Women, Power, and the Cancer Divide

July 25, 2022
Agenda

Welcome

Presentation

Q&A and Discussion

Reminders:

For questions to the panelists, use the Q&A box.

The webinar recording and slides will be posted on www.icap.columbia.edu
Women, power, and the cancer divide

Ophira Ginsburg, MSc MD
Senior Scientific Officer, Center for Global Health
U.S. National Cancer Institute

July 25, 2022
I have no relevant financial relationships to disclose.
A statement about diversity, equity, and inclusion ...
“Factfulness is… recognizing that a single perspective can limit your imagination, and remembering that it is better to look at problems from many angles to get a more accurate understanding and find practical solutions.

To control the single perspective instinct, get a toolbox, not a hammer”.

Dr Hans Rosling – Factfulness 2018
The Ever-Increasing Importance of Cancer as a Leading Cause of Premature Death Worldwide

Freddie Bray, PhD; Mathieu Laversanne, MSc; Elisabete Weiderpass, MD; and Isabelle Soerjomataram, MD

The relative importance of cardiovascular disease (CVD) and cancer as leading causes of premature death are examined in this communication. CVD and cancer are now the leading causes in 127 countries, with CVD leading in 70 countries (including Brazil and India) and cancer leading in 57 countries (including China). Such observations can be seen as part of a late phase of an epidemiologic transition, taking place in the second half of the 20th century and the first half of the present one, in which the dominance of infectious diseases is progressively superseded by noncommunicable diseases. According to present ranks and recent trends, cancer may surpass CVD as the leading cause of premature death in most countries over the course of this century. Clearly, governments must factor in these transitions in developing cancer policies for the local disease profile. Cancer 2021;127:3029-3030. © 2021 American Cancer Society.

KEYWORDS: cancer control, cardiovascular disease (CVD), epidemiologic transition, noncommunicable diseases (NCDs), premature mortality.
Figure 1. Global map of the ranking of CVD and cancer as leading causes of premature death (at the ages of 30-70 years) in 183 countries in 2019. CVD indicates cardiovascular disease. Source: World Health Organization.
Estimated number of new cases from 2020 to 2040, Both sexes, age [0-85+]
All cancers
Africa + Latin America and Caribbean + Northern America + Europe + Oceania + Asia

2020
19.3M

2040
28.9M

= 500 000 Demographic changes
Estimated number of deaths from 2020 to 2040, Both sexes, age [0-85+]

All cancers
Africa + Latin America and Caribbean + Northern America + Europe + Oceania + Asia

2020
9.96M

2040
16.2M

= 500 000
Demographic changes
Estimated number of new cases from 2020 to 2040, Females, age [0-85+]
All cancers
Africa + Latin America and Caribbean + Northern America + Europe + Oceania + Asia

2020
9.23M

2040
13.3M

= 500,000  Demographic changes
Estimated number of deaths from 2020 to 2040, Females, age [0-85+]
All cancers
Africa + Latin America and Caribbean + Northern America + Europe + Oceania + Asia

2020

4.43M

Demographic changes

2040

7.07M

= 500 000
Every minute a woman dies from breast cancer....
Every 2 minutes a woman dies from cervical cancer....
>1 million women in 2020…

Most deaths are premature… and preventable….
~9 in 10 women who die of cervical cancer were living in a low-income or middle-income country.
Gender inequalities in cancer among young adults

Assessing the current cancer landscape, a perhaps overlooked finding concerns the unique profile of cancer among young adults. Among individuals aged 20–49 years, over 3 million cancer cases occurred in 2020,¹ a non-trivial proportion equivalent to 19.2 million men and women diagnosed with cancer worldwide. With close to two-thirds of cancers diagnosed occurring in women, here, we highlight the unequal burden of disease between the sexes in this age range. We assessed the underlying reasons, which are diverse in nature and impact, and are associated with geography, socioeconomic conditions, and unbalanced access to health care.²

Irrespective of sex, cancers of the breast, cervix, and thyroid are by far the most commonly diagnosed malignancies in younger adults, affecting exclusively or predominantly women (eg, 77% of cases of thyroid cancer are in women; appendix p 1). Breast cancer common in economically transitioning countries. The ratio of the incidence of thyroid cancer is approximately 3:1 female-to-male, whereas mortality rates are comparable and low in both sexes, and remaining stable, or are decreasing, over time.³ Overdiagnosis (ie, diagnosis of tumours that would not lead to symptoms or death) is the most likely explanation for the vast increase in the incidence of thyroid cancer.⁴ The increased surveillance and scrutiny of the thyroid gland with imaging techniques such as ultrasonography might lead to the detection of tumours of subclinical relevance. Therefore, unlike cervical cancer, an excess of diagnoses of thyroid cancer is more common in individuals with higher, and often unregulated, access to health-care service,⁵ as is the case for women of reproductive age who are referred to private or public clinics for gynaecological reasons. Overdiagnosis of thyroid cancer...
Gender inequalities in cancer among young adults

Assessing the current cancer landscape, a perhaps overlooked finding concerns the unique profile of cancer incidence among adults. Among individuals aged 20–49 years, cancer incidence rates are higher among women than men, with a non-trivial proportion equivalent to 19·2 million men and women diagnosed annually with cancer, over two-thirds of whom are women. Here, we highlight the unequal burden of disease between the sexes of breast, cervix, and thyroid cancer, with underlying reasons, which are diverse in nature and impact, and are associated with geography, socioeconomic conditions, and unbalanced access to healthcare.

Irrespective of sex, cancers of the breast, cervix, and thyroid are by far the most commonly diagnosed malignancies in younger adults, affecting exclusively or predominantly women (eg, 77% of cases of thyroid cancer are in women; appendix p 1). Breast cancer is common in economically transitioning countries. The ratio of the incidence of thyroid cancer is approximately 3:1 (female to male), whereas mortality rates are comparable. Although in some areas both are remaining stable, or are decreasing, over time. Overdiagnosis (diagnosing conditions that would not cause symptoms or death) is the most likely explanation for the vast increase in the incidence of thyroid cancer. The increased surveillance and scrutiny of the thyroid gland with imaging techniques such as ultrasonography might lead to the detection of tumours of subclinical relevance. Therefore, unlike cervical cancer, an excess of diagnoses of thyroid cancer is more common in individuals with higher, and often unregulated, access to health-care service, as is the case for women of reproductive age who are referred to private or public clinics for gynaecological reasons. Overdiagnosis of thyroid cancer...
An equity imperative
"Why didn’t she “present” sooner?"

"An equity imperative"
You have to understand me to help me...

Dr Verna Venderpuye
Korle Bu Teaching Hospital Accra, Ghana
Co-chair, The Lancet Commission on Women and Cancer
When we asked women why they did not seek care earlier, many of them said that they had “no choice”...

Khulna, Bangladesh

When I told my husband I had breast cancer, he said, “I don’t want anything to do with you, you can go die” –

45 year old divorced homeless woman
Jessore Bangladesh
“It is evil. Once it visits your house it kills.”

“No one getting cancer gets saved.”

“It’s a curse from God for wrong doings.”

-Focus group participants in Rampal.
These girls and young women face higher risks of cancer than their mothers & grandmothers did…
The epidemiological transition…
Exposures to:
tobacco, alcohol, poor diet, sedentary lifestyle
Overweight/obesity
Hormonal exposures
What are other factors that influence cancer risk in women?...
To what degree are these ‘modifiable’?…
“Virginia Slims remembers what most women’s bank accounts looked like in 1957...”
THERE IS NO SLIMMER WAY TO SMOKE.
Kila mtu ana uzuri wake

No single institution owns the copyright for beauty.

Virginia Slims
Find your voice

Surgeon General's Warning: Smoking by pregnant women may result in fetal injury, premature birth, and low birth weight.
As women's socioeconomic status rose in past decades, their drinking habits have too, so companies use images of empowerment and busy professionals to target women…

Alcohol drinking caused nearly 20,000 cases of cancer in France in 2020.

- Oesophagus: 9%
- Rectum: 10%
- Oral cavity: 11%
- Pharynx: 13%
- Larynx: 4%
- Breast: 22%
- Colon: 17%
- Liver: 14%

Breast cancer made up more than 1 in 5 of the new cases attributable to alcohol.

“This highlights the need for implementation of effective policy and interventions to increase public awareness of the link between alcohol consumption and cancer risk, and to decrease overall alcohol consumption to prevent the burden of alcohol-attributable cancers.”

Dr Isabelle Soerjomataram
Deputy Head of the Cancer Surveillance Branch at IARC
Co-chair, *The Lancet Commission on Women and Cancer*
Health, equity, and women's cancers

Published: November 2, 2016

Executive Summary

Breast and cervical cancers receive far less funding, advocacy, and public and political attention in low-income and middle-income countries (LMICs) than in high-income countries (HICs). Yet women in these settings have higher burdens of these diseases, poorer access to care, present with more advanced stages of disease, and are more likely to die from their disease than women in HICs.

The Lancet Series, Health, equity, and women’s cancers, explores this neglected global health issue. The papers cover the global burden of breast and cervical cancers and inequities in their incidence, survival, and mortality; interventions that could close the divide between resource-rich countries and LMICs; and the changes to global policy that are needed to deliver safe, equitable, and affordable care for women.

Comment

Women’s cancers: shining a light on a neglected health inequity
Udani Samaratunge, Richard Horton
The Lancet, Vol. 389, No. 10071
Full-Text HTML | PDF

Women, power, and the cancer divide
Michelle Bachelet
The Lancet
Full-Text HTML | PDF

Civil society’s role in efforts to control women’s cancers
Otis W Brawley, Sally G Cowal
The Lancet, Vol. 389, No. 10071
Full-Text HTML | PDF

3 papers
40+ authors
18 countries
Editorial & commentaries
The global burden of women’s cancers: a grand challenge in global health
Ophira Ginsburg, Freddie Bray, Michel P Coleman, Verna Vanderpuyye, Alexandru Eniu, S Rani Kotha, Malabika Sarker, Tran Thanh Huong, Claudia Allemani, Allison Dvaladze, Julie Gralow, Karen Yeates, Carolyn Taylor, Nandini Oomman, Suneeta Krishnan, Richard Sullivan, Dominista Kombe, Magaly M Blas, Groesbeck Parham, Natasha Kassami, Lesong Conteh
The Lancet, Vol. 389, No. 10071
Full-Text HTML | PDF

Interventions to close the divide for women with breast and cervical cancer between low-income and middle-income countries and high-income countries
Lynette Denny, Silvia de Sanjose, Miriam Mutebi, Benjamin O Anderson, Jane Kim, Jose Jeronimo, Rolando Herrero, Karen Yeates, Ophira Ginsburg, Rengaswamy Sankaranarayanan
The Lancet, Vol. 389, No. 10071
Full-Text HTML | PDF

Changing global policy to deliver safe, equitable, and affordable care for women’s cancers
The Lancet, Vol. 389, No. 10071
Full-Text HTML | PDF
Women, power, and the cancer divide

Almost 100 years ago, Gabriela Mistral, Chilean poet and Nobel Prize winner, said that “every law, every freedom or culture movement, has left us for a long time in the shadows; that we always have arrived to the feast not as the reluctant guest who is arriving late, but as a comrade who is invited late and then hides in the banquet”.1 Mistral reminds us that, despite many hard won achievements, women in many parts of the world still remain “in the shadows”. Gender inequality and disempowerment of women have deep roots that plunge into the furthest recesses of our societies. Health is no exception, and this Lancet Series2-4 focused on women’s cancer is highly valuable since it exposes as a whole, since this is the part of the puzzle that is essential for the sustainable health for our communities, such as universal health coverage. Development Goals5 are guiding principles that will improve cancer control for the same time, will create synergies between different sectors, and will also improve health and socio-cultural understanding. An additional understanding of the need for a gender perspective can also be seen from the treatment agenda over the past decade: global discussion has been shifted to a more gender-sensitive approach to treatment, including the development of new drugs and technologies, which have been directed to treating and preventing cancers in women, as well as other aspects of women’s lives.”

Commentary by UN High Commissioner Dr. Michelle Bachelet, The Lancet 2017

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31800-1/fulltext
Where a woman lives, and her socioeconomic, ethnocultural, or migration status, should not mean the difference between life and death from these common cancers for which cost-effective, life-saving interventions exist.
Action is needed to mitigate cultural and social attitudes that prevent women from presenting with early disease.

Embedding of a gender perspective within health and health financing policy requires that women’s health and cancers are viewed as a shared agenda, with active engagement from political and health leaders, civil society, and global health funders at both a domestic and international level.
Panel 4: Call to action

In keeping with the UN Secretary General’s call for the elimination of cervical cancer as a public health concern by 2030, we have two recommendations:

- 70% of girls aged 9–13 years should be immunised against human papillomavirus.
- 70% of women age 30–49 years should be screened for cervical cancer at least once, with timely, affordable, and effective treatment of pre-cancerous cervical lesions.

Aligned with the poverty, health-associated, and gender-associated Sustainable Development Goals, by 2030 all women who develop breast cancer—regardless of country, socioeconomic status, ethnicity, or migration status—should have equal opportunity to be diagnosed at an early stage of disease (ie, as appropriate with imaging, biopsy, and quality pathology including at least hormone receptors), with timely access to potentially curative treatment (at least a good quality modified radical mastectomy, including axillary node dissection, and tamoxifen if hormone receptor positive).

In keeping with the palliative care resolution of WHA resolution 67.19, supportive and palliative care should be available to all women with advanced cancer.
All women should have equitable access and opportunity for early diagnosis and effective treatment for breast cancer...

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90/70/90: A Global Strategy for elimination of cervical cancer

To reach elimination, efforts must be aligned and accelerated. Every country must reach the following global targets by 2030:

90% coverage of HPV Vaccination of girls (by 15 years of age);

70% coverage of screening (70% of women are screened with high-performance tests by the ages of 35 and 45 years) and 90% treatment of precancerous lesions;

Management of 90% of invasive cancer cases.
New global breast cancer initiative highlights renewed commitment to improve survival
Original Article

Estimating Child Mortality Associated With Maternal Mortality From Breast and Cervical Cancer

Raymond B. Mailhot Vega, MD, MPH\textsuperscript{1,2}; Onyinye D. Balogun, MD\textsuperscript{3}; Omar F. Ishaq, MD\textsuperscript{1}; Freddie Bray, MD\textsuperscript{4}; Ophira Ginsburg, MD\textsuperscript{5}; and Silvia C. Formenti, MD\textsuperscript{3}

For every 100 deaths in women younger than 50 years, there were 210 new orphans
Women and Health: the key for sustainable development

Ana Langer, Afaq Meleis, Felicia M Knaul, Rifat Atun, Meltem Aran, Héctor Arreola-Ornelas, Zulfiqar A Bhutta, Agnes Binagwaho, Ruth Bonita, Jacquelyn M Caglia, Mariam Claeson, Justine Davies, France A Donnay, Jewel M Gausman, Caroline Glickman, Annie D Kearns, Tamil Kendall, Rafael Lozano, Naomi Seboni, Gita Sen, Siriorn Sindhu, Miriam Temin, Julio Frenk
Women and health is a novel concept that refers to the **multifaceted ways in which women and health interact**, moving beyond a narrow focus on women’s health to address the roles of women as both users and providers of health care.

Langer et al, The Lancet 2015
Gender medicine and oncology: report and consensus of an ESMO workshop

A. D. Wagner¹*, S. Oertelt-Prigione², A. Adjei³, T. Buclin⁴, V. Cristina¹, C. Csajka⁴,⁵, G. Coukos¹,⁶, U. Dafni¹,⁷, G.-P. Dotto⁸,⁹,¹⁰, M. Ducreux¹¹, J. Fellay¹²,¹³, J. Haanen¹⁴, A. Hocquelet¹⁵, I. Klinge¹⁶, V. Lemmens¹⁷,¹⁸, A. Letsch¹⁹,²⁰,²¹, M. Mauer²², M. Moehler²³, S. Peters¹ & B. C. Özdemir¹,¹⁰
Figure 1. Sex and gender differences may influence cancer treatment outcomes in different ways. All effects are modulated by age.
Authorship Equity and Gender Representation in Global Oncology Publications

Paula Hornstein, BS¹; Hubert Tuyishime, BA²; Miriam Mutebi, MD, MMed Surg, MSc³; Nwamaka Lasebikan, MBBS, FMCR⁴; Fidel Rubagumya, MD, MMed⁵; and Temidayo Fadelu, MD, MPH⁶
What is a Lancet Commission?

- 5-year research project with a multidisciplinary diverse group of stakeholders
- Main product:
  - 25,000 word report in The LANCET
    - est. publication Spring 2023
- Additional Commission manuscripts, original research & commentaries
- Blogs, podcasts
- Dissemination events: Main launch (TBD), regional launches
- Real world actions. E.g. scholarships, regional task forces
- Policy initiatives, national and multilateral
To advance an evidence-based, gendered approach to cancer risk and cancer control, The Lancet Commission on women and cancer will address urgent questions at the intersection of social inequality, cancer risk and outcomes, and the status of women in society.
Our Vision…

A world where every person, regardless of gender, geography, socioeconomic status or identity, can realize their right to accessible, affordable, quality cancer prevention and care.
Intersectional Feminism

An intersectional approach shows the way that people’s social identities can overlap, creating compounding experiences of discrimination.

We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What’s often missing is how some people are subject to all of these, and the experience is not just the sum of its parts...

~Crenshaw 2020
Our remit: to take an intersectional feminist approach to cancer that will:

- 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 leaders in oncology – and the hidden role of women as caregivers in the formal and informal workforce.
- Broaden the evidence base to inform a key set of recommendations for policy makers.

The Lancet Commission on Women and Cancer
The Commissioners: multidisciplinary, diverse, global

3 Co-Chairs

16 women, 4 men

14 countries, 4 continents.

Expertise in cancer epidemiology, clinical research & care, gender studies, sociology, economics, anthropology.
Advisors:

ASCO, ESMO, SLACOM, IAEA, UNAIDS, WHO/AFRO, The George Institute for Global Health, ACREOL, Global Focus on Cancer

Patient Advocacy Committee:

from Mexico, Chile, Uganda, Gaza, Bosnia Herzegovina, Philippines

Partner Organizations:

U.S. NCI-CGH, eCancer, King’s College London/ICP, UICC, IARC, IAEA, UNAIDS, AORTIC, ASCO, AACR, ESMO, SLACOM, UICC, ISNCC, GFC, The Women, ACREOL, McCabe Centre for Law and Cancer, Médecins Sans Frontières/Doctors Without Borders
GUIDING PRINCIPLES

We will adopt an intersectional feminist approach to both the process and outputs of the Commission. An intersectional feminist approach recognizes and seeks to disrupt power dynamics, and to this end, the Commission commits to:

a. Promoting transformative action towards gender equality, equity, and social justice;
b. Centering women’s bodies, realities, and voices to capture their real-life experiences in relation to cancer (i.e., experience of cancer, cancer research, control, and care);
c. Reflecting the plurality of women’s experiences and the multiple intersecting dimensions of inequalities;
d. Integrating an anti-racist and decolonial approach;
e. Challenging the way cancer research is funded, conducted, and reported, and by whom, and fostering interdisciplinary inclusive research and policy that transcends biomedical worldviews;
f. Shifting the ‘culture’ of cancer away from individual blame by recognizing the role of structural, social, and commercial determinants of health affecting cancer risks and outcomes in women;
g. Addressing asymmetries of power by encouraging reflexivity, humility, and inclusiveness in our approaches to cancer research, control, and care.

The Lancet Commission on Women and Cancer
I'm no longer accepting the things I cannot change... I'm changing the things I cannot accept.

— Angela Davis
Commissioners
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Nirmala Bhoo Pathy
Freddie Bray
Carlo Caduff
Narjust Duma
Ibtihal Fadhil
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