



C&REWAY

Cancer Awareness, Resources and Education PathWAY



Gaps in Cancer Literacy

A cross-country synthesis



Co-funded by
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DOCUMENT INFORMATION

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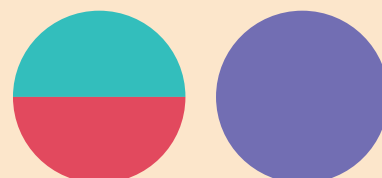


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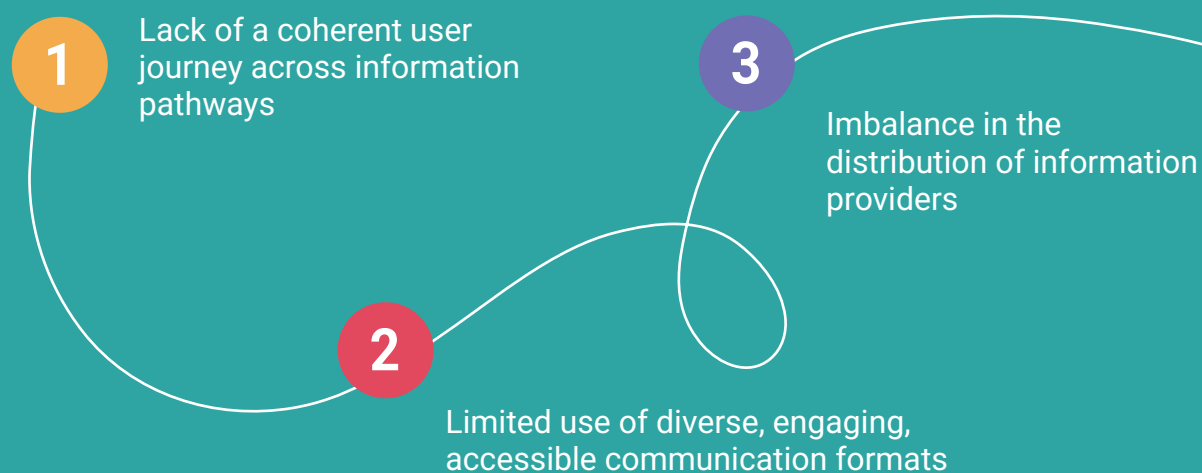
Executive summary

Cancer care across all stages – from prevention, early detection, to treatment and supportive care – remains one of the central priorities within European public health systems. Population-based organised screening programmes for breast, cervical and colorectal cancer play a key role in reducing cancer-related morbidity and mortality. For this reason, there is a growing focus on introducing screening or early detection activities, also for lung and prostate cancer. At the same time, the increasing number of cancer survivors has brought greater attention to quality-of-life issues—such as sexuality and intimacy during and after treatment.

This report presents a cross-country synthesis of national desk searches conducted within the CAREWAY project. It examines publicly available online information related to cancer screening programmes and communication about sexuality and intimacy in cancer care. Project partners identified and mapped publicly available online resources across Finland, the Netherlands, Poland, Portugal and Romania. The results were integrated to identify common structural gaps in information availability and accessibility.

Across countries, a substantial volume of information related to cancer screening programmes was identified. Most extracted materials clearly describe eligibility criteria and testing procedures. However, the information landscape is often fragmented, with limited integration of the full screening pathway and relatively few materials presented in diverse or interactive formats, tailored to different audiences.

The analysis identified several recurring common gaps across countries:



4

Limited targeting and audience adaptation of content

6

Limited multilingual availability of screening information for migrant populations

5

Limited provision of authoritative guidance for professionals on communication about sexuality and intimacy

These patterns may affect how effectively individuals and healthcare professionals' access and navigate cancer-related information. Limited integration of information across the care pathway and insufficient audience adaptation may create barriers for populations with diverse needs, including individuals with lower health literacy or different linguistic backgrounds.

The findings provide an evidence base for the next phases of the CAREWAY project, informing the co-creation process for the CAREWAY toolkit and the development of communication strategies and stakeholder engagement activities. At the same time, these activities contribute to the project's main aim: strengthening cancer literacy and improving access to reliable health information.



Introduction

1

About CAREWAY

CAREWAY is a European project funded under the Erasmus+ Programme ([Project 2025-1-FI01-KA220-ADU-000358317 - Cancer Awareness, Resources, and Education PathWAY](#)).

The CAREWAY project works to enhance adults' access to reliable, understandable, and user-friendly cancer information, with particular attention to traditionally underserved groups. Although healthcare professionals, healthcare centers, and personal networks remain important sources of guidance, many people now turn to digital channels to learn about cancer. Online information—whether found on websites, social media, or other platforms—can be difficult to follow, inconsistent in quality, or presented in ways that make it challenging to assess its accuracy or relevance.

These difficulties are often amplified for individuals facing limited health literacy, low digital skills, language barriers, socio-economic pressures, or facing barriers to healthcare access. Such challenges can make it harder for people to identify trustworthy resources, understand medical recommendations, or make informed decisions about cancer screening, treatment, and life after cancer.

In response, the CAREWAY project is dedicated to strengthening cancer health literacy and reducing inequalities in access to information. It is developing and piloting an Educational

Toolkit along with a set of supporting materials designed for patients, the general public, adult educators, healthcare providers, and community organisations. The toolkit aims to help users more confidently locate, interpret, and use cancer-related information, ultimately supporting better communication, informed choices, and more equitable access to care.



2

Background and aim

Addressing cancer across all stages – from prevention, through diagnosis, to survivorship and supportive care – remains a central priority for European public health systems. Reports and policy documents from European institutions, international organisations and health stakeholders increasingly emphasise the importance of organising comprehensive and patient-centred cancer care. Within this framework, organised population-based screening programmes play a key role in the early detection of cancer and, consequently, in reducing cancer-related mortality and morbidity.¹ Moreover, initiatives such as Europe's Beating Cancer Plan and recent OECD reports² on European cancer inequalities have placed increasing emphasis on reducing imbalance in access to cancer care across the entire care pathway.

In this landscape, improving health literacy is recognised as an important component in addressing cancer. Health literacy is defined by the World Health Organization as “personal knowledge and competencies [...] that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them”.³ This can be supported through the provision of authoritative, relevant and reliable health information for the public.

However, oncological care extends beyond early detection and treatment. Many individuals

experience long-term physical, psychological and social consequences following a cancer diagnosis. In this context, effective communication is recognised as an essential component of healthcare.⁴ This is particularly relevant for topics such as sexuality and intimacy during and after cancer treatment, which often remain under-addressed despite being recognised as important aspects of quality of life.⁵ Research shows that patients often receive limited guidance on sexual health related to cancer care.⁶ At the same time, clinicians may face barriers in communication in the form of a lack of training, time or resources.⁷

In this context, it becomes important to understand how cancer-related information is currently presented and accessed across different sources. The purpose of this Report is to document the cutting-edge information regarding:

- Population-based cancer screening or early detection programmes for breast, colorectal, and cervical cancer, and—where relevant—lung and prostate cancer.
- Communication about sexuality and intimacy in oncological care.

Breast, colorectal and cervical cancer were selected as the main focus due to the availability of established population-based screening programmes across participating countries. Lung and prostate cancer were included where relevant, as there is currently no fully established standardised pan-European screening program. The national approaches to screening for these cancers vary considerably, ranging from early detection initiatives, organised or pilot programmes to opportunistic testing or the absence of organised screening.

Based on a structured national desk search, the report aims to identify available resources, assess their characteristics, highlight common gaps, and provide evidence to inform the project's next steps, including the co-creation of an educational toolkit.

3

Structure of the report

This report is organised to provide a clear overview of the evidence collected at the national level and the resulting cross-country analysis.

Following the introductory sections, the report presents the methodological approach applied across partner countries. The subsequent chapters summarise the availability and characteristics of cancer-related information identified within national contexts.

Building on these findings, the report outlines common gaps across countries, highlighting recurring challenges from a cancer literacy

perspective. The final sections present key conclusions drawn from the search.

Detailed documentation supporting the analysis, including search logs, extraction tables, and extended mappings, is available upon request.



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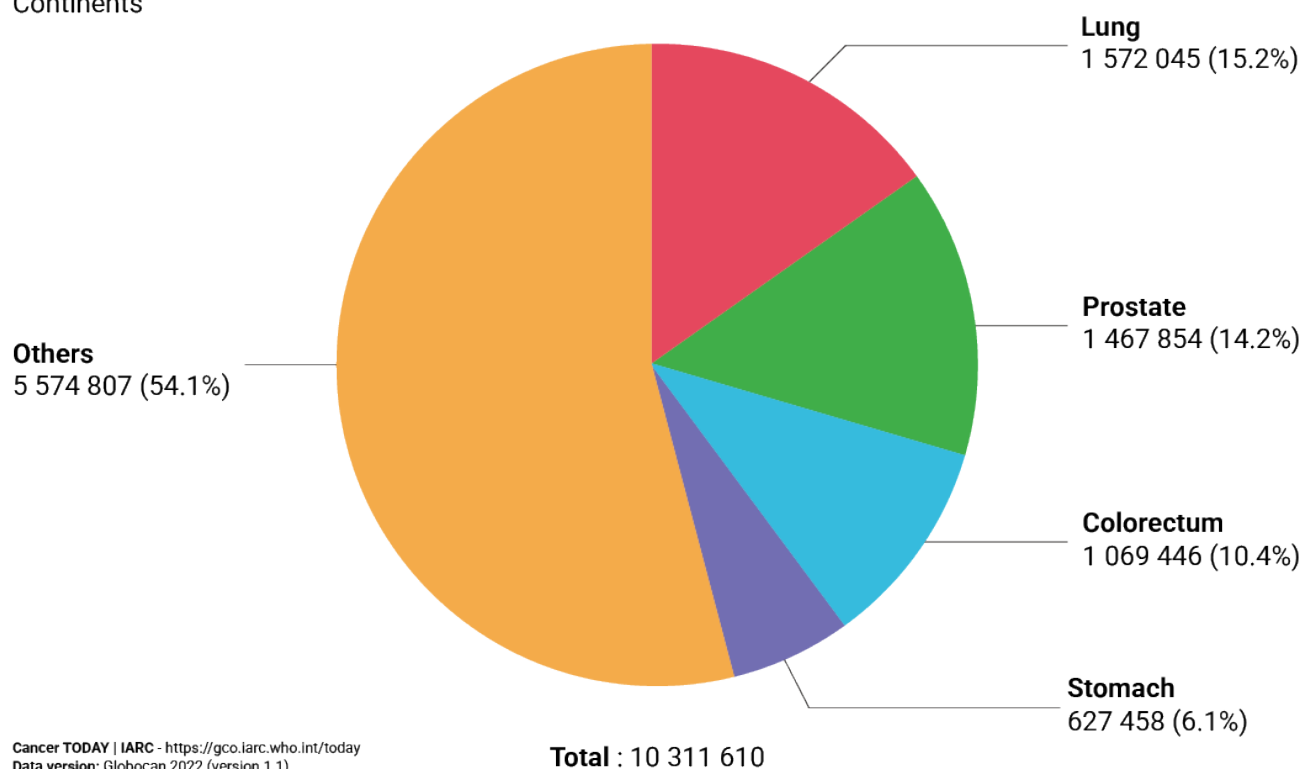
Epidemiology

Cancer remains one of the leading causes of morbidity and mortality and continues to place a substantial burden on individuals and healthcare systems. Across the world, recent estimates indicate around **20 million new cancer cases in 2022**, accompanied by approximately **9.7 million cancer-related deaths**, which suggests that about one in five men or women develop cancer in their lifetime, whereas around one in nine men and one in 12 women die from it.⁸

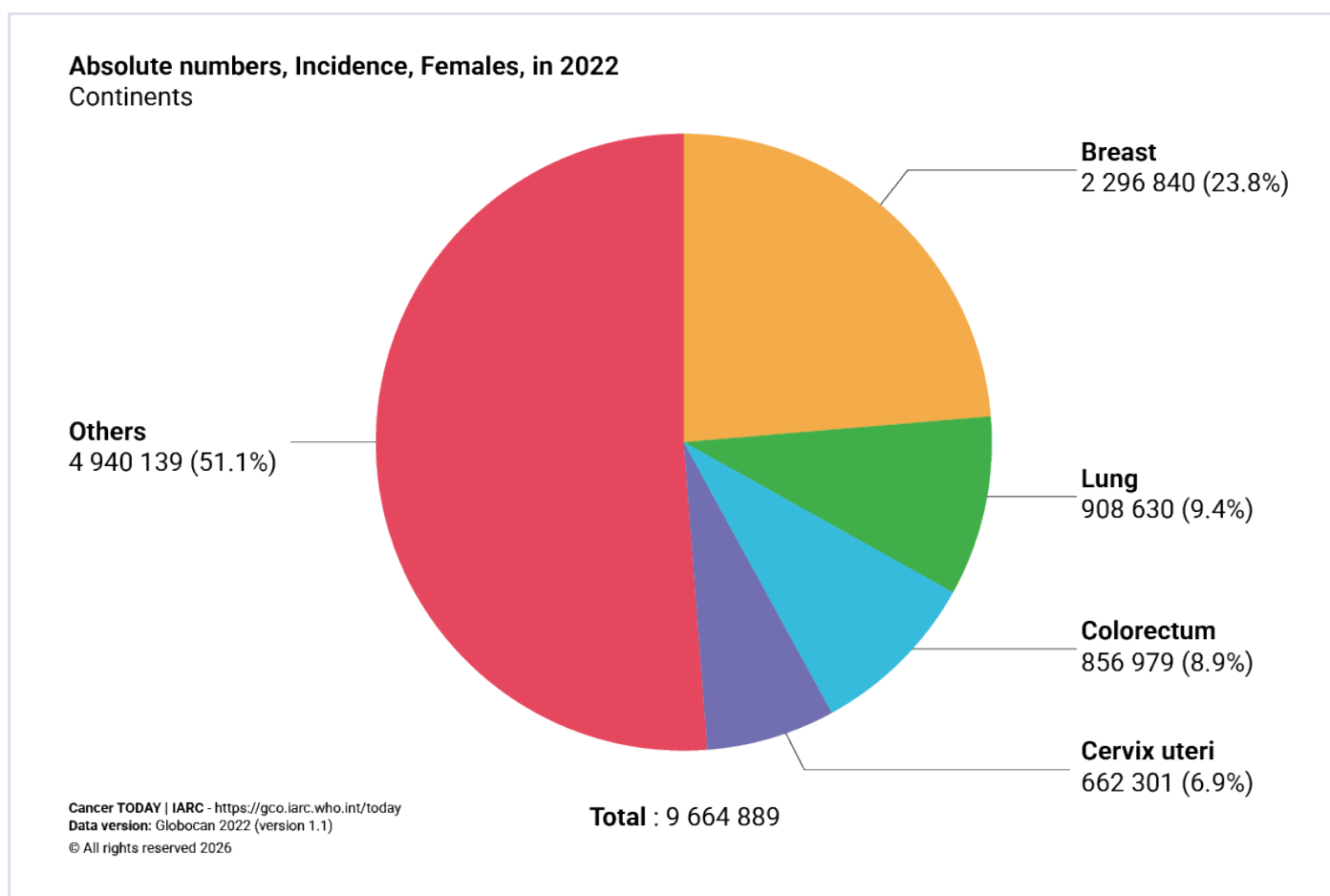
Data from the World Health Organization's International Agency for Research on Cancer⁹ (Figure 1) show that lung cancer remains the most commonly diagnosed cancer in men, with prostate and colorectal cancer also ranking highly. In women, breast cancer accounts for nearly one quarter of all cases, while lung and colorectal cancer are the next most frequently diagnosed.

Figure 1. Most Common Cancer Types by Sex, in 2022 (Global Data, IARC)

Absolute numbers, Incidence, Males, in 2022
Continents



Cancer TODAY | IARC - <https://gco.iarc.who.int/today>
Data version: Globocan 2022 (version 1.1)
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Source: International Agency for Research on Cancer. Cancer Today: Global Cancer Observatory [Internet]. Lyon: IARC; 2022 [cited 2026 Mar 19]. Available from: <https://gco.iarc.fr/today>

According to the OECD EU Country Cancer Profile Synthesis Report from 2025, between 2011 and 2021, age-standardised cancer mortality rates in European Union countries declined by approximately 12% on average (Figure 2). Despite this progress, cancer remained the second leading cause of death in 2021, surpassed only by cardiovascular diseases. Cancer mortality remains markedly higher among men than women: in 2021, rates were 67% higher among men compared to women.

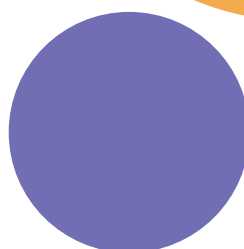
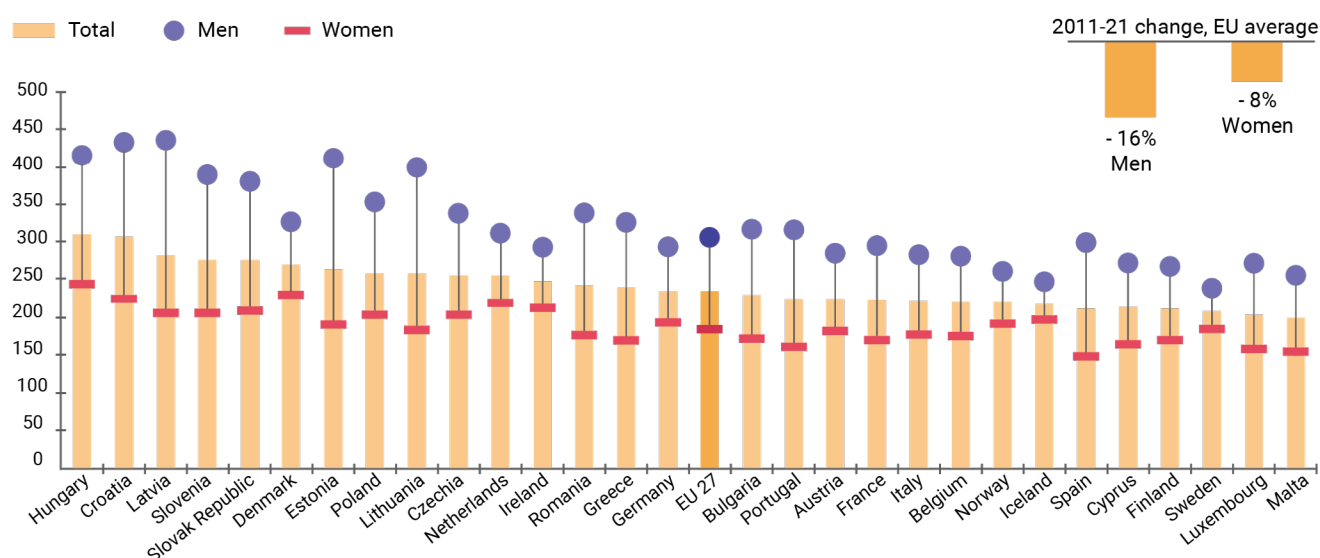


Figure 2. Cancer mortality rates in EU countries, total and by sex, in 2021.

Age-standardised mortality rate per 100 000 population, 2021



Source: OECD/European Commission (2025), *EU Country Cancer Profiles Synthesis Report 2025*, *EU Country Cancer Profiles*, OECD Publishing, Paris, <https://doi.org/10.1787/20ef03e1-en>.

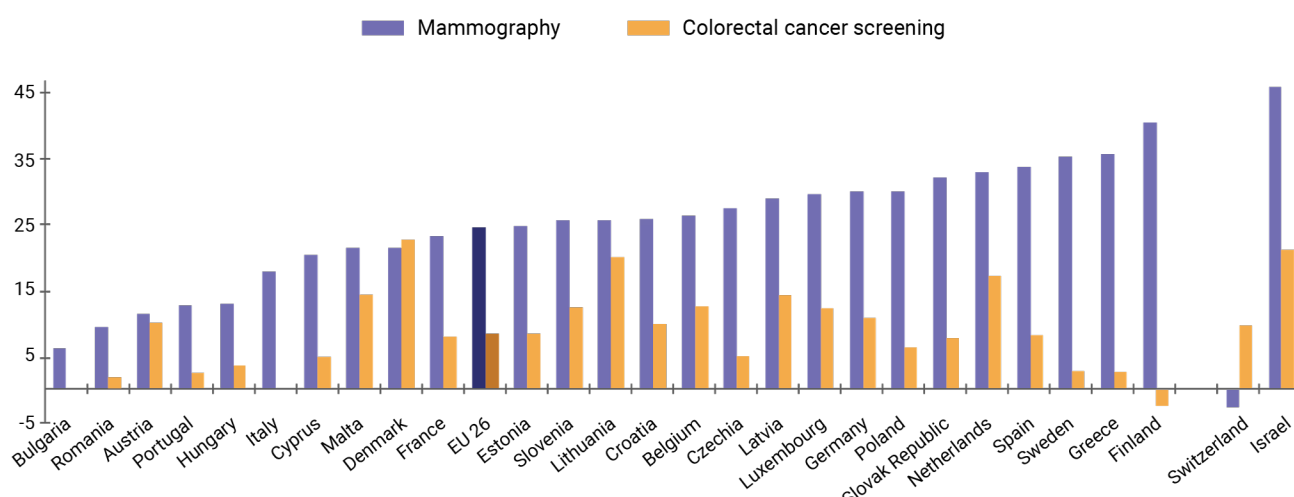
Population-based screening programmes are a cornerstone of European cancer control. Europe's Beating Cancer Plan highlights the importance of increasing coverage, ensuring equitable access, and improving participation in organised screening for breast, cervical, and colorectal cancer. However, disparities persist. Access to and use of screening opportunities are influenced by socio-economic factors, education, migration background, and the ability to obtain and understand health information (Figure 3).¹⁰

In this context, cancer literacy becomes a critical enabling factor. Individuals with lower levels of health literacy may face greater challenges in navigating healthcare systems, understanding eligibility criteria for screening programs, understanding potential risks and benefits that come from early diagnosis.¹¹ These barriers can affect their ability to make informed decisions on every stage of the journey, from prevention, through diagnosis and treatment, to appropriate follow-up. Strengthening cancer literacy is therefore closely linked to promoting equitable participation in cancer control measures.



Figure 3. Educational inequalities in cancer screening uptake in EU, 2022.

Percentage point difference between people with high and low education level



Source: OECD/European Commission (2026), *Delivering High Value Cancer Care: European Cancer Inequalities Registry Analytical Report*, OECD Publishing, Paris, <https://doi.org/10.1787/060869fe-en>.

At the same time, the growing number of people living with and beyond cancer has brought increased attention to long-term quality-of-life considerations. As survival improves, cancer is increasingly understood not only as an acute condition but also as a chronic and life-altering experience, with lasting physical, psychological and social implications. Among these, issues related to sexuality and intimacy are increasingly recognized as important components of overall wellbeing. European survivorship policy frameworks and professional recommendations emphasize the need to better integrate such quality-of-life dimensions into supportive care services, survivorship planning and patient-provider communication.¹²

Together, these developments underline the need for accessible, reliable and user-oriented information that enables citizens across Europe to understand cancer-related risks, engage with prevention and early detection opportunities, and navigate the healthcare system in terms of available cancer screening programs. Beyond prevention and diagnosis, there is also a growing need for information that supports people living with and beyond cancer in managing the broader physical, psychological and social consequences of the disease. Ensuring that such information is clear, evidence-based and responsive to diverse population needs is a key component of strengthening cancer literacy and promoting informed participation in cancer control efforts.

5

Scope and national adaptations

Although the desk search followed a harmonised methodology across the consortium, limited national adaptations were introduced to reflect differences in healthcare organisation, screening policies, institutional responsibilities, and the structure of publicly available information.

As a result, the range of cancer types covered and the emphasis placed on particular thematic areas varied between countries. These adjustments



Table 1. Scope of the desk search for each of the partner countries.

Country	Oncological screening programs	Communication about sexuality and intimacy in cancer care
Finland	Breast, Cervical, Colorectal	Covered
Netherlands	Breast, Cervical, Colorectal	Covered
Poland	Breast, Cervical, Colorectal, Lung	Covered
Portugal	Breast, Cervical, Colorectal, Prostate	Covered
Romania	Breast, Cervical, Colorectal, Prostate, Lung	Covered

enabled partners to more accurately capture the actual information environment encountered by citizens at the national level.

An overview of the scope applied in each country is presented in Table 1.

Despite these contextual variations, partners used common search principles, inclusion criteria, and extraction templates. This ensured comparability of findings and enabled the identification of recurring cross-country patterns while preserving national specificities.

Methods

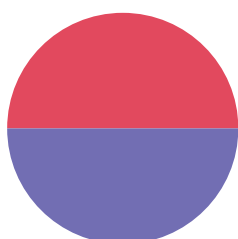
This report is based on a structured desk search conducted by all CareWAY project partners, namely NHG and SYLVA from Finland, AFEdemy from the Netherlands, GUMED from Poland, SHINE 2Europe from Portugal, and INOMED from Romania, using a harmonised methodology. The search focused on national resources related to population-based cancer screening programmes and publicly available materials with unrestricted access (not gated or paywalled) addressing sexuality and intimacy in the context of cancer care.

The analysis followed two main steps:

1. Identification and documentation of resources, capturing all relevant materials identified through the desk search.
2. Gap analysis, comparing the collected resources to identify missing, insufficient, or inconsistent information.

In addition to the national analyses, a cross-country synthesis was undertaken to identify recurring patterns and shared challenges across partner contexts. Rather than aiming to standardise national situations, the synthesis focused on identifying themes that appeared across multiple countries, while acknowledging differences in healthcare organisation, communication structures, and resource availability.

Where variation existed, it was documented as part of the findings rather than treated as an inconsistency. This approach allowed the consortium to define a set of common gaps that represent shared priorities at the European level, while remaining grounded in national evidence.



Results

6

Overview of key sources

To complement the search engine–based mapping, partners also reviewed institutions that are formally or publicly recognised as providers of cancer-related information within their national contexts. These key sources were identified based on their institutional mandate, role within the healthcare system, public visibility, and partners’ contextual knowledge.

This step aimed to capture the actors that shape the authoritative information environment encountered by citizens and to understand how responsibilities for communication are distributed across public authorities, healthcare providers, civil society organisations, and private entities. Table 2 presents an illustrative overview of selected key sources that reflect the main institutional categories involved in cancer communication in each country.

Table 2. Overview of key sources of patient-oriented cancer information across partner countries.

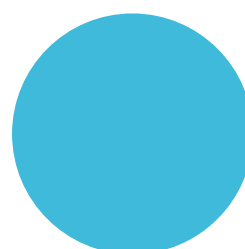
Country	Ministry / public authority	National cancer institute	Hospitals / providers	NGOs / patient organisations
Finland	Ministry of Social Affairs and Health: www.stm.fi/etusivu	Finnish Cancer Center: https://fican.fi/	All wellbeing services counties listed in: https://stm.fi/hyvinvointialueet-kartalla	Cancer Society of Finland: https://www.syopajarjestot.fi/
Netherlands	Ministry of Health, Well-being and Sports: www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport	The Netherlands Cancer Institute: www.nki.nl/	Antoni van Leeuwenhoek: www.avl.nl/	KWF (Koningin Wilhelmina Fonds): www.kwf.nl/
Poland	Ministry of Health: www.gov.pl/web/zdrowie	Narodowy Instytut Onkologii im. Marii Skłodowskiej-Curie Maria Skłodowska-Curie’s National Institute of Oncology: https://nio.gov.pl/	NFZ / NHS: www.nfz.gov.pl/	Zwrotnik Raka: www.zwrotnikraka.pl/

Country	Ministry / public authority	National cancer institute	Hospitals / providers	NGOs / patient organisations
Portugal	Ministry of Health (National Health Service – SNS): www.sns.gov.pt/institucional/ministerio-da-saude/ DGS - Directorate General for Public Health: www.dgs.pt/	IPO Porto - Portuguese Institute of Oncology – Porto (Instituto Português de Oncologia do Porto Francisco Gentil, E.P.E.): https://ipoporto.pt/en/	BI-CSP – Database of Portuguese Local Health Units (ULS): https://bicsp.min-saude.pt/pt/biufs/Paginas/default.aspx	LPCC - The Portuguese Cancer League (Liga Portuguesa Contra o Cancro): www.ligacontracancro.pt/english/
Romania	Ministerul Sănătății / Ministry of Health: https://www.ms.ro/ro/	Institutul Oncologic București / The Bucharest Oncological Institute: https://iob.ro/	Regina Maria (private entity): https://www.reginamaria.ro/	Federația Asociațiilor Bolnavilor de Cancer / Romanian Breast Cancer Foundation: https://fabc.ro/despre-fabc/

7

Cancer screening programme information

Across the partner countries, the publicly available information on cancer screening or early detection was reviewed for breast, colorectal, cervical, lung and prostate cancer. All countries provided data for breast, colorectal and cervical screening. However, findings on lung cancer screening or early detection of prostate cancer were not available for all countries. Therefore, observations related to these two programmes reflect only the contexts in which desk search results were reported.



Finland

The desk search in Finland showed a comparatively coherent and publicly anchored information landscape for cancer screening. Official sources, including national institutions and wellbeing services counties, were consistently visible, and screening information was often regionally standardised, particularly for breast and colorectal cancer screening. Patient-facing materials were generally available in Finnish, Swedish and English, although professional and guideline-oriented resources were more often available only in Finnish.

The identified materials usually provided clear information on eligibility, invitations, screening procedures and practical issues such as rescheduling. Breast cancer screening was strongly presented as an organised public programme, while colorectal screening materials were more technical and information-dense. Cervical screening resources included detailed information on HPV, cytology, HPV testing and clinical pathways, especially in professional documents.

Despite this structured environment, some limitations were identified. Materials were not always easy to locate, and patient-facing resources were sometimes mixed with administrative or professional documents. Broader socio-demographic tailoring beyond programme eligibility was limited. Most resources were text-based webpages or PDFs, with limited use of visual, interactive or step-by-step formats.

In the area of sexuality and intimacy in cancer care, information was available from wellbeing services counties, patient organisations and health authorities. However, patient organisations provided the most patient-friendly materials, while information for the general population remained relatively surface-level.



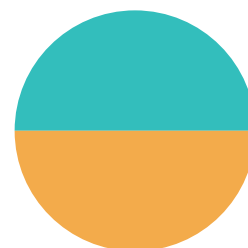
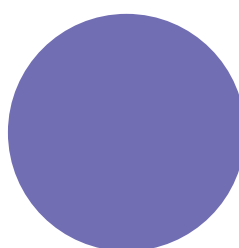
Netherlands

The desk search in the Netherlands identified a well-developed information landscape, with clear visibility of national screening institutions, hospitals and non-governmental organisations. Public programme information was relatively prominent and structured, although commercial test offers were also present, particularly for HPV-related services. This created a mixed environment in which users may need to distinguish between organised public screening and commercial testing options.

Audience targeting appeared more developed than in several other countries. Materials were tailored to defined groups, including women, specific age groups and migrant communities. Multilingual resources and outreach efforts targeting vulnerable populations, including Turkish and Arabic-speaking communities, were also identified. However, the large volume of information, especially on breast cancer screening, may make it difficult for users to identify the most relevant resources.

Screening materials commonly described eligibility, procedures, benefits and limitations. In colorectal cancer screening, advantages, disadvantages and personalisation debates were addressed more explicitly. Nevertheless, core programme information remained largely text-based, and the coexistence of official and commercial resources could reduce clarity when navigating available service routes.

In the area of sexuality and intimacy in cancer care, the Netherlands stood out due to hospital-based patient information leaflets and a broader range of formats, including videos, journal articles, TV documentaries and YouTube materials. However, available reports still indicated insufficient attention to sexuality and intimacy in cancer care communication.



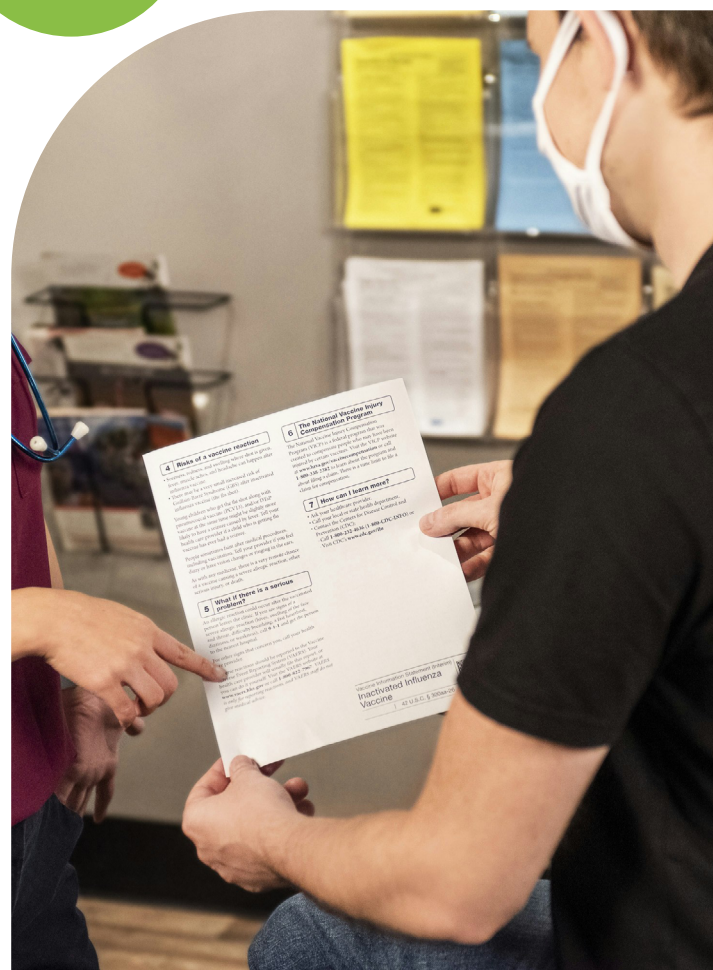
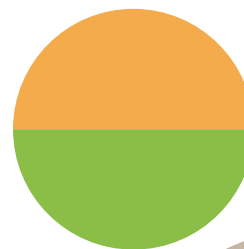
Poland

The desk search in Poland demonstrated several recurring challenges related to visibility and comprehensiveness of publicly available online cancer-related information. While information on cancer screening programmes was widely available online, it was predominantly provided in Polish and with limited availability of translated content that would be adapted for culturally and linguistically diverse populations.

The distribution of information providers varied across different screening programmes. However, a substantial proportion of the identified materials originated from private institutions, particularly in the area of cervical cancer screening, where paid services were frequently promoted alongside publicly funded screening programmes. In addition, information specifically tailored to healthcare professionals or policymakers was identified less frequently than materials intended for the general population.

The identified cancer screening resources focused primarily on procedural or medical aspects of screening, clearly outlining eligibility criteria and organisational aspects of participation, but rarely giving attention to emotional concerns or guidance on navigating the full screening pathway. There was a limited number of resources that provided information on the preparation for examinations. Follow-up procedures and subsequent steps after screening were not clearly described in the majority of the materials, and the information on available support services was often fragmented or difficult to locate. In addition, most identified materials were text-based, with limited use of more engaging formats such as infographics, videos, interactive tools or decision aids. Adaptation of content to different literacy levels and user needs was uncommon.

In the area of sexuality and intimacy in cancer care, resources were predominantly provided by non-governmental organisations, professional portals and private entities. At the same time, the level of details was heavily dependent on the format of the resource – with PDF materials often providing more detailed information than web articles or expert-interviews. The identified resources were also text-based, with limited number of graphics or other engaging formats.



Portugal

Publicly available information on cancer screening in Portugal was identified across a broad range of sources, including public health institutions, governmental bodies, hospitals, private clinics, diagnostic laboratories, health insurers, non-governmental organisations and media outlets, with civil societies and private providers being most prominent. Information related to breast, colorectal and cervical cancer screening commonly addressed programme eligibility, screening tests, prevention messages and the importance of early detection. Materials were available through official programme websites, institutional webpages, educational articles, clinical guidance documents and patient information resources. Screening materials were largely presented for general audiences, with limited visible differentiation for specific subgroups. In addition, the desk search identified information on lung screening and early detection of prostate cancer. However, these materials were primarily provided by professional organisations, specialist institutions and healthcare providers. They often focused on eligibility criteria, risk factors and available testing approaches. Emerging pilot discussions were noted in Portugal for Prostate-Specific Antigen (PSA) testing, but organised pathways were not yet uniformly visible.

The majority of extracted resources were presented in text-based formats, including webpages, educational articles and downloadable documents. Visual, multimedia and more engaging communication formats were less commonly encountered. Most materials were available exclusively in Portuguese. Information was often fragmented, frequently distributed across multiple sources that included different types of providers, for example public institutions and private organizations.

In the area of communication about sexuality and intimacy in cancer care, the identified materials originated primarily from clinical and academic sources. Resources commonly took the form of educational articles, expert interviews, awareness materials and informational webpages discussing the impact of cancer and cancer treatment on sexuality, intimacy and quality of life, with majority of them available exclusively in Portuguese. Similar to screening-related information, materials were largely text-based and very often utilised highly technical language and assumed a certain degree of health literacy among recipients.



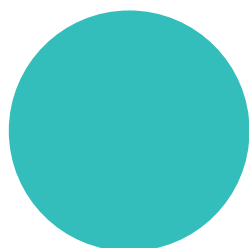
Romania

The desk search in Romania showed a cancer information landscape strongly shaped by private healthcare providers. Screening information often appeared service-oriented, while organised public pathways were less consistently visible. Materials were predominantly available in Romanian, with limited alternative language provision.

The identified resources were primarily intended for general audiences, with limited tailoring beyond basic eligibility criteria. Across breast and colorectal screening, materials described procedures, risk factors, and medical benefits, but provided less structured guidance on referral processes, follow-up after abnormal results, and movement between stages of care. For colorectal screening, users often needed to consult several sources to understand eligibility and subsequent steps.

Cervical screening materials included medically detailed HPV-related information, but some resources were difficult to interpret without prior knowledge. Lung screening and prostate cancer early detection also showed limited pathway clarity. Navigation beyond the initial test was rarely described in patient-friendly terms, and prostate cancer early detection was mainly framed as an individual decision requiring physician consultation.

Most materials were text-based and often consisted of long-form explanations, with limited use of visual, multimedia or step-by-step formats. Information on sexuality and intimacy in cancer care was fragmented and mainly linked to advocacy or survivorship communities. Few resources explained how or when patients could access specialised counselling, suggesting weak integration of this topic into formal healthcare communication.



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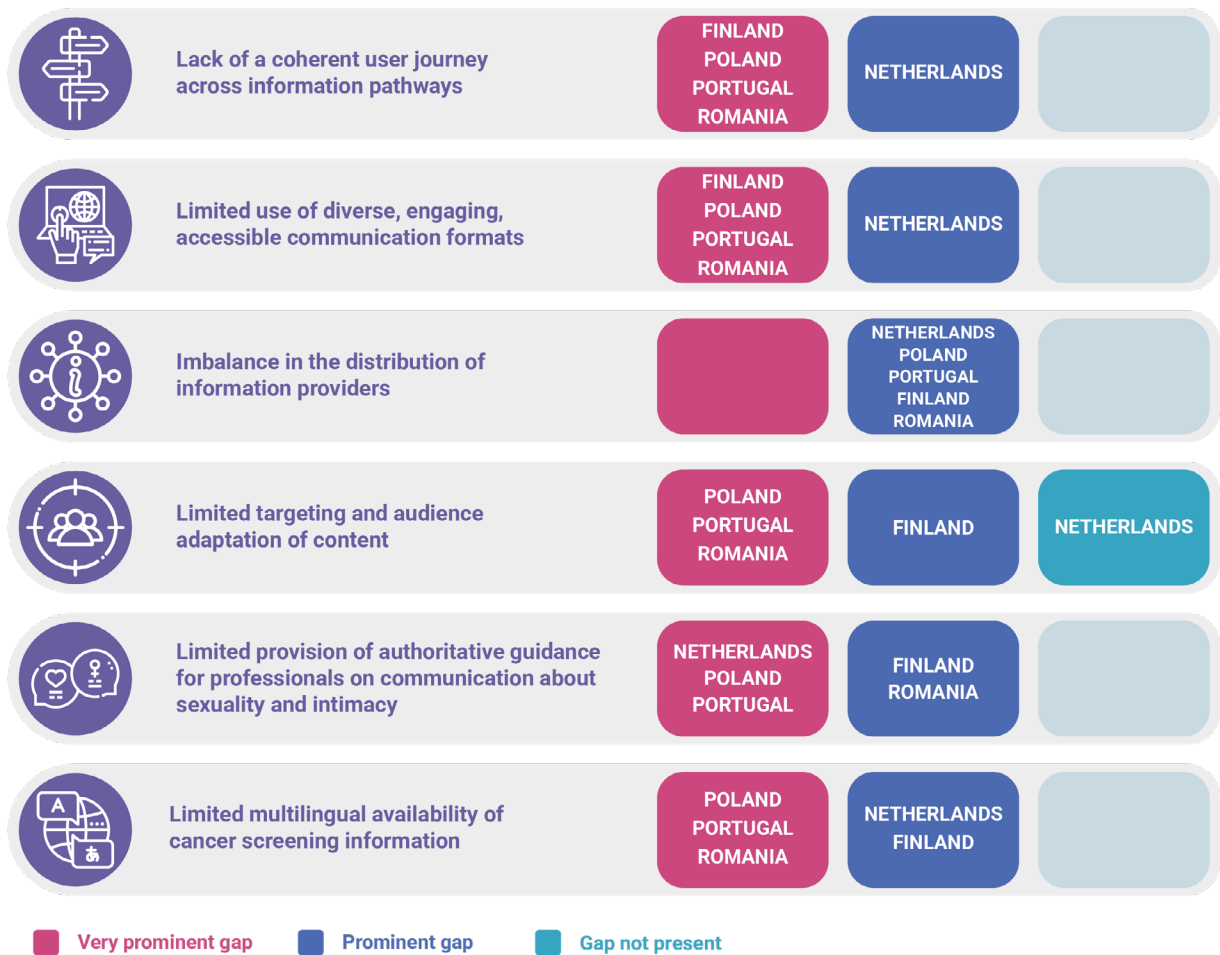
Identified gaps in cancer literacy

The results from national desk searches provided a starting point for analysis and international cross-reference. Partners identified limitations in the availability, visibility or accessibility of cancer-related information, as well as sexuality and intimacy, and formulated them into gaps.

After an in-depth comparison of partner countries, several common gaps have been identified. These gaps, although observed as

patterns across several participants, vary in form and extent depending on the national contexts, communication arrangements and the types of sources found. They describe the public information landscape captured through the project methodology and should not be interpreted as evaluations of healthcare services, professional practices, or policy implementation. Figure 4 provides an overview of the agreed cross-country gap categories.

Figure 4. Common gaps across countries



Gap 1:

Lack of a coherent user journey across information pathways

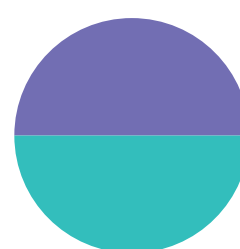
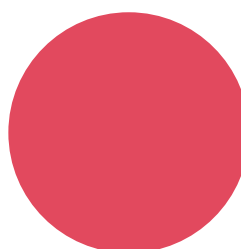
Across partners, the desk search revealed that publicly available information on screening and supportive care is often presented in isolated pieces, with limited guidance on subsequent steps, preparation for examinations, or how individuals can navigate between stages of care. The extracted resources rarely provided

a coherent, clearly structured step-by-step pathway. While most identified materials consistently described eligibility criteria, testing procedures and the rationale for early detection, these elements were rarely integrated into a single, user-oriented pathway outlining the full screening process.

Gap 2:

Limited use of diverse, engaging, accessible communication formats

Across countries and screening programmes, publicly available information is predominantly delivered in text-based formats, typically in formal, information-dense language. Alternative communication formats—such as explanatory videos, infographics, interactive tools, visual journey maps or decision aids—are used inconsistently and are not systematically integrated across programmes or provider types, appearing rather sporadically than as part of a coherent communication strategy. As a result, despite the high volume of information available, limited diversification of communication formats may reduce accessibility for individuals who benefit from visual, interactive, or simplified content.



Gap 3:

Imbalance in the distribution of information providers

Cross-country mapping revealed variation in the distribution and visibility of institutions providing publicly accessible cancer screening information. In several countries, materials are predominantly produced by private, commercial, or non-governmental organisations, whereas in others public health institutions are more prominent. Even where organised public screening programmes are established, the online

information landscape often reflects the parallel visibility of private entities and commercial offers, which may influence how users encounter and interpret screening information. Overall, the findings suggest that the visibility and distribution of information providers vary across countries and screening types, shaping diverse communication environments.

Gap 4:

Limited targeting and audience adaptation of content

Across most analysed countries, information related to cancer screening and sexuality in cancer care is primarily directed toward broadly defined eligibility groups. Although age - and sex-based eligibility criteria for screening are consistently communicated, more detailed differentiation - such as materials tailored for migrants, older adults, different sexes or specific professional groups—is rarely systematically integrated across programmes or provider types. Overall, while examples of differentiated communication exist, systematic and consistently structured audience segmentation was not uniformly observed across countries and content areas, and the degree to which this gap applies varies by national context.

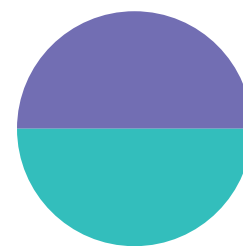


Gap 5:

Limited provision of authoritative guidance for professionals on communication about sexuality and intimacy

The desk search across countries identified few nationally endorsed or formally recognised publicly visible resources that support healthcare professionals in communicating with patients about sexuality and intimacy in the context of cancer care. There is a clear gap in the availability of standardised and nationally coordinated

guidance addressing this important aspect of quality of life. At the same time, access to reliable and authoritative health information supports an informed understanding of the healthcare system and enables healthcare professionals to provide patients and survivors with high-quality and people-centred care.^{13 14}



Gap 6:

Limited multilingual availability of cancer screening information

Across all partners, the desk search has revealed that the publicly available cancer screening information is predominantly present in national language(s). Even where additional language options were present, coverage was not always consistent across programme types, levels of detail, or professional versus patient-facing materials. This limitation may make cancer-related information more difficult to access for certain population groups, including migrant communities or, in the case of Finland as a bilingual country, healthcare professionals and policymakers who primarily communicate in Swedish.



Conclusions

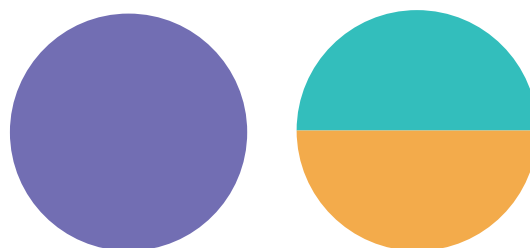
This report combines the findings of national desk searches conducted across partner countries to assess the availability, accessibility and framing of publicly available information on cancer screening and communication about sexuality and intimacy in cancer care. As the internet remains an important source of knowledge for the general population, this research aimed to explore what cancer-related information can be accessed through an online search engine.

The conclusions presented here highlight patterns that varied in intensity across countries. In addition, findings related to lung screening and early detection of prostate cancer are based on limited country participation and should be interpreted accordingly. The desk search identified several recurring gaps across participating countries that emerged despite differences in healthcare systems and screening programs landscape. Themes that appeared consistently included issues related to content adaptation, navigation of care pathways, accessibility and visibility of information on sexuality and intimacy in cancer care. These findings contribute to a better understanding of factors that may influence cancer literacy and provide an overview of the current information landscape surrounding screening programmes across participating countries.

In light of the OECD's 2024 report *Beating Cancer Inequalities in the EU: Spotlight on Cancer Prevention and Early Detection*, which highlights the need to strengthen cancer awareness and understanding of screening benefits, and the OECD's 2025 *EU Country Cancer Profiles Synthesis Report*, which links lower health literacy to greater challenges in navigating cancer-related healthcare systems, there is a

need for accessible, reliable and user-oriented information that enables citizens across Europe to understand cancer-related risks, engage with prevention and early detection opportunities, and navigate the healthcare system in terms of available cancer screening programmes. Beyond prevention and diagnosis, there is also a growing need for information that supports people living with and beyond cancer in managing the broader physical, psychological and social consequences of the disease. Ensuring that such information is clear, evidence-based and responsive to diverse population needs is a key component of strengthening cancer literacy and promoting informed participation in cancer control efforts.

The results of the search provide an important foundation for discussion and a starting point for subsequent phases of the CAREWAY project. The identified gaps highlight the areas where greater attention may be required to support equitable access to information, informed decision-making and patient-centred care. These findings will inform the co-creation of the project toolkit, the development of educational materials and the formulation of policy recommendations. They will also provide a valuable basis for patient-centred engagement and co-creation activities conducted throughout the project.



The cross-country perspective adopted in this work allowed for mutual learning among consortium partners. By identifying country-specific environments and shared challenges, the findings can support the exchange of practices and experiences that may inform future communication, policy-oriented activities and educational initiatives within the project and may also be of relevance to stakeholders beyond the consortium.

Limitations

This report is based on a structured desk search of publicly available online resources and should be interpreted within the methodological constraints of this approach. Its findings reflect the context specific to each country in which the desk search was conducted and cannot be generalised to Europe as a whole. The results are formative in nature and are intended to serve as coherent scientific evidence informing the development and dissemination of the CAREWAY toolkit, rather than as definitive or representative conclusions.



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