

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

LUXEMBOURG COUNTRY PROFILE



Co-funded by
the European Union

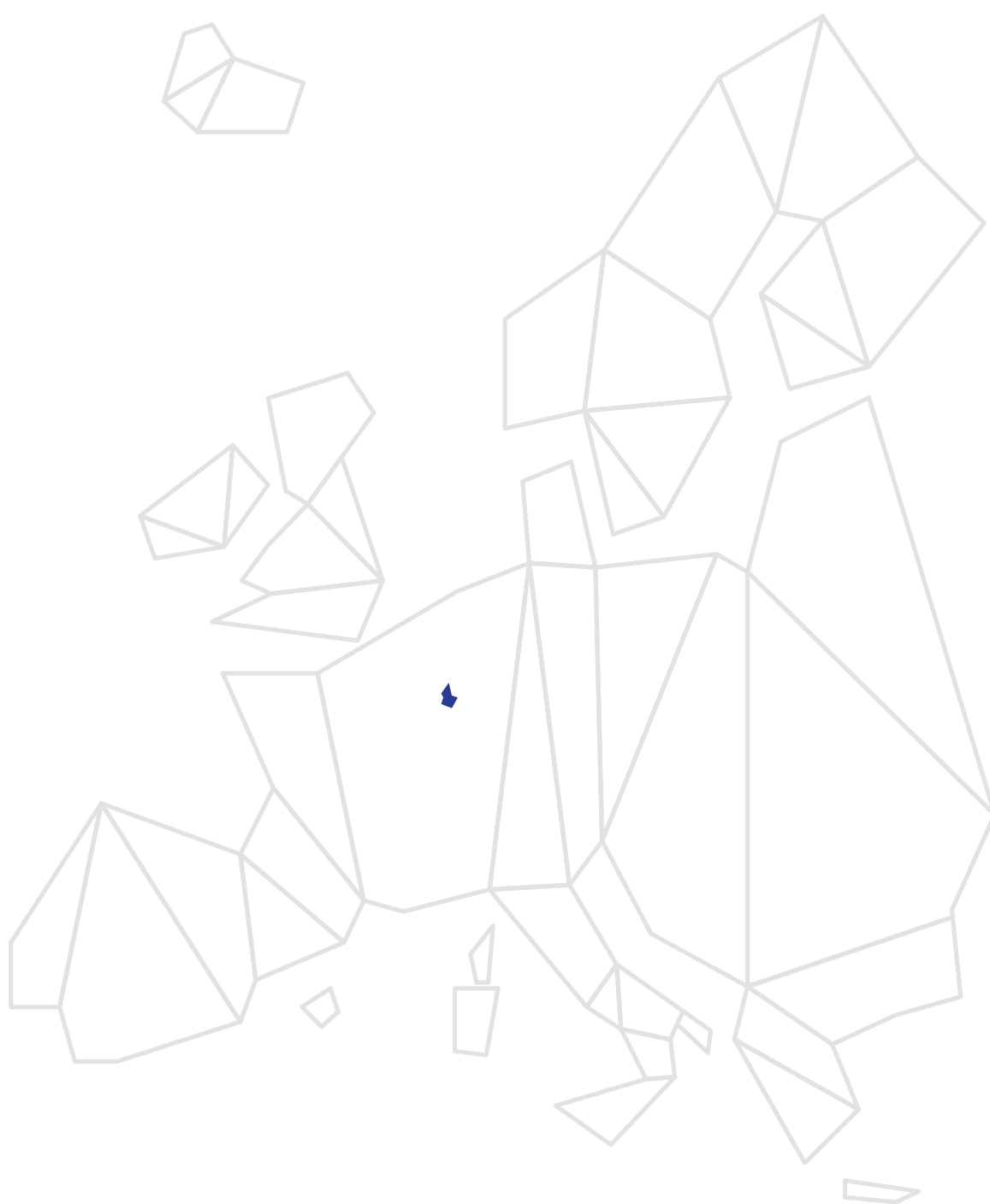


THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





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Context: existing certification systems and organization of cancer care

Hospital certification is strongly encouraged by the Healthcare Fund

In Luxembourg, hospitals are encouraged to undergo accreditation by 2027 as part of the quality programme defined in the agreement between hospitals and the authorities ¹². The agreement explicitly states that the only recognised accreditation schemes are those of the Joint Commission International (JCI) and Accreditation Canada International (ACI). De facto, the general hospitals in Luxembourg are either JCI- or ACI- accredited. Depending on the accreditation evaluation, the public healthcare fund grants an annual bonus to each participating hospital in the quality programme of up to 2% of the eligible expenditure budget³.

Themes of JCI/ACI include documentation, patient/personnel/infrastructure safety, pharmacovigilance, activity management, resources, clinical practices and hospital governance. ACI quality dimensions also include the social dimension, accessibility, security, professional life, patient services, continuity of care, efficiency, and relevance.

In addition to these general hospital accreditation schemes, some hospitals have opted, on a voluntary basis, to be DKG/ECC-certified⁴ for their tumour-specific care (Center Hospitalier du Luxembourg Breast Unit (2021), Hôpital Robert Schuman Prostate Cancer Center (2017), and HRS colorectal care certification (intermediate, since 2021)).⁵

The certification of national Comprehensive Cancer Care Networks (CCCNs), connecting all four hospitals in the country, is also underway (lung and gynaecological cancers), building on the work carried out under the European JAs CraNE and EUNetCCC.

Additionally, the CHdN has been designated by the European Society for Medical Oncology (ESMO) as a Center of Reference for Integrated Oncology and Palliative Care for the period 2024–2026 (designation obtained in 2023).⁶

Moreover, the CHL is actively pursuing FACT-JACIE accreditation for its national haematology and cellular therapy program, reflecting a commitment to international quality standards in bone marrow transplantation and cellular therapies.⁷

Organization of cancer care⁸

The National Cancer Plans (**Plans Nationaux Cancer – PNC**) in Luxembourg are coordinated by the Directorate of Health (Direction de la santé), the administrative arm of the Ministry of Health and Social Security (**Ministère de la Santé et de la Sécurité sociale**)⁹.

Following the launch of the first National Cancer Plan 2014–2018¹⁰, the country has seen significant advances, including the establishment of the National Cancer Institute (Institut National du Cancer – INC)¹¹ or the National Center of Genetics (NCG)¹² within the Laboratoire National de Santé (LNS), as well as the introduction of a national colorectal cancer screening programme in 2021.

The ongoing second National Cancer Plan 2020–2024 (extended to 2026 – PNC2)¹³ adheres to the recommendations of the European Partnership for Action Against Cancer (EPAAC)¹⁴ and is partly aligned with the Europe’s Beating Cancer Plan (EBCP).

Luxembourg has a mixed healthcare system, with a mix between public and private hospitals¹⁵. Private hospitals also operate under agreements with the national health fund (**Caisse Nationale de Santé – CNS**) system and are accessible to all insured residents & non-residents (cross-border workers).

Historically, there were eight hospitals in Luxembourg; however, due to mergers, there are currently four, all of which providing cancer care. Some functions are centralised so that all radiotherapy procedures take place at the Center François Baclesse (CFB), all pathology and molecular diagnostics are carried out by the National Center of Pathology (NCP), and genetics are handled by the NCG, both within the LNS. Cancer prevention and screening activities are under the responsibility of the Directorate of Health and its coordination center for organised cancer screening programmes.

The National Cancer Institute (INC)

Founded in 2015 under the first National Cancer Plan, the INC is a public-interest organization mandated by the Ministry of Health and Social Security. It plays a pivotal role in coordinating and enhancing cancer care nationwide. Its founding members include, among others¹⁶, the four general hospitals – Center Hospitalier de Luxembourg (CHL), Center Hospitalier Emile Mayrisch (CHEM), Center Hospitalier du Nord (CHdN) and Hôpitaux Robert Schuman (HRS) – and the radiotherapy center (CFB), which together provide comprehensive cancer diagnosis, treatment and care.

Besides its key role in the PNC2, the INC undertakes a wide range of activities, such as setting up and operating national tumour boards for rare and complex cases, coordinating the development of national clinical guidelines and patient pathways (based on the European consensus recommendations developed during the course of the Joint Actions iPAAC¹⁷ and CraNE¹⁸), organising the overall coordination of cancer care in Luxembourg, including supporting institutions in their certification aspirations or the regular publication of a national cancer report.

A mapping of the PNC2 and the European Mission on Cancer, as well as the EBCP (e.g., EUnetCCC and JANE-2), has taken place, revealing synergies. An estimated 90% of the national actions and measures are taken to fulfil the prerequisites for setting up a CCC.

Identified barriers towards the implementation of EUCCC certification in the country

- Challenges with data collection and sharing, and GDPR

The Luxembourg CCC comprises nine independent institutions, each operating its own distinct information system. This presents significant challenges in meeting the requirements for shared structured and homogeneous data access and interoperability, including the GDPR constraints.

- Difficulty in meeting quantitative thresholds due to the small population size of the country

The population density and total population size (approx. 680,000 residents and 240,000 cross-border workers in 2025) hinder the meeting of quantitative thresholds (e.g., for rare cancers or specific activities such as clinical trials).

- Necessity to finance additional resources required for the certification process

Hospitals will need to allocate resources for project management to coordinate the certification process. Adequate human, financial and IT resources are needed to successfully coordinate and achieve certifications.

- Potential accreditation/certification fatigue in the institutions

According to the quality programme, hospital institutions in Luxembourg must seek accreditation by 2027. It means that the institutions are currently undergoing overall accreditation (JCI/ACI) or follow-up accreditations. Adding another certification might cause fatigue due to resource limitations.

Identified enablers towards the implementation of EUCCC certification in the country

Support from the national authorities and synergies with the National Cancer Plan

The establishment of a CCC in Luxembourg is supported by national authorities, reflecting their commitment to improving cancer care and research. This initiative is closely aligned with the objectives of the PNC2, which emphasises integrated, patient-centered care, enhanced data sharing, and strengthened research capabilities. The synergies between the CCC and the PNC2 create a unified framework that fosters collaboration across institutions, ensures alignment with national healthcare priorities, and promotes long-term sustainability of cancer control efforts in Luxembourg.

- Adherence to the EU network is a source of opportunities for small Member States (MS)

The principal added value lies in participation in European networks, which facilitates access to multicenter clinical trials and offsets the limitations of Luxembourg's small patient population and market size. EUCCC certification would encourage participation in EU trials and partnerships, enhancing Luxembourg's attractiveness.

- Good collaboration between the hospitals

As demonstrated in the set-up and implementation of the first national cancer care network in Luxembourg (under JA CraNE), this collaboration fosters momentum to build a CCC together. Certification strengthens teamwork both within specialties and at a national level; as teams work toward certification, they often learn more about each other's roles, which promotes collaboration and improves overall team performance.

- Shared commitment to high-quality care and improved patient outcomes

Certifications help instil patient confidence by ensuring that certified centers are better equipped to identify issues and take appropriate action. This directly supports the national objective of delivering high-quality, safe care to all patients.

- Conditions for successful EUCCC certification implementation in the country

The EUCCC in Luxembourg is developed as a consortium of 9 independent institutions. Luxembourg. The CCC implementation will be integrated with other concepts, such as the Comprehensive Cancer Care Networks (CCCN), the Comprehensive Cancer Infrastructures (CCI)¹⁹ and the National Mission Cancer Hubs (NCMH)²⁰. This will foster the rationalisation and optimisation of resources in the small MS setting.

Quantitative thresholds remain a major concern, especially for small MS that face specific challenges linked to their limited population size. To address this, eight small MS (with population < 3 million inhabitants: Cyprus, Estonia, Iceland, Latvia, Lithuania, Luxembourg, Malta, and Slovenia) have created a joint policy platform – the Group of Small Member States on Cancer – to coordinate cancer-related policies and promote mutual learning. This group seeks to strengthen collaboration, amplify their collective voice within the EU, and accelerate the implementation of both the Cancer Mission and the EBCP. In April 2024, Luxembourg joined 10 other small states in the Cyprus Declaration under the WHO Small Countries Initiative, committing to joint cancer care policy.²¹

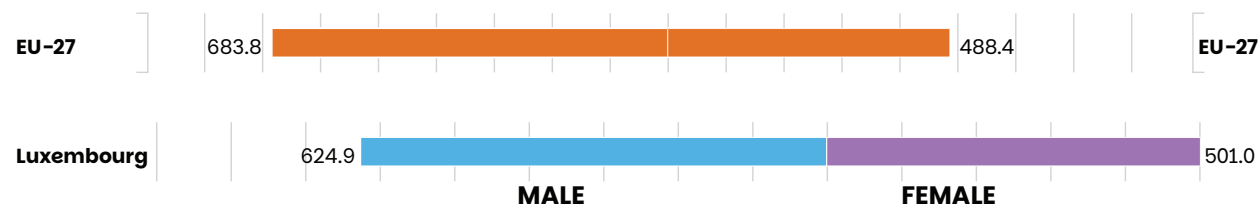
Number of OECI-certified CCCs: 0

Number of EUCCC pilot centers: 1

Epidemiology: incidence and mortality

Incidence rate:

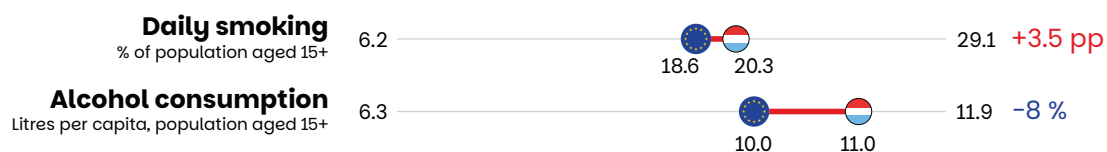
Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



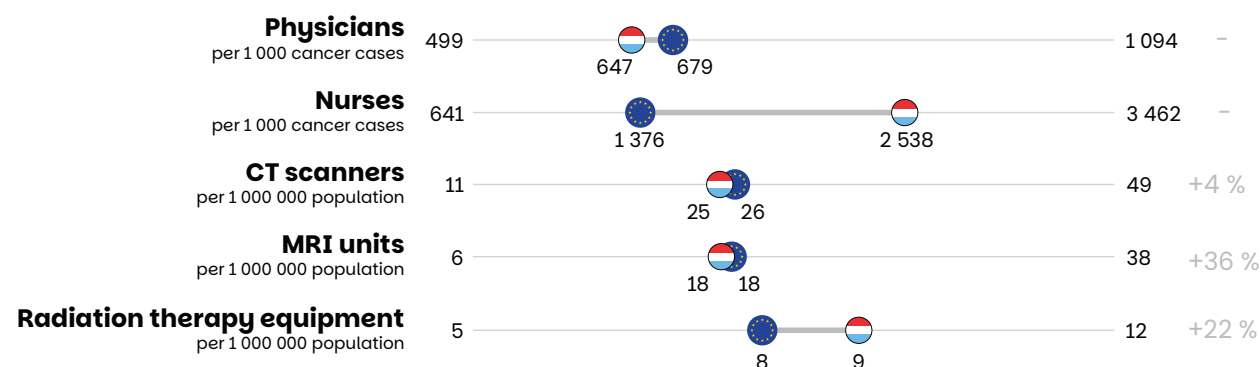
Mortality rate:



Risk factors



Human resources and infrastructure



Number of clinical trials: 15

Endnotes

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10. <https://plancancer.wordpress.com/wp-content/uploads/2014/09/pc-lux-2014-2018-version-finale-site-internet-2014-09-02.pdf>
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12. <https://lns.lu/en/departement/departement-of-genetics/#:~:text=The%20National%20Center%20of%20Genetics,Cytogenetics%20%26%20Hemato%20Oncogenetics%20Service>
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14. <http://www.epaac.eu>
15. <https://legilux.public.lu/eli/etat/leg/loi/2018/03/08/a222/jo>
16. Additional founding members (all constituting the Board of directors) : Société Luxembourgeoise d'Hé-mato-Oncologie (SLHO), Fondation Cancer, Fondatioun Kriibskrank Kanner, Patiente Verriedung, Média-teur de la Santé, National Cancer Platform (PFN).
17. <https://www.ipaac.eu>
18. <https://crane4health.eu>
19. <https://cci4eu.eu>
20. <https://cancermissionhubs.eu>
21. <https://www.who.int/europe/publications/i/item/converging-on-small-countries--health-priorities--tenth-high-level-meeting-of-the-small-countries-initiative--limassol--cyprus--10-12-april-2024>



**For more information,
please contact:**

eunetcccwp5@has-sante.fr