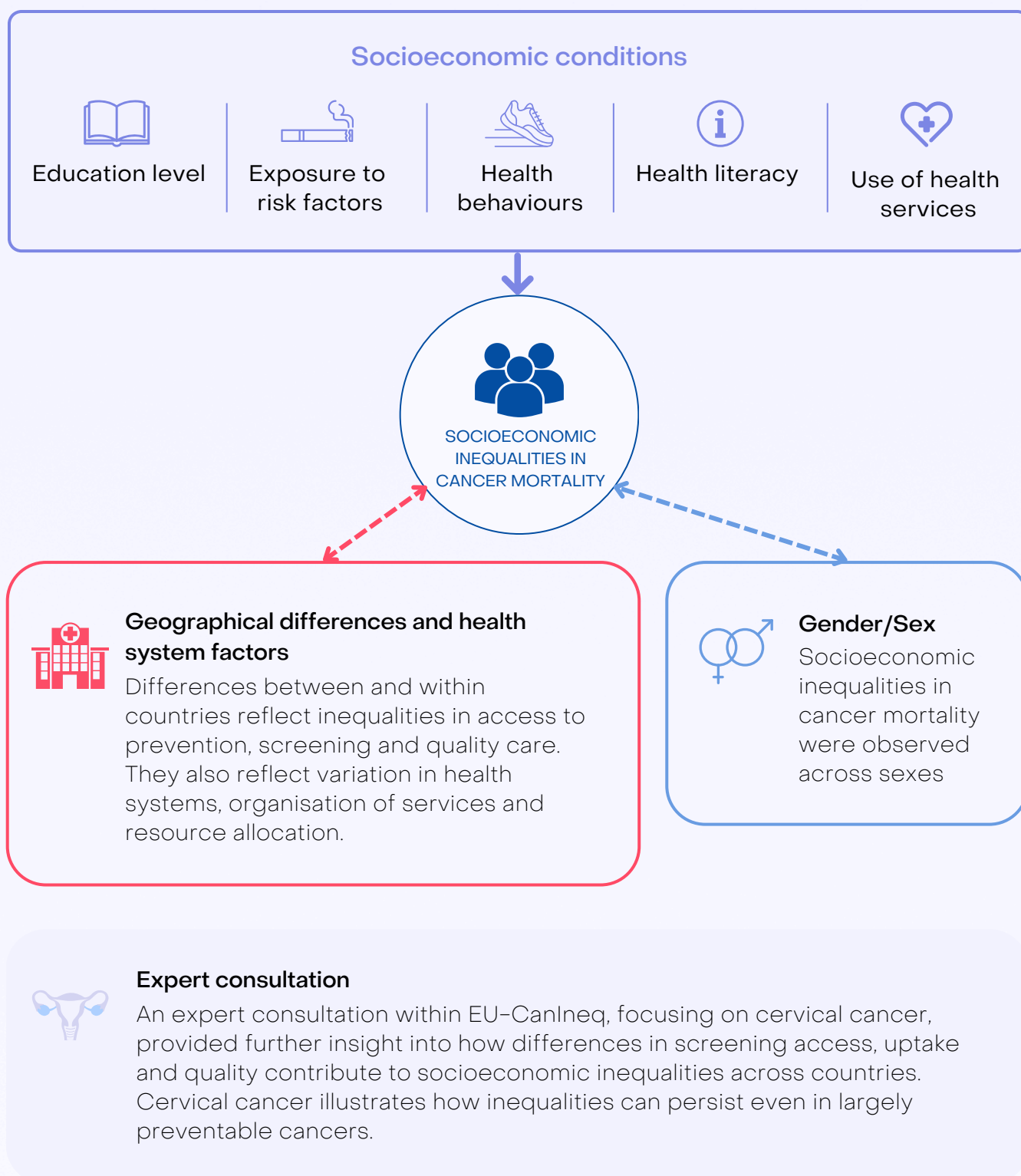
A methodological framework to address geographical and temporal data gaps



Analyses based on observed and estimated data for the period 2015–2019

3. What drives inequalities

EU-CanIneq has also allowed to provide intelligence on the reasons for the observed socioeconomic inequalities, including individual, contextual, health system and geographical factors.



4. What this means for policy

01.

Cancer inequalities are measurable using indicators and should be monitored over time within the European Cancer Inequalities Registry.

02.

The EU-CanIneq project has shown that socioeconomic inequalities in cancer are largely avoidable, and that reducing the overall burden of cancer necessarily requires reducing these inequalities through public health and health system interventions.

03.

Policies and interventions should explicitly aim to reduce socioeconomic inequalities in cancer.

5. Recommendations for action at national level



1. Strengthen monitoring and data systems

Strengthen the development and use of comparable indicators, including through the European Cancer Inequalities Registry, to enable consistent within- and cross-country comparison and monitoring of inequalities over time.



2. Invest in prevention targeting disadvantaged populations

Strengthen prevention efforts by addressing risk factors and improving uptake of preventive services, with a particular focus on disadvantaged populations.



3. Reduce low-value care

Improve the quality and equity of cancer care by reducing low-value interventions and ensuring appropriate use of resources across the continuum.



4. Improve equitable access to prevention, screening and treatment

Improve access to effective prevention, screening, early diagnosis and treatment, ensuring that services are available and accessible to all population groups, including disadvantaged populations.



5. Foster collaboration and knowledge sharing across EU Member States

Strengthen collaboration between countries and stakeholders, and promote the exchange of data, methods and best practices to support more effective and coordinated action on cancer inequalities.

6. EU added value

EU-level action supports:

- Comparability of data across countries
- Monitoring of inequalities over time
- Exchange of experience between Member States

EU-CanIneq contributes to the European Cancer Inequalities Registry by providing:

- Indicators
- Analyses
- Country-specific information on socioeconomic inequalities in cancer mortality

7. About the project



EU-CanIneq is a unique framework that supports the development of indicators and evidence on socioeconomic inequalities in cancer in Europe, and feeds the European Cancer Inequalities Registry.

The project:

- Collects and harmonises data on cancer mortality by education level
- Produces comparable indicators across countries
- Applies methods to address data gaps
- Provides analyses, country-specific factsheets, and reports
- Supports interpretation through expert consultations

The project is coordinated by the International Agency for Research on Cancer (IARC) in collaboration with Erasmus MC, and funded by the EU4Health Programme. For more information, please visit [the EU-CanIneq website](#).

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9. Acknowledgment

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