Lung cancer care in Croatia

How effective policy can transform outcomes

The Global Policy and Partnerships Committee, The Health Policy Partnership

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Lung cancer is a global health emergency.

It is the leading cause of cancer deaths and—together with tracheal and bronchus cancer—is estimated to cost the global economy $3.9 trillion between 2020 and 2050.[1,2] There were over 2.4 million new cases in 2022, and that number is expected to grow to 4.4 million by 2050.[3] The disease has a profound impact on people and their loved ones; a diagnosis can cause intense emotional distress and have knock-on effects, including on people's ability to engage in education and work.[4,5] Urgent policy action and investment are needed to address the rising toll of the disease.

Croatia's population is approximately 3.8 million.[6]

In 2022, there were more than 4,600 people living with lung cancer who had received a diagnosis in the previous five years.[7]

For every 100,000 people in Croatia, over 37 have lung cancer. Every week, more than 20 men and 8 women receive the news that they have lung cancer.[6,8]*

Lung cancer is the leading cause of cancer-related death in Croatia; for every 100,000 people, over 29 die due to lung cancer.[8,9] Every week, more than 16 men and 6 women die from the disease.[6,8]*

By 2050, the number of people with lung cancer and the number of deaths caused by the disease are expected to rise by 8.8% and 11.7%, respectively.[10,11]*

*The source combines data for trachea, bronchus, and lung cancer. However, this profile concerns lung cancer only, so, for brevity, it does not mention trachea and bronchus cancer.

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INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Lung & Thoracic Cancers Worldwide in the 21st Century

This report was developed by the International Association for the Study of Lung Cancer (IASLC) Global Policy and Partnerships Committee in collaboration with The Health Policy Partnership, an independent health policy and research consultancy. The content was informed by input from various IASLC members, who contributed their time voluntarily. The report is intended for informational and policy purposes only and should not be considered medical advice. Readers are encouraged to consult qualified health care professionals for medical guidance.

Croatia's policy and care landscape

National cancer control plan (NCCP)

The NCCP (2020–30) guides the comprehensive monitoring, prevention, and treatment of malignant diseases.[12] It is currently being used to facilitate equipment renovations in oncology hospitals.[13]

Lung cancer mentioned in NCCP

The NCCP recommends implementing a screening program for lung cancer to tackle high death rates. It aims to improve the ratio of early-stage diagnoses to late-stage diagnoses by 20.0% by 2030. It also suggests creating public awareness campaigns to increase knowledge of the national screening program.

National cancer registry

Croatia has had a national cancer registry to monitor incidence rates since 1959. The Central Bureau of Statistics and the Croatian Institute of Health also collect data on cancer mortality.[14]

Defined care pathway and/ or guidelines for lung cancer

Clinical practice guidelines for lung cancer exist in Croatia.[15 16]

There is no specific care pathway for lung cancer, but an early diagnosis pathway has been in place since the national screening program for lung cancer was implemented in 2020.[17]

Croatia also has a program for the rapid processing of oncological and oncological suspected patients; it aims to ensure that people with suspected lung cancer receive a hospital appointment within seven days of suspicion.[18]

Strategies for prioritizing lung cancer in Croatia

Risk reduction

Tobacco smoking is the biggest risk factor for lung cancer globally, but there are other risk factors of increasing concern, including family history, occupational exposure, air pollution, and radon.[19] Enacting policies that mitigate these risks is vital to reducing the incidence of lung cancer.

Tobacco use is responsible for 90% of lung cancer cases among people living in Croatia; tobacco use and exposure is also associated with the largest proportion of deaths among people with lung cancer (73.0%).[20 21 *]

In 2022, 32.6% of adults in the country actively used tobacco, including 31.1% of women and 34.2% of men.[22] Rates are significantly higher than the global average for women (6.5%) and slightly higher than those for men (32.6%).[23]

In 2022, 25% of 15-year-olds reported having used an e-cigarette in the past 30 days.[18]

Occupational hazards are associated with 27.0% of deaths among people with lung cancer, while 12.0% are associated with air pollution.[20 *]

*The source combines data for trachea, bronchus, and lung cancer. However, this profile concerns lung cancer only, so, for brevity, it does not mention trachea and bronchus cancer.

National policies/strategies for risk reduction

Tobacco control

Croatia implemented a full tobacco control policy in 2017, although lung cancer is not directly mentioned.[24]

The policy banned the advertising of tobacco products, but the ban is only adhered to by 57.0% of tobacco companies. The policy also redesigned packaging to include graphic warning labels.[22] As of mid-2025, taxes on tobacco products were increased; tax accounted for 79.0% of the final selling price of cigarettes (above the World Health Organization's target of 75.0%).[25-27] However, the affordability of cigarettes has not decreased over time and more needs to be done to encourage decline in consumption.[22 25]

Tobacco cessation services, including nicotine replacement therapy, are available to citizens but necessitate some out-of-pocket costs.[22]

There are no bans on indoor smoking in restaurants and bars.[22]

E-cigarettes/ vaping

Vapes and e-cigarettes are covered by the overall tobacco control policy.[24]

There are limits on the amount of nicotine each device can contain. All ingredients and manufacturer details must be displayed on the packaging, and advertising is prohibited.[24]

In 2025, Croatia introduced a tax on e-liquids used in e-cigarettes.[25]

Occupational exposure

Lung cancer is not specifically mentioned in workplace policies, but the Ministry of Labor recognizes that exposure to asbestos and carcinogens should be controlled. The policy also prohibits smoking in the workplace.[28]

As a member of the European Union (EU), Croatia has adopted directives to protect workers from exposure to occupational carcinogens.[29]

Air pollution

Policies recognize that exposure to air pollution has a negative effect on quality of life, and call for air quality to be measured routinely—but lung cancer is not specifically mentioned.[30]

As a member of the EU, Croatia has adopted EU cleaner air directives that recognize exposure to pollution as harmful to health.[31]

Educational or public awareness campaigns

Pilot educational programs are in place in schools in large cities. The programs inform children about the risks of smoking and vaping, and educate them about lung cancer.[32]

Earlier detection

Diagnosing lung cancer early is crucial to improving survival rates.

The five-year survival rate could be over 80.0% if the disease is diagnosed earlier (stage I); however, diagnosis currently occurs at a late stage (III and IV) in around 70.0% of cases, when the five-year survival rate falls to as low as 7.0–18.0% (for stage IV disease specifically).[33-36]

From 2012 to 2013, before the national screening program (*Case study*) was established, over 60.0% of people with lung cancer in Croatia were diagnosed at a late stage (IIIb to IV) when average survival was eight months.[37]

However, since the national screening program was implemented, late-stage diagnoses has been reduced by 6.0%.[38 39]

Strategies to improve earlier detection

Clinical awareness campaigns		Video instructions on how to refer people with a high risk of lung cancer are available from the Croatian Ministry of Health.[40]
Public awareness campaigns		A month-long, nationwide awareness campaign about lung cancer screening was launched in September 2024. The campaign used billboards, posters, and digital screens in GPs' offices (*Case study*).[13] The Croatian Association of Lung Cancer Patients, known as Jedra, launched the digital communication platform "We're talking about lung cancer" (Govorimo o raku pluća), which provides an integrated approach to informing people about diagnostics, treatment, expected side effects, and life with lung cancer—from nutrition to physical and work activities.[41]
National screening program		See *Case study*.

Case study. National screening program

Croatia's national screening program for lung cancer aims to improve lung cancer survival. In 2020, Croatia was the first country in the EU to implement a low-dose computed tomography (LDCT) screening program for the disease.[42] The program aims to increase five-year survival to 15%.[38]

Family doctors identify and refer eligible people through a specially designed digital platform that is integrated into the Central Health Information System of the Republic of Croatia.[13 17] The eligibility criteria are: people aged 50–75 years who actively use tobacco, or people who previously smoked the equivalent of one pack per day for 30 years and have stopped tobacco use within the past 15 years.[21] Scans are read by radiologists (who are certified after undergoing a training program specifically for LDCT screening) at 1 of the country's 24 radiology centers, and positive findings are then referred to 1 of the country's 6 pulmonology clinics.[13 32]

People who have no unusual findings continue to be part of the program and have repeat imaging every 12–24 months.[32]

As of mid-2025, the program has an uptake rate of 80.0%.[37]

Care

Lung cancer care covers a range of elements, from treatment to palliative care. There are a number of chemotherapies, radiotherapies, and immunotherapies available, and the identification of specific biomarkers can be used to guide treatment choice.[43 44] Palliative care can be used to support people through treatment and with pain and symptom management.[45]

The health system is largely publicly funded through the mandatory Croatian Health Insurance Fund; out-of-pocket costs only account for 9.0% of total health care expenditure.[46]

Medications are reimbursed based on their importance for public health, their therapeutic value, and their relative effectiveness.[47]

Strategies to enhance lung cancer care

Biomarker testing and/or next-generation sequencing		Biomarker testing can guide treatment decisions and is available for five lung cancer biomarkers in Croatia.[32] However, there is a lack of reimbursement for comprehensive genetic profiling to guide treatment.[48] There is also a lack of standardized guidelines for biomarker testing.[48] Some clinicians may be hesitant to carry out testing because some biomarkers' corresponding treatment modalities are not reimbursed.[48]
Oncology centers that provide specialized lung cancer care		There are six national cancer centers where people receive comprehensive multidisciplinary care.[17 32] However, 48.0% of Croatians do not have a center in their county.[38] Most specialist doctors are located in large cities, meaning people in rural areas may have to travel long distances to access care.[38]
Multidisciplinary care team		Once someone has been diagnosed with lung cancer, they are treated at one of six of the country's dedicated oncology centers, where they have access to a full multidisciplinary team including oncologists, pulmonologists, psychiatrists, nutritionists, and dermatologists.[32] The team can also be consulted from other hospitals if required.[13]
Treatments		Chemotherapy, radiotherapy, immunotherapies, and targeted therapies are available.[37 48] However, analysis suggests that it could take over 600 days for oncology medications to be made available in Croatia after regulatory approval.[49] Croatia also has lower levels of radiation equipment and clinicians for cancer treatment than EU averages.[38] Clinical trials are a possible avenue for treatment.[13] However, administrative challenges introduce delays for people accessing these cutting-edge treatments.[13]
Palliative care and/or supportive services		Croatia is actively developing palliative care programs. In 2023, Croatia had engaged 52 palliative care coordinators and 41 mobile palliative care teams operating out of 30 of Croatia's health centers. These services aim to provide education and training to health care professionals so patients receive consistent and compassionate care, alongside home-based care.[18]

Living well beyond cancer

Living well beyond lung cancer is becoming a more pressing issue as more people are living longer after diagnosis. Living well beyond lung cancer focuses on ensuring a good quality of life and providing holistic care.[50]

Psycho-oncology (Psihoonkologija) is an online portal that aims to: address the psychological, emotional, social, spiritual, and functional aspects of living with cancer; reduce distress; and improve quality of life for people with cancer and their families or loved ones.[51] The portal signposts where and how to access psychological support for living with cancer and is a platform for health care professionals to share their experiences of providing psychosocial support to people living with cancer.[51,52]

Croatia implemented the project "Strengthen, help—a community of people against cancer (2022–23)," financed by the European Social Fund, to train patient organization employees and volunteers to support women with cancer.53 The aim of the project was to increase the availability of psychosocial support for people living with cancer, which had been identified as insufficient.[53]

"On a national level, supportive care is very important to develop—especially the psychological element. More must be done to ensure people with lung cancer are provided with the holistic care needed once treatment has stopped."

Assistant Professor Kristina Krpina, University Hospital Centre Zagreb

Recommendations for policymakers

- **Create and implement a national digital network** that connects all six specialized oncology centers and services to improve coordination and communication, reduce delays and duplications, and streamline the patient experience. This could also help provide care closer to home.

- **Provide clinicians with protocols to standardize biomarker testing** and expand them to include multi-array panels and ensure that corresponding treatments are reimbursed.

- **Streamline the reimbursement process for innovative cancer medicines** by reviewing and addressing administrative delays in the approval process, or by introducing early-access schemes for cancer medicines.

- **Continue the expansion of palliative care services across the country,** so home-based care can be provided to ensure quality of life.

Appendix. Methodology

This profile was developed using a structured literature review (using peer-reviewed and grey literature from 2018 to 2025) guided by a key topics list and corresponding search terms. The data presented in each profile were dependent on what was available in the published literature.

The profiles were supplemented with expert interviews in each country. The interviews were 30–60 minutes and were facilitated by a discussion guide that aimed to discover the key challenges for lung cancer risk reduction, earlier detection, and care in each country while also revealing any best-practice initiatives in place to reduce the impact of the disease. Opportunities were also given to respondents to provide written responses to questions rather than participating in an interview, to facilitate participation.

This country profile underwent two rounds of review from the members of the IASLC Global Policy and Partnerships Committee and the experts who contributed to the country profile via interview.

More information can be found in the supplementary material.

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