Cancer Care: Assuring quality to improve survival

Country note: Germany

Germany has good cancer care outcomes: long survival and generally low mortality compared with other OECD countries. Famously, Germany offers universal access to health care for the whole population, irrespective of income, social status, age, gender and insurance status. As for oncological care the quality standards are high. In particular, oncological treatment based on evidence-based guidelines and in certified cancer centres is strongly recommended by providers and policy makers. According to the latest data, five-year relative survival estimate for breast cancer was 85.0% vs. OECD average of 84.2%; for cervical cancer, 64.5% vs. OECD average of 66.0%; and 64.3% for colorectal cancer vs. OECD average of 60.7%. Furthermore, the mortality rate for all cancers was 205 per 100 000 population, lower than the OECD average of 211. There are, however, some variations by cancer: the rate was lower than the average for cervical and colorectal cancer but higher than the average for breast cancer.

All cancer mortality rates, 2011 (or nearest year)

Note: Raw mortality data from the WHO Mortality Database have been age-standardised to the 2010 OECD population.

Source: OECD Health Statistics 2013

But despite the considerable efforts in promoting prevention in recent years, some risk factors are still high including smoking (21.9% of adult smoking daily in 2009 compared with the OECD average of 20.9% in 2011), and cancer incidence is 282.1 per 100 000 population above the OECD average of 260.9 in 2008. The country has strengthened the governance of cancer care system since the introduction of National Cancer Plan in 2008.

Cancer screening

In Germany, breast cancer screening is population-based and free, covering the entire country. Additional efforts are being made to increase the coverage. However, with a view to potential risks and harms associated with screening, i.e. overdiagnosis and overtreatment, considerable effort is put into informed decision-making of the eligible population.
Germany is committed to implementing the EU Council Recommendation of 2003 on cancer screening. In this context, the organised mammography screening was successfully introduced between 2004 and 2009 based on the European Guidelines for quality assurance. As a part of the National Cancer Plan which was initiated in 2008 organised screening programmes are to be introduced for the early detection for cervical and colorectal cancer. Therefore, the “Law on the Further Development of the Early Detection of Cancer and Quality Assurance through Clinical Cancer Registries” which came into effect in April 2013 creates the necessary legal framework to turn the current opportunistic cervical cancer screening and colorectal cancer screening into population-based quality assured programmes in accordance with the European Guidelines for quality assurance in cancer screening. Furthermore there will be comprehensive quality assurance measures and evaluation activities. Again, special emphasis is put on the provision of balanced and unbiased information on the potential benefits and harms of the screening programme in order to ensure that the decision for or against participating in a screening programme is based on an informed choice.

**Strengthening monitoring mechanisms**

The epidemiological cancer registries of the Länder and the Centre for Cancer Register Data in Germany evaluate and report epidemiological cancer data (incidence, prevalence, and mortality) referring to defined geographic areas. Clinical Cancer Registries are responsible for collecting and evaluating patient-based data on diagnosis, treatment, follow-up, recidivism, survival and death for quality control of cancer treatment. The regular monitoring of waiting time has also contributed to more timely delivery of cancer care. But additional efforts are needed to reduce practice, quality and outcome variations across providers and regions within the country.

**Strengthening feedback mechanisms**

Germany has been undertaking systematic reviews about breast cancer screening programmes. Such efforts have been recently extended not only for early detection but also for practice, quality and outcome improvements. Public reporting is important to promote provider accountability and patient-centred care delivery and recent reporting efforts through Clinical Cancer Registries have already led to some quality improvements. Registries will report and evaluate cancer care performance, covering the entire country in the near future. A further systematic approach to ensure quality improvement was also achieved by the introduction of a special certification procedure for oncological and cancer centers by the independent scientific German Cancer Society.


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