

Women, power, and cancer: A Lancet Commission

Isabelle Soerjomataram
on behalf of the commission

The presentation starts at 13h30

21 February 2024

International Agency
for Research on Cancer



THE LANCET

September 2023

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Women, power, and cancer:
a Lancet Commission



"Of the 2.3 million women who die prematurely from cancer each year, 1.5 million deaths could be averted through primary prevention or early detection strategies, while a further 800 000 deaths could be averted if all women everywhere could access optimal cancer care."

A Commission by The Lancet

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Why women?



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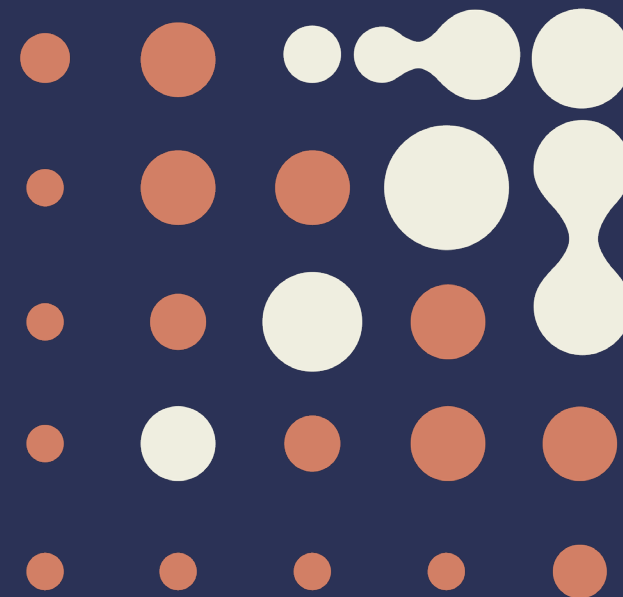
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Globally, in 2020,

*9.2 million women were diagnosed
with cancer and 4.4 million women
died of cancer:*

48% of all new cases

44% of all cancer deaths



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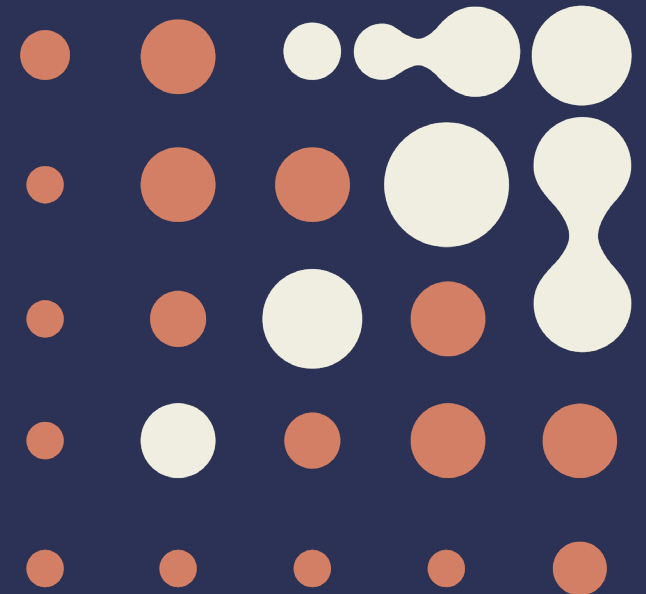
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Of the 3 million adults age younger than 50 years diagnosed with cancer in 2020

..... 2 in 3 were women.....

Vaccarella S et al LO 2021



Women, power, and cancer

Women interact with cancer in multiple and complex ways:



As healthy individuals participating in cancer prevention and screening activities



As individuals living with and beyond a cancer diagnosis



As caregivers for family members and friends



As patient advocates



As health-care professionals and health-care workers



As cancer researchers and policy makers

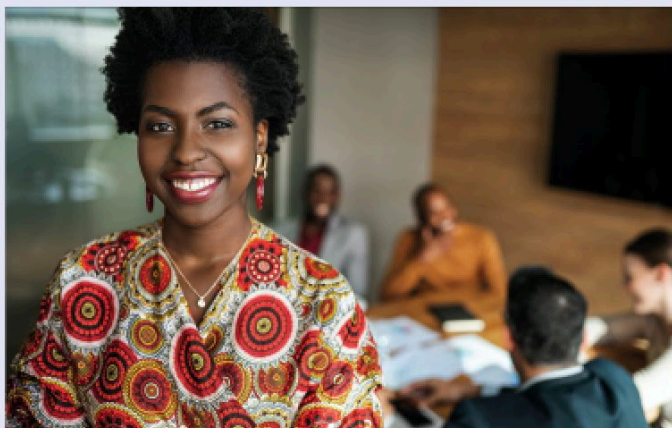
Women, power, and cancer: a Lancet Commission highlights how, at all these intersections with cancer, women across the globe are subject to overlapping forms of discrimination and inequity.

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We are a collective:

21 Commissioners, a 13-member advisory board, a 7-member patient advocacy committee, and 10 mentees.

We are diverse:

in gender, geography, generation, and discipline

We have adopted a feminist approach to our collective work



KEY QUESTIONS

- Have sex and gender been (adequately) explored in relation to cancer risk and survival?
- What and who drives decision-making regarding cancer research?
- Who provides most of the care for people with cancer? And how are they valued?
- How can we ensure that equity is embedded into cancer-related policymaking for all people of all genders?

KEY TASKS

- Investigate the preventable burden of cancer in women.
- Apply a more inclusive economics analysis to estimate the true costs of cancer's impact on women, families, and society.
- Take stock of the 'missing women' in oncology leadership
- Broaden the evidence base to inform priority actions for a wide range of stakeholders
- To inspire transformational change in our approach to cancer

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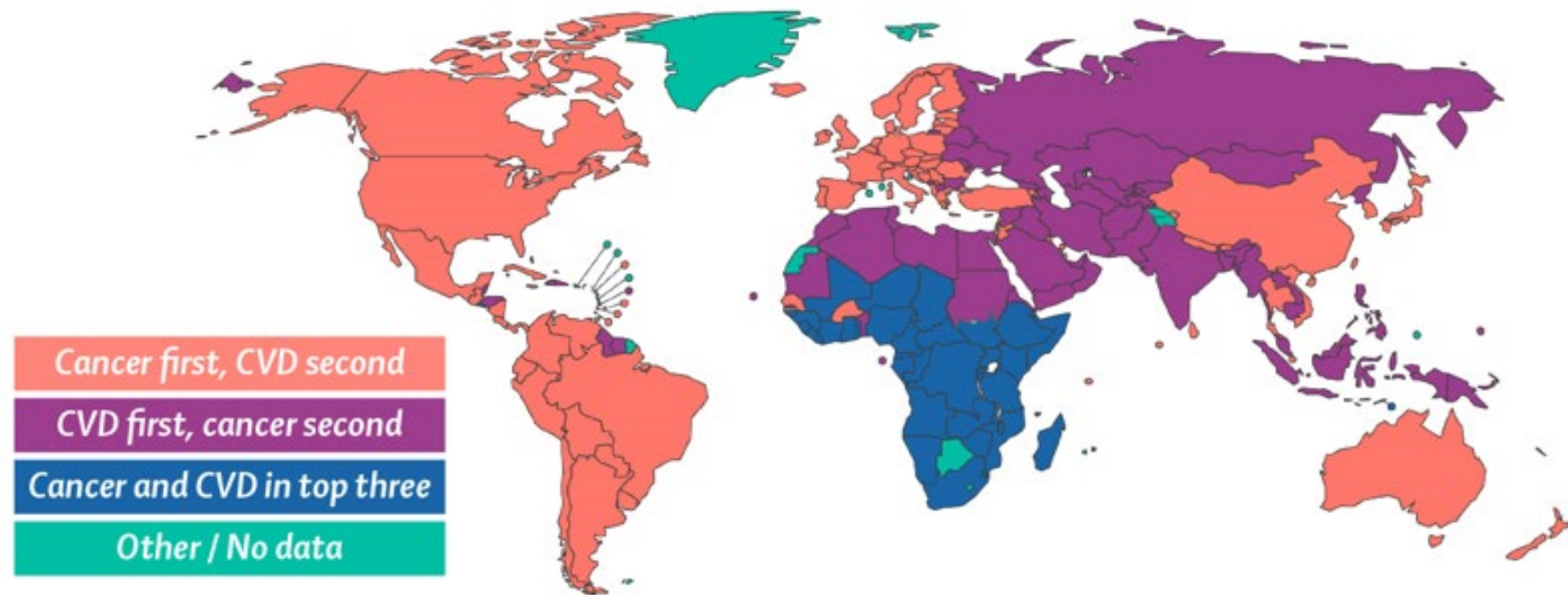
Million women's lives – (all ages) – could be saved if just 4 key risk factors could be avoided:

Tobacco, alcohol, obesity, and infections



Cancer ranks in the top-three causes of premature mortality among women in almost all countries worldwide, but is often deprioritised

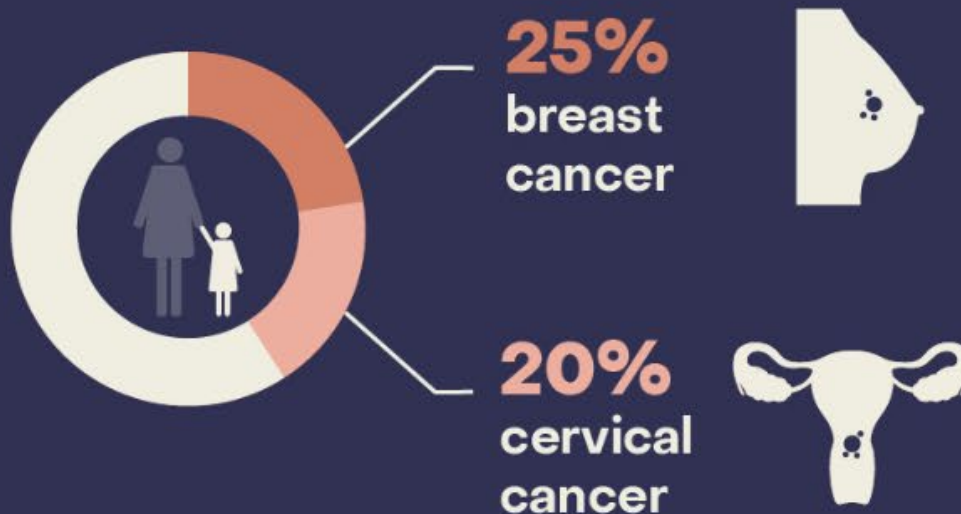
Where cancer and cardiovascular disease (CVD) rank in the top-three causes of premature mortality among women



Despite this, women's health-care is often focused on reproductive and maternal health whereas cancer is deprioritised

In 2020, more than **4 million women died** from cancer and more than **1 million children became maternal orphans**

45% of these children became **maternal orphans** due to deaths from



These cancer types can have **high survival** or can be prevented



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Urgent action is needed to boost **cancer prevention, early detection, treatment, and vaccination programmes**

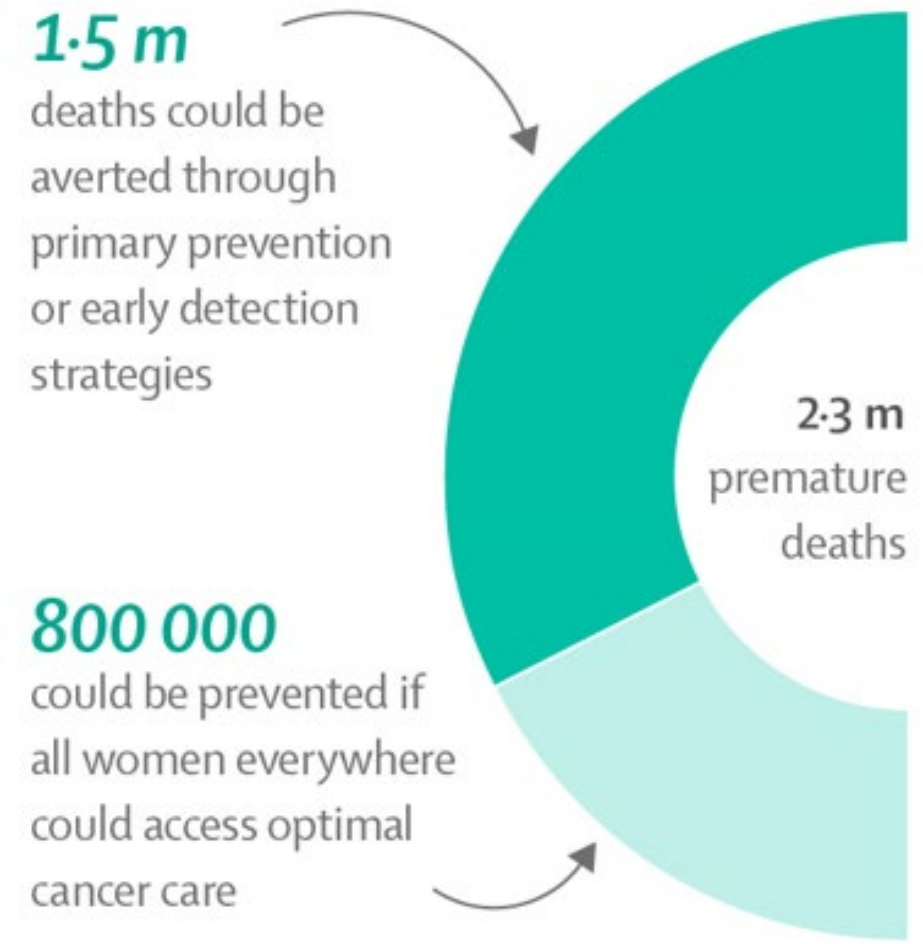


Cancer in women has far-reaching consequences for families and society more broadly.

Societal impact such as productivity lost €44 billion in Europe

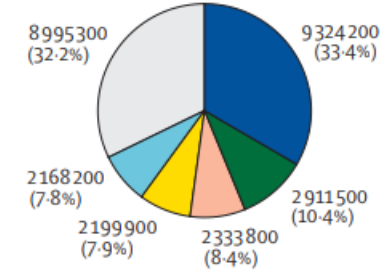
! Premature deaths from cancer can be prevented

Of the 2.3 million women who die prematurely from cancer each year...



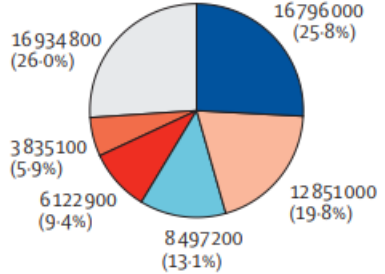
B

Very high HDI, all sexes: 27933100



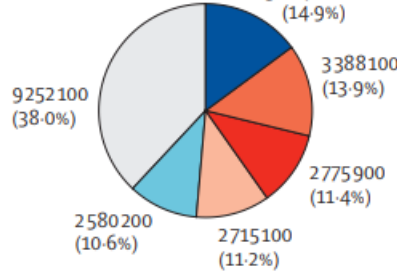
- Trachea, bronchus, and lung
- Pancreas
- Liver and intrahepatic bile ducts
- Colorectum
- Stomach
- Other cancers

High HDI, all sexes: 65037000



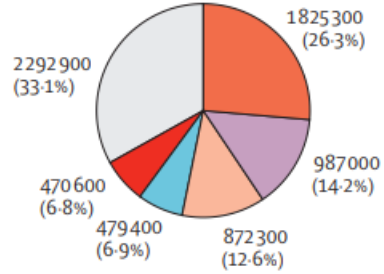
- Trachea, bronchus, and lung
- Liver and intrahepatic bile ducts
- Stomach
- Oesophagus
- Cervix uteri
- Other cancers

Medium HDI, all sexes: 24335300



- Trachea, bronchus, and lung
- Cervix uteri
- Oesophagus
- Liver and intrahepatic bile ducts
- Stomach
- Other cancers

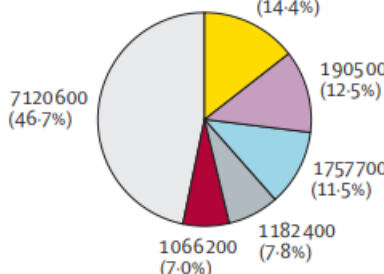
Low HDI, all sexes: 6927400



- Cervix uteri
- Breast
- Liver and intrahepatic bile ducts
- Stomach
- Oesophagus
- Other cancers

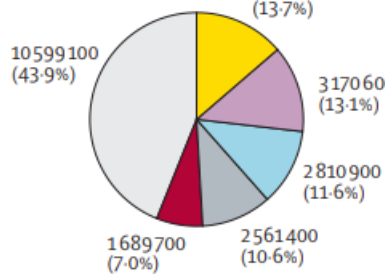
C

Very high HDI, all sexes: 15231800



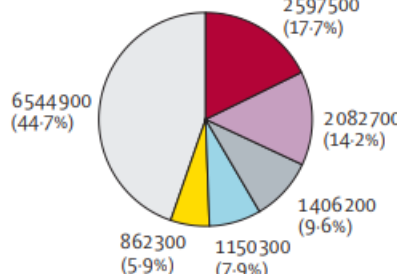
- Colorectum
- Breast
- Brain and CNS
- Leukaemia
- Head and neck
- Other cancers

High HDI, all sexes: 24134300



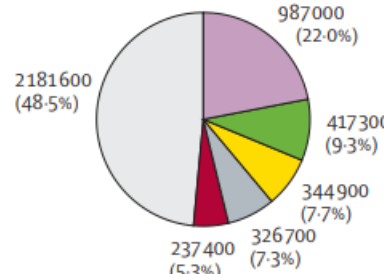
- Colorectum
- Breast
- Brain and CNS
- Leukaemia
- Head and neck
- Other cancers

Medium HDI, all sexes: 14643900



- Head and neck
- Breast
- Leukaemia
- Brain and CNS
- Colorectum
- Other cancers

Low HDI, all sexes: 4494900

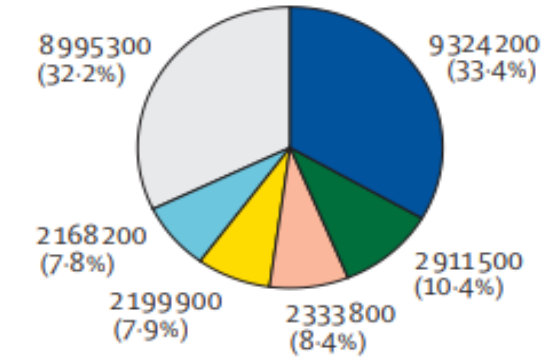


- Breast
- Prostate
- Colorectum
- Leukaemia
- Head and neck
- Other cancers

Different patterns of cancer that are amenable to prevention and to treatment

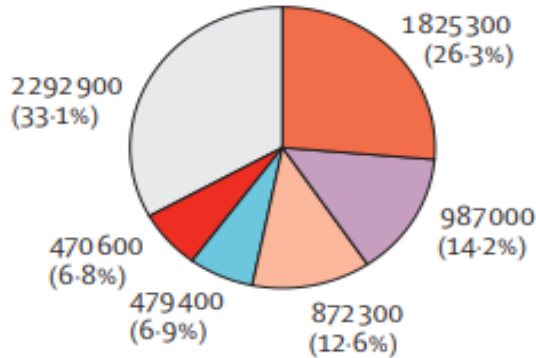
B

Very high HDI, all sexes: 27 933 100



- Trachea, bronchus, and lung
- Pancreas
- Liver and intrahepatic bile ducts
- Colorectum
- Stomach
- Other cancers

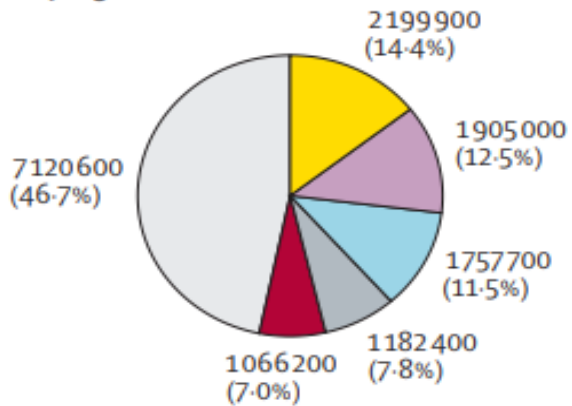
Low HDI, all sexes: 6 927 400



- Cervix uteri
- Breast
- Liver and intrahepatic bile ducts
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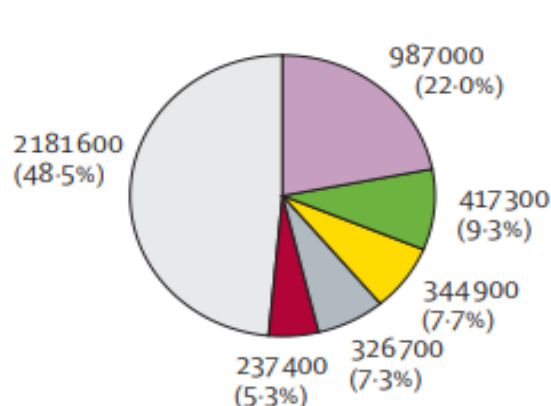
C

Very high HDI, all sexes: 15 231 800



- Colorectum
- Breast
- Brain and CNS
- Leukaemia
- Head and neck
- Other cancers

Low HDI, all sexes: 4 494 900



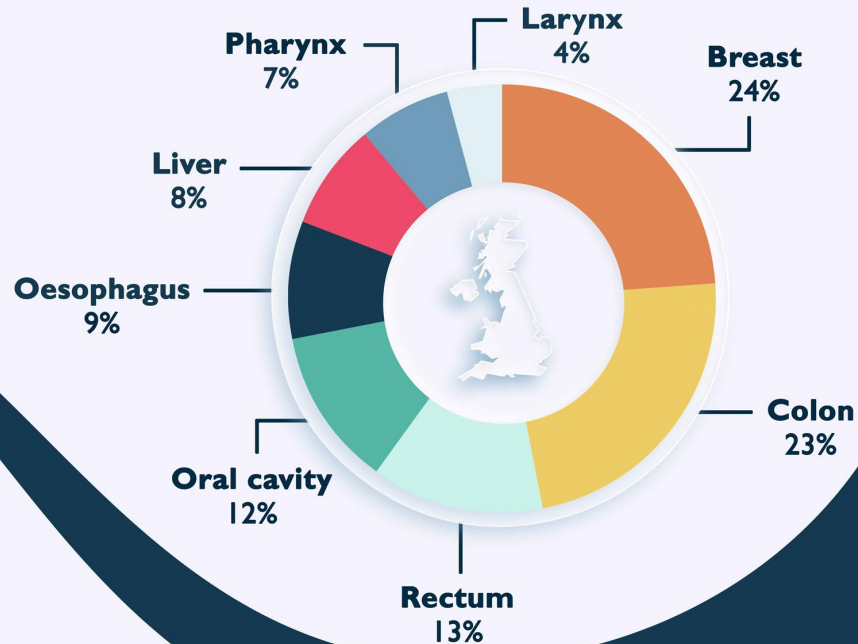
- Breast
- Prostate
- Colorectum
- Leukaemia
- Head and neck
- Other cancers

Different patterns of cancer that are amenable to prevention and to treatment

Alcohol drinking caused nearly 17 000 cases of cancer in the **United Kingdom** in 2020.

Breast cancer made up almost 1 in 4 of the new cases attributable to alcohol.

Alcohol consumption and cancer in the United Kingdom



Risk factors and causes of cancer in women are poorly understood and are under-recognised

For example, although as many as one in five cancers caused by alcohol are breast cancers¹, **only 19% of women attending breast cancer screening in the UK are aware that alcohol is a risk factor**



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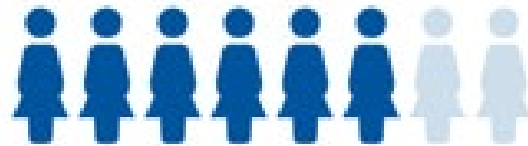
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Women are more likely than men to **risk financial catastrophe** due to cancer, with dire consequences for their families, even if quality cancer care is available.



Globally, women are more likely to have fewer financial resources than men to help cope with cancer-related financial challenges

For example, almost three quarters of all women newly diagnosed with cancer²...



...spend **30% or more of their annual household income on cancer-related expenses**

Women in upper-middle-income countries spend substantially less of their income on cancer-related expenses than those in lower-middle-income countries

% of annual household income spent on cancer-related costs



Women from low-income households spend more of their overall out-of-pocket payments on non-health expenditures³ following cancer than those from high-income households⁴

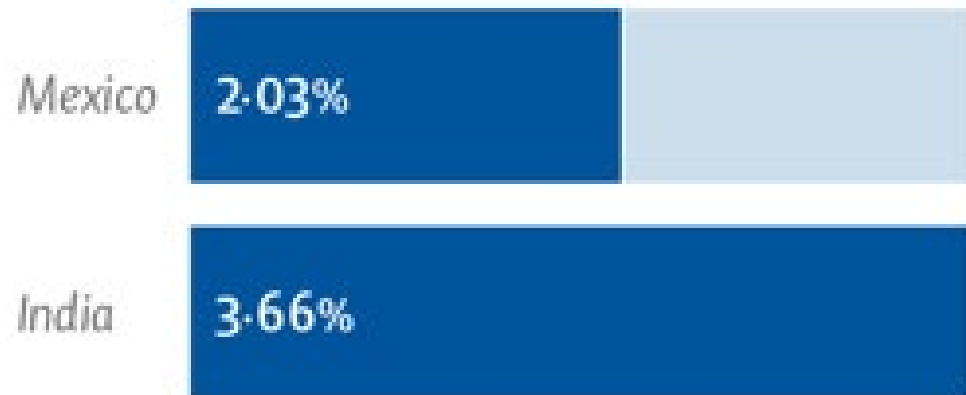
% of out-of-pocket payments spent on non-health expenditures





Unpaid caregiving is largely undertaken by women

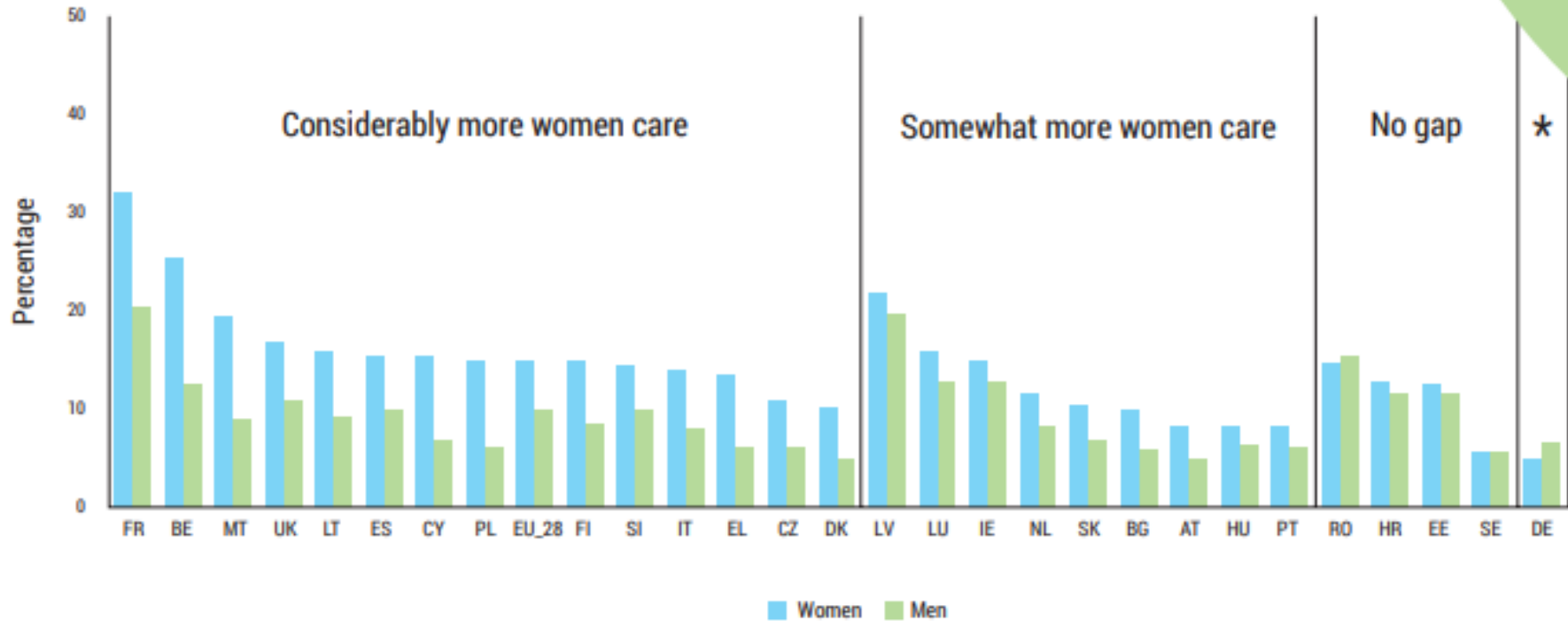
The value of women's unpaid caregiving work for those with cancer ranges from 2.03% of national health expenditure in Mexico to 3.66% of national health expenditure in India



70% of care is done by women, and they are most often underpaid or not paid.

Unpaid care is not valued and included in national system creating marked gender inequality.

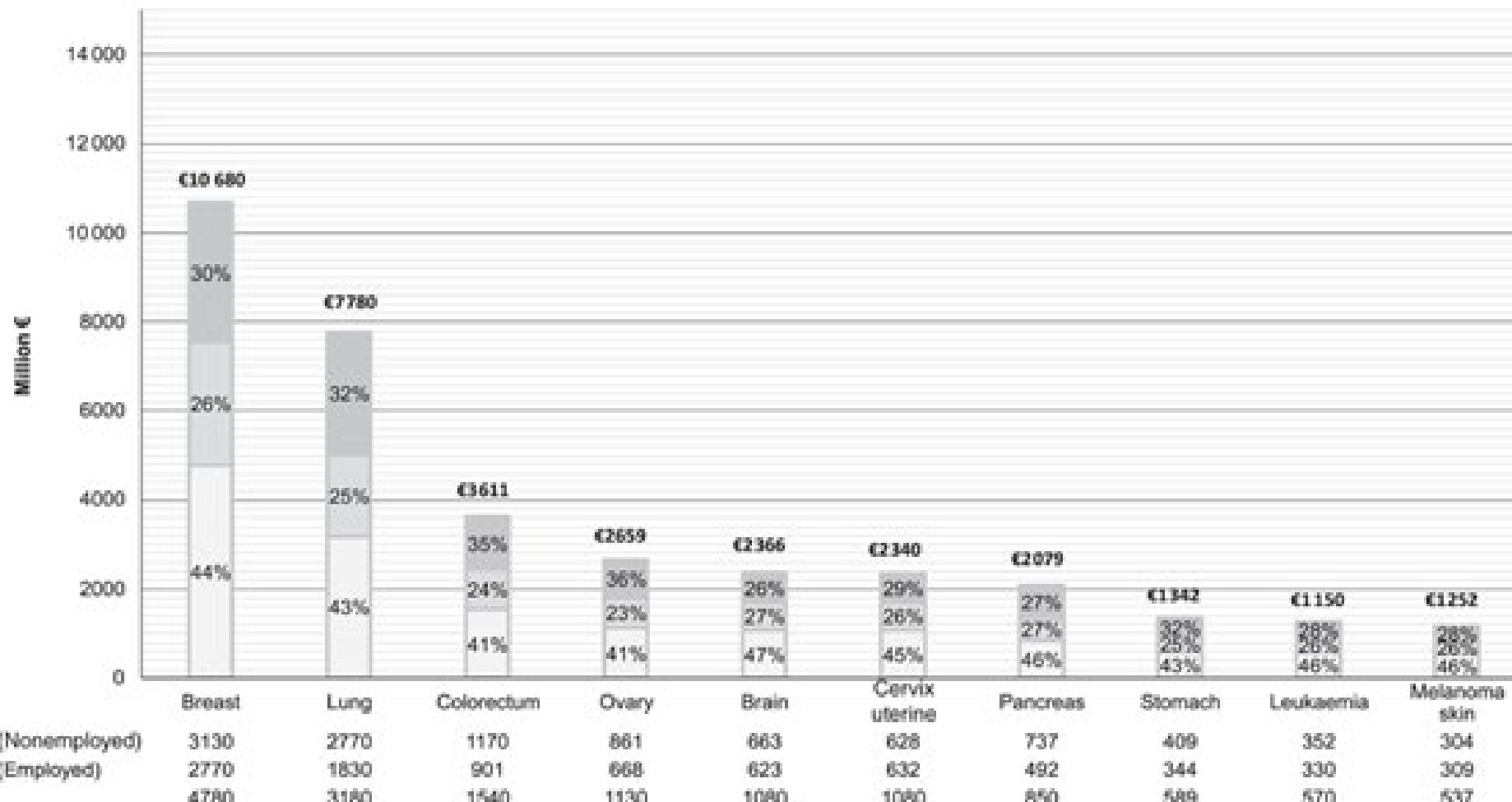
Percentage of women and men caring for older people and/or people with disabilities at least several times a week (18+), 2016



Working women spends **22 h/w** on unpaid care;

Working men less than **10 h/w**

(B)



Women contributes more to informal care (unpaid) → premature cancer death has large social impact

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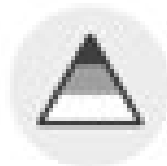
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Women in the cancer workforce report frequent and severe experiences of gender-based discrimination, including bullying and sexual harassment.



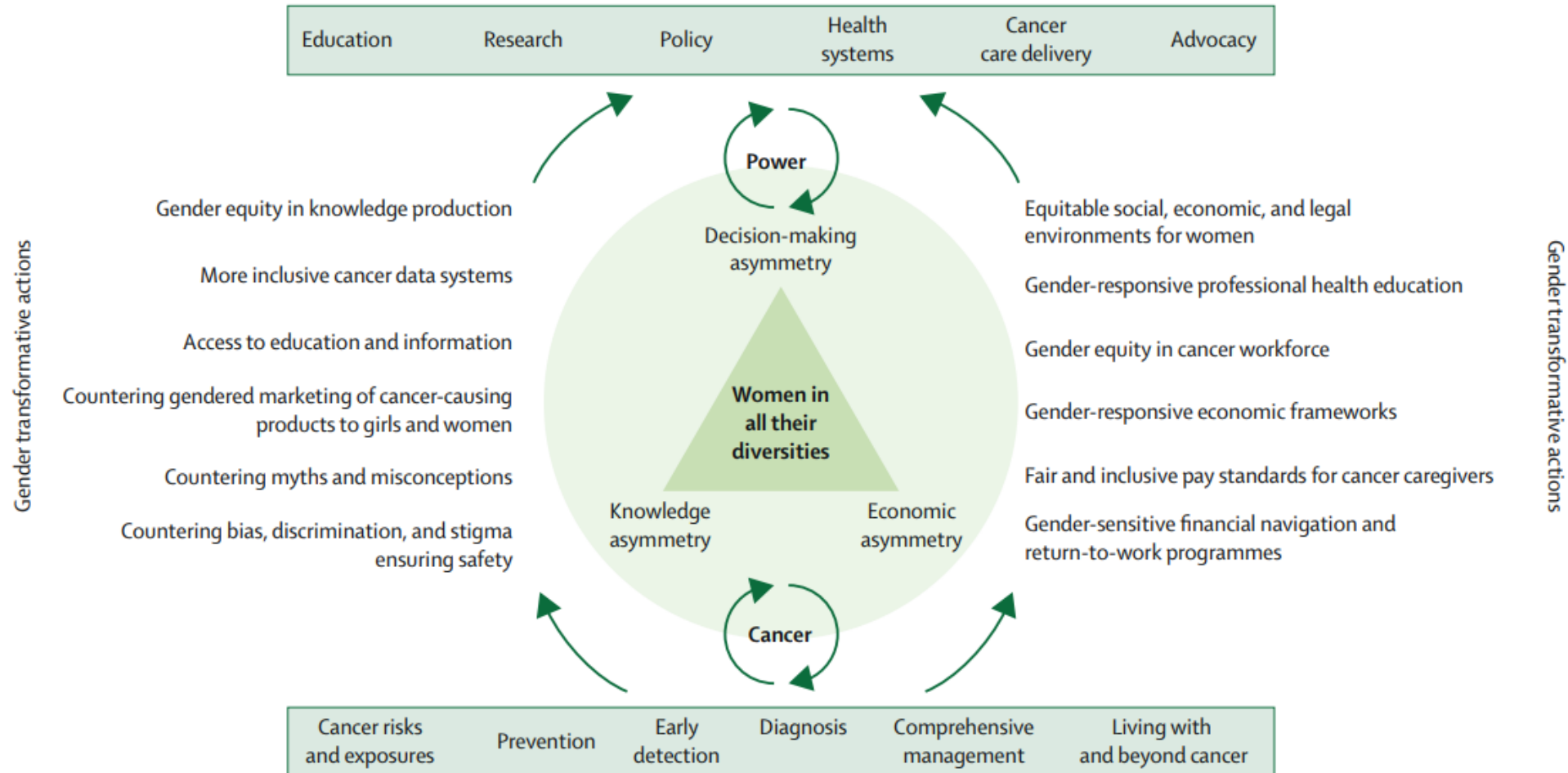
Women are under-represented in cancer leadership roles

Of the 184 Union for International Cancer Control member organisations classified as hospitals, treatment centres, or research institutes globally, just **16% are led by women**



B

The Commission proposes an intersectional feminist approach that highlights and challenges existing asymmetries of power in relation to cancer: in knowledge, economic, and decision making





International
organisations



National and subnational
governments



Researchers and
research funders



Civil society



Private sector

The Commission identifies ten priority actions these groups can take towards lasting and impactful change:



Ensure data on sex, gender, and other sociodemographic factors are routinely collected in health statistics, publicly reported, and updated.



Design and implement gender and intersectional-transformative strategies to increase equitable access to early detection and diagnosis of cancer.



Research, monitor, and act on emerging cancer risks that disproportionately affect girls and women, including occupational and environmental factors.



Develop, strengthen, and enforce laws and policies that reduce exposures to known cancer risks for girls and women.



Co-create accessible and responsive health systems that provide respectful, quality cancer care for women.



Ensure equitable access to cancer research resources, leadership, and funding opportunities for women.



Develop, strengthen, and enforce policies that prevent gender-based harassment and discrimination in the cancer workforce.



Integrate a gender competency framework into the education and training of the cancer workforce.



Develop and validate a feminist economics approach to investment cases and other economic evaluations of cancer.



Establish, implement, and enforce pay standards for all cancer caregivers that are fair, equitable, and inclusive.

Women, power, and cancer

Women interact with cancer in multiple and complex ways:



As healthy individuals participating in cancer prevention and screening activities



As individuals living with and beyond a cancer diagnosis



As caregivers for family members and friends



As patient advocates



As health-care professionals and health-care workers



As cancer researchers and policy makers

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**Special thanks to all the women who bravely
shared their personal stories**

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