



# Cancer Epidemiology in Albania: Insights, Challenges, and Future Directions

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## Abstract

**Background:** Cancer is a major cause of morbidity and mortality worldwide. While Albania historically reports a lower cancer incidence than Western Europe, its mortality-to-incidence ratio remains high, suggesting challenges in early detection and treatment access.

**Methods:** We analyzed data from global and regional cancer databases, national health reports, and literature sources, comparing Albania's cancer trends with neighboring Balkan countries. The study examined incidence, mortality, risk factors, and screening programs.

**Results:** Albania's cancer incidence rate remains lower than the European average, but its mortality rate is disproportionately high. Lung cancer remains the most prevalent, linked to high smoking rates, while breast, stomach, colorectal, and bladder cancers are also significant. Limited national screening programs, late-stage diagnoses, and healthcare disparities contribute to this trend. A major challenge is the lack of a national cancer registry, leading to underreporting and data fragmentation.

**Conclusion:** Strengthening Albania's cancer registry, expanding screening programs, and improving oncologic care infrastructure are crucial. Future efforts should focus on cost-effective prevention strategies, improved data collection, and regional collaborations.

## 1. Introduction

Cancer is recognized as one of the foremost global public health challenges, with nearly 20 million new cases and 9.7 million deaths reported in 2022 [1]. Projections suggest that this burden could increase by more than 60% by 2050 in the absence of effective prevention and control measures [2]. In Europe, substantial variation in cancer incidence and mortality reflects disparities in screening coverage, health system infrastructure, and lifestyle factors.

Albania, a middle-income country in Southeastern Europe, has historically reported lower cancer incidence compared to Western Europe. However, demographic and epidemiologic transitions, along with increased exposure to risk factors, have contributed to a rising burden of malignancy. Cancer is now the second leading cause of death in Albania, accounting for approximately 15.7% of all-cause mortality.

Despite these developments, Albania does not yet have a centralized national cancer registry, making it difficult to

estimate the true burden of disease or monitor progress over time [3]. Fragmented reporting systems and the absence of standardized national screening programs compound these limitations, resulting in underdiagnosis and late-stage presentation.

This review aims to synthesize available data on Albania's cancer burden, with emphasis on incidence and mortality trends, predominant cancer types, and risk factor distribution. By comparing Albania's data with regional trends from neighboring Balkan countries, this review highlights the most pressing challenges in national cancer control and outlines strategic opportunities for prevention, early detection, and evidence-based planning.

## 2. Materials and Methods

A systematic literature search was conducted using PubMed, Web of Science, Scopus, and Google Scholar to identify studies published from 2015 to January 2025, focusing on cancer incidence, mortality, risk factors, and

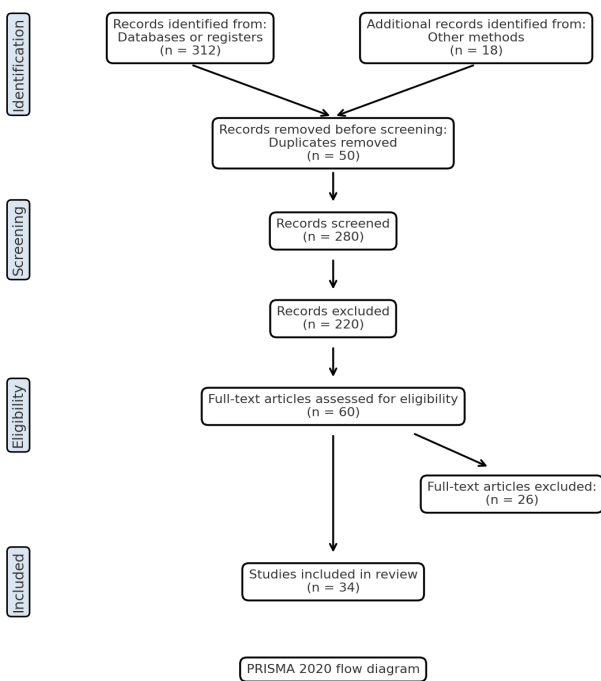
healthcare infrastructure in Albania. The following search terms were used: “Albania cancer epidemiology,” “Balkan cancer burden,” “Cancer incidence and mortality in Albania,” and “Cancer registry Albania.”

To supplement findings from the peer-reviewed literature, additional data were obtained from the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the Albanian Institute of Public Health, and GLOBOCAN 2023 statistics [4,5].

Exclusion criteria included:

- Conference abstracts lacking full-text access
- Studies without Albania-specific data
- Reports with outdated or inconsistent methodology

The selection process was documented using a PRISMA flowchart (Figure 1).



**Figure 1.** PRISMA 2020 Flow Diagram summarizing the literature review and study selection process. **Source:** Author-generated, based on PRISMA 2020 guidelines ([www.prisma-statement.org](http://www.prisma-statement.org))

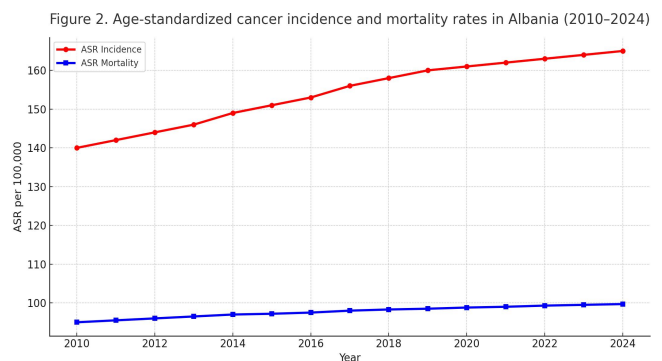
Quantitative summaries of incidence and mortality were reported as age-standardized rates (ASR) per 100,000 population. Where available, annual percentage changes (APCs) were calculated using data from 2010 to 2024 to assess incidence and mortality trends.

Comparative analyses incorporated odds ratios (OR), relative risks (RR), and 95% confidence intervals (CIs), as extracted from included studies. Statistical significance was reported when p-values were available from primary sources.

Given the heterogeneous quality of data sources, interpretation was conducted with caution, acknowledging potential underreporting and limitations in official statistics due to the absence of a national cancer registry in Albania.

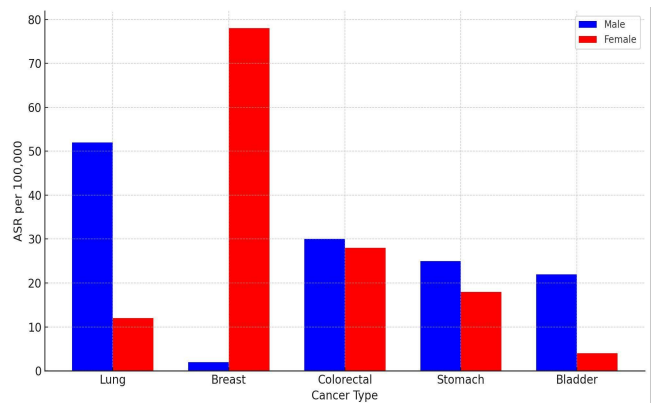
### 3. Albania's Cancer Burden

According to the most recent estimates from GLOBOCAN 2023, Albania registered 8,487 new cancer cases and 5,132 cancer-related deaths in 2022 [6]. The age-standardized incidence rate (ASR) was 165.4 per 100,000, while the mortality ASR was 99.7 per 100,000. These figures place Albania significantly below the Southern European average for cancer incidence, which exceeds 270 per 100,000 in countries such as Italy (288.7), Greece (270.1), and Montenegro (237.5) [7,8]. Despite this, Albania exhibits a mortality-to-incidence (M:I) ratio of 0.60, a level that is among the highest in the region [9].



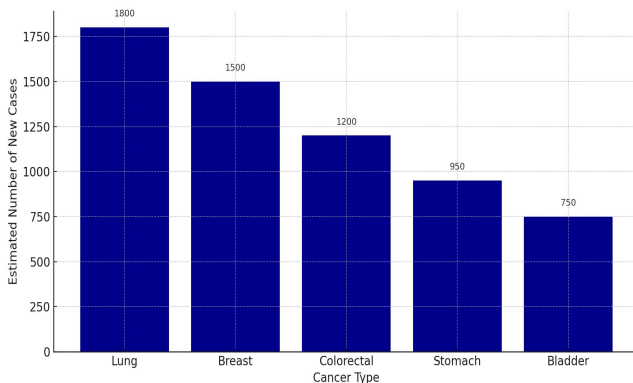
**Figure 2.** Age-standardized cancer incidence and mortality rates in Albania (2010-2024). **Source:** GLOBOCAN 2023 (<https://gco.iarc.fr>). Accessed 25 January 2025.

The most common cancers in Albania include lung, breast, colorectal, stomach, and bladder cancer, consistent with regional patterns in Southern and Eastern Europe [10]. According to GLOBOCAN 2023, lung cancer is the leading cause of cancer-related mortality, particularly among men, and is closely linked to the country’s high smoking prevalence [11]. Breast cancer is the most commonly diagnosed malignancy among women, representing approximately one-third of all female cancers, but early detection remains a challenge due to the absence of a national mammography screening program [11].



**Figure 3.** Gender-specific cancer incidence rates in Albania (2022 estimates). **Source:** GLOBOCAN 2023 (<https://gco.iarc.fr>).

Global trends also confirm the increasing burden of these cancer types in transitioning countries, including Albania [12]. Colorectal cancer has shown a steady rise over the last decade, affecting both sexes and increasingly observed in younger age groups. Contributing factors include dietary changes, sedentary lifestyles, and limited awareness about screening. Stomach cancer, likely driven by dietary salt intake and *Helicobacter pylori* infection, remains prevalent, especially in older males. Bladder cancer also ranks among the top five cancers in Albania, predominantly in men, and is associated with smoking and possible occupational exposures.



**Figure 4.** Estimated distribution of the most common cancer types in Albania, 2022. Source: GLOBOCAN 2023 (<https://gco.iarc.fr>).

These malignancies reflect both global risk patterns and local healthcare gaps, such as lack of prevention programs, insufficient health promotion, and delayed diagnosis. The relative frequency of each cancer type is shown in Figure 4, while gender-specific patterns are illustrated in Figure 3. Accurate assessment of incidence trends is limited by the absence of a national registry, but hospital-based records confirm a rising burden across nearly all major cancer types in Albania.

Cancer incidence trends in Albania mirror broader patterns observed across the Balkans. Over the past decade, reported cases have steadily increased, particularly for colorectal and lung cancer, aligning with trends seen in transitioning economies [13]. While Albania's total cancer incidence remains below regional averages, the rate of increase is a growing concern. Urban areas such as Tirana and Durrës exhibit significantly higher cancer rates, likely driven by increased exposure to environmental carcinogens, westernized diets, and sedentary lifestyles. In contrast, rural populations experience later-stage diagnoses, primarily due to healthcare access disparities and limited screening participation [14].

Data reliability is another major challenge in assessing Albania's true cancer burden. The lack of a national cancer registry means incidence and mortality statistics rely primarily on hospital-based records, which are often incomplete or inconsistently reported. This may lead to underestimation of actual cancer rates.

Integrating Albania's cancer surveillance efforts with internationally established frameworks, such as the

European Cancer Information System (ECIS), could improve data accuracy and facilitate regional comparisons. This approach is particularly relevant in light of Albania's shifting cancer profile and the influence of modifiable risk factors, as highlighted in global prevention and control guidelines [15-17].

#### 4. Global and Regional Comparisons

In the broader context of Southern and Balkan Europe, Albania's cancer profile reveals notable disparities. Neighboring countries such as Italy, Greece, and Montenegro report higher age-standardized incidence rates (ASR >270 per 100,000) [7-9], reflecting more robust cancer detection systems and organized national registries. Despite their higher incidence, these countries demonstrate lower mortality-to-incidence (M:I) ratios: 0.38 in Italy, 0.42 in Greece, and 0.49 in Montenegro, compared to 0.60 in Albania [10,11].

This contrast suggests that early detection, access to diagnostics, and treatment capacity play a greater role in survival than incidence alone. Countries with long-established screening programs and population-wide awareness campaigns are able to identify cancers earlier, resulting in improved outcomes despite higher overall case numbers.

In Albania, the absence of a national cancer registry, coupled with fragmented screening programs and healthcare disparities between urban and rural areas, limits timely diagnosis and effective intervention. As a result, many patients present with advanced-stage disease, reducing their likelihood of survival.

These differences emphasize the need for targeted investments in cancer control infrastructure, data collection, and service decentralization. Key comparative indicators are summarized in Table 1.

**Table 1.** Cancer incidence and mortality in Albania vs. Southern Europe and worldwide (GLOBOCAN 2023). Source: GLOBOCAN 2023 (<https://gco.iarc.fr>). Accessed: 25 January 2025.

Region	ASR Incidence (/100,000)	ASR Mortality (/100,000)	Mortality-to-Incidence Ratio
Albania	165.4	99.7	0.60
Southern Europe	275.0	116.1	0.42
Worldwide	235.0	119.7	0.51

#### 5. Risk Factors in Albania

Albania's cancer burden reflects a combination of modifiable and non-modifiable risk factors, many of which are consistent with patterns observed across Eastern and Southern Europe. Among modifiable risks, tobacco use is the most prominent, particularly among men [13,14]. More than 40% of adult males in Albania are active smokers, ranking the country among the highest in Europe. Although smoking bans exist,

enforcement remains limited, and public awareness campaigns have low coverage.

Dietary patterns are shifting rapidly due to urbanization and globalization. The increasing consumption of processed foods, high-fat diets, and low intake of fruits and vegetables has contributed to rising rates of obesity, colorectal cancer, and metabolic syndromes. Physical inactivity, especially in urban youth and working-age populations, further compounds these risks [14,15]

Infectious agents are additional contributors. *Helicobacter pylori*, associated with gastric cancer, and HPV, linked to cervical and oropharyngeal cancers, are both under-screened. Although HPV vaccination was introduced in 2022, uptake remains low due to vaccine hesitancy and lack of awareness [16,17]

Environmental exposures also play a role. Albania has pockets of air pollution and industrial contamination, particularly in urban areas and former mining zones, which may contribute to lung and bladder cancers [15,18]. Occupational exposure to chemicals remains insufficiently regulated in sectors such as construction and agriculture. Fine particulate matter (PM<sub>2.5</sub>) and carcinogenic air pollutants such as benzene and polycyclic aromatic hydrocarbons (PAHs) have been strongly associated with an increased risk of lung cancer [19], particularly in high-density urban areas. Tirana, the most polluted city in Albania, frequently exceeds WHO-recommended air quality limits, leading to long-term health consequences [15]. In addition, former industrial sites with high levels of heavy metals and toxic residues, including chromium and arsenic, pose a significant risk factor for bladder and lung malignancies [14]. While some efforts have been made to regulate emissions, enforcement remains inconsistent, and environmental monitoring programs are underdeveloped compared to EU standards.

These trends underscore the need for comprehensive prevention strategies, including taxation of tobacco and alcohol, targeted health education, expanded vaccination programs, and community-based screening interventions. Without action on preventable risks, Albania may face a continued rise in cancer incidence and mortality in the coming decades.

## 6. Screening and Prevention in Albania

Organized cancer screening programs remain limited in Albania. Unlike many European countries with nationwide population-based screening systems, Albania relies primarily on opportunistic screening efforts, which are sporadic and regionally inconsistent. There are no centralized screening registries or national protocols routinely implemented [13].

While mobile mammography units and public messaging have improved awareness in urban areas, these efforts lack systematic follow-up, standardized protocols, and nationwide coordination [14]. In contrast, Italy has successfully integrated regional screening programs into a national registry, ensuring continuity of care and high participation rates among eligible women [15-17].

Without such infrastructure, Albania faces challenges in tracking screening adherence and addressing geographical disparities in access to mammography services.

Cervical cancer screening through Pap testing is not organized on a national scale, and participation remains low. HPV vaccination was introduced into Albania's national immunization program in 2022, currently targeting girls aged 12 to 14 years [12]. The country uses the quadrivalent vaccine (types 6, 11, 16, and 18), which offers protection against high-risk HPV strains. However, many high-income countries now use the nonavalent vaccine, offering broader coverage. Despite availability, vaccine uptake remains modest due to hesitancy, limited health education, and the absence of school-based delivery systems [14].

HPV vaccination coverage in Albania remains significantly lower than in neighboring Balkan countries and EU member states. Studies indicate that awareness and uptake are limited, with surveys among Albanian university students showing a vaccination rate of only 7.5% [14]. In contrast, countries such as North Macedonia have reached 52.5% coverage among eligible girls, while Serbia has implemented a comprehensive vaccination program achieving over 98% coverage in recent years [16,17]. The integration of school-based vaccination programs in many European Union countries, such as Portugal, Sweden, and the UK, has contributed to over 80% participation rates, demonstrating the effectiveness of structured, nationwide immunization strategies [15].

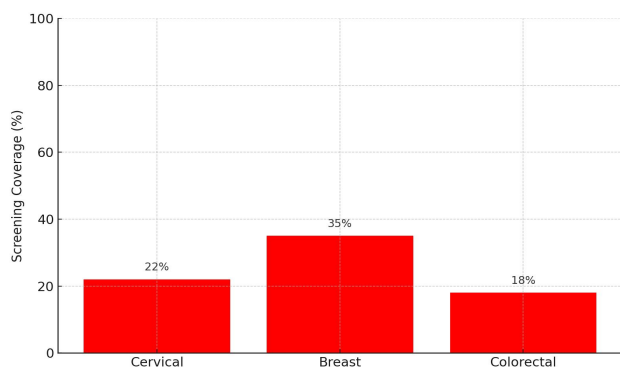
Given the established link between HPV infection and cervical cancer, improving vaccine uptake in Albania should be a public health priority. Implementing school-based vaccination, increasing awareness campaigns, and integrating HPV immunization into primary healthcare services could significantly improve coverage and reduce HPV-related cancer burden.

Colorectal cancer (CRC) screening is also insufficiently developed. While FIT/FOB testing is included in the annual check-up package for individuals over 65, this age threshold is not aligned with international guidelines, which recommend starting at age 45 for average-risk populations [14]. In countries with structured national screening programs, such as Germany and the Netherlands, participation rates in colorectal cancer screening exceed 60%, significantly reducing late-stage diagnoses and mortality rates. Germany offers a dual approach, combining FIT/FOBT tests with colonoscopy referrals, ensuring comprehensive follow-up and data tracking [14]. In contrast, Albania's screening remains opportunistic, lacking systematic invitations and national tracking mechanisms. The Netherlands further strengthens early detection by implementing a centralized invitation system, where eligible individuals receive direct invitations for screening, leading to increased adherence and improved survival outcomes [18]. Implementing a similar model in Albania, with a structured approach and digital registries, could significantly enhance screening participation and effectiveness.

Colonoscopy, the gold standard for screening, is not routinely offered. In practice, it is performed only symptomatically or upon personal request in the private sector, often without a medical referral [16]. Public institutions offer colonoscopy only as a diagnostic, not preventive, service. The absence of national CRC awareness campaigns - even during Colorectal Cancer Awareness Month (March) - combined with low public health literacy, fear of the procedure, and out-of-pocket costs significantly limit participation.

Barriers to screening implementation across all cancer types include lack of funding, insufficient trained personnel, public unawareness, and low political prioritization of preventive services. Strengthening Albania's early detection strategy will require the integration of screening into primary care, development of national guidelines, and digital registries to track eligibility, invitation, and follow-up. Collaboration with international partners and regional networks may further support national efforts to improve screening uptake.

Figure 5. Estimated Screening Coverage by Cancer Type in Albania (2024)



**Figure 5.** Estimated screening coverage by cancer type in Albania, 2024. **Source:** Ministry of Health, Albania - Screening Reports 2022-2024.

## 7. Discussion

A structured literature review was conducted following the PRISMA guidelines, as detailed in Figure 1. The study selection process prioritized sources with reliable epidemiological data, focusing on peer-reviewed publications, national health reports, and GLOBOCAN 2023 estimates. Given the absence of a centralized cancer registry in Albania, alternative data sources, including hospital-based records and regional comparisons with similar healthcare settings, were included to ensure a comprehensive analysis. The exclusion criteria eliminated studies with outdated statistics, limited sample sizes, or potential reporting bias. This methodological approach strengthens the validity of our findings while acknowledging inherent limitations in data availability.

This study provides an updated epidemiological overview of cancer in Albania, highlighting key trends, disparities, and structural challenges. Our findings confirm that while Albania has a relatively low age-standardized incidence rate (ASR) compared to other

Southern European countries, it exhibits a high mortality-to-incidence (M:I) ratio. This discrepancy suggests late-stage diagnosis, limited access to timely treatment, and underreporting due to the absence of a national cancer registry [20,21]. Regional comparisons further underscore these challenges, as neighboring countries with higher incidence rates but structured screening programs and centralized cancer control policies demonstrate better survival outcomes.

For instance, Italy and Greece have well-established national cancer registries and structured screening programs that facilitate early detection, resulting in significantly improved survival rates. In Italy, breast cancer screening programs cover over 70% of the eligible population [14,21], whereas Albania lacks an organized national approach, leading to late-stage diagnosis and higher mortality rates. Moreover, colorectal cancer screening participation exceeds 50% in Greece [18], while in Albania, opportunistic screening remains the norm, significantly limiting early detection. The disparity in mortality-to-incidence ratios (M:I) further highlights the impact of healthcare system efficiency; while Italy and Greece report M:I ratios of 0.38 and 0.42, respectively, Albania's rate remains considerably higher at 0.60 [19]. These findings emphasize the urgent need for structured national cancer control strategies and comprehensive screening programs in Albania. The upcoming use of biomarkers for screening, early cancer detection and monitoring might lead to relevant improvements as well [22-24].

The high burden of modifiable risk factors contributes significantly to the increasing cancer incidence in Albania. Tobacco consumption remains a leading public health concern, particularly among men, with prevalence rates exceeding 40%. Additionally, unhealthy dietary habits, obesity, physical inactivity, and occupational exposures are under-addressed in national prevention programs [14,19]. Infectious agents such as HPV and *H. pylori* also play a role in cancer development, yet organized screening and vaccination programs remain in early phases of implementation.

A critical barrier to improving cancer outcomes in Albania is the absence of structured national screening programs. While breast cancer awareness campaigns and opportunistic mammography programs exist, they lack systematic follow-up and standardized protocols. Cervical cancer screening is similarly fragmented, and despite the introduction of HPV vaccination in 2022, coverage remains low due to vaccine hesitancy and lack of organized outreach. Colorectal cancer screening, though partially included in annual check-ups for individuals over 65, does not align with international recommendations that suggest starting at age 45. Moreover, colonoscopy access remains limited to symptomatic cases, and there is no structured FIT/FOB screening program in place.

Lung cancer remains the leading cause of cancer-related incidence and mortality in Albania, yet no national screening program is currently in place [17]. Chest X-ray (CXR) screening, though occasionally included in private health insurance plans, is not part of a structured

state-funded lung cancer screening initiative. However, international evidence suggests that CXR-based screening does not improve survival outcomes and may contribute to overdiagnosis. In contrast, low-dose computed tomography (LDCT) is the gold standard for high-risk individuals, such as long-term smokers. Despite its proven benefits, LDCT screening is neither recommended nor implemented in Albania, representing a missed opportunity for early detection [15].

Hematologic malignancies, including leukemia and lymphoma, remain underreported in Albania due to the absence of a centralized cancer registry and limited systematic data collection [19]. While international estimates suggest rising incidence rates, the lack of population-based hematology-oncology data in Albania makes it difficult to assess trends and treatment outcomes. This highlights the need for improved hematologic cancer surveillance and integration into future national cancer control strategies [15].

### 7.1 Policy and Healthcare Implications

The findings of this study emphasize the urgent need for systemic improvements in Albania's oncology landscape. Establishing a national cancer registry is essential for accurate incidence tracking, resource allocation, and policy development. Expanding screening programs for breast, cervical, and colorectal cancer, in alignment with European guidelines, could significantly improve early detection and survival outcomes. Additionally, increasing public health education, strengthening tobacco control policies, and integrating cancer screening into primary care services are necessary steps toward reducing the national cancer burden.

Countries with strong national cancer control policies have demonstrated that integrating screening and vaccination into routine healthcare services can significantly reduce cancer burden. Albania could benefit from aligning its cancer prevention efforts with European frameworks, such as the EU Beating Cancer Plan, which prioritizes structured population-based screening and standardized data collection [25]. In countries like Germany and the Netherlands, national screening programs are reinforced by comprehensive healthcare policies, ensuring higher participation rates and better early detection outcomes [14].

Despite advancements in cancer control strategies across Europe [25], Albania faces persistent structural challenges that hinder progress. Limited healthcare expenditure and the absence of nationwide awareness campaigns contribute to low participation in early detection programs. Moreover, the lack of multidisciplinary cancer centers delays access to innovative treatments, further exacerbating survival disparities compared to Western European nations. Addressing these barriers requires greater governmental commitment, expansion of specialized cancer facilities, and the development of national cancer research initiatives. Aligning these efforts with EU-wide cancer prevention frameworks would ensure a more coordinated and sustainable approach to reducing Albania's cancer burden [25].

Additionally, investment in oncology infrastructure is critical. Expanding access to molecular testing, genetic screening, and advanced imaging technologies would enable earlier and more precise diagnoses, facilitating timely interventions. Furthermore, the integration of targeted therapies and immunotherapy into national cancer treatment protocols could improve long-term survival outcomes, particularly for hard-to-treat malignancies such as lung and colorectal cancer [15-18].

Beyond national-level improvements, regional collaboration is essential. Participation in EU cancer networks, cross-border registry data-sharing, and joint research initiatives would accelerate progress in Albania's cancer control efforts. Strengthening healthcare infrastructure and increasing funding for early detection programs would be critical steps toward improving cancer outcomes and narrowing the survival gap between Albania and its European counterparts [19,25-27].

### 7.2 Limitations and Future Directions

This study is subject to certain limitations, primarily due to gaps in national cancer data and reliance on secondary sources. The lack of a population-based cancer registry in Albania remains a fundamental barrier to accurate epidemiological assessments, limiting the ability to track incidence and mortality trends over time. Consequently, this study relied on hospital-reported statistics and regional estimates for comparative analysis, which may not fully capture the true burden of disease.

Future research should prioritize the development of real-time cancer surveillance systems, integrating electronic health records with national cancer registries to enhance data accuracy and facilitate longitudinal analyses. Establishing a national cancer registry would not only improve reporting but also contribute to evidence-based policymaking, ensuring that healthcare resources are allocated efficiently. Additionally, expanding research on modifiable risk factors, such as tobacco use, air pollution, and occupational exposures, could provide crucial insights into prevention strategies tailored to Albania's unique public health challenges.

Assessing the long-term impact of HPV vaccination should also be a research priority, as it remains unclear how current vaccination uptake rates will influence cervical cancer incidence in Albania. Population-based cohort studies tracking vaccinated individuals over time could help refine national vaccination strategies and optimize preventive efforts. Similarly, evaluating the effectiveness of emerging screening initiatives, particularly for colorectal and lung cancer, would provide valuable data to inform national early detection programs.

Moreover, collaborative efforts with European cancer research networks could help strengthen Albania's cancer research infrastructure. Participation in multinational studies, data-sharing agreements, and joint training programs for oncology professionals could bridge existing gaps in research capacity. Future studies should also explore the economic impact of cancer care

in Albania, particularly the financial burden on patients and the sustainability of government-funded treatment programs. Addressing these research priorities would significantly contribute to improving cancer control efforts and aligning Albania with European cancer prevention standards.

## 8. Conclusion

Cancer represents a growing public health challenge in Albania, with rising incidence and persistently high mortality rates. Despite having lower age-standardized incidence rates than other Southern European countries, Albania's high mortality-to-incidence ratio (M:I = 0.60) underscores critical gaps in early detection, screening coverage, and access to timely treatment [19,27]. The absence of a national cancer registry, along with underdeveloped prevention strategies, further contributes to the burden of the disease [14,15].

While efforts have been made to improve awareness and screening, they remain limited and inconsistent. Breast and cervical cancer screening are not systematically implemented [26]. HPV vaccination has low uptake and colorectal cancer screening is not aligned with international guidelines [27]. Lung cancer, despite being the leading cause of cancer-related mortality, lacks any formal screening initiative, with no national program for LDCT-based detection in high-risk populations [28].

Urgent policy reforms are needed to establish a comprehensive national cancer control strategy, including the creation of a cancer registry, expansion of screening programs, and improved public health education. Integrating cancer prevention into primary care, strengthening risk reduction initiatives, and promoting data-driven policymaking are essential steps to improve cancer outcomes in Albania [29,30]. Additionally, increasing access to innovative treatments and modernizing oncology infrastructure would play a crucial role in improving survival rates [31].

Future research should focus on developing real-time cancer surveillance systems, assessing long-term vaccination impacts, and evaluating new screening initiatives to better inform national cancer policies and improve early detection strategies [32]. Strengthening regional collaborations and adopting evidence-based approaches will be crucial in aligning Albania with European cancer control standards [33]. Moreover, enhancing public health campaigns, investing in telemedicine for remote consultations, and improving palliative care services could further support cancer patients and optimize resource allocation [32,33].

The implementation of structured screening programs, particularly for breast, cervical, colorectal, and lung cancer, should be a public health priority [34]. Additionally, tobacco control policies and public health awareness campaigns need to be reinforced to address preventable risk factors. Expanding collaboration with European cancer networks will be essential in accelerating progress towards improved outcomes and aligning Albania with global cancer control efforts.

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## Author Contributions

JP and CP conceived and designed the review. JP and EN contributed to data collection, interpretation of epidemiological statistics, and drafting of sections on risk factors and prevention. EN, CP and PP revised the manuscript. All authors reviewed and approved the final version of the manuscript.

## Ethical Approval

Not applicable (review article based on publicly available data).

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## Conflicts of Interest

The authors declare no conflicts of interest.

## Figure Originality

Figure(s) proposed in this manuscript (e.g., bar charts, line graphs) are original and created by the authors solely for this study.

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