Together Against Cancer – Human-Centred Cancer Prevention and Care

National Cancer Strategy 2026–2035
Finland

Ministry of
Social Affairs and Health

Contents

Summary

The cancer burden among the Finnish population will increase significantly over the next ten years. As the population ages, the need for cancer care will also grow substantially. Cancer affects nearly every person in Finland in some way, and an increasing number of people are living with cancer or as cancer survivors. Cancer and its treatments have a major impact on the quality of life and functional capacity of those with cancer.

The aim of the National Cancer Strategy is to improve patient equality and quality of life while also considering the needs of patients' family members. Cancer prevention and the reduction of cancer mortality are also central objectives.

The cancer strategy creates a strong foundation for Finland to address the growing cancer burden and to become an international leader in cancer prevention, treatment and research.

Cancer is not a single disease but a group of hundreds of distinct disease types. Their diagnostics, treatment, care and rehabilitation touch nearly all areas of healthcare from primary healthcare to various fields of specialised health-care. For this reason, cancer care, rehabilitation and individual psychosocial support require increasingly multiprofessional approaches, as well as more personalised, molecular-level diagnostics and treatments. These services must be available equally and without delay throughout the country.

The first National Cancer Strategy, **Together Against Cancer – Human-Centred Cancer Prevention and Care**, identifies the key challenges of the next decade and proposes solutions to them. The steering group responsible for the strategy has included the Ministry of Social Affairs and Health, which commissioned the work, the Finnish Cancer Center (FICAN), which carried it out, and the Cancer Society of Finland and the Finnish Institute for Health and Welfare (THL).

The strategy comprises four main objectives:

1. Strengthening participation and developing human-centred services
2. Reducing cancer burden through prevention and early detection
3. Ensuring equal and effective cancer care
4. Staying at the forefront in a changing environment.

Equality is also emphasised as a cross-cutting theme throughout all the objectives, with particular attention to the diagnostics and treatment of older cancer patients, as well as other demographic, age-based and disease groups. The values guiding the selection of the objectives include the reduction of inequality, the quality of life, the effectiveness of treatment and the importance of research.

The strategy is based on extensive working group collaboration, through which tangible and comprehensive measures were defined under the leadership of FICAN. More than 200 experts from healthcare, research and educational institutions and non-governmental organisations participated in the working groups. The strategy and its objectives were also discussed within a national network of experts that included a wide representation from the business sector. All the participating individuals and organisations are listed in Appendix 1. The strategy was finalised during autumn 2025 based on the feedback collected through the Otan kantaa (Have your say) public consultation service.

The strategy outlines the measures for the next five years and the responsible parties guiding the achievement of its objectives. Clear indicators and quantitative targets have been defined for monitoring (Figure 1), to be reached in stages by 2035.

The integration of primary healthcare and specialised healthcare within the wellbeing services counties creates new opportunities for earlier cancer detection. It also supports the systematic collection of cancer-related data to support treatment, providing Finland with a strong position at the forefront of research, development and innovation (RDI) activities that make use of health data.

The implementation of the strategy will be launched under the coordination of FICAN. A roadmap to support the implementation is already being prepared and will be published in 2026. Legislative changes must be introduced to ensure the mandate required for the long-term implementation of the cancer strategy. It is important that both the Government and the wellbeing services counties are strongly committed to the implementation of the strategy.

All cancer-related stakeholders will participate in the implementation, and collaboration will be further strengthened by the establishment of Cancer Mission Hub Finland in 2026. This national entity is part of a European network that aims to advance the EU Cancer Mission and Europe's Beating Cancer Plan at the national level. In Finland, these goals are in line with the cancer strategy: ensuring the best possible quality of life for people with cancer, promoting equal access to cost-effective treatments and harmonising national cancer care guidelines.

Strategic objectives

The strategy is guided by four main objectives. They were selected to promote the following values: the reduction of inequality; the quality of life; the effectiveness of treatment; and the importance of research. Equality is a cross-cutting theme in all the objectives. The targets defined for monitoring (Figure 1) are to be achieved in stages by 2035.

Strengthening participation and developing human-centred services

- Patients' experience of care (net promoter score, NPS), quality of life and wellbeing (patient-reported outcome measures, PROMs) are measured and reported systematically.
- In units that treat cancer patients, NPS exceeds 80.

Reducing cancer burden through prevention and early detection

- The number of preventable cancers decreases by 1,000 cases per year.*
- All cancer screening programmes achieve an 80% participation rate in each wellbeing services county.
- At least 70% of cancers are diagnosed at stages I to II.

Ensuring equal and effective cancer care

- The five-year survival rates for poor-prognosis cancers reach the Nordic level.**
- Cancer mortality decreases by 10% (currently 13,300 deaths per year).
- Patients access treatment within the established target times.***

Staying at the forefront in a changing environment

- The number of new clinical cancer trials and register-based studies increases by 10% annually.****
- More than 10% of cancer patients are enrolled in interventional trials.
- The medicines used in cancer treatment are assessed through a single-channel evaluation process.

Equality

- Knowledge of regional and socioeconomic differences in cancer incidence, treatment and mortality is available for use in service provision and is used to guide decision-making.

*The current estimated number of preventable cancers is approximately 10,000.
**The five-year relative survival rates increase from the 2023 Nordcan level by more than 14 percentage points for lung cancer, 6 percentage points for pancreatic cancer, and 14 percentage points for liver cancer. The Nordic level refers to the average of Sweden and Norway.
***Finnish Institute for Health and Welfare (Ohjaus 21/2016). 'Hoitoonpääsyn seuranta syövän hoidossa' [Monitoring access to cancer care].
****The annual number of new clinical cancer trials increases to approximately 200 by 2035.

Figure 1. Monitoring indicators based on the strategy's objectives.

Current situation and operating environment

Cancer in Finland

International comparisons indicate that cancer prevention and care are overall at an excellent level in Finland. At the same time, the survival rates for certain cancers lag behind those of other Nordic countries, and new challenges lie ahead in the coming decade. The number of expected cancer cases in Finland is projected to rise particularly rapidly as the population ages. Meanwhile, cancer prevention, diagnostics and treatment are advancing rapidly, which creates opportunities for more precisely targeted care but also generates cost pressures. Against this backdrop, Finland has identified the need for a dedicated cancer strategy that also pays attention to other national development initiatives.

Without additional measures, the number of new cancer cases is projected to increase by approximately 20% in slightly more than ten years. This means a rise from the current slightly under 38,000 annual cases to nearly 45,000 cases by 2035. Around one in three people diagnosed with cancer is of working age. Early diagnosis, ambitious treatment and effective rehabilitation to support return to work are important not only for these individuals but also for society's dependency ratio.

An increasing number of people diagnosed with cancer are living longer than before. By 2035, an estimated 480,000 people in Finland will be living with or have survived cancer – an increase of 35% compared to 2022.

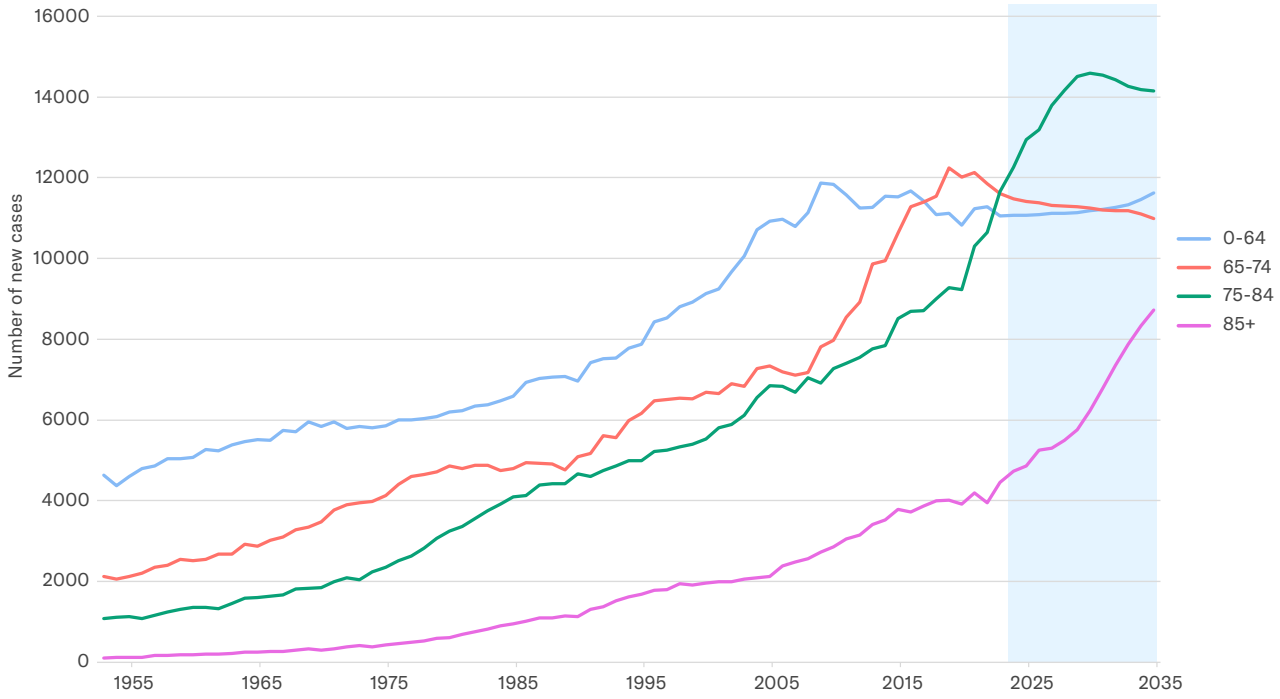


Figure 2. Actual and projected (2023–2035) numbers of new cancer cases by age group.
Source: Finnish Cancer Registry.

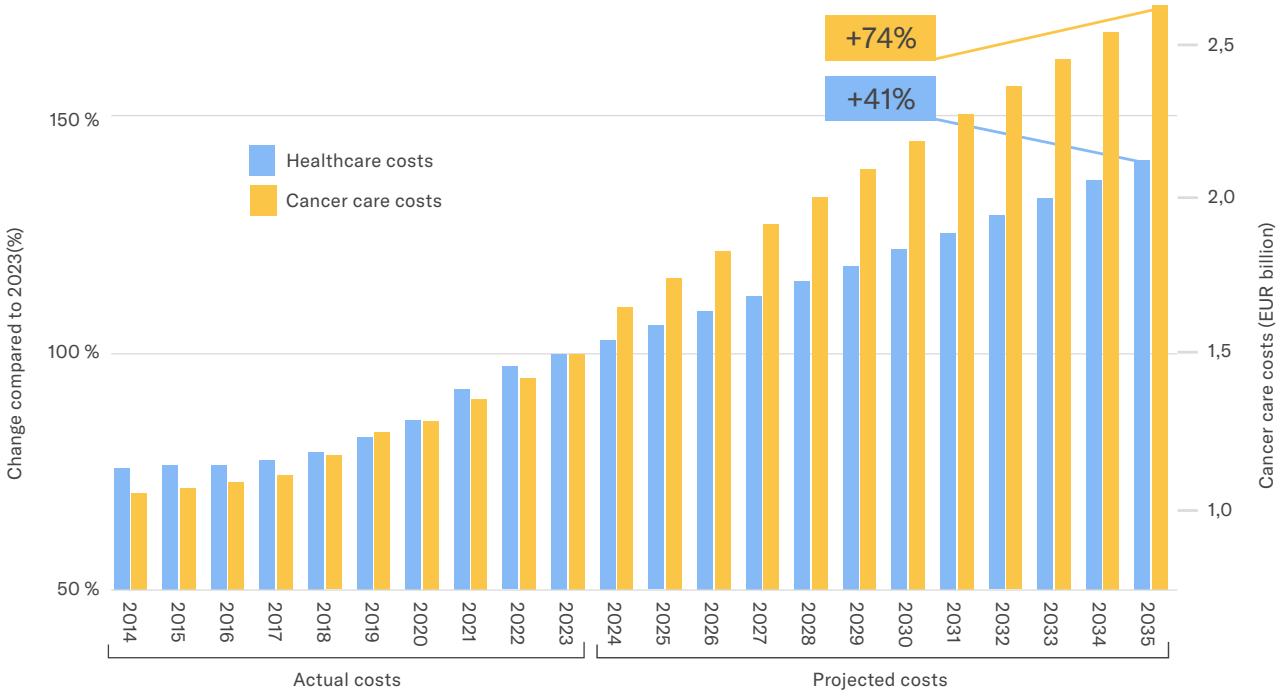


Figure 3. Actual (2014–2023) and projected (2024–2036) growth in cancer care costs in relation to the actual and projected increase in total healthcare expenditure. The bars indicate percentage changes compared to 2023. The increase of cancer care costs is also shown in billions of euros. Sources: Syövän kustannukset Suomessa [Cancer costs in Finland], an online tool provided by Cancer Foundation Finland[1]; Finnish Cancer Registry's projections of cancer incidence and cost development (€/patient) by cancer type; and healthcare expenditure projections based on the Finnish Institute for Health and Welfare's registers (2014–2022)[2].

Much of the increase in cancer cases will occur among older people (Figure 2). A growing proportion of cancer patients are more than 75 years old, often living with multiple morbidities and frailty. In this age group, cancer treatments require careful planning due to age-related physiological changes and other medical conditions, resulting in a greater need for symptomatic care.

Cancer prevention is the most effective way to reduce human suffering and control costs. It also presents substantial opportunities, as a significant share of new cancer cases is associated with preventable risk factors. In Finland, overweight has emerged as a significant risk factor, although smoking and alcohol consumption remain major contributors. This strategy includes tangible measures to address risk factors and prevent cancer, including among the working-age population.

Diagnosing cancer at an earlier stage is another highly effective means of improving patient outcomes and reducing the cancer burden. The strategy addresses the evolving methods of early detection and the support for primary healthcare, which help strengthen the ability of healthcare to recognise cancer.

Reducing the workload of healthcare personnel is critical, as the growing care needs combined with the retirement of professionals are already reflected in rising personnel dissatisfaction and shortages in healthcare.

1 www.syopasaatio.fi
2 https://thl.fi/en/statistics-and-data/statistics-by-topic/social-and-health-care-resources/health-expenditure-and-financing

Cancer care costs are expected to rise from EUR 1.5 billion in 2023 to as much as EUR 2.6 billion by 2035 – an increase of 74% – based on the trends over the past five years and assuming no targeted measures (Figure 3). This growth is considerably faster than that of other healthcare and social welfare expenditures. Without corrective measures, this will pose a significant challenge to the sustainability of healthcare. This strategy therefore focuses on effective measures: providing personalised care at the right time.

Although cancer care in Finland is generally good, shortcomings remain particularly in prevention and equal early detection. Tightened healthcare and social welfare budgets threaten timely access to care, even though the costs of cancer treatment in Finland remain moderate by international comparison (OECD, 2023[3]). Finland has also fallen behind other Nordic countries in outcomes for cancers such as lung cancer and myeloma[4].

Cancer is further characterised by regional and socioeconomic disparities. Socioeconomic differences are evident in both cancer incidence and mortality. People with lower education and income levels have a higher risk of developing and dying from cancer than those who are more highly educated and wealthier. This strategy emphasises equality to address this challenge.

Operating environment of cancer prevention, care and research

The key actors in cancer care and research are grouped into five sectors according to their primary role. Many of them operate in multiple roles and engage in close collaboration.

Healthcare governance and evaluation: Service management, assessment, statistics, medicines regulation and supervision, reimbursement systems, pricing.

Prevention and care implementation and development: Implementation and development of cancer prevention, treatment, rehabilitation and follow-up, including national activities.

Research and training: New solutions, experts, research funding, EU cooperation.

Business and innovation activities: Technologies, medicines, services, a society that supports innovations.

Civil society and expert organisations: Care guidelines, patient representation, informational and peer support, health promotion, cancer prevention.

Figure 4. Key actors in cancer care and research.

3 OECD (2023). EU Country Cancer Profile: Finland 2023. OECD Publishing, Paris, https://doi.org/10.1787/427186d4-en
4 Nordcan, https://nordcan.iarc.fr/en

In Finland, the operating environment of cancer care and research is extensive and multi-layered. It encompasses healthcare governance and evaluation, prevention and care implementation, research and education, innovation and business activities, as well as civil society and organisations (Figure 4). The environment is decentralised and includes multiple channels, creating challenges particularly for governance, resource allocation and the adoption of innovations.

The responsibilities and resources for cancer prevention, screening, treatment, rehabilitation and research are currently distributed between numerous parties. In ministries, the Finnish Institute for Health and Welfare (THL), wellbeing services counties and universities, activities related to cancer are embedded in broader programmes and strategies. In the overall governance of cancer care, the division of tasks, responsibilities and resourcing are not fully clear.

The figure 4 (previous page) illustrates the key actors and areas of Finland's national cancer care and research environment.

Two national cancer-focused entities operate on a statutory basis: the Finnish Cancer Registry and the Finnish Cancer Center (FICAN). The Cancer Registry is a research institute specialising in cancer epidemiology. It operates within the Cancer Society of Finland and functions as the national cancer register under THL's responsibility. FICAN is a national centre established by the Ministry of Social Affairs and Health and jointly operated by the wellbeing services counties and medical universities. Its purpose is to strengthen national cooperation and coordination to harmonise cancer prevention, diagnostics and treatment, enhance research, and ensure the accessibility, quality and equality of care across the country. FICAN's five regional centres work closely with university hospitals and their cancer centres (CC centres) and comprehensive cancer centres (CCC Centres) accredited by the Organisation of European Cancer Institutes (OECI).

The preparation and implementation of the Cancer Strategy also draw upon existing national programmes, projects and studies that intersect with cancer prevention, care and research (Table 1).

Table 1. National programmes, projects and studies considered in the strategy and its implementation.

Good Work Programme, i.e. Implementation plan 2024–2027: Ensuring the sufficiency and availability of healthcare and social welfare personnel [in Finnish, abstract available in English] (Ministry of Social Affairs and Health)
Substance Use and Addiction Strategy. Joint Guidelines Until 2030. [in Finnish, abstract available in English] (Ministry of Social Affairs and Health)
The Action Plan on Alcohol, Tobacco, Drugs and Gambling [in Finnish, summary available in English] (THL, 2015–2025)
Get Finland Moving programme (Ministry of Education and Culture, 2023–2027)
National health and wellbeing programme (Ministry of Social Affairs and Health, 2024–2027)
RDI Growth Programme for Health and Wellbeing (Ministry of Social Affairs and Health, 2024–2027)
Promotion of wellbeing, health and safety 2030: Government resolution [in Finnish, abstract available in English]
Project on medicines and the financial base of pharmacies (Ministry of Social Affairs and Health, 2024–2026)
A study on health data under the RDI Growth Programme for Health and Wellbeing (Ministry of Social Affairs and Health and Sitra, 2025)
'Trial Nation Finland' report (Sitra, 2025)
A feasibility study on a cancer quality registry (Finnish Cancer Registry, THL, FICAN, 2024–2027)

European operating environment

Finnish cancer prevention, care and research are not developed solely through national collaboration. Our activities are also shaped by European and global regulations, programmes, recommendations, guidelines and collaboration networks. In recent years, the European cancer care and research field has evolved significantly through European Union initiatives such as Europe's Beating Cancer Plan and the EU Cancer Mission.

Europe's Beating Cancer Plan is a comprehensive strategy that sets political objectives for cancer prevention, early detection, high-quality treatment and survivor support. Meanwhile, the EU Cancer Mission supports the achievement of these objectives through research and innovation. The National Cancer Strategy contributes to the implementation of Europe's Beating Cancer Plan and the EU Cancer Mission in Finland (Table 2).

Table 2. Main themes of Europe's Beating Cancer Plan and their consideration in the National Cancer Strategy.

Main themes of Europe's Beating Cancer Plan	Their consideration in the Cancer Strategy
Saving lives through sustainable cancer prevention	
• Create a tobacco-free generation by ensuring that less than 5% of the population uses tobacco by 2040. • Reduce harmful alcohol consumption in line with the UN Sustainable Development Goals and reduce young people's exposure to alcohol marketing. • Reduce environmental pollution by aligning the EU's air quality standards with the World Health Organization's guidelines and decrease exposure to carcinogenic substances and radiation. • Improve health literacy to promote healthier lifestyles.	Sub-objectives: *2.1 Cancer risk factors are reduced through social policy measures; 2.2 Cancer is prevented in wellbeing services counties and local services;* and *1.3 Clear and accessible health communication and support for health literacy promote cancer prevention, early detection and effective treatment.*
Improving early detection of cancer	
• Consider extending targeted cancer screening beyond breast, colorectal and cervical cancer to other cancers such as prostate, lung and gastric cancer.	Sub-objective: *2.3 European recommendations and national structures provide the basis for the design and implementation of effective cancer screening programmes.*
Preventing cancer through vaccination	
• Eliminate cervical cancer and other cancers caused by human papillomaviruses (HPV). The goal is to vaccinate at least 90% of girls in the EU and substantially increase vaccination coverage among boys by 2030.	Sub-objective: *2.2 Cancer is prevented in wellbeing services counties and local services*, which includes the goal of eliminating HPV-related cancers.
Equal access to cancer diagnosis and treatment	
• Aim to ensure that 90% of eligible patients have access to CCC centres by 2030.	Access to OECI-accredited CC and CCC centres is included in the measures under sub-objective 3.1, which will be further specified in the implementation roadmap.

Main themes of Europe's Beating Cancer Plan	Their consideration in the Cancer Strategy
Improving quality of life for cancer patients and survivors	
• Launch a 'Better Life for Cancer Patients' initiative. • Address fair access for cancer survivors to financial services (including insurance), via a code of conduct and a reflection on long-term solutions.	Sub-objective: *3.3 Rehabilitation, psychosocial support, health social work and palliative care are an established part of the cancer care pathway and equally available;* included in the measure of identifying, as part of the social security reform, the specific income-related challenges faced by people with cancer and the necessary measures to address them, and assessing the legislative changes required to improve cancer patients' access to loans and insurance in Finland.

Equality in the Cancer Strategy

A central goal of Finnish health policy is to provide all citizens with equal opportunities to access preventive services and timely, high-quality healthcare.

However, long-term Finnish studies have shown that the risk of developing cancer and cancer mortality vary between population groups. These differences are strongly linked to cultural and social determinants of health, including ethnicity, mother tongue, level of education, age and health literacy. Inequalities are also seen by place of residence and economic situation. The current system of parallel primary healthcare services may itself create and maintain disparities in wellbeing and health. Finland ranks among the leading European countries in terms of the financial burden cancer places on patients.[5]

Equality is a fundamental right enshrined in the Constitution of Finland. Formal equality means that everyone is always treated in the same way and offered the same services. However, this alone does not guarantee the realisation of equality in practice. Substantive equality (which may also be referred to as a needs-based principle) means considering people's individual life situations comprehensively and fairly, ensuring awareness of available support services, and promoting collaboration between professionals so that every person with cancer has the opportunity to achieve the same treatment outcomes. In this strategy, the concepts of equality are based on the definitions provided by the Finnish Institute for Health and Welfare (THL)[6].

The achievement of equality requires measures. These strengthen the capacity of healthcare services and systems to identify and respond to the social and cultural determinants associated with unequal treatment outcomes. The purpose is therefore not to provide 'everyone with everything' but rather to provide everyone with the support that meets their individual needs.

Equality is the cross-cutting theme of the National Cancer Strategy and is incorporated in all of its main objectives. This ensures that the

5 Vancoppenolle J., Franzen N., Azarang L., et al. Financial toxicity and socioeconomic impact of cancer in Europe. ESMO Open. Volume 10, Issue 6, 105293. DOI: 10.1016/j.esmoop.2025.105293.

6 Finnish Institute for Health and Welfare (THL). Yhdenvertaisuuden käsitteet [Concepts related to equality; in Finnish], https://thl.fi/aiheet/sote-palvelujen-johtaminen/kehittyva-palvelujarjestelma/yhdenvertaiset-palvelut/yhdenvertaisuuden-kasitteet

strategy recognises the healthcare needs of all people in Finland – regardless of who they are, or where they live.

Equality is addressed through six key cross-cutting themes (Figure 5). Poor-prognosis cancers, rare cancers, cancers in children and young people, socioeconomic factors, regional differences and older people are addressed where relevant under the sub-objectives. The proposed measures include related aspects, and these will be further specified in the roadmap that supports the implementation of this strategy.

The equality themes have guided the formulation of the sub-objectives, many of which encompass several aspects. The purpose is that the sub-objectives will promote the equality between different population and patient groups across the strategy as a whole, and that equality will be integrated into the strategy's practical measures.

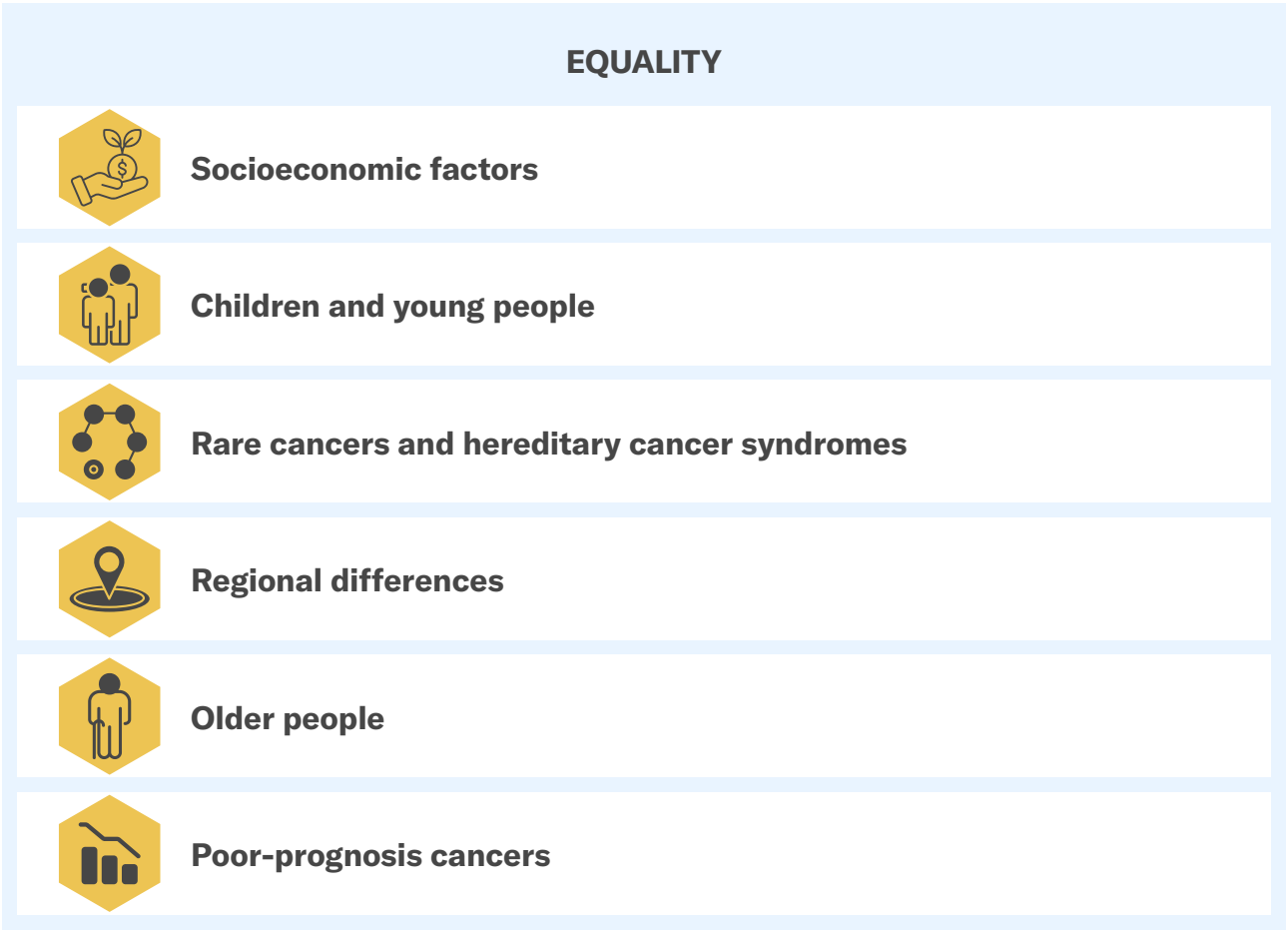


Figure 5. Cross-cutting themes of the strategy and icons used to indicate their consideration in the sub-objectives.

Sub-objectives and measures

This strategy is guided by four main objectives and their associated sub-objectives (Figure 6).

Equality is a cross-cutting theme in all the objectives.

Strengthening participation and developing human-centred services

1.1 Clients, patients and their family members participate in the development of cancer prevention, treatment and services
1.2 Respectful, humane and personalised interaction supports patients to take an active role in their own care
1.3 Clear and accessible health communication and support for health literacy promote cancer prevention, early detection and effective treatment

Reducing cancer burden through prevention and early detection

2.1 Cancer risk factors are reduced through social policy measures
2.2 Cancer is prevented in wellbeing services counties and local services
2.3 European recommendations and national structures provide the basis for the design and implementation of effective cancer screening programmes
2.4 Legislation and register data enable high-quality, cost-effective and risk-based screening
2.5 Cancers are detected at an early stage throughout the healthcare system

Ensuring equal and effective cancer care

3.1 Equal, timely and effective treatment is ensured through national care guidelines and pathways
3.2 The development of effective care is supported by a national cancer care quality register, the systematic review of outcomes and peer review
3.3 Rehabilitation, psychosocial support, health social work and palliative care are an established part of the cancer care pathway and equally available
3.4 The diagnostics and treatment of older cancer patients are guided by functional capacity information
3.5 Sufficient and competent personnel ensure effective and human-centred cancer care

Staying at the forefront in a changing environment

4.1 Cancer research and the use of data are supported by a national health data repository and advanced analytics
4.2 Strengthened clinical cancer research is an integral part of every patient's care
4.3 Finland is a forerunner in personalised medicine
4.4 The cancer burden is reduced through multidisciplinary research
4.5 The evaluation and adoption of new cancer medicines and other treatments are effective, timely and consistent regardless of the evaluating body

Figure 6. Strategy's main objectives and their associated sub-objectives.

Strengthening participation and developing human-centred services

Sub-objectives:

1.1 Clients, patients and their family members participate in the development of cancer prevention, treatment and services

1.2 Respectful, humane and personalised interaction supports patients to take an active role in their own care

1.3 Clear and accessible health communication and support for health literacy promote cancer prevention, early detection and effective treatment

Client inclusion refers to the participation and influence of service users in their own care or in the services received by their family members. More broadly, it also encompasses participation and influence in the ideation, planning, development, implementation and evaluation of services, service pathways and service systems, as well as in health policy. The Act on Wellbeing Services Counties emphasises the promotion of residents' and service users'[7] opportunities to participate and exert influence.

For example, clients, patients and their family members can contribute to the development of human-centred cancer care as members of client, patient or research panels, as volunteers or experts by experience, and as representatives of service users in the bodies of wellbeing services counties.

The participation of clients, patients and family members in developing services and in their own care may improve service quality, commitment to treatment and the overall experience of cancer care. The perspectives of people with cancer and their family members are also valuable for the preparation of healthcare guidelines, the planning of research and the development of health policy.

Participation requires structures that promote inclusion, good interaction and communication skills among healthcare and social welfare professionals, and sufficient health literacy among citizens.

7 These terms – residents and services users – are used in the Act on Wellbeing Services Counties (https://www.finlex.fi/fi/lainsaadanto/saadoskaannokset/2021/eng/611). This strategy uses the terms 'client', 'patient' and 'family member' to refer to the users of services related to both cancer prevention, and treatment and rehabilitation.

1.1 Clients, patients and their family members participate in the development of cancer prevention, treatment and services

The inclusion of clients, patients and their family members in the development of healthcare and social welfare has been strengthened in recent years. International guidelines and national legislation alike require the promotion of participation. Through participation, preventive services and cancer care can be made more human-centred and better aligned with the needs of clients and patients.

At present, the participation of clients, patients and their family members in the development of cancer services is not implemented systematically, and opportunities to participate vary between regions and organisations.

By taking the perspectives of service users into account, it is possible to improve cancer prevention, screening, care pathways and support, and to encourage people to use preventive services.

Target state:

- In future, clients, patients and their family members will play a stronger role in developing preventive services and cancer care.
- Service organisers and providers actively share information about participation opportunities, and the promotion of participation is an integral part of their organisational culture.
- Patient representatives are more widely involved in the preparation of healthcare guidelines.
- The clients, patients and family members involved in development activities reflect the diversity of society. Their recruitment targets individuals who represent different age groups, genders, ethnic groups, socioeconomic positions and geographical areas.

Means of measuring the achievement of the objective:

- Client, patient and research panels focusing on the development of cancer care (panels will be established in regions where they do not yet exist).
- Patient representatives included in working groups or reference groups preparing guidelines (the percentage of guidelines or working groups that include client or patient representatives).
- Lay members representing an increasingly diverse society included in the development of cancer screenings and vaccination programmes related to cancer prevention (the number and proportion of the lay representatives involved).

Proposed measures:

1. We strengthen the inclusion and participation opportunities of residents, clients, patients and their family members in the development of population-based screenings, vaccination programmes and other preventive services.
2. We strengthen the participation of patient representatives in the preparation of cancer-specific care and other guidelines, as well as care pathways.
3. Cancer care units define inclusion and participation opportunities in their organisational structures, action plans, and care and service processes, and commit to using the knowledge generated through different forms of participation in the development of activities and services.
4. The wellbeing services counties, HUS and non-governmental organisations increase their collaboration.

Responsibility:

- Ministry of Social Affairs and Health, wellbeing services counties and HUS, municipalities, organisations

1.2 Respectful, humane and personalised interaction supports patients to take an active role in their own care

A basic human need is to be seen, heard and acknowledged. While most people with cancer feel they receive good care, and patient satisfaction is generally high in cancer care units, some patients experience that in hospital or at consultations, their comprehensive need to be treated as an individual and whole person is overlooked.

Many patients need support and information to be able to participate in planning and implementing their own care and to support their own wellbeing.

Alongside evidence-based guidelines and care practices, treatment decisions must be grounded in an individual assessment of the patient's resources, level of knowledge and life situation. This requires that the treating physician and the patient both have sufficient knowledge of the available treatment options, their potential benefits and harms, and the patient's values and preferences.

Currently, no common national guidelines are available regarding how shared decision-making should be incorporated in cancer care.

Target state:

- A person with cancer is an active participant in their own care, to the extent that is appropriate for them.
- Shared decision-making is the starting point for treatment decisions.
- Guidance on shared decision-making has been integrated into care guidelines. Care guidelines are public, and patient versions are produced.
- Every person with cancer has a designated professional responsible for coordinating their cancer care, with a clearly defined role along the care pathway. This professional may be a physician, nurse or another health professional who has received appropriate training for the role.
- The designated professional identifies the patient's individual support needs (for rehabilitation, psychosocial support, health social work, palliative care, nutrition and physical activity counselling) during both treatment and rehabilitation, and coordinates the provision of these services and support for self-management.

Means of measuring the achievement of the objective:

- Patients' experience of care (net promoter score, NPS; and patient feedback on nursing, in Finnish hoitotyön potilaspalaute, HoPP) in cancer care units (experiences are collected and reported in all units; NPS above 80 and HoPP results above 4.7).
- A section about shared decision-making is added to care guidelines (the percentage of cancer care guidelines that include a shared decision-making section).
- Care guidelines are publicly available (the percentage of cancer care guidelines that are publicly available).
- The use of the model of a designated professional responsible for coordinating cancer care in the wellbeing services counties and HUS.

Proposed measures:

1. We ensure that care guidelines include a section that supports shared decision-making.
2. We adopt existing indicators that measure patients' experience of participation in their own care.
3. We develop an operating model and guidance for the role of a designated professional responsible for coordinating cancer care.

Responsibility:

- FICAN, wellbeing services counties and HUS

1.3 Clear and accessible health communication and support for health literacy promote cancer prevention, early detection and effective treatment

The recognition of cancer symptoms and the decision-making related to treatment are often complex and place demands on health literacy. This is particularly evident in recognising symptoms, participating in screenings and vaccinations, and understanding treatment options, including palliative care. Limited health literacy may delay seeking care, hinder treatment decisions and restrict patients' opportunities to influence their own care. The strengthening of people's health literacy promotes cancer prevention, early diagnosis and effective treatment. Particular attention should be paid to population groups such as migrants, whose participation in healthcare is weaker than that of others.

Health literacy can be strengthened through clear, multichannel and multilingual communication that is culturally sensitive. In addition, the population can be supported through measures co-developed and implemented in collaboration with people from different backgrounds and organisations representing them to increase people's awareness of and inclusion in health services.

Health literacy is also enhanced by increasing understanding of the care and support provided by society, particularly among migrants, and by building trust in the authorities and the healthcare system. Efforts to promote health literacy will only support early detection if timely access to care is ensured (sub-objective 2.5).

Target state:

- Targeted and clear health communication is an established part of promoting cancer screening and treatment, especially among linguistic minorities and population groups whose voices are less clearly heard in society.
- Multilingual and culturally sensitive materials are widely used, reach different language groups and improve their participation in screenings and seeking of care.
- People are more aware than before of the potential symptoms of different cancers and seek care as early as possible.
- Awareness of palliative care has increased significantly, and its benefits are well understood by both the general public and professionals.

Means of measuring the achievement of the objective:

- The participation rates in screenings are improved so that the participation rate of people whose mother tongue is other than Finnish or Swedish reaches the level of the Finnish- and Swedish-speaking population.
- HPV vaccination coverage is improved so that the target coverage (90% among pupils completing primary school) is achieved in every wellbeing services county and the City of Helsinki.

Proposed measures:

1. We improve the participation of different language groups in vaccinations and screenings through targeted and community-based communication.
2. We promote early seeking of care through a national communication plan focused on increasing awareness of cancer symptoms.
3. We strengthen people's awareness of palliative care and foster a positive attitude towards it through clear and consistent communication.

Responsibility:

- FICAN, wellbeing services counties, City of Helsinki and HUS, organisations

Reducing cancer burden through prevention and early detection

Sub-objectives:

2.1 Cancer risk factors are reduced through social policy measures

2.2 Cancer is prevented in wellbeing services counties and local services

2.3 European recommendations and national structures provide the basis for the design and implementation of effective cancer screening programmes

2.4 Legislation and registry data enable high-quality, cost-effective and risk-based screening

2.5 Cancers are detected at an early stage throughout the healthcare system

As many as 30 to 40% of new cancer cases could be prevented if living environments and lifestyles that promote health and prevent cancer were adopted. Cancer typically develops over many years, and the impact of preventive measures also becomes visible only in the longer term. Cancer risk factors must therefore be addressed broadly by making health-promoting decisions at all levels of government and across policy sectors. Prevention should be viewed as a necessary investment in public health, as influencing the same risk and protective factors also reduces the burden of other major common diseases such as cardiovascular diseases and diabetes.

In the healthcare and social welfare sector, it is essential to improve access to primary healthcare, particularly to preventive services and lifestyle counselling related to nutrition, physical activity, alcohol use and smoking. The elimination of cancers caused by human papillomaviruses (HPV) requires that HPV vaccination coverage is improved.

In addition to cancer prevention, it is crucial that cancers are detected at a precancerous or early stage, thereby reducing both the number of new cancers and cancer mortality.

The aim of the Cancer Strategy is to develop the management of national screening programmes and to reform legislation so that they support the implementation of screening programmes that are cost-effective and appropriate in terms of population health benefits, as well as the introduction of new programmes and the early diagnosis of cancer in primary healthcare.

2.1 Cancer risk factors are reduced through social policy measures

The key tools of social policy that prevents cancer include legislation, budgeting, strategies, other guidance and the authorities' activities. Appropriately targeted social policy measures can reduce socioeconomic differences in health. At present, insufficient attention is paid to the impact that initiatives arising from different sectors have on health, health inequalities and cancer prevention.

Measures are required because, although smoking has decreased, the use of other tobacco and nicotine products is increasing. Alcohol consumption and the growing prevalence of overweight (body mass index at least 25 kg/m²) and obesity (body mass index at least 30 kg/m²) increase the cancer burden particularly in Finland.

Early childhood education and care, educational institutions and youth work play a central role in shaping young people's lifestyles.

Target state:

- The use of tobacco and nicotine products and alcohol decreases. Adherence to dietary and physical activity recommendations becomes more common. The rise of overweight levels is halted. These changes reduce socioeconomic health differences.
- Cancer prevention, health promotion and the reduction of health inequalities are given attention in social policy decisions and budgeting.
- Updated national programmes concerning tobacco, alcohol, nutrition and physical activity set out measures for cancer prevention.
- Taxation guides industry, trade and consumers towards healthier choices.
- Walking and cycling routes, local services, activity-promoting yards and access to nearby nature are safeguarded.
- The protection from UV radiation and the reduction of radon exposure are incorporated in guidelines for building and land-use planning.
- The prevention of occupational cancers is included in the national occupational safety and health strategy.
- Schools and other environments used by children and young people, youth work and close adults support the development of healthy lifestyles.

Means of measuring the achievement of the objective:

- Overweight and obesity no longer become more common in the population.
- Annual increases are made in the taxation of tobacco, nicotine and alcohol products, and the use of tobacco and nicotine products ceases in line with the target set in legislation.
- Total alcohol consumption continues to decline by 2.5% per year, and alcohol product labelling includes information about calorie content and a warning about the cancer risk associated with alcohol.
- The number of workers reported to the register of workers exposed to carcinogenic substances and methods (ASA Register).

Proposed measures:

1. We integrate a comprehensive assessment of health and health disparity impacts related to cancer prevention into legislative and budget proposals, and land-use and transport planning.
2. We expand health-based taxation.
3. We design and implement a national action plan on nutrition and physical activity in cooperation with key stakeholders. As part of this, we assess the achievements and implementation challenges of the national obesity programme (2012–2015).
4. We establish a working group to develop tobacco and nicotine policy for each government term to strengthen the regulation of tobacco and nicotine products.
5. We ensure that health and social policy perspectives are considered in alcohol policy and establish further labelling requirements for alcoholic products.
6. We improve the protection from UV radiation by ensuring shaded areas in public yards, walking and cycling routes and other outdoor spaces. We pay attention to the avoidance of radon exposure in building.
7. We incorporate the prevention of occupational cancers in the national occupational safety and health strategy.
8. We ensure that key stakeholders (municipalities, organisations) have the capacity to develop and support health-promoting operating models in the living environments of children and young people.

Responsibility:

- Ministry of Social Affairs and Health, Ministry of Finance, Ministry of Justice, Ministry of Education and Culture (National Sports Council), Ministry of Economic Affairs and Employment, THL, STUK, wellbeing services counties and HUS, municipalities, public health and youth organisations

2.2 Cancer is prevented in wellbeing services counties and local services

Both healthcare and social welfare services and municipalities have responsibilities related to health promotion and cancer prevention. Counselling, mini-interventions and service guidance related to cancer prevention are provided in both preventive and medical care services. One of the key objectives of the health and social services reform has been to strengthen and develop preventive work, but this objective is now at risk.

To shift the focus of the service system more strongly towards prevention, financial and structural support is required from both wellbeing services counties and central government. From the residents' perspective, it is essential that they have access to the preventive services they need. It is particularly important to ensure availability, quality and affordability or free-of-charge access in public preventive services because people who rely on public services are on average sicker and less well-off than others. Occupational healthcare reaches the working population, and its important role in cancer prevention must be recognised in the development of occupational health services.

The current funding legislation does not sufficiently govern this shift in focus. Problems with service availability and patient fees hinder comprehensive preventive work. The regional availability and quality of preventive services vary. Smoking and nicotine cessation support, substance abuse rehabilitation, and nutrition and physical activity counselling must be available to everyone who needs them. HPV vaccination coverage, particularly among primary school children, must be improved.

Target state:

- The funding model of the wellbeing services counties provides stronger incentives for preventive work in line with the national objectives.
- Effective preventive models used in health and social services are defined nationally and integrated into regional pathways for lifestyle counselling and into medical care.
- Nutrition and physical activity counselling, smoking and nicotine cessation services, and substance abuse services are available to all who need them, and national operating models are used in service provision.
- Cancers caused by HPV have been eliminated as vaccination coverage improves.

Means of measuring the achievement of the objective:

- The funding for preventive services in wellbeing services counties.
- The availability of and free-of-charge access to preventive services.
- The availability of smoking and nicotine cessation services, substance abuse rehabilitation services, and nutrition and physical activity counselling.
- The proportion of people who smoke and use substances by region.
- HPV vaccination coverage: at least 90% of pupils completing primary school nationwide.

Proposed measures:

1. We examine ways to further increase the weight of prevention in the funding model of the wellbeing services counties.
2. We ensure the use of national operating models that prevent cancer, including those related to substance use, nutrition and physical activity.
3. We increase HPV vaccination coverage in primary schools through coordinated collaboration and communication, and ensure the active offer and completion of vaccinations in lower and upper secondary schools.

Responsibility:

- Ministry of Finance, Ministry of Social Affairs and Health, wellbeing services counties and HUS, municipalities, occupational healthcare

2.3 European recommendations and national structures provide the basis for the design and implementation of effective cancer screening programmes

For decades, the Finnish Cancer Registry has been responsible for the planning, development and monitoring of cancer screening programmes in Finland. It receives central government funding for the development and maintenance of screening registers. Under the Health Care Act, the wellbeing services counties and the City of Helsinki are responsible for organising screening programmes.

The national cancer screening steering group is an expert body that supports the Ministry of Social Affairs and Health in preparing acts and decrees. Under the steering group, five cancer screening expert groups operate to provide opinions on the development of screening programmes and the introduction of new programmes.

Both the steering group and the expert groups have operated for years without a permanent structure, clearly defined tasks or dedicated funding.

The Council for Choices in Health Care in Finland (COHERE Finland) includes a newly established division tasked with evaluating screenings and providing opinions and recommendations for including screenings in the national screening programme. This screening division is a new actor in the overall management of screenings and must be considered when defining the tasks of the national cancer screening steering group.

Target state:

- The strategic planning, impact assessment and development of cancer screenings are carried out on a long-term basis, and overall responsibility lies with a clearly designated body.
- Clear processes are in place for launching new screening programmes and modifying existing ones. Decisions are based not only on EU recommendations but also on a broad national assessment that considers effectiveness, cost-effectiveness and practical aspects related to the organisation of screening.
- In line with EU recommendations, pilots have been conducted to expand screening to prostate cancer and lung cancer in long-term smokers, and the target age group for breast cancer screening has been expanded to 46–74 years.

Means of measuring the achievement of the objective:

- The structure for screening governance has been defined, and the related processes publicly documented.
- The national criteria for the decision-making concerning screening programmes published in 2006 have been updated and are followed in decision-making.
- Screenings that are assessed to be effective and cost-effective have been incorporated in the national screening programme.

Proposed measures:

1. We clarify the division of tasks and responsibilities between the national cancer screening steering group, the cancer screening expert groups and COHERE Finland's screening division.
2. We update the criteria used in the decision-making concerning cancer screening programmes.
3. We expand breast cancer screening to women aged 46 to 74.
4. We establish new national screening programmes and modify existing ones based on scientific evidence and EU recommendations.

Responsibility:

- Ministry of Social Affairs and Health, COHERE Finland, FICAN, the national cancer screening steering group (or a new steering structure to be established), Finnish Cancer Registry, wellbeing services counties, City of Helsinki and HUS

2.4 Legislation and register data enable high-quality, cost-effective and risk-based screening

The implementation of screening programmes is regulated by the Health Care Act and the Government Decree on Screenings, which defines the target population and screening interval for each cancer screening programme. In addition, the Act on the National Institute for Health and Welfare (668/2008) (currently the Finnish Institute for Health and Welfare, THL) sets out general provisions on national healthcare registers. On behalf of THL, the Finnish Cancer Registry is responsible for maintaining the national registers for cancer screening and for evaluating the screening programmes.

In international comparison, Finland has high-quality register data, which could be used increasingly to implement risk-based screening. The balance of the benefits and harms of screening could be improved by using not only age and sex – which are currently used to define the target population – but also information such as the results of previous screening rounds or HPV vaccination history.

Current legislation does not allow the direct use of the data collected in screening registers or other healthcare registers for the practical implementation of screenings. A shift towards risk-based screening would also place higher demands on the quality and completeness of register data.

To ensure equal and cost-effective cancer screening, it is important that screening is organised in line with best practices throughout the country.

Target state:

- Screening programmes are implemented throughout Finland with high quality and in accordance with best practices. Up-to-date quality manuals guide the organisation of screening and the work of those implementing screening.
- It is legally possible to target screenings based on statistically assessed risk.
- All screening-like activities outside the national screening programme (e.g. mammography imaging or cytology samples in asymptomatic individuals) fall within the scope of screening programme evaluation. The costs and harms can be minimised by reducing overlapping testing. The implementation of screening programmes is monitored through a national register to which data are transferred automatically through information system integrations.
- Research on screening methods is actively conducted, and improvements to screening programmes such as the use of artificial intelligence are integrated into practice without delay.

Means of measuring the achievement of the objective:

- Screening-related legislation is in line with the target state.
- The coverage of screening-like tests in the screening register (target: 100% of tests outside the national screening programme are registered).
- The participation rates in screening (target: at least 80% participation in each programme in all the wellbeing services counties and the City of Helsinki).
- The number of pilot studies integrated into the national screening programme.

Proposed measures:

1. We introduce quality manuals for screening programmes systematically in the procurement and governance of services.
2. We reform legislation to enable cost-effective, risk-based screening.
3. We target screening based on the statistically assessed risk of the target population, which means that some individuals may be invited less frequently and others more frequently.
4. We safeguard funding for pilot studies conducted within the framework of the national screening programme.
5. We define operating models for using the data in screening registers to develop screening programmes in collaboration with wellbeing services counties.

Responsibility:

- Ministry of Social Affairs and Health, FICAN, the national cancer screening steering group (or a new steering structure to be established), Finnish Cancer Registry, wellbeing services counties, City of Helsinki and HUS

2.5 Cancers are detected at an early stage throughout the healthcare system

In cancer care, it is crucial that cancer is detected as early as possible. Early detection increases the likelihood that treatment will be curative, reduces side effects, lowers costs and often prevents cancer-related death. The measures described in this strategy (sub-objective 1.3) promote public awareness of cancer, thereby encouraging people to seek care.

Early detection is hampered by the problems affecting wellbeing services counties, particularly challenges in access to primary healthcare and early diagnosis. Among other issues, these are due to shortages of healthcare personnel and congestion in care pathways.

Early detection is especially critical for many rare cancers and poor-prognosis cancers such as lung cancer.

It is essential to have reliable and comprehensive data covering the pathway from the first recorded symptoms to diagnosis so that cancers can be diagnosed at an earlier stage. Such data are not currently collected systematically. In addition, the clinical notifications to the cancer registry made at the time of diagnosis, which include information about cancer stage, currently cover only about 40% of all cancer cases.

Target state:

- Access to primary healthcare is straightforward, and healthcare professionals have sufficient competence to recognise symptoms suggestive of cancer and to refer patients for further investigations. As a result, cancer diagnosis is not unnecessarily delayed.
- Nationally adopted guidelines and operating models support the identification of cancer risk groups and the enhancement of cancer prevention and early diagnosis using genomic information.
- Healthcare information systems and AI-based solutions are used to support early detection.
- Healthcare providers collect information about the pathway from the first symptoms to diagnosis to identify and eliminate delays.

Means of measuring the achievement of the objective:

- At least 70% of cancers are diagnosed at stages I to II by 2035.
- All national care pathways include the necessary guidelines (referral criteria and operating models).

Proposed measures:

1. We improve access to care by increasing physician resources in primary healthcare through measures such as expanding the personal physician model nationwide.
2. We support smooth transitions to specialised healthcare by defining standardised referral criteria as part of national care pathways, ensuring that patients with possible cancer symptoms are rapidly referred for necessary diagnostic investigations when the criteria are met.
3. We develop operating models for identifying cancer risk groups and improving early diagnosis using genomic information.

Responsibility:

- FICAN, wellbeing services counties, City of Helsinki and HUS, occupational healthcare

Ensuring equal and effective cancer care

Sub-objectives:

3.1 Equal, timely and effective treatment is ensured through national care guidelines and pathways

3.2 The development of effective care is supported by a national cancer care quality register, the systematic review of outcomes and peer review

3.3 Rehabilitation, psychosocial support, health social work and palliative care are an established part of the cancer care pathway and equally available

3.4 The diagnostics and treatment of older cancer patients are guided by functional capacity information

3.5 Sufficient and competent personnel ensure effective and human-centred cancer care

In Finland, cancer survival rates are internationally comparable, but significant needs for improvement still exist in how care is organised. Regional differences in the availability of resources and services, care practices and support services undermine patient equality. The costs of cancer care have also continued to rise rapidly, particularly due to new medicinal treatments. In the future, cost control will require the precise targeting of effective forms of treatment to those patients who benefit from them the most. The rapid increase in cancer cases, especially among older people, further underscores the need to pay attention to the specific characteristics of treating older patients within the healthcare system.

National care guidelines and well-coordinated care pathways, characterised by seamless multiprofessional collaboration and timely access to care, ensure that patients receive effective and equal treatment at the right time. The monitoring and management of care pathways also require sufficient and target-based quality indicators and the capacity to monitor them systematically. The provision of effective and equal care further depends on having sufficient and competent personnel, whose training and availability must be supported at the national level.

The aim of the Cancer Strategy is to ensure that Finland has coherent and effective care pathways and sufficient, skilled personnel, which together guarantee equal and high-quality treatment and support services for all patients, regardless of their place of residence. Rehabilitation, psychosocial, social and financial support, and palliative care are based on the individual needs of cancer patients and integrated seamlessly into care pathways, and their availability and quality are consistent throughout the country.

3.1 Equal, timely and effective treatment is ensured through national care guidelines and pathways

Up-to-date and evidence-based national care guidelines, care pathways and systematically monitored outcomes are a key prerequisite for equal, high-quality and effective cancer care. Together, they ensure that patients receive the right type of care at the right time and in the right place. According to the government decree on the centralisation of certain tasks in specialised healthcare (the 'centralisation decree', 582/2017), the Finnish Cancer Center (FICAN) aims to promote the planning and implementation of harmonised care practices and to monitor equality in access to care and treatment outcomes. However, to date, this mandate has not been supported by sufficient resources or funding.

Currently, no unified national system is in place to guide the preparation of disease-specific care guidelines and the implementation and monitoring of the care pathways based on them (including quality and effectiveness targets and indicators, access to care, and cancer-specific and generic PROMs). The existing guidelines, pathways, monitored targets and indicators are not coordinated at the national level. This perpetuates regional inequalities in access to and the effectiveness of cancer care. It also slows down the systematic assessment of care quality and its development based on effectiveness.

Target state:

- FICAN maintains a national system that coordinates the preparation, updating and implementation of cancer-specific care guidelines and pathways.
- The national care guidelines are based on up-to-date evidence and are developed through a harmonised and agile process that draws on international methods, paying attention to the principles governing the national range of services and feasibility.
- The guidelines are aligned with national policies guiding the consideration of costs and other societal impacts, and these policies support the consistency of the care guidelines and ensure their implementability within healthcare structures.
- Care pathways guide patient care with regionally adapted solutions, ensuring timely, effective and equal treatment throughout the country.
- Nationally defined quality and effectiveness targets enable the evaluation of care pathways and provide comparable data to support decision-making and the development of care.

Means of measuring the achievement of the objective:

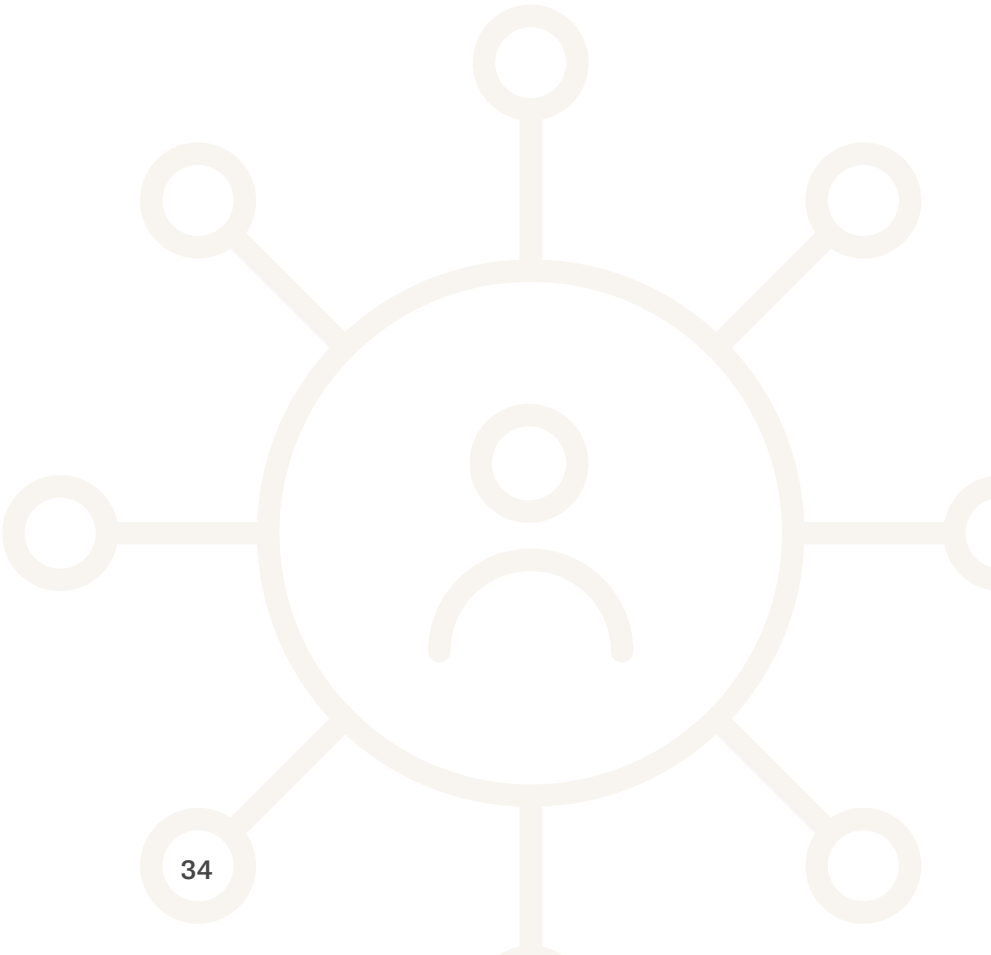
- The availability of up-to-date national care guidelines and pathways is at the Nordic level (the proportion of guidelines compared to Nordic counterparts, %).
- Patients access treatment within established target times.
- Selected cancers have national and harmonised targets and key effectiveness indicators for monitoring care.

Proposed measures:

1. We establish a national mechanism and permanent funding for maintaining cancer-specific care guidelines.
2. We prepare cancer-specific descriptions of care pathways and, based on these, regionally adapted care pathways, as well as a mechanism for their maintenance and governance.
3. We develop nationally harmonised policies for considering costs and other societal impacts when making treatment choices.
4. We define national quality and effectiveness targets and indicators to enable the systematic monitoring of care pathways.

Responsibility:

- FICAN, national multidisciplinary cancer organisations, Duodecim, Ministry of Social Affairs and Health, COHERE Finland



3.2 The development of effective care is supported by a national cancer care quality register, the systematic review of outcomes and peer review

National quality registers are key tools for improving the quality and effectiveness of care. The Finnish Institute for Health and Welfare (THL) is currently tasked with the maintenance of nine national quality registers. Finland has not yet established a national cancer care quality register, but its creation is being explored in a joint research project by the Finnish Cancer Registry, FICAN and THL. At present, the Finnish Cancer Registry is the main shared national data source for development work. Each year, the Cancer Registry publishes nationwide and regional data about survival rates and cancer mortality, which reflect the effectiveness of cancer care for all patients with cancer. Although the timeliness of Cancer Registry data has improved, a major challenge remains the incomplete registration of clinical cancer data. The quality and effectiveness of cancer care are also monitored outside the Cancer Registry, but this work is fragmented and dispersed, often linked to individual research projects or programmes.

Comparisons between regions regarding the provision of care are made only occasionally, typically using limited and heterogeneous indicators – if such comparisons are made at all. According to the explanatory memorandum to the centralisation decree, the monitoring of equality in access to care and outcomes is one of FICAN's core tasks.

The development of a national cancer care quality register should build on the experience gained from THL's existing quality registers and the related peer development activities, which have been used to improve services and treatment outcomes in other areas of care.

Target state:

- The national cancer care quality register supports the assessment of how patient care, care guidelines and care pathways are implemented, and provides up-to-date information about quality and effectiveness to guide and develop care.
- The development of cancer care is based on reliable, timely and harmonised data that make it possible to identify deficiencies and regional differences in care quality and to take corrective action where necessary.
- Regions and care units receive up-to-date and comparable information about their performance in relation to the national level through national peer development and governance mechanisms. Support and guidance are provided to address deficiencies, ensuring the sharing of best practices and the continuous improvement of care.

Means of measuring the achievement of the objective:

- Cancer-specific data are recorded in the quality register and peer development is used (the number of cancer types for which register data are available).
- The register's data (including stage at diagnosis) allow the reliable assessment and comparison of quality and effectiveness (data coverage 90%).
- Reliable information is available about regional differences in cancer diagnostic and treatment practices, enabling the reduction of disparities in outcomes.
- The number of clinical cancer notifications (target: 90% of cases reported automatically by 2030).

Proposed measures:

1. We establish a legal basis for creating a national cancer care quality register under THL's Finnish Cancer Registry.
2. We define and implement peer development processes for systematically comparing and reviewing data produced by the quality registers.
3. We define and implement governance and management mechanisms for responding to the findings and shortcomings identified in peer review.
4. We clarify the roles and responsibilities of the operators involved in the cancer care quality register, establish contractual arrangements, and ensure permanent funding for the register's activities.

Responsibility:

- FICAN, Finnish Cancer Registry, THL, wellbeing services counties, City of Helsinki and HUS

3.3 Rehabilitation, psychosocial support, health social work and palliative care are an established part of the cancer care pathway and equally available

The support services for people with cancer and their family members encompass comprehensive psychosocial and rehabilitation support (including nutritional care and exercise-based rehabilitation), as well as social and financial support and palliative care. The aim of these support services is to promote work ability and functional capacity, and to help people cope in their daily lives with the side effects and late effects related to the disease and its treatment. The support services are also crucial for people with incurable cancer and their loved ones.

At present, these services are fragmented, and there are substantial regional differences in their availability. This makes it difficult to provide timely and appropriate support to patients and their families. The services are insufficiently resourced, their integration into care pathways is inadequate, and the collaboration between different operators is unsystematic.

The effectiveness of support services must be improved through nationally harmonised operating models and clear guidelines. Adequate resources must also be secured to ensure that support is targeted to those who need it most.

The systematic assessment of patients' symptoms, quality of life and functional capacity is essential to ensure timely care, support and rehabilitation, and to monitor effectiveness. The specific needs of children, young people and families must be considered when planning individual support, national guidelines and operating models.

Target state:

- Information about cancer patients' symptoms, quality of life and functional capacity is available and is used to provide timely support based on individual needs.
- The different operators of the wellbeing services counties (healthcare, social services, municipalities, organisations and parishes) work in close collaboration, and the service structures are clear and adequately resourced.
- Psychosocial support, health social work, rehabilitation and palliative care are based on individual needs and are an established, seamless and equally available part of comprehensive patient care. They are integrated into patients' care pathways from an early stage when necessary, and the needs of family members are also taken into account.
- Patients' needs for financial support are recognised and addressed through renewed social security and health social work, and the need for legislative changes related to cancer patients' access to loans and insurance has been assessed.

Means of measuring the achievement of the objective:

- The proportion of cancer patients for whom information about symptoms, quality of life and functional capacity is available (%).
- The proportion of units that provide psychosocial, social, emotional/spiritual and rehabilitation services (%).
- The proportion of cancer patients for whom an individual rehabilitation plan has been prepared (%).
- The proportion of patients with advanced cancer for whom an advance care plan for end-of-life care has been prepared (%).
- The proportion of patients with advanced cancer for whom palliative care has been initiated alongside cancer treatment (%).
- The proportion of patients who died of cancer for whom palliative treatment decisions were made (%), and the timing of those decisions in relation to death (days).
- The proportion of cancer patients who received cancer treatment during the last month of life (%).

Proposed measures:

1. We develop nationally harmonised practices and indicators for assessing cancer patients' symptoms, quality of life, functional capacity and individual support needs.
2. We define a national range of support services for cancer patients (including services provided by the third sector) and recommendations for the staffing levels of these services, and ensure that the service pathways are seamless and consistent with these recommendations.
3. We develop and implement national guidelines and effective operating models to safeguard work ability, functional capacity and timely palliative care for people with cancer in all age groups.
4. As part of the social security reform, we identify the specific income-related challenges faced by people with cancer and the necessary measures to address them, and assess the legislative changes required to improve cancer patients' access to loans and insurance in Finland ('right to be forgotten' legislation).

Responsibility:

- FICAN, Cancer Society of Finland, COHERE Finland, wellbeing services counties, City of Helsinki and HUS

3.4 The diagnostics and treatment of older cancer patients are guided by functional capacity information

The number of older cancer patients aged over 75 is increasing rapidly, yet the assessment of their functional capacity and their involvement in treatment decision-making are often insufficient. Older people are also under-represented in clinical cancer drug trials, leading to limited scientific evidence on the safety and effectiveness of medicines in this age group.

Chronological age alone is not a valid reason to limit treatment. Care plans should be guided by information about functional capacity, assessed with standardised tools. Functional capacity refers to a person's physical, psychological, cognitive and social ability to manage daily activities that are meaningful to them in their own environment. Frail patients with reduced functional capacity should be identified using screening tests. Those with abnormal results should be referred for a geriatric assessment, based on which an individual care and rehabilitation plan is prepared. The aim is to maintain or improve functional capacity and, where possible, create the conditions necessary to deliver cancer treatment.

Target state:

- The treatment decisions for older people are based on a comprehensive, individual assessment of their functional capacity, and patients participate in decision-making.
- Care and rehabilitation plans incorporate the management of patients' other medical conditions and geriatric syndromes, and when necessary, patients are referred to a dietitian, physiotherapist or social worker.
- In older patients with good functional capacity, diagnostic investigations are carried out as in younger patients. Treatment decisions are based on a comprehensive assessment of functional capacity. For frail patients, the benefits of invasive diagnostic procedures are weighed against the potential burden and harm.

Means of measuring the achievement of the objective:

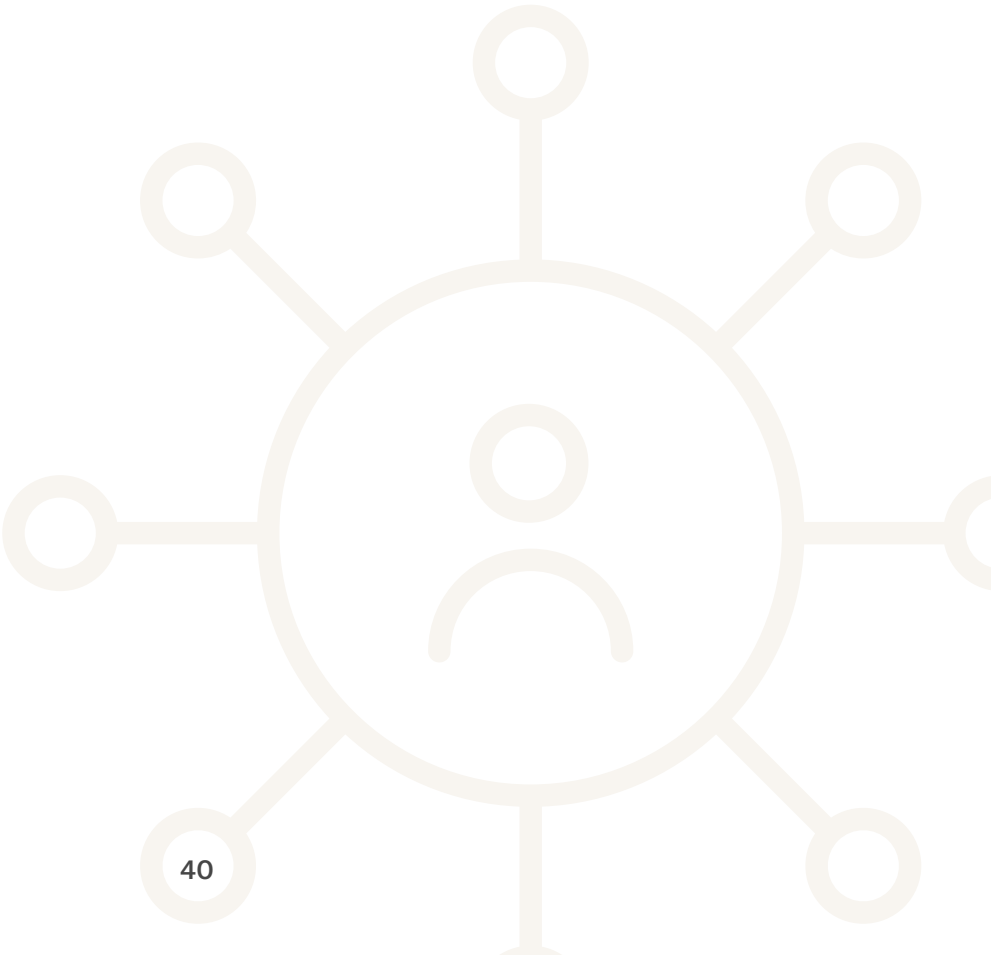
- The proportion of wellbeing services counties in which all suitable older cancer patients receive a geriatric oncology assessment (%).
- The proportion of wellbeing services counties in which primary healthcare can consult a geriatric oncology team already at the diagnostic stage (%).
- The proportion of cancer care units in Finland that carry out geriatric screening and assessment of older patients (%).
- The use of the G8 screening tool and/or the presence of a geriatrician in multiprofessional care teams; the monitoring of the use of the G8 screening tool in different fields of cancer care.

Proposed measures:

1. We increase the comprehensive assessment of functional capacity among geriatric oncology patients at different stages of the care pathway.
2. We introduce the G8 screening tool in all units treating older cancer patients.
3. We collect information about functional capacity already in primary healthcare and include it in referral documentation.

Responsibility:

- wellbeing services counties, City of Helsinki and HUS



3.5 Sufficient and competent personnel ensure effective and human-centred cancer care

Cancer prevention, screening, diagnostics and treatment require broad and specialised expertise. Currently, many areas of cancer care are affected by staff shortages, and workforce needs are expected to grow as the population ages and case numbers rise. There are regional differences in staff availability, with the most challenging situation in sparsely populated areas.

At the same time, the development of task division, new technologies and new forms of treatment place specific demands on skills. This requires continuous professional development and opportunities for specialisation.

Digital solutions – such as digital care pathways, remote consultations, monitoring tools, efficient data transfer and validated AI-based solutions – support both the effective allocation of resources and the active participation of patients in their care. Expertise in palliative care, psychosocial support, rehabilitation and geriatric oncology must be strengthened nationwide.

To ensure the quality and equality of cancer care, staff resources, training structures and competence development must be planned systematically and at the national level. Work has already begun in this area through measures such as the Ministry of Social Affairs and Health's Good Work Programme, which aims to ensure the sufficiency and availability of personnel in the healthcare, social welfare and rescue services in the coming years.

Target state:

- In all parts of Finland, there are sufficient numbers of professionals involved in all phases of cancer prevention, screening, diagnostics and treatment, and their skills evolve in line with the rapid changes in the field.
- New education programmes and career models enable the deepening of expertise not only in different areas of cancer care but also in palliative care, geriatric oncology and molecular diagnostics.
- Professional training pathways, competence requirements and task division are clear and consistent across the wellbeing services counties.
- Digital solutions are an integral part of care, enabling the effective use of resources and an active role for patients. By using digital tools, professional expertise and resources can be allocated efficiently across organisational boundaries.

Means of measuring the achievement of the objective:

- The regional distribution of professionals, sickness absence data and job satisfaction surveys.
- The number of graduates and professionals completing specialist training each year.
- The inclusion of geriatric oncology in the specialist training in geriatrics.
- The establishment of specialist training in palliative medicine.
- The use of digital care pathways in cancer care units.

Proposed measures:

1. We develop sustainable strategies to ensure sufficient staffing in cancer care and promote the implementation of the Ministry of Social Affairs and Health's Good Work Programme in relation to cancer care to support the attraction and retention rate of professionals.
2. We expand and improve the continuing education and specialisation opportunities for professionals involved in cancer care, and define nationally harmonised professional and job titles.
3. We promote the introduction and development of digital tools and innovations in cancer care.
4. We strengthen expertise in psychosocial support, rehabilitation, geriatric oncology and palliative care at all stages of cancer care.
5. We launch a specialist training programme in palliative medicine.

Responsibility:

- Ministry of Social Affairs and Health, Ministry of Education and Culture, universities, universities of applied sciences, vocational schools, FICAN, wellbeing services counties and HUS

Staying at the forefront in a changing environment

Sub-objectives:

4.1 Cancer research and the use of data are supported by a national health data repository and advanced analytics

4.2 Strengthened clinical cancer research is an integral part of every patient's care

4.3 Finland is a forerunner in personalised medicine

4.4 The cancer burden is reduced through multidisciplinary research

4.5 The evaluation and adoption of new cancer medicines and other treatments are effective, timely and consistent regardless of the evaluating body

All progress achieved in cancer prevention and care is based on long-term research. A closer integration of research with cancer prevention, treatment and follow-up supports effective practices and strengthens staff motivation. Finland has excellent conditions for strong, broad-based cancer research that promotes the development of new treatments and creates opportunities for research, development and innovation (RDI) activities and knowledge-based management. However, the implementation of a personalised cancer medicine programme requires strategic measures to increase the use of cancer-related data and support clinical research. Research must be used broadly and in a multidisciplinary manner both in prevention and throughout the care pathway. It is also essential to make full use of the knowledge and expertise generated in previous research and development projects.

Alongside the development of research activities, it is important to ensure that new, effective diagnostic methods and cancer medicines and other treatments are introduced into routine healthcare in Finland. This will enable Finnish patients to access treatments consistent with international care guidelines as quickly as possible. At the same time, the cost-effectiveness of treatments must be safeguarded. This calls for a reform of the current multichannel evaluation system and of the decision-making processes and criteria related to the introduction of medicines, so that they are consistent regardless of the route of administration or distribution channel.

4.1 Cancer research and the use of data are supported by a national health data repository and advanced analytics

In Finland, the health data sources hold immense potential for the development of new treatments and RDI activities. However, in their current form, they cannot be fully used for research and decision-making, as the data repositories are siloed and heterogeneous in content. The real-time analysis of individual-level health data at the national level is challenging, and the use of data in international collaboration is often impossible due to current legislation and its interpretation.

Challenges also persist in the timeliness of the existing registers and in the recording of dynamically evolving and increasingly rich cancer data (e.g. molecular characteristics, stage at diagnosis, treatments provided, treatment responses and patient-reported data).

The real-world data (RWD) generated in routine care are only sporadically used to guide and evaluate treatment, and the opportunities provided by artificial intelligence are barely utilised. Patients' participation in generating and using health data also remains limited.

Target state:

- All clinical information necessary for the implementation and development of cancer care is collected automatically, in real time and in a structurally harmonised format into a national data repository. Cancer data are recorded consistently, comprehensively and with minimal burden using systems that make use of artificial intelligence. The data repository also accumulates cancer data from biobanks, research institutes and projects, and all data are available in internationally compatible formats (e.g. FHIR, OMOP CDM[8]).
- The data repository is used to produce reliable prediction models (right medicine, right patient, right time; effective, individualised care). It also supports up-to-date knowledge-based management and development work in cancer care units. If necessary, the structured data contained in the resource may also be used to generate the information required by the Finnish Cancer Registry and the cancer care quality register.
- The data repository enables major national and international research projects and supports the authorities' and RDI activities. Cancer data are easy to find and access in real time, in compatible formats and in a secure environment in line with the FAIR principles (findability, accessibility, interoperability and reusability).
- The cancer data repository is maintained through long-term public funding, which may be complemented by private funding from collaborative projects. All accumulated data can also be used to support individual patient care.

8 FHIR – the Fast Healthcare Interoperability Resources standard; OMOP CDM – Observational Medical Outcomes Partnership Common Data Model.

- The establishment of the cancer data repository is examined and coordinated with the ongoing national data architecture initiatives (e.g. THL's project to build a national data repository related to healthcare, social welfare and wellbeing, hyte-sote), and it uses existing health data generation systems (the wellbeing services counties' data lakes, private healthcare data sources, the Kanta Services, the Hilmo Care Register, the national medicines data repository and other administrative registers). The implementation of the data repository is closely guided by future legislation, particularly the European Health Data Space Regulation (EHDS).

Means of measuring the achievement of the objective:

- A national, structurally harmonised documentation template is in use (target: after 2 years: 30% of cancer cases; after 5 years: 60%; after 10 years: 100%). The aim is that data entries are mainly performed programmatically rather than manually (target: after 2 years: 30%; after 5 years: 60%; after 10 years: 80%).
- The proportion of patients in specialist healthcare whose data are recorded consistently and comprehensively (target: after 2 years: 50% of cancer cases; after 5 years: 100%).
- The proportion of patients included in the central national cancer data repository (target: 70% after 5 years; 100% after 10 years) and the delay in data entry (target: less than 1 month).
- The legislative changes implemented, particularly amendments to the Act on the Secondary Use of Health and Social Data (552/2019 and the implementation of the EHDS.

Proposed measures:

1. We develop the service system operations to enable the consistent and structured recording and harmonisation of cancer data and other health data.
2. Through legislation and resourcing, we ensure the long-term operation of the cancer data repository as part of the national health data repository in line with the ongoing projects and studies (e.g. THL's national data repository related to healthcare, social welfare and wellbeing, *hyte-sote*, the development of the Kanta Patient Data Repository and the wellbeing services counties' data lakes, and the health data study under the Ministry of Social Affairs and Health and Sitra's RDI Growth Programme for Health and Wellbeing).
3. We generate reliable evidence using the cancer data repository to support RDI activities, the effectiveness of treatments and real-time knowledge-based management.
4. When establishing the cancer data repository, we ensure that its data may also be used to generate the information required by the Finnish Cancer Registry and the cancer care quality register.

Responsibility:

- Wellbeing services counties and HUS, private healthcare, ministries, FICAN, universities, authorities such as THL and Kela.

4.2 Strengthened clinical cancer research is an integral part of every patient's care

In Finland, clinical research (including medicines, surgery, radiotherapy, medical devices and other forms of treatment) is of high quality and impact. However, individual hospitals often have small patient volumes, and research collaboration remains limited. In addition, the structures and resources supporting research are significantly more modest than in peer countries. As a result, it has been challenging to launch researcher-initiated studies and to translate laboratory findings into clinical drug trials, for example. As part of the national RDI Growth Programme for Health and Wellbeing, Sitra has been commissioned by the Ministry of Social Affairs and Health to explore the establishment of a national coordination unit for clinical trials (FinTrials), which would represent a tangible step forward.

One in three clinical drug trials in Finland are cancer studies, and in early-phase trials, the share of cancer research exceeds 50%. It is important to develop national activities through close collaboration and in line with national cancer-related initiatives. Cancer research units must also be strengthened, and Finland's attractiveness as a location for international cancer studies must be ensured.

Clinical cancer research is particularly important for patients with rare and poor-prognosis cancers and for children and young people, for whom the established treatment options are limited.

Target state:

- Clinical research is more closely integrated into the diagnostics and treatment of cancer patients.
- The overall clinical trial activity is supported at the national level. The hospitals treating cancer patients form a network of clinical trial units (CTUs) that coordinate and implement both researcher-initiated studies and trials commissioned by pharmaceutical companies.
- National availability services and feasibility information are available, enabling rapid responses to inquiries from companies and academic researchers. The national cancer data repository, containing the most comprehensive and up-to-date information, can be used to support this work.
- Clinical research is recognised as a strength in wellbeing services counties. A career in clinical research is perceived as attractive among both physicians and nurses, and the working conditions support research activities.
- A well-functioning and well-supported process for the translation of research findings into clinical trials has been established. Biobank activities are strengthened, and biological samples are collected from consenting cancer patients at different stages of the disease.
- Patients are involved in the planning of studies both as members of research teams and by commenting on research designs as members of patient or research panels.

Means of measuring the achievement of the objective:

- At least 10% of all cancer patients participate in clinical interventional trials by 2035, and patients' participation in research has increased significantly in all cancer types, including rare cancers and childhood cancers.
- A national coordination unit for clinical research support has been established.
- The total number of clinical cancer trials, their distribution by phase and cancer type, and the proportion of researcher-initiated versus industry-commissioned studies.
- The proportion (%) of studies in which patient representatives are involved in research design as members of the research team or panel.

Proposed measures:

1. We strengthen coordination and collaboration in national clinical cancer research.
2. We strengthen and support the operations of clinical research units.
3. We incorporate familiarisation with, training in and participation in clinical research (at least 10% of working time) in specialist training and in the job descriptions of specialist physicians.

Responsibility:

- Universities, university hospitals, wellbeing services counties, FICAN, Ministry of Social Affairs and Health, financiers (Academy of Finland, foundations), universities of applied sciences

4.3 Finland is a forerunner in personalised medicine

Cancer prevention, diagnostics and treatment are undergoing change as it becomes increasingly possible to consider individual patient characteristics – such as their risk of developing disease or likelihood of benefiting from targeted therapies. Personalised medicine uses genetic and other analysable alterations in the genome or tumour as the basis for individual treatment decisions.

The importance of personalised medicine is growing rapidly in all areas of healthcare from prevention to treatment, with particularly strong growth in oncology. It is therefore a key area for RDI activities and investment.

Finland has several strengths in this field: internationally accredited hospitals, high-quality health data, advanced legislation, biobanks, other research infrastructure, and national centres of excellence in cancer (FICAN) and neuroscience (Neurocenter Finland).

Finland also has a strong research tradition and large national biobank-based personalised medicine projects with significant potential.

Target state:

- Finland is internationally recognised as a forerunner in personalised medicine, attracting partners and international experts to research and RDI activities. The personalised medicine programme is a key component of national cancer-related RDI, and it enhances the global competitiveness of Finnish cancer research and care.
- Cancer Research Hub Finland serves as a research and RDI hub for personalised cancer medicine. It is a joint research and data centre of FICAN, the wellbeing services counties, HUS, the medical universities, the participating foundations, the Finnish Cancer Registry and biobanks. The establishment of Cancer Research Hub Finland builds on the national infrastructure and centre of excellence developed in the iCAN flagship project for digital precision cancer medicine.

Means of measuring the achievement of the objective:

- The impact of the Cancer Research Hub Finland: the number of publications, innovations, start-up companies, partnerships and investments.
- The national distribution and annual proportion of molecularly profiled cancer patients, differentiated by diagnostic and research-based profiling.
- The proportion of patients receiving targeted treatment based on a molecular alteration and their patient-reported outcomes (PROMs).
- The number of biobank samples supporting personalised cancer medicine and the extent to which the omics data derived from these samples can be used in cancer prevention and care.

Proposed measures:

1. We establish a national research and RDI centre for personalised cancer medicine – Cancer Research Hub Finland – by using the national platform created by the iCAN flagship project for digital precision cancer medicine. In addition to partner commitments, the implementation requires multi-year RDI funding.
2. We develop national recommendations for the scope and methods of molecular diagnostic testing to ensure equal access and unified criteria for all patients. These recommendations form part of the regularly updated national care guidelines.
3. We centralise new, complex tests in laboratories with sufficient resourcing (personnel, equipment, electronic referral and reply systems).
4. We develop and resource the activities of molecular tumour boards (MTBs) through national collaboration and by drawing on biobank and clinical trial data.
5. We further develop biobank operations to support the needs of personalised medicine, paying attention to the national health data repository (see 4.1).

Responsibility:

- Universities, university hospitals, wellbeing services counties, FICAN, Ministry of Social Affairs and Health, financiers (Academy of Finland, foundations), universities of applied sciences, Finnish Cancer Registry, THL, biobanks

4.4 The cancer burden is reduced through multidisciplinary research

Finland has a long tradition of multidisciplinary cancer research. This includes epidemiological research, which draws particularly on data from the Finnish Cancer Registry and the Finnish Institute for Health and Welfare (THL); basic and translational research conducted in universities and relying on centres of excellence and flagships; and clinical research carried out in healthcare units. At the foundation lies basic research that seeks to understand the biological and molecular mechanisms of cancer. Cancer research is currently funded in a fragmented way through multiple forms of public funding, and by foundations and businesses.

As more people in Finland develop cancer and live longer with the disease, factors beyond immediate medical treatment become increasingly important over the life course of cancer patients.

Cancer prevention, treatment and the broad-based investigation of the service system require multidisciplinary data that cover the entire population. Research on cancer prevention and early detection is built on knowledge of the risk factors and service use among healthy people in Finland. Cancer affects the psychological, cognitive, social and financial situation of those diagnosed and their family members.

Multidisciplinary psychosocial, palliative and rehabilitation-related cancer research, as well as nursing science and service system research, are essential for improving the quality of life and care of patients and their families. Multidisciplinary cancer research investigates not only the benefits of diagnostic and treatment methods but also their harms.

Target state:

- Multidisciplinary cancer research is broadly and comprehensively supported. Strong biomedical basic research creates opportunities to develop cancer diagnostics and treatments.
- High-quality, population-based and up-to-date data about the harms caused by cancer and its treatments are available from the registers maintained by the Finnish Cancer Registry, THL and other organisations.
- Reliable and up-to-date research data are available concerning the inequalities related to cancer.
- Finland has excellent conditions for comprehensive and multidisciplinary registry-based research on cancer.
- This research pays attention to equality and the priorities identified for the strategy period, including geriatric oncology, cancers in children and young people, rare and poor-prognosis cancers, palliative care, and register-based research related to cancer prevention and screening.
- The effectiveness of the diagnostic and treatment methods used in cancer care is studied systematically.

Means of measuring the achievement of the objective:

- The overall results and impact of cancer research (e.g. the number of publications and citations) and their distribution across the strategy's priority areas.
- The growth in total funding for cancer research and its distribution across cancer prevention and the different stages of the patient pathway.
- The differences in cancer incidence and mortality decline between groups defined by educational level, and equality is improved.

Proposed measures:

1. The body responsible for implementing the Cancer Strategy collects and maintains information about cancer research funding and makes recommendations for how funding should be targeted.
2. We strengthen awareness of broad, multidisciplinary cancer research and its importance for the development of care and the improvement of patients' quality of life.
3. We promote the collaboration between different cancer-related fields, professional and patient groups, and researchers in carrying out multidisciplinary studies as part of the activities of Cancer Mission Hub Finland.

Responsibility:

- Universities, university hospitals, wellbeing services counties, FICAN, Ministry of Social Affairs and Health, financiers (Academy of Finland, foundations), universities of applied sciences

4.5 The evaluation and adoption of new cancer medicines and other treatments are effective, timely and consistent regardless of the evaluating body

In a multichannel system for evaluation, decision-making and funding, the adoption of innovations in cancer care is not necessarily equal from the perspective of patients or innovations. At present, Finland has no unified application process or criteria to determine under which process a new hospital medicine should be evaluated and adopted nationally. In addition to systematic assessments, the wellbeing services counties make patient-specific decisions. The decentralised structure creates multiple challenges, and not all new medicines or indication extensions are handled systematically. One identified problem is the evaluation of combination therapies involving both outpatient and hospital medicines, for which the current system lacks a unified evaluation model. These issues are being addressed in the project on medicines and the financial base of pharmacies (2024–2026) led by the Ministry of Social Affairs and Health, and in the broader reform of pharmaceutical matters extending across government terms.

Alongside medicines, new imaging and treatment technologies play an important role in cancer diagnostics and care. However, no nationally agreed practices are in place for introducing new devices such as surgical robots or radiotherapy equipment. Equal, effective and cost-effective care requires harmonised national evaluations and plans for such investments as well, and the lessons learned from the evaluation of cancer medicines can be used to support them.

Target state:

- Finland aims to be a forerunner in cancer care, and the timely and scientifically robust evaluation and introduction of new effective cancer treatments are essential to this goal. The national evaluation phase and adoption of all new cancer medicines and major indication extensions are carried out in a unified manner. The collaboration between evaluation bodies is seamless, or the number of evaluation bodies is reduced so that applications for adoption and indication extension are submitted and processed through a single channel. Nordic and EU-level collaboration is more actively used to ensure the sensible and efficient use of evaluation resources.
- A national price negotiation mechanism and conditional adoption may be used to help achieve a better and more predictable control of medicines expenditure. At the same time, risk-sharing models must be developed and national decision-making must be aligned with the EU regulation on health technology assessment (HTA) and national pharmaceutical legislation that is being amended.
- Data about effectiveness are collected systematically, and risk-sharing models have been developed based on both cost-effectiveness and clinical effectiveness.
- In addition to medicines, major investments in devices and procedures are also evaluated nationally using HTA methods.

Means of measuring the achievement of the objective:

- The legislative changes and the transition to single-channel evaluation and decision-making.
- The use of new cancer drug innovations and the time to adoption compared to other European countries.
- The proportion of new cancer medicines and indication extensions that have undergone national HTA evaluation and decision-making (target: 100% of the authorised medicinal products).
- The proportion of cancer medicines covered by national price negotiations in total medicines procurement.
- The time required for the national HTA evaluation and decision-making process from the market authorisation or the submission of an application by a pharmaceutical company.

Proposed measures:

1. As part of the pharmaceutical reform coordinated by the Ministry of Social Affairs and Health, we address the problems related to the adoption of cancer medicines – including combination therapies – and ensure that the national application procedures and decision-making are single-channel, cost-effective and equal.
2. We establish a single national medicines evaluation system to support decision-making and ensure sufficient evaluation resources. The evaluation activities must draw on broad clinical expertise and include patient representatives.
3. We enable the use of real-world effectiveness data in the development of risk-sharing models and in effectiveness assessments.
4. We ensure that medically justified individual treatment solutions are possible in the case of rare cancers and cancer types.
5. We strengthen national collaboration in major device and procedure investments.

Responsibility:

- Ministry of Social Affairs and Health, THL, the assessing authorities, wellbeing services counties and HUS

Implementation and monitoring

The achievement of the objectives of the Cancer Strategy requires adequate resourcing (a preliminary cost estimate is presented in the following chapter), a mandate for steering, and broad-based commitment at the national level – including Parliament, the Government, the Ministry of Finance, the Ministry of Social Affairs and Health, the Ministry of Education and Culture, the Ministry of Economic Affairs and Employment, the Finnish Institute for Health and Welfare (THL), the Finnish Medicines Agency (Fimea), the Council for Choices in Health Care in Finland (COHERE Finland), the Research and Innovation Council, foundations, patient organisations – and at the regional level (the wellbeing services counties, universities, regional associations). This strategy provides a strong foundation for the practical implementation of the proposed measures and guides the preparation of the implementation roadmap, which will be completed in 2026. The roadmap will describe the responsibilities, resources and monitoring for the implementation of the strategy. It will also set out in more detail how the measures will be implemented, the timetable, and the responsibilities for funding and carrying out each measure. The national steering of the strategy's implementation requires a mandate.

The aim is that all stakeholders in cancer prevention, care and research participate in implementing the Cancer Strategy as part of Cancer Mission Hub Finland to be established in 2026. This includes the above-mentioned relevant ministries, authorities (THL, Fimea, COHERE Finland), the wellbeing services counties and HUS, universities, universities of applied sciences, FICAN, OECI-accredited CC and CCC centres, medical and nursing associations, the Cancer Society of Finland, the Finnish Cancer Registry, patient organisations, foundations supporting cancer research, and companies in the field.

The aim is also to make stronger use of FICAN regional centres and CC and CCC centres and their collaboration in the five collaboration areas. The division of tasks, care pathways and their knowledge-based management, education and training, the securing of expertise, research networks and clinical studies are examples of tasks and responsibilities that can be further developed through closer collaboration.

The implementation of the strategy also draws upon existing national programmes, projects and reports that intersect with cancer prevention, care and research (Table 1). The strategy will also dynamically consider relevant new initiatives such as the lung cancer programme being prepared under the leadership of Filha ry to the extent that their objectives and measures are in line with those of the Cancer Strategy.

Costs

The achievement of the ambitious objectives of the strategy over the ten-year strategy period requires strong national commitment and sufficient funding for the proposed measures during the first five years. To assess funding needs, an estimate was prepared during the development of the strategy. It includes the resources required for the measures, the savings they are expected to generate, and the private sector investments over the entire ten-year period (with the exception of prevention-related measures, in relation to which savings will materialise with a delay). Based on this assessment, the implementation of the measures will require a total investment of EUR 156 million over five years, which equals EUR 5.5 per person per year. For comparison, the funding for

Denmark's 2025 cancer strategy[9] is EUR 13 per person per year, and the Swedish draft cancer strategy[10] foresees EUR 4 per person per year. The funding requirement by strategic objective is as follows: strategic objective 1 (ST1): EUR 6 million; ST2: EUR 37 million; ST3: EUR 51 million; ST4: EUR 56 million; and the implementation and monitoring of the strategy: EUR 6 million. The total cost savings over the strategy period are estimated at EUR 305 million (ST1: EUR 2 million; ST2: EUR 164 million; ST3: EUR 19 million; ST4: EUR 120 million). In addition, the implementation of the strategy is expected to attract a total of EUR 121 million in international investments (ST4), thereby generating significant growth. Overall, the projected savings and investments resulting from the strategy's implementation are substantially greater than its costs.

In terms of timing, the objective of staying at the forefront in a changing environment includes measures for which funding should be made available as soon as possible and no later than the beginning of 2027. These measures are proposed to receive an initial investment from multi-year RDI funding, and this investment is expected to generate significant growth in the coming years. Investments affecting the wellbeing services counties will mainly be required after the necessary legislative amendments have been made and from 2028 onwards (Figure 7). The preliminary cost estimate will be refined in subsequent work.

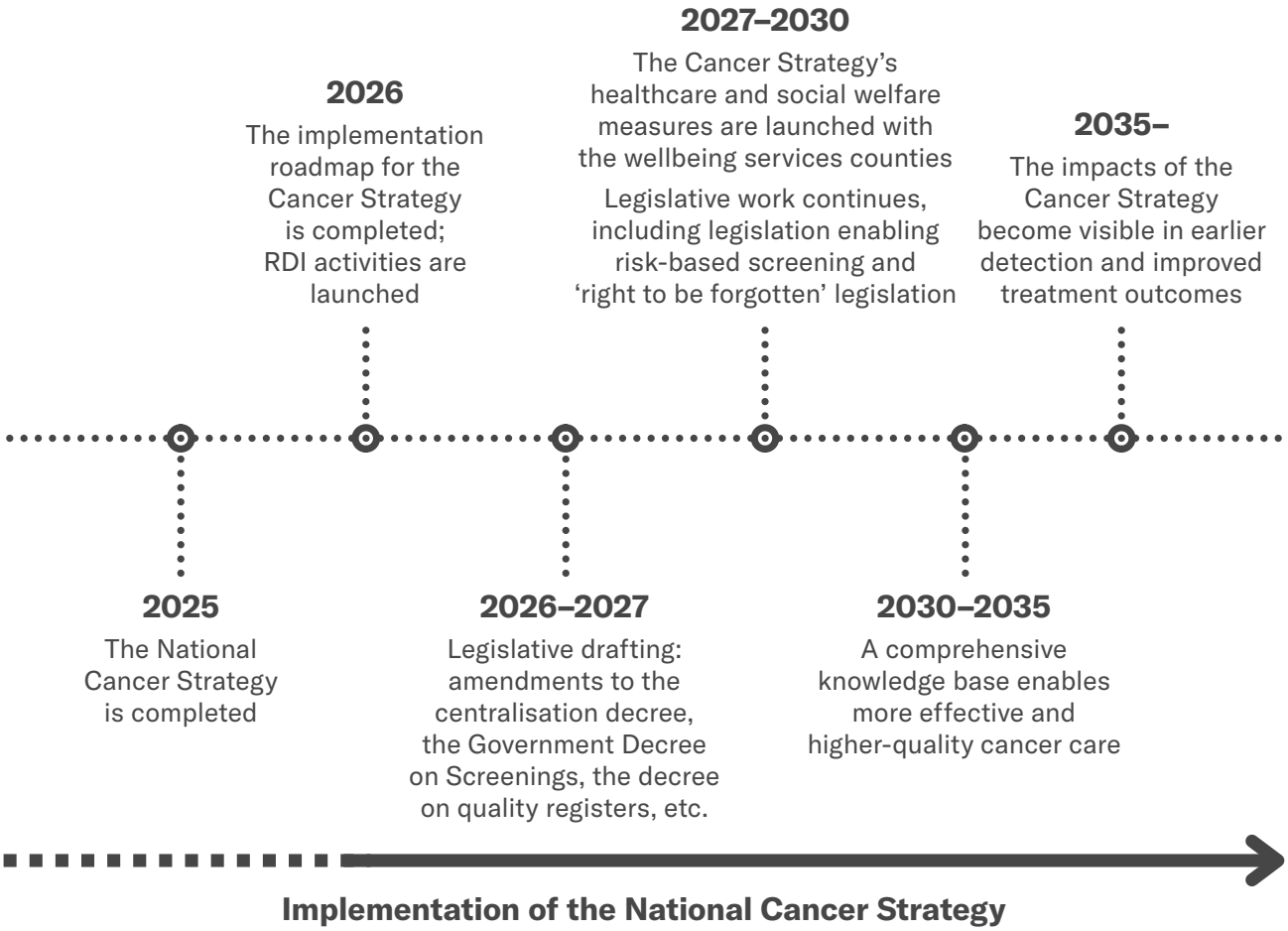


Figure 7. Timeline.

9 https://www.ism.dk/publikationer-sundhed/2025/maj/et-bedfre-liv-med-og-efter-kraeft
10 https://www.regeringen.se/informationsmaterial/2024/11/battre-tillsammans--forslag-till-en-uppdaterad-nationell-cancerstrategi/

Abbreviations

ASA Register	A register of workers exposed to carcinogenic substances and methods
CC centre	OECI-accredited cancer centre
CCC centre	OECI-accredited comprehensive cancer centre
EHDS	European Health Data Space Regulation
FHIR	The Fast Healthcare Interoperability Resources standard
G8 screening tool	A geriatric screening tool for assessing frailty in older patients with cancer
Hilmo	The Care Register, i.e. the national data collection and reporting system for healthcare and social welfare
HoPP	Patient feedback on nursing, hoitotyön potilaspalaute in Finnish
HPV	Human papillomavirus
HTA	Health technology assessment
Kela	Finnish Social Insurance Institution
MTB	Molecular Tumour Board
NPS	Net promoter score
OECI	Organisation of European Cancer Institutes
Ministry of Education and Culture	Ministry of Education and Culture
Ministry of Justice	Ministry of Justice
OMOP CDM	Observational Medical Outcomes Partnership Common Data Model
COHERE Finland	Council for Choices in Health Care in Finland
PROM	Patient-reported outcome measure
RWD	Real-world data
Ministry of Social Affairs and Health	Ministry of Social Affairs and Health
STUK	Radiation and Nuclear Safety Authority
Ministry of Economic Affairs and Employment	Ministry of Economic Affairs and Employment
THL	Finnish Institute for Health and Welfare
RDI	Research, development and innovation
Ministry of Finance	Ministry of Finance

Appendix 1. Parties participating in the preparation of the strategy

Steering group members

Full member / alternate member

- Markku Mäkijärvi (chair) / Maarit Bärlund (FICAN)
- Tuula Helander / Julia Kinnunen (Ministry of Social Affairs and Health)
- Juha Pekka Turunen / Janne Pitkäniemi (Cancer Society of Finland)
- Markku Peltonen / Satu Männistö (Finnish Institute for Health and Welfare, THL)

Secretaries

- Tomi Mäkelä (secretary general), FICAN
- Mirjami Tran Minh, FICAN
- Outi Nikunen, FICAN
- Timo Nykopp, FICAN
- Sarianne Hartonen, Cancer Society of Finland
- Veli-Matti Partanen, Cancer Society of Finland
- Sanna Heikkinen, Cancer Society of Finland
- Tiina Vesterinen, Foundation for the Finnish Cancer Institute
- Riikka-Leena Leskelä, NHG Oy[1]
- Paula Pennanen, NHG Oy

Working groups and their chairs

1. **Strengthening participation and developing human-centred services**
   - Patient participation and human-centered services (chair: Jenni Tamminen-Sirkiä, Executive Director, Cancer Patients Finland)
2. **Reducing cancer burden through prevention and early detection**
   - Prevention (chair: Eeva Ollila, Chief Medical Officer, Cancer Society of Finland)
   - Early detection and screening (chairs: Annika Auranen, Director, FICAN Mid, and Tytti Sarkeala, Screening Director, Finnish Cancer Registry)
3. **Ensuring equal and effective cancer care**
   - Diagnostics, treatment and follow-up (chair: Mika Matikainen, Director, Abdominal Center, HUS)
   - Rehabilitation and psychosocial support (chair: Marika Skyttä, Director of Health Department, Cancer Society of Finland)
   - Palliative care (chair: Tiina Saarto, Chief Physician, Professor, HUS and University of Helsinki)
4. **Staying at the forefront in a changing environment**
   - Research and data (chair: Kimmo Porkka, Professor, University of Helsinki and HUS)
   - New methods (chair: Olli Tenhunen, Chief Physician, Oulu University Hospital)
5. **Effectiveness and operational models for the implementation of the Cancer Strategy**
   - Chairs: Sirkku Jyrkkiö, Head of operational division, Turku University Hospital Tyks, and Paulus Torkki, Assistant Professor, University of Helsinki

1 Expert services were procured for the preparation of the strategy from NGH Oy.

Working group members[2]

Surname	First name	Organisation
Aaltonen	Riitta	Wellbeing Services County of Southwest Finland
Ahlroth	Kaisa-Leena	Rintasyöpäyhdistys - Europa Donna Finland ry
Aittomäki	Kristiina	University of Helsinki
Akrén	Outi	HUS, Palliative Care Center, University of Turku
Alanne	Erika	University of Turku, Institute of Biomedicine
Alsio	Heini	
Alve	Mirja	Vilja Linnea's Sarcomafund
Andersen	Heidi	Wellbeing Services County of Ostrobothnia
Andersson	Emma	Cancer Patients Finland
Anttila	Maarit	Wellbeing Services County of North Savo, Kuopio University Hospital
Aro	Marika	Sylva ry
Aro	Miia	Filha ry (Finnish Lung Health Association)
Arola	Johanna	University of Helsinki
Arponen	Otso	Wellbeing Services County of Pirkanmaa
Aukee	Pauliina	Wellbeing Services County of Central Finland
Auranen	Annika	FICAN Mid
Auvinen	Päivi	Wellbeing Services County of North Savo, Kuopio University Hospital, cancer care centre
Auvinen	Anssi	Tampere University
Boman	Eeva	Wellbeing Services County of Pirkanmaa, Tampere University Hospital Tays
Boström	Peter	Wellbeing Services County of Southwest Finland
Bärlund	Maarit	Wellbeing Services County of Pirkanmaa, Tampere University Hospital Tays
Färkkilä	Martti	University of Helsinki
Hallikainen	Elisabet	Sylva ry
Hammarsten	Heidi	Rintasyöpäyhdistys - Europa Donna Finland ry
Harju	Eeva	Wellbeing Services County of Pirkanmaa, Tampere University
Harjuntausta	Tero	Wellbeing Services County of Pirkanmaa, non-institutional services
Hartikainen	Jaana	University of Eastern Finland
Hävölä	Hanna	Pirkanmaan hoitokoti
Heikkilä	Päivi	University of Helsinki
Heikkinen	Sanna	Cancer Society of Finland
Heininen	Anne	Wellbeing Services County of Pirkanmaa
Heinävaara	Sirpa	Cancer Society of Finland
Helenius	Merja	FICAN Mid and Tampere Universities
Hernberg	Micaela	HUS, Comprehensive Cancer Center
Himberg	Marianne	Wellbeing Services County of Southwest Finland, Turku University Hospital Tyks
Huhtanen	Tiina	Rintasyöpäyhdistys – Europa Donna Finland
Huhti	Leena	Fimlab Laboratoriot Oy
Hyöty	Marja	
Hänninen	Annukka	Wellbeing Services County of Lapland
Hökkä	Minna	Diaconia University of Applied Sciences
Iivanainen	Sanna	Wellbeing Services County of North Ostrobothnia
Ilvesaro-Maijala	Joanna	Fimlab Laboratoriot oy
Ivaska	Johanna	University of Turku

2 The members of the working groups registered for the groups either independently or through their organisations.

Surname	First name	Organisation
Jaakkola	Panu	University of Turku
Jekunen	Antti	University of Turku
Joutsen	Jenny	Wellbeing Services County of Lapland
Jukkola	Arja	Tampere University
Jääskeläinen	Minna	Lapland Central Hospital, cancer outpatient clinic, palliative centre
Kaarteenaho	Riitta	Wellbeing Services County of North Ostrobothnia, University of Oulu
Kairenius	Anne	FICAN South
Kalliala	Ilkka	University of Helsinki, HUS
Kallio	Heini	Tampere University
Karhunen-Enckell	Ulla	Wellbeing Services County of Pirkanmaa
Karihtala	Peeter	HUS
Karjalainen	Antti	Sylva ry
Kataja	Vesa	South Savo Wellbeing Services County
Kauppi	Liisa	University of Helsinki
Kauppila	Joonas	Wellbeing Services County of North Ostrobothnia
Kauppila	Saila	Wellbeing Services County of North Ostrobothnia
Kellokumpu-Lehtinen	Pirkko-Liisa	Wellbeing Services County of Pirkanmaa, Tampere University
Kenttämies	Anu	HUS, Diagnostic Center, Radiology, Meilahti Hospitals
Keränen	Mikko	HUS, Comprehensive Cancer Center
Kerminen	Hanna	Tampere University and Wellbeing Services County of Pirkanmaa
Keski-Nisula	Hanna	Wellbeing Services County of Pirkanmaa
Ketola	Kirsi	University of Eastern Finland, Institute of Biomedicine
Kholova	Ivana	Tampere University, Fimlab Laboratoriot Oy
Kinnunen	Kati	Wellbeing Services County of North Savo, the network of chief assessment physicians
Koillinen	Hannele	Turku University Hospital Tyks, Wellbeing Services County of Southwest Finland, Clinical Genetics
Koivunen	Jussi	Wellbeing Services County of North Ostrobothnia
Kokkola	Arto	HUS Operative Services, Abdominal Center
Kontro	Miia	HUS, Comprehensive Cancer Center
Koponen	Leena	Savonia University of Applied Sciences
Korhonen	Laura	Wellbeing Services County of Southwest Finland
Kortesniemi	Mika	HUS
Koskenmies	Sari	HUS, Skin and Allergy Hospital, Inflammation Center
Koskensalo	Selja	HUS, Abdominal Center, Jorvi Hospital
Koskenvuo	Laura	HUS, Abdominal Center, Gastrosurgery
Kotaniemi-Talonen	Laura	Wellbeing Services County of Pirkanmaa
Kuittinen	Outi	Wellbeing Services County of North Savo, University of Eastern Finland
Kuitunen	Hanne	Wellbeing Services County of North Ostrobothnia
Kullaa	Mirjami	University of Turku
Kuusela	Minna	Wellbeing Services County of Pirkanmaa
Kvist	Tarja	University of Eastern Finland
Käsmä	Ilkka	Wellbeing Services County of Central Finland
Lahtinen	Laura	Wellbeing Services County of Central Finland
Laine	Satu	Turku University Hospital Tyks, palliative centre and at-home hospital, Wellbeing Services County of Southwest Finland
Laine	Outi	Wellbeing Services County of Pirkanmaa
Lamminmäki	Annamarja	Wellbeing Services County of North Savo
Lappi-Blanco	Elisa	Wellbeing Services County of North Ostrobothnia
Laru	Suvi	Väestöliitto (Family Federation of Finland)

Surname	First name	Organisation
Latonen	Leena	University of Eastern Finland
Laukkarinen	Johanna	Wellbeing Services County of Pirkanmaa
Lehtinen	Matti	Tampere University
Lehtinen	Milla	Cancer Society of Finland
Lehto	Juho	Tampere University, Wellbeing Services County of Pirkanmaa
Lehto	Hanna-Riikka	Wellbeing Services County of Western Uusimaa, palliative centre and home hospital
Lehtomäki	Kaisa	Wellbeing Services County of Pirkanmaa
Leino	Tuija	Finnish Institute for Health and Welfare (THL)
Lepistö	Anna	HUS
Leppä	Sirpa	University of Helsinki, HUS
Lepäntalo	Aino	HUS, Hematology
Levonen-Harju	Anna-Liisa	University of Eastern Finland
Liedes	Outi-Maria	
Liimatainen	Suvi	Wellbeing Services County of Pirkanmaa
Liinamaa	Johanna	Wellbeing Services County of North Ostrobothnia
Lindfors	Anne	Cancer Society of Pirkanmaa
Louhimo	Johanna	University of Helsinki, Faculty of Medicine
Louvanto	Karolina	Wellbeing Services County of Pirkanmaa
Lähteenmäki	Päivi	FICAN West
Länsman	Tanja	Wellbeing Services County of Lapland
Löflund-Kuusela	Heidi	Cancer Society of Finland
Maikku	Mari	Wellbeing Services County of Lapland
Mannerla	Kaisla	City of Helsinki
Mannermaa	Arto	University of Eastern Finland
Martinkauppi-Vanninen	Kaisa	Rintasyöpäyhdistys - Europa Donna Finland ry
Mattson	Johanna	HUS, Comprehensive Cancer Center
Meretoja	Tuomo	HUS, Comprehensive Cancer Center
Merikallio	Miia	Sylva ry, Lupa lapsuuteen ry
Metso-Lintula	Mari	Wellbeing Services County of South Karelia
Metsälä	Heidi	Wellbeing Services County of Central Finland
Metsäniemi	Päivi	Duodecim
Miettinen	Susanna	HUS, Comprehensive Cancer Center
Muona	Tuire	Cancer Society of Finland
Murtola	Teemu	Tampere University, Tays Cancer Centre, Urology
Mustjoki	Satu	University of Helsinki, HUS
Mustonen	Mika	FICAN South
Muttilainen	Marika	Wellbeing Services County of Pirkanmaa
Mäkelä	Siru	HUS, Comprehensive Cancer Center
Mäntyselkä	Pekka	University of Eastern Finland
Nevala	Riikka	HUS, Comprehensive Cancer Center
Nevala	Aapeli	Cancer Society of Finland
Nevalainen	Satu	Wellbeing Services County of Päijät-Häme, Päijät-Häme Central Hospital
Niemi	Anu	Rintasyöpäyhdistys - Europa Donna Finland ry
Nieminen	Marjut	Wellbeing Services County of Pirkanmaa, FICAN Mid
Niinikoski	Laura	Cancer Society of Finland
Nikkilä	Tuula	Cancer Patients Finland
Norppa	Anna	Tampere University Hospital Tays, dentistry
Nuotio	Maria	University of Turku, Turku University Hospital Tyks, geriatrics
Nurminen	Tuulia	Wellbeing Services County of Pirkanmaa
Nyrkkö	Jenni	Wellbeing Services County of North Savo, FICAN East
Olkinuora	Helena	HUS, Children and adolescents
Ollila	Eeva	Cancer Society of Finland

Surname	First name	Organisation
Orell	Helena	HUS, clinical nutritional care
Paananen	Jaana	Wellbeing Services County of Lapland
Pankakoski	Maiju	Cancer Society of Finland
Parkkila	Anna-Kaisa	Wellbeing Services County of Pirkanmaa
Partanen	Veli-Matti	Cancer Society of Finland
Patja	Kristiina	University of Helsinki
Pentikäinen	Virve	HUS, Children and adolescents
Piilinen	Heidi	Rintasyöpäyhdistys – Europa Donna Finland
Pitkäniemi	Janne	Cancer Society of Finland
Poikonen-Saksela	Paula	University of Helsinki, HUS
Porkka	Kimmo	University of Helsinki, HUS
Puolakkainen	Pauli	Finnish Society of Surgery, HUS, University of Helsinki
Puranen	Taija	Cancer Society of Finland
Puurunen	Johanna	Wellbeing Services County of Kainuu
Pylkäs	Katri	Wellbeing Services County of North Ostrobothnia
Pöllänen	Kaisa	Sylva ry, Kympin lapset ry, Cancer Society of Southern Finland
Pöyhönen	Minna	HUS, University of Helsinki, Cancer Society of Finland
Rahko	Eeva	Wellbeing Services County of North Ostrobothnia
Rainesalo	Sirpa	Wellbeing Services County of Pirkanmaa
Rautio	Tero	Wellbeing Services County of North Ostrobothnia
Rekunen	Maijastiina	Wellbeing Services County of Southwest Finland, FICAN West, Turku University Hospital Tyks
Ristikari	Tiina	Itla Children's Foundation
Ristimäki	Ari	University of Helsinki
Räsänen	Iina	Hospital Nova, radiotherapy, geriatric oncology
Saarto	Tiina	University of Helsinki, HUS
Sailas	Liisa	Wellbeing Services County of North Karelia
Salmenniemi	Urpu	HUS, Comprehensive Cancer Center
Salminen	Pirjo	Wellbeing Services County of Central Finland, palliative centre
Salminen	Annukka	Wellbeing Services County of Pirkanmaa
Salo	Heini	Finnish Institute for Health and Welfare (THL)
Salonen	Jonna	THL, quality registers
Sarkeala	Tytti	Cancer Society of Finland
Sauni	Riitta	Tampere University, occupational health and occupational medicine
Seppä	Karri	Cancer Society of Finland
Seppälä	Toni	Tampere University, Wellbeing Services County of Pirkanmaa
Seppälä	Jan	Wellbeing Services County of North Savo
Seppänen	Hanna	HUS
Siekkinen	Mervi	Wellbeing Services County of Southwest Finland, FICAN West
Sihvo	Eero	Wellbeing Services County of Central Finland
Sipilä	Raija	Duodecim, Current Care Guidelines
Sipilä	Kalle	Wellbeing Services County of Pirkanmaa
Sipola	Virpi	Evangelical Lutheran Church of Finland, Church Council
Skyttä	Marika	Cancer Society of Finland
Skyttä	Tanja	Wellbeing Services County of Pirkanmaa
Sova	Päivi	Wellbeing Services County of Lapland
Staff	Synnove	Wellbeing Services County of Pirkanmaa
Stenberg	Jan-Henry	HUS, Psychiatry
Strömsholm	Eva-Maria	Gynecological Cancer Patients in Finland
Ståhls	Anders	HUS, Diagnostic Center, Pathology
Sundvall	Maria	University of Turku
Taimen	Pekka	University of Turku
Tainio	Marjukka	Wellbeing Services County of Pirkanmaa, Tampere University Hospital Tays

Surname	First name	Organisation
Tamminen-Sirkiä	Jenni	Cancer Patients Finland
Taskinen	Mervi	HUS, Children and adolescents
Tenhunen	Olli	Wellbeing Services County of North Ostrobothnia
Tenhunen	Mikko	HUS, Comprehensive Cancer Center
Tervashonka	Ulpu	Wellbeing Services County of Lapland, Lapland Central Hospital
Tiainen	Satu	Wellbeing Services County of North Savo, FICAN East
Tikkinen	Kari A. O.	University of Helsinki
Timonen	Katja	Wellbeing Services County of North Savo, Kuopio University Hospital, palliative outpatient clinic
Torkki	Paulus	University of Helsinki
Tuominen	Leena	HUS, Comprehensive Cancer Center
Turtiainen	Saara	Wellbeing Services County of Pirkanmaa
Tyynelä-Korhonen	Kristiina	Wellbeing Services County of Päijät-Häme, palliative centre
Tähkä	Katja	Cancer Society of Finland
Usvasalo	Anu	Wellbeing Services County of Lapland, Lapland Central Hospital, palliative centre
Utriainen	Meri	HUS
Utriainen	Tapio	HUS
Vasankari	Tuula	Filha ry (Finnish Lung Health Association), University of Turku
Veijalainen	Sanna	Turku University Hospital Tyks, Oncologic Outpatient Clinic
Vesterinen	Tiina	Foundation for the Finnish Cancer Institute
Vierikko	Tuula	Wellbeing Services County of Pirkanmaa
Vihinen	Pia	FICAN West, Turku University Hospital Tyks
Viitala	Anu	Wellbeing Services County of Pirkanmaa, Research Services, Finnish Oncology Nursing Society
Viitala	Hanna	Wellbeing Services County of Pirkanmaa
Virtanen	Heli	University of Turku
Vitri	Ritva	Wellbeing Services County of North Savo
Volmonen	Kirsi	HUS
Vuoti	Sauli	Wellbeing Services County of Central Finland, Hospital Nova, University of Jyväskylä
Välimäki	Maritta	University of Helsinki
Vänni	Katja	Wellbeing Services County of Central Finland
Vänskä	Simopekka	Finnish Institute for Health and Welfare (THL)
Vänttinen	Kirsi	Wellbeing Services County of North Savo, Kuopio University Hospital, cancer care centre
Väyrynen	Juha	Wellbeing Services County of North Ostrobothnia
Wahlfors	Jarmo	Cancer Society of Finland
Wartiovaara-Kautto	Ulla	HUS, Comprehensive Cancer Center, University of Helsinki
Yksjärvi	Sirpa	Cancer Patients Finland, Cancer Society of Central Finland
Öhberg	Isa	Turku University of Applied Sciences, Faculty of Health and Well-Being
Österlund	Pia	Wellbeing Services County of Pirkanmaa

Background organisations of the individuals participating in the national expert network according to the information provided at the time of registration:

Organisations:
- Cancer Society of Southern Finland
- Cancer Society of Central Finland
- Cancer Society of South-West Finland
- Lupa Lapsuuteen ry
- Pharma Industry Finland
- Parisuhdekeskus Kataja ry
- Cancer Society of Pirkanmaa
- Cancer Society of Pohjanmaa
- Rintasyöpäyhdistys - Europa Donna Finland ry
- Gynecological Cancer Patients in Finland
- Finnish Society of Obstetrics and Gynaecology
- Finnish Association of Sports and Exercise Medicine Specialists
- Suomen Lymfayhdistys ry
- Cancer Patients Finland
- Finnish Oncology Nursing Society
- Cancer Society of Finland
- Sylva ry

Foundations:
- Itla Children's Foundation
- Syöpäpotilaiden Hoitokotisäätiö
- Vilja Linnea's Sarcomafund

Companies:
- AbbVie Oy
- Accord Healthcare
- Amgen Finland
- Astellas Pharma
- AstraZeneca Oy
- Bayer Oy
- Bristol Myers Squibb
- Fimlab Laboratoriot Oy
- GlaxoSmithKline Oy
- Illumina
- Johnson&Johnson
- Merck Oy
- MSD Finland
- Novartis Finland
- Pfizer Oy
- Roche Oy
- Siemens Healthcare Oy
- Takeda Oy

Universities/universities of applied sciences:
- Diaconia University of Applied Sciences
- University of Helsinki
- University of Eastern Finland
- University of Jyväskylä
- Laurea University of Applied Sciences
- University of Oulu
- Savonia University of Applied Sciences
- Tampere University
- Turku University of Applied Sciences
- University of Turku

Public organisations/healthcare:
- Auria Biobank
- FICAN South
- Wellbeing Services County of South Ostrobothnia
- Wellbeing Services County of South Savo
- FICAN East
- Helsinki Biobank
- HUS
- FICAN East
- Wellbeing Services County of Kainuu
- Wellbeing Services County of Central Ostrobothnia
- Central Finland Biobank
- Wellbeing Services County of Central Finland
- Kuopio University Hospital
- Wellbeing Services County of Lapland
- FICAN West
- Wellbeing Services County of Pirkanmaa
- Wellbeing Services County of Ostrobothnia
- Wellbeing Services County of North Karelia
- Wellbeing Services County of North Ostrobothnia
- Wellbeing Services County of North Savo
- Wellbeing Services County of Päijät-Häme
- FICAN Mid
- Radiation and Nuclear Safety Authority (STUK)
- Turku University Hospital Tyks
- Wellbeing Services County of Southwest Finland

Others:
- Hamppupuolue ry
- Myy Agency Oy
- Productivity Leap
- Evangelical Lutheran Church of Finland

Together Against Cancer – Human-Centred Cancer Prevention and Care
National Cancer Strategy 2026–2035
Finland

Layout: Grano Oy

Ministry of
Social Affairs and Health