

CANCERFONDEN

THE SWEDISH CANCER SOCIETY'S REPORT CARE 2021

Segregated screening

Aims

- The Swedish Cancer Society wishes to continue to shed light on inequalities in cancer care. Not just at regional level but also at municipal and district level.
- Through knowledge and skills we wish to identify and shape opportunities for improvement.





Summary of the report

- There are **clear geographical differences** in the degree of participation in the national screening programs for breast cancer, cervical cancer and colorectal cancer. This is true both between and within regions.
- **High participation** is more often seen in **socioeconomically strong municipalities** and districts compared with those with a socioeconomically weaker population.
- Increased and more equal national participation in the national screening programs for breast cancer, cervical cancer and colorectal cancer **corresponding to the rate of participation in municipalities and districts with the highest participation rate** could mean 194 lives saved annually.

BREAST CANCER SCREENING

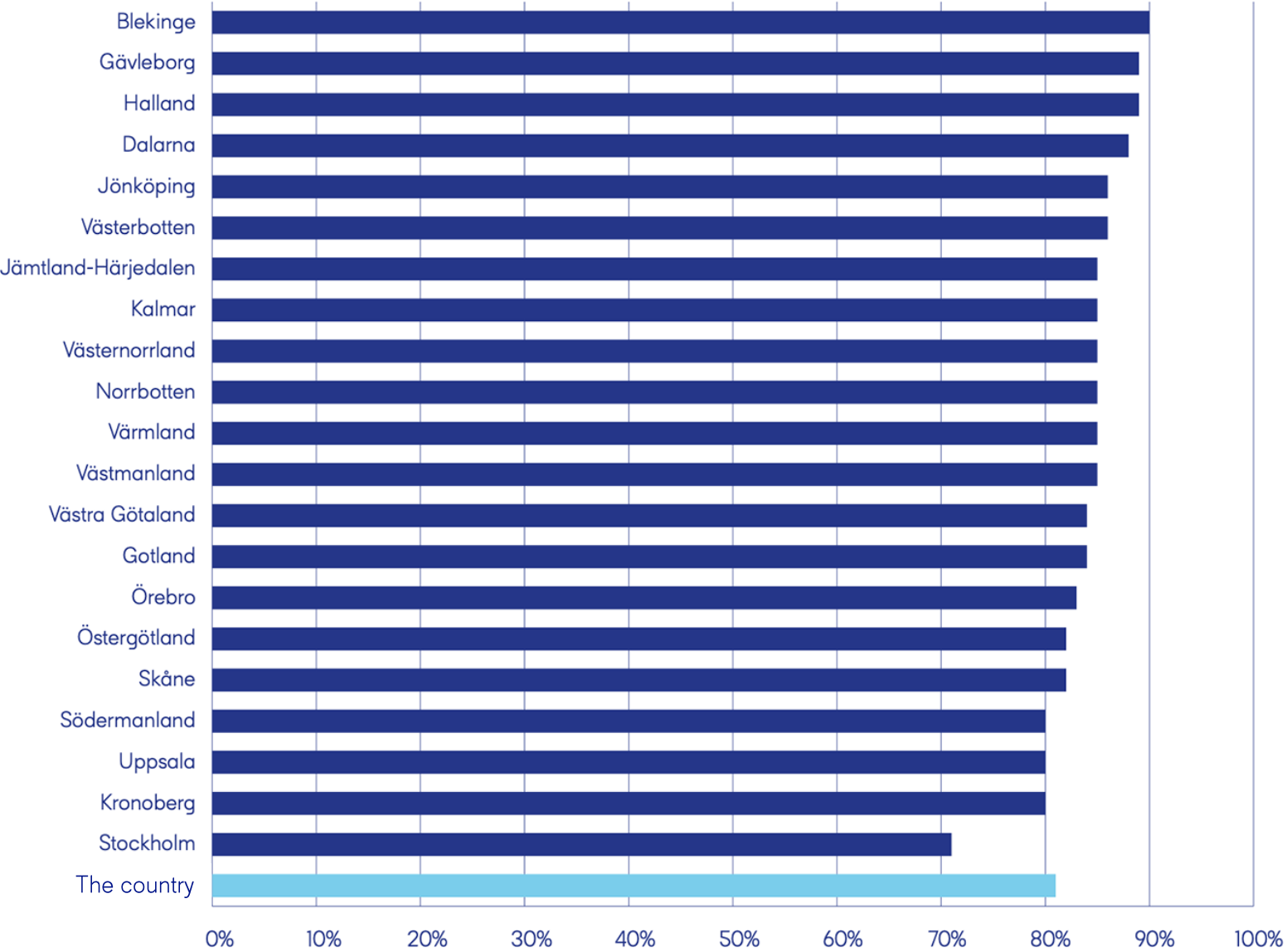
Income differences and participation in breast cancer screening, 2019.

Participants as a proportion of number called in relation to median income in the age group 35-74 in different city areas within the metropolitan municipalities of Stockholm, Malmö and Gothenburg.



Participation in breast cancer screening in the regions and the country, 2019.

Number of participants as a percentage of number called.



Municipalities with the highest and lowest participation in breast cancer screening per region, 2019.

Participants as a proportion of number called, and median monthly income for women aged 20-64 and proportion of women aged 25-64 educated only to pre-high school level.

Region	Average participation	HIGHEST PARTICIPATION				LOWEST PARTICIPATION			
		Municipality	Average participation	Median monthly income	Percentage educated to pre-highschool level	Municipality	Average participation	Median monthly income	Percentage educated to pre-highschool level
Blekinge*	90%	—	—	—	—	—	—	—	—
Gävleborg	89%	Bollnäs	93%	23 627 kr	11%	Nordanstig	83%	22 517 kr	13%
Halland	89%	Varberg	90%	25 773 kr	8%	Laholm	89%	22 875 kr	10%
Dalarna**	88%	Avesta	92%	23 824 kr	13%	Mora	73%	25 782 kr	9%
Jönköping	86%	Nässjö	90%	24 180 kr	12%	Mullsjö	79%	24 344 kr	10%
Västerbotten***	86%	Norsjö	92%	23 739 kr	9%	Lycksele	80%	24 221 kr	10%
Jämtland-Härjedalen	85%	Berg	92%	23 125 kr	9%	Ragunda	84%	22 462 kr	11%
Kalmar	85%	Vimmerby	88%	24 602 kr	10%	Högsby	81%	21 268 kr	15%
Väster-norrland	85%	Ånge	87%	24 489 kr	11%	Härnösand	75%	24 531 kr	11%
Norrbottnen	85%	Piteå	89%	25 627 kr	6%	Boden	74%	25 576 kr	9%
Värmland	85%	Hammarö	91%	28 636 kr	5%	Storfors	76%	23 283 kr	15%
Västman-land	85%	Suraham-mar	87%	24 399 kr	12%	Arboga	77%	23 181 kr	11%
Västra Gö-taland****	84%	Vårgårda	91%	24 406 kr	12%	Tidaholm	51%	24 641 kr	12%
Gotland	84%	—	—	24 231 kr	9%	—	—	24 231 kr	9%
Örebro	83%	Lekeberg	85%	25 638 kr	9%	Ljusnars-berg	74%	20 683 kr	17%
Öster-götland	82%	Motala	86%	24 282 kr	13%	Ydre	70%	24 100 kr	7%
Skåne	82%	Lomma	90%	32 677 kr	4%	Burlöv	77%	22 874 kr	13%
Söderman-land	80%	Nyköping	83%	25 392 kr	11%	Gnesta	68%	25 028 kr	11%
Uppsala	80%	Knivsta	83%	28 841 kr	6%	Ålvkarleby	65%	23 402 kr	14%
Kronoberg*	80%	—	—	—	—	—	—	—	—
Stockholm	71%	Nykvarn	76%	30 919 kr	7%	Botkyrka	64%	22 291 kr	17%
The country	81%	Bollnäs	93%	23 627 kr	12%	Tidaholm	51%	24 641 kr	12%

If everyone participated in breast cancer screening to the same extent as in Bollnäs, 33 lives would be saved each year.

* For the Blekinge and Kronoberg region it has not been possible to obtain data for participation at municipal level.

** In the Dalarna region, participation in breast cancer screening is higher in Vansbro and Malung-Sälen than in Avesta, and participation is significantly lower in Älvdalen than in Mora. However, data for both Vansbro and Malung-Sälen as well as Älvdalen appear to be inaccurate. They are therefore not included in the comparison.

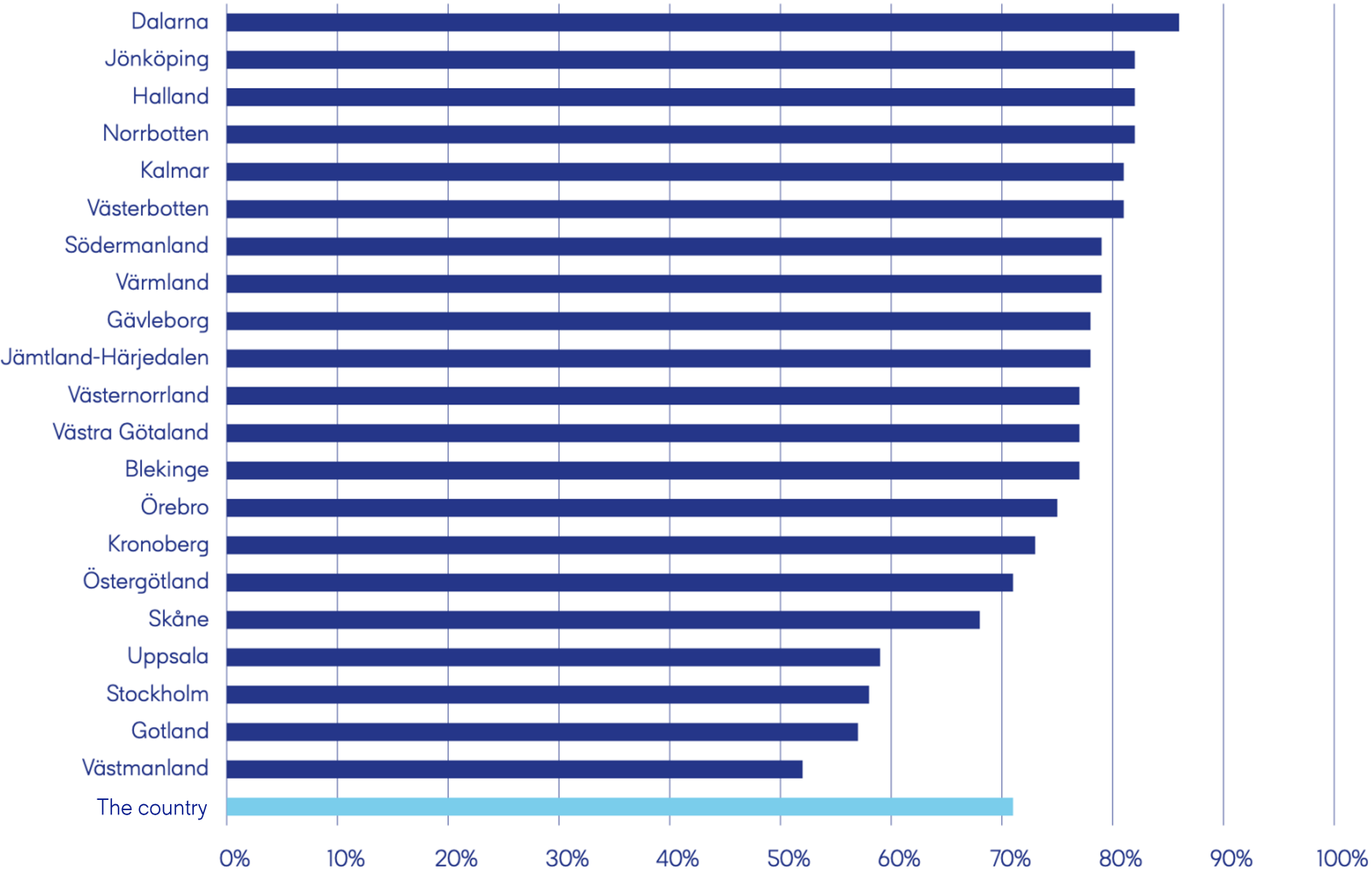
*** In the Västerbotten region, the municipalities of Nordmaling, Vindeln and Robertsfors show significantly lower participation in breast cancer screening. However, only a few people were called for screening in 2018, and consequently the results cannot be seen as representative. Therefore the results for these municipalities are not included.

**** In the case of Västra Götaland, there is no information on participation in breast cancer screening for Tjörn and Munkedal.

CERVICAL CANCER SCREENING

Participation in cervical cancer screening in the regions and the country, 2018.

Number of participants within one year as a percentage of number called.



Municipalities with the highest and lowest participation in cervical cancer screening per region, 2018.

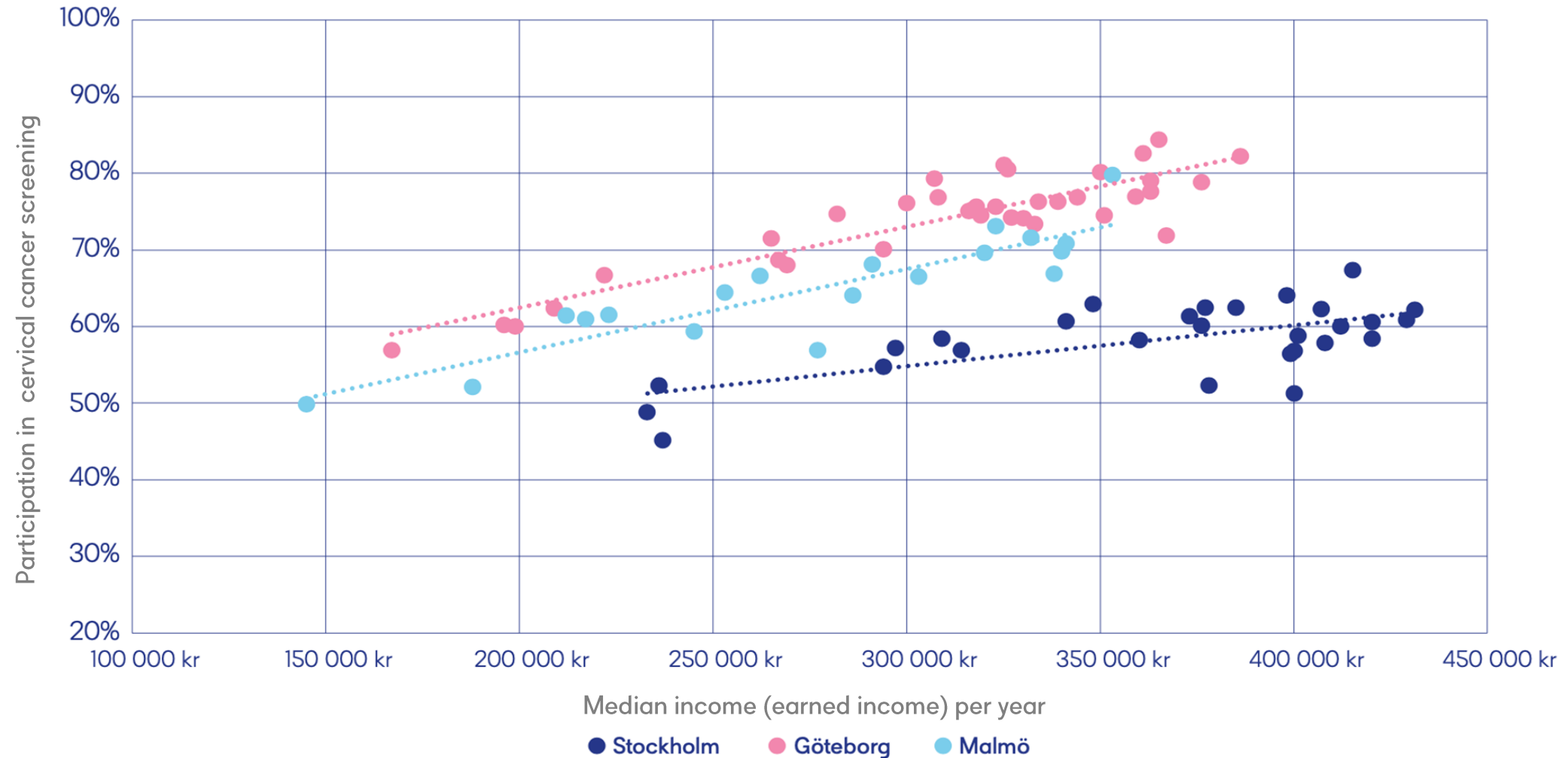
Participants as a proportion of number called within one year, together with median income per month for women aged 20-64 and proportion of women aged 25-64 educated only to pre-high school level.

Region	Average participation	HIGHEST PARTICIPATION				LOWEST PARTICIPATION			
		Municipality	Average participation	Median monthly income	Percentage educated to pre-highschool level	Municipality	Average participation	Median monthly income	Percentage educated to pre-highschool level
Dalarna	86%	Säter	91%	25 878 kr	10%	Leksand	80%	24 751 kr	7%
Jönköping	82%	Habo	89%	26 561 kr	7%	Mullsjö	77%	24 344 kr	10%
Halland	82%	Kungsbacka	84%	28 793 kr	6%	Laholm	74%	22 875 kr	10%
Norrbotten	82%	Gällivare	87%	28 858 kr	9%	Pajala	71%	24 674 kr	9%
Kalmar	81%	Vimmerby	86%	24 602 kr	10%	Högsby	63%	21 268 kr	15%
Västerbotten	81%	Robertsfors	87%	24 173 kr	10%	Malå	76%	24 952 kr	10%
Södermanland	79%	Katrineholm	83%	23 450 kr	15%	Trosa	74%	26 878 kr	10%
Värmland	79%	Hammarö	87%	28 636 kr	5%	Munkfors	70%	23 905 kr	11%
Gävleborg	78%	Ovanåker	83%	24 172 kr	12%	Nordanstig	68%	22 517 kr	13%
Jämtland-Härjedalen	78%	Strömsund	83%	23 330 kr	10%	Bräcke	71%	22 983 kr	9%
Väster-norrland	77%	Härnösand	82%	24 531 kr	11%	Sollefteå	73%	24 161 kr	12%
Västra Götaland	77%	Götene	86%	25 086 kr	10%	Bengtsfors	70%	22 793 kr	16%
Blekinge	77%	Olofström	78%	23 805 kr	12%	Sölvesborg	69%	24 183 kr	10%
Örebro	75%	Askersund	80%	24 571 kr	11%	Ljusnarsberg	63%	20 683 kr	17%
Kronoberg	73%	Växjö	76%	24 857 kr	8%	Uppvidinge	62%	22 991 kr	14%
Östergötland	71%	Mjölby	76%	25 055 kr	10%	Ydre	52%	24 100 kr	7%
Skåne	68%	Kävlinge	82%	27 489 kr	7%	Åstorp	61%	22 402 kr	16%
Uppsala	59%	Knivsta	63%	28 841 kr	6%	Tierp	57%	22 722 kr	12%
Stockholm	58%	Vallentuna	68%	29 063 kr	7%	Södertälje	48%	22 608 kr	16%
Gotland	57%	—	—	24 231 kr	9%	—	—	24 231 kr	9%
Västmanland	52%	Norberg	63%	24 040 kr	14%	Fagersta	40%	24 177 kr	16%
The country	71%	Säter	91%	25 878 kr	10%	Fagersta	40%	24 177 kr	16%

If everyone participated in cervical cancer screening to the same extent as in Säter, 55 lives would be saved each year.

Income differences and participation in cervical cancer screening, 2018.

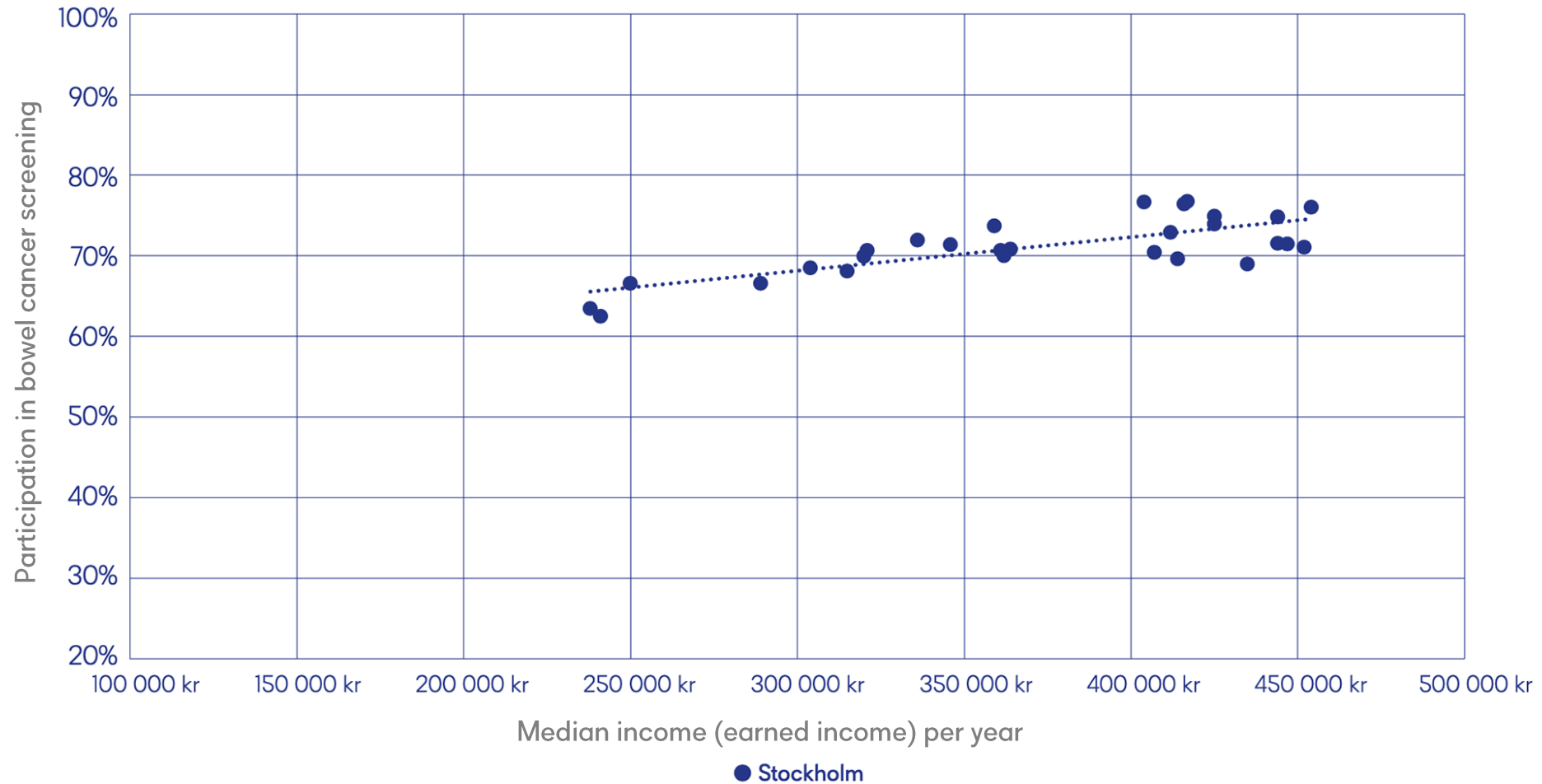
Participants as a proportion of number called in relation to median income in the age group 25-69 in different city areas within the metropolitan municipalities of Stockholm, Malmö and Gothenburg.



BOWEL CANCER SCREENING

Income differences and participation in bowel cancer screening, 2019.

Participants as a proportion of number called in relation to median income in the age group 55-74 in different parts of Greater Stockholm.



**WHAT DO WE WANT
TO ACHIEVE?**

The regions are responsible

It is the Swedish Cancer Society's opinion that:

- the regions must analyze participation rates and implement targeted interventions for groups of people and geographical areas with low screening participation
- there is a need for initiatives for new models and a systematic evaluation of what does and doesn't work
- compliance with existing care programs and recommendations must be ensured, with a focus on increased participation in areas where it is at its lowest.
- there is preparedness for the rapid implementation of new screening programs and recommendations.

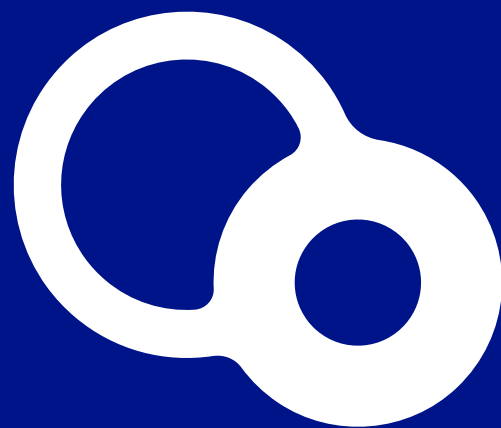


The government must take greater responsibility

Equal cancer care for all is a national responsibility that the government needs to shoulder. The Swedish Cancer Society therefore believes that the government should:

- instruct the authorities to ensure the urgent implementation of new and revised screening programs in the regions
- instruct the National Board of Health and Welfare and the Regional Cancer Centers to work together to determine and evaluate methods for reaching people in groups with low participation in the screening programs, and to spread the word
- support the regions in the work of ensuring that those who have not been called or been able to participate in screening due to the Covid pandemic are given the opportunity to do so.





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