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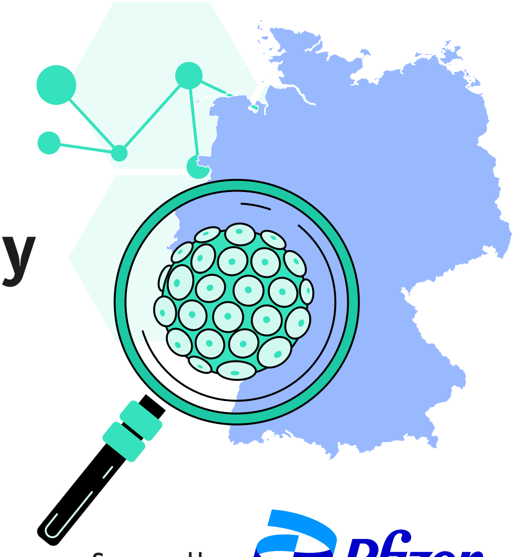
Beyond survival: the current state of cancer care in Germany



Each year, around 500,000 people in Germany are diagnosed with cancer.[1] Today, about 1.6m people across the country are living with cancer that has been diagnosed in the last five years.[1]

To better understand attitudes towards cancer care and gaps in treatment and patient engagement, we conducted a series of surveys with key groups, including the general population, people living with cancer and healthcare professionals (HCPs). This infographic summarises key gaps identified in our Germany survey of 551 members of the general public, 100 people with a cancer diagnosis, and 100 healthcare professionals.

With the gaps identified in mind, we developed the North Star Framework to support the holistic measurement of success in cancer care. Read more about the Framework at impact.economist.com/health/from-survival-to-survivorship-with-cancer

Sponsored by Pfizer

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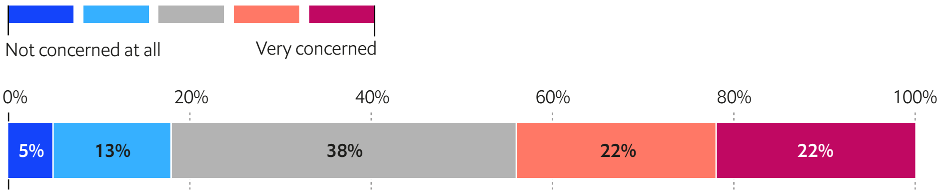
1 Public confidence and engagement

The general population worries about cancer, most have not been given information about their cancer risk.

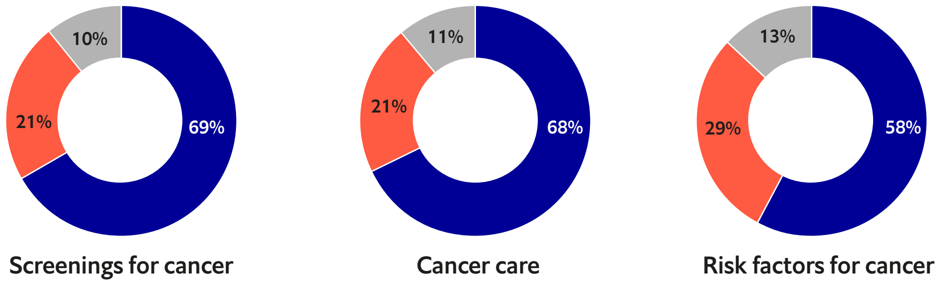
According to our survey of over **550 people** in Germany, **45%** of respondents are concerned about themselves or a family member developing cancer.



However, **78%** of people are unsure or have not been provided with information by a doctor or other health professional about cancer risks specific to their background (eg, family history).

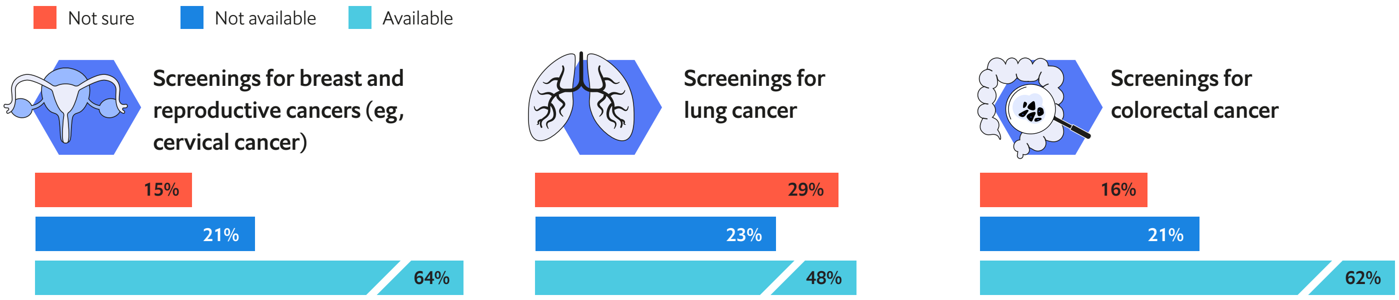
When asked if they have access to useful and trustworthy information on the following topics:

- ■ Said they do
- ■ Said they do not
- ■ Said they are not sure



The general public are not always aware of what screening resources are available.

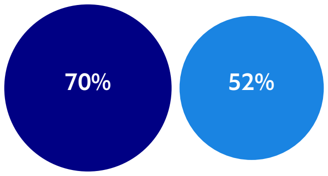
When asked whether various cancer screening services are available in their local communities general public respondents said they were:

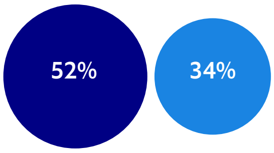


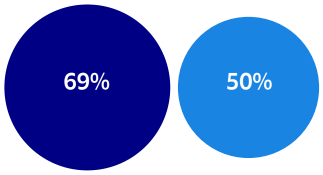
Increasing public awareness of screening resources can help to improve uptake among those who are eligible.[2]

In Germany, survey respondents also report significant differences in the availability of screening services in urban and rural areas.

■ Urban ■ Rural


Availability of screenings for breast and reproductive cancers (eg, cervical cancer)

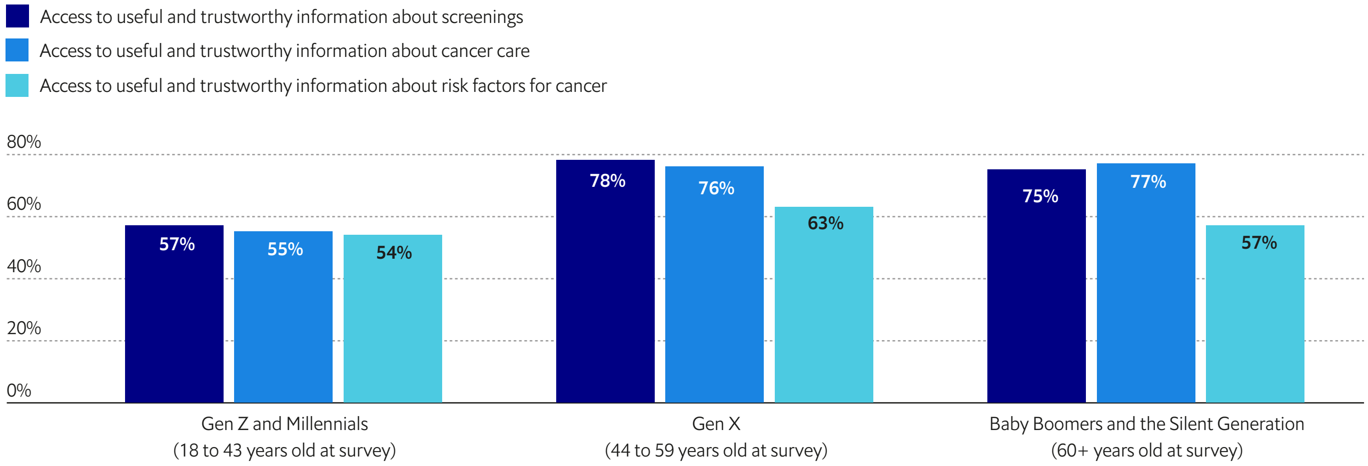

Availability of screenings for lung cancer


Availability of screenings for colorectal cancer

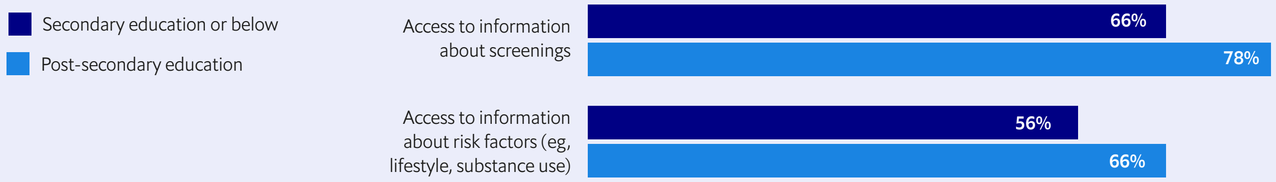
> **"There is a lack of information on cancer... we still have a patient population that is very obedient to their doctors and afraid to ask questions."**
>
> **Alexandra von Korf,** Communication Manager and Patient Representative, patients today; Content Creator for Breast Cancer Awareness, Kick Cancer Chick

Access to valuable information varies across demographic groups.

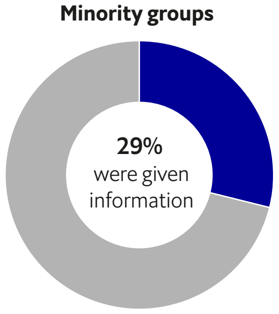
Respondents from younger generations (Gen Z and Millennials) are more likely than those from older generations to say they do not have access to useful and trustworthy information about key cancer topics:

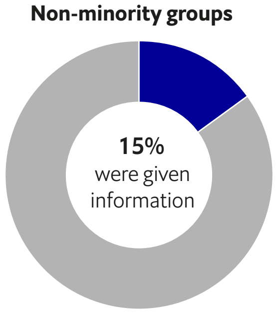


Individuals with lower levels of education are less likely to say they have access to useful or trustworthy information—or are unsure if they do—than those with a post-secondary education.



Minority groups* are more likely than non-minority groups to report that they have been given information about their risk for cancer based on their background:

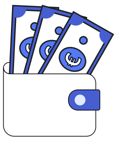

Minority groups


Non-minority groups

*Minority groups include people living with a chronic health condition/disease (eg, heart disease, asthma, stroke, diabetes, etc.), people with a disability, LGBTQIA+ individuals, migrants, refugees, asylum seekers or displaced persons, minority ethnic persons and other self-reported minority status

> “It needs to be guaranteed that the patient has access to the information they need, and that the patient is informed enough to speak on eye level with health care professionals.”
>
> **Franziska Ivens,** Consultant, YesWeCan!cer

Despite the existence of a mandatory health insurance system, the cost of cancer care is still a concern.

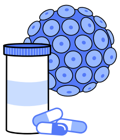


20%

of general population respondents thought that their existing health coverage would not be sufficient to cover their costs if they developed cancer

29%

of general population respondents would consider purchasing additional health coverage if they developed cancer



54%

of patients reported cost as a challenge when seeking diagnosis or treatment for cancer*

*According to our survey of over 100 patients in Germany

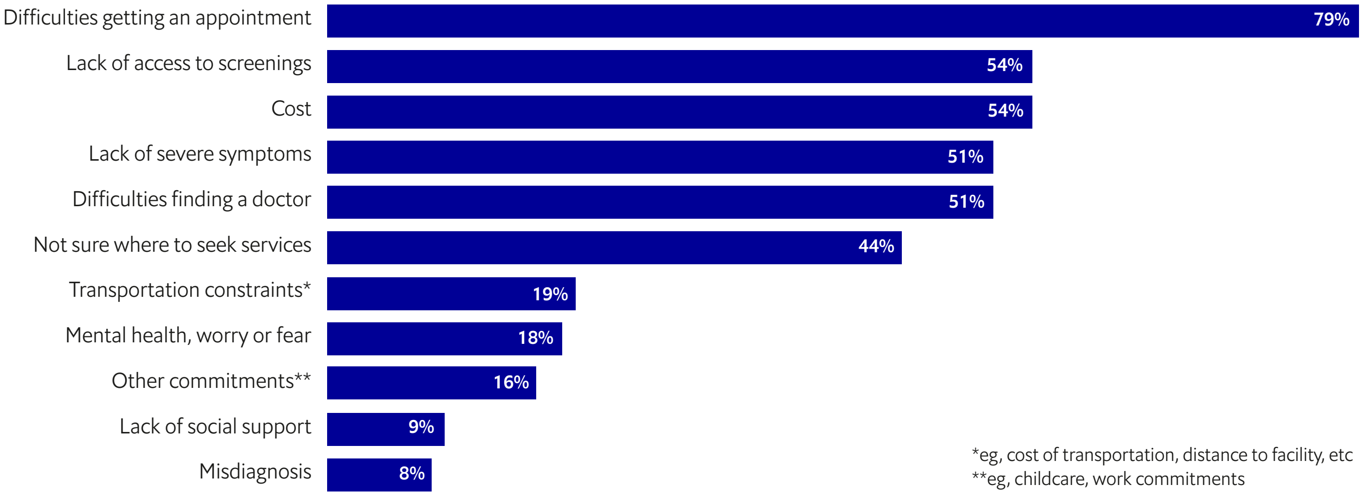
Cost concerns may be due to the requirement to make co-payments with certain public health insurance programmes or the wider costs and financial impacts of cancer, such as travel to receive care or impact on ability to work or perform domestic responsibilities.[3]

2

Barriers and gaps in care

Patients routinely face significant delays to accessing timely care. Delays in care can critically impact outcomes and survival.

According to our survey of **100 patients** living with cancer, the greatest challenges when seeking a cancer diagnosis or treatment are:



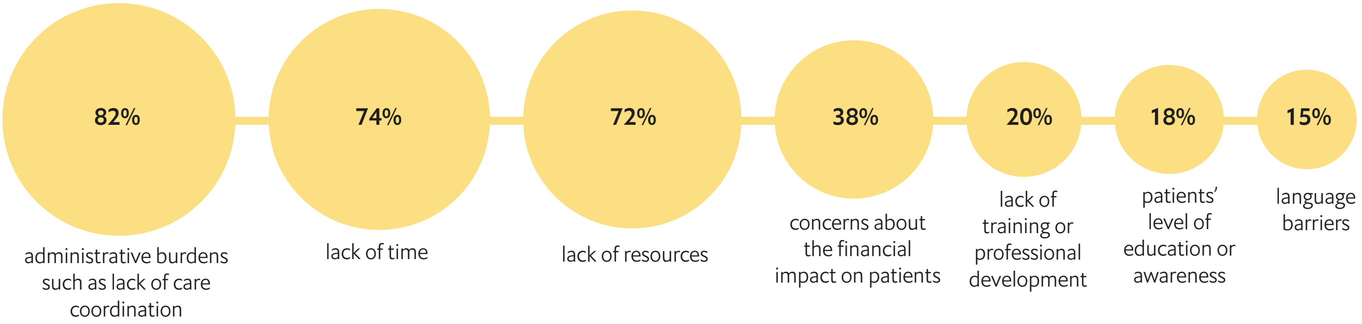
*eg, cost of transportation, distance to facility, etc
**eg, childcare, work commitments

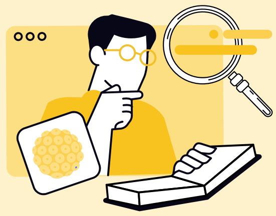
Not having severe symptoms initially may lead to delays in seeking and accessing care. A lack of awareness among the public of which screenings are available to them in their communities, and how to access reliable information, may also contribute to delays.

> “Reducing inequalities in access to innovative diagnostic tools and treatments for cancer patients is the first priority.”
>
> **Antonella Cardone,** CEO, Cancer Patients Europe

Health systems face significant structural barriers to delivering optimal care.

According to our survey of **100 healthcare professionals** in Germany across various specialities, who work at least 50% of the time with patients living with cancer, the greatest barriers to patient-centred care delivery include:





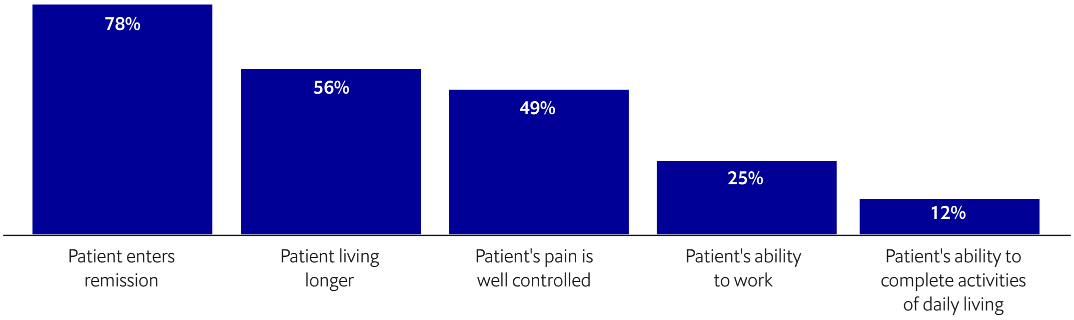
> **"It's very important to educate and inform healthcare professionals that shared decision making is crucial. It is also very important because if a patient believes in the treatment that they're undertaking then they will adhere to it."**
>
> **Antonella Cardone,** CEO, Cancer Patients Europe

3

Opportunities for enhancing patient-centred care

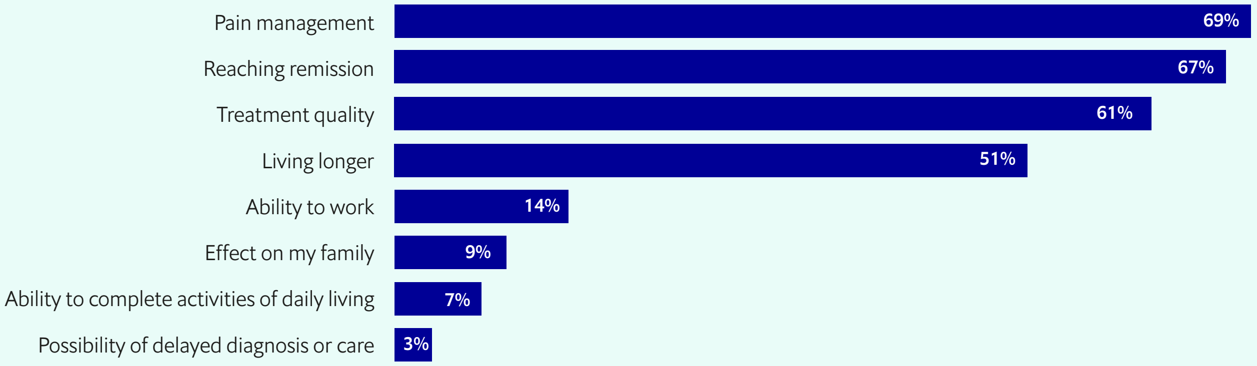
Patients and HCPs are only partly aligned on their goals for successful care.

Patients entering remission, living longer and having their pain well controlled are the top priorities for HCPs. When asked about the top three indicators of success in cancer care, HCPs reported:



Like HCPs, patients are focused on reaching remission. But patients place a much higher value on pain management and slightly lower emphasis on living longer than HCPs, highlighting an opportunity for HCPs to place greater emphasis on patient priorities in their cancer treatment plans.

When asked to select the three factors that were most important to them, given their diagnosis, patients reported:



Though most patients say that they have good relationships with their doctors, HCPs need to take the time to listen and understand the needs and preferences of their patients living with cancer.

9 in 10

patients said they have "good" or "very good" relationships with their HCPs.

4 in 5

patients with cancer **agreed** that their doctors took sufficient time to understand their needs and preferences. However, there is room for improvement: 5% of patients disagreed while 17% were neutral.

3 in 4

patients with cancer **agreed** that their doctor considered their opinions or preferences during the course of treatment. Yet 21% were neutral and 5% disagreed, indicating that more attention should be paid to patient preferences.

Addressing the structural barriers to care delivery identified by the HCPs we surveyed, such as administrative difficulties and lack of time and resources, can improve HCP capacity to deliver quality care and provide support for patients.

> "We need to make sure that we apply the right medical care to the right person at the right moment."
>
> **Christof von Kalle,** Oncologist; Director, Luxembourg Center for Translational Research, Luxembourg Institute of Health; Berlin Health Institute Chair for Clinical Translational Sciences, Berlin Institute of Health at Charité

Evidence-based tools such as patient reported outcome measures (PROMs) and patient decision aids (PtDAs) can help HCPs to understand patient needs and preferences. However, few Germany-based HCPs reported regularly using these tools when creating treatment plans for their patients with cancer.

28% of HCPs often or always use PROMs

26% of HCPs often or always use PtDAs

Encouragingly, the majority of HCPs reported prioritising patient-centred care by regularly using shared decision-making frameworks and personalised care plans.

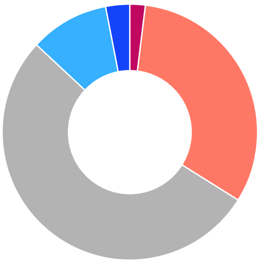
65% of HCPs often or always use shared decision-making frameworks

90% of HCPs often or always use personalised care plans

There is still work to be done to improve mental health for patients undergoing cancer treatment.

When asked to rate their mental health, the patients we surveyed reported it as:

2%	🟥	Very poor
32%	🟧	Poor
53%	⬜	Acceptable
10%	🟦	Good
3%	🟦	Very good



Meanwhile, 31% of HCPs we surveyed said they have not received training on mental health within the context of cancer care. Prioritising HCP training and inclusion of specialised mental health professionals in multidisciplinary cancer care teams can help to bridge this gap and quality of life and psychological outcomes for patients with cancer.[4,5]

> "When HCPs look at the patient, they should take a holistic approach and consider mental health, long-term side effects and things that really affect everyday life—currently the focus seems to be on just the clinical results."
>
> **Alexandra von Korf,** Communication Manager and Patient Representative, patients today; Content Creator for Breast Cancer Awareness, Kick Cancer Chick

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[3] OECD/European Commission (2025), EU Country Cancer Profile: Germany 2025, EU Country Cancer Profiles.

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[5] Johnson S & Adams C. Why all countries should include psycho-oncology in their cancer response. Psycho-Oncology 2023; 32: 10-12.

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