

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

SWEEDEN COUNTRY PROFILE



Co-funded by
the European Union



THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Co-funded by
the European Union



Context: existing certification systems and organization of cancer care

OECI accreditation is very prevalent in Sweden

There is no requirement from the State for certification of cancer care. Certain parts of healthcare, e.g. laboratory services, clinical trial units and transplantation units undergo regular certifications. A number of voluntary certifications apply, e.g. OECI for cancer care and EUSOMA for breast cancer care.

There are currently five OECI accredited Comprehensive Cancer Centers in Sweden. Karolinska CCC was the first, established in 2020, followed by Skåne University Hospital and Sahlgrenska University Hospital in 2022, Linköping University Hospital in 2024 and Uppsala University Hospital in 2025. One additional university hospital is in the process of OECI accreditation.

The status of CCC, as defined by the OECI is a confirmation that the center meets the high demands placed on quality, care, education and research in the field of cancer.

Organization of cancer care

The healthcare system in Sweden is decentralised, with the primary responsibility for healthcare provision resting at the regional level. The country is divided into 21 regions, each of which is independently responsible for delivering healthcare services to its population. These regions have the authority to make decisions autonomously, including planning, financing, and organising healthcare within their respective areas.

Among the 21 regions, there are seven University Hospitals that play a critical role in providing specialised care, conducting research, and offering education and training. These hospitals operate in close collaboration with academic institutions, ensuring that cutting-edge research and advanced medical training are integrated into patient care.

The Swedish healthcare system is characterised by its universal coverage, predominantly public funding, and decentralised administration. While general healthcare services are managed locally by the regions, certain aspects of specialised care are more centralised to ensure quality, efficiency, and equitable access.

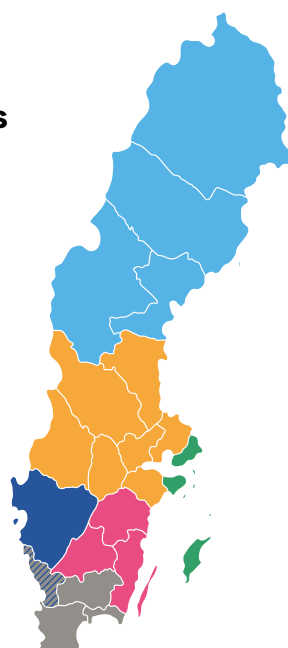
For a number of highly specialised medical treatments, a national system applies whereby national expert centers are defined. The system for national highly specialised care is managed by the National Board of Health & Welfare.

Overall, the balance between decentralisation and centralisation within the Swedish healthcare system aims to provide high-quality, accessible care for all citizens, while allowing flexibility for regional adaptation and innovation.

Within the framework of the National Cancer Strategy established in 2009, six regional cancer centers (RCCs) were founded in 2010, along with formation of national and regional collaborative groups and national guidelines for diagnosis, treatment and follow-up. The RCCs each support a variable number of regions. In relation to aims of creating cancer infrastructures defined in the EU Beating Cancer Plan, a discussion is ongoing in Sweden about how CCCs and RCCs can best form such infrastructures.

Six Regional Cancer Centres

- RCC **Norr**
- RCC **Mellansverige**
- RCC **Stockholm Gotland**
- RCC **Väst**
- RCC **Sydöst**
- RCC **Syd**



The Swedish Government is working on an update of the National Cancer Strategy. A first proposal for an updated Strategy was presented late 2024¹ and covers several new and enhanced areas to address gaps and adapt to recent advancements in cancer care. The main areas of focus are: Precision Medicine and Personalized Care, Childhood Cancer Care, Standardisation and Equity, Integration with European Initiatives, Preventive Measures and Public Health Integration, Digitalisation and Data Sharing, Follow-Up and Continuous Evaluation and Psychosocial and Quality of Life Aspects. However, the **new cancer strategy has not yet been formally approved.**

Identified barriers towards the implementation of EUCCC certification in Sweden

- In Sweden, the fact that so many centers have OEI accreditation means that the question of duplication of certification efforts is particularly relevant.
- The competent authority has also stressed that the EUCCC system is new and that work remains to clarify its relevance and suitability.
- The issue of the sustainability of the future EUCCC network is pending

While regions are providing funding for certification, the certification of cancer care in Sweden has not been funded by governmental resources

Identified enablers towards the implementation of EUCCC certification in Sweden

- Clarified costs and procedures, e.g. related to cancer center accreditation as a bottom-up process in Sweden.
- A sustainable cancer care organization with RCCs, CCCs and regional networks

Conditions for successful EUCCC certification implementation in Sweden

- Finding a solution that considers existing certifications is a key success factor for EUCCC certification in Sweden. Sweden is currently satisfied with the OEI model so far and hopes that OEI, DKH and EUCCC will somehow align (“we need more CCCs and more networks, but not more confusion”).
- EUCCC certification can be successful in Sweden, if it can provide the following benefits:
 - Access to the EU network with valuable content and added value: exchange of good practices, common research projects, coordination and organization of patient treatment pathways outside of the country. Indeed, network development is a current gap in Sweden and EUCCC certification could be a true added value in this regard
 - Contribute to further bridging research and care in Sweden: although the link is currently strong, it needs constant attention.

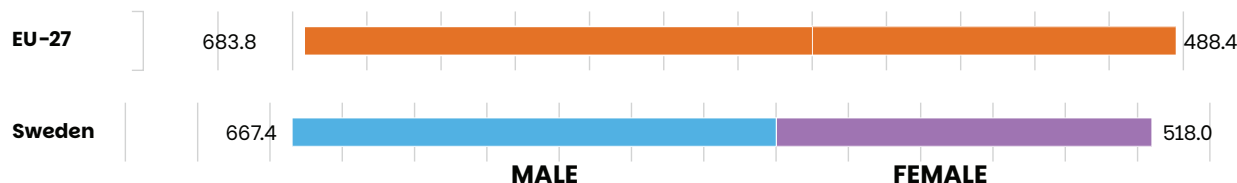
Number of OECI-certified CCCs: 5

Number of EUCCC pilot centers: 2

Epidemiology: incidence, mortality and survival rates

Incidence rate:

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



Mortality rate:

Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers:

Colon cancer 5-year survival
% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival
% survival for women diagnosed 2010-2014



Lung cancer 5-year survival
% survival for patients diagnosed 2010-2014



Screening performance

Breast cancer screening
% of target population



Cervical cancer screening
% of target population



Colorectal cancer screening
% of target population

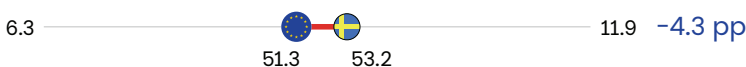


Risk factors

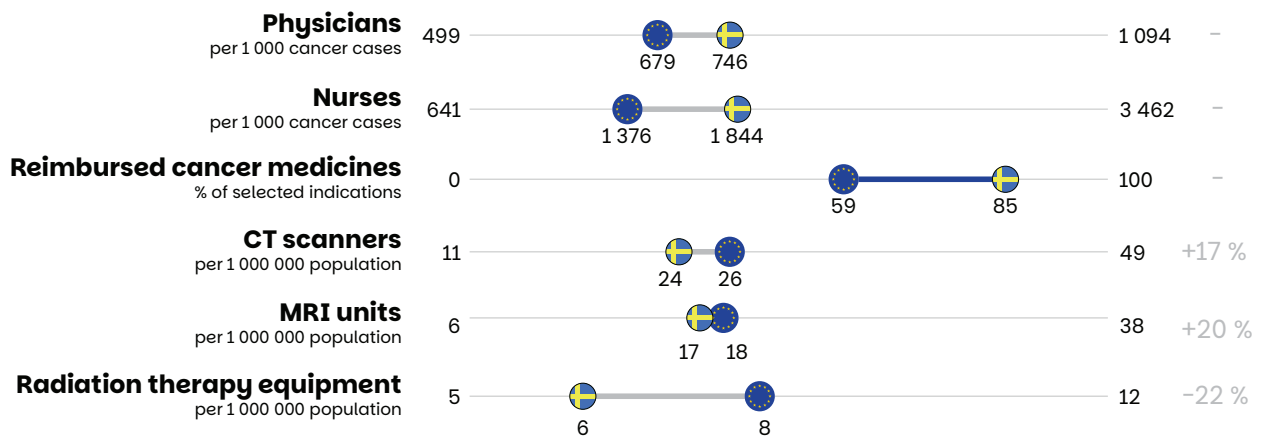
Alcohol consumption
Litres per capita, population aged 15+



Overweight and obesity
% of population aged 18+ with BMI ≥ 25



Human resources and infrastructure



Number of clinical trials: 775

Endnotes

- <https://www.euractiv.com/section/health-consumers/news/new-swedish-cancer-plan-aims-to-prevent-and-reduce-deaths>



**For more information,
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