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Researchers from IARC and partners find that almost 7 in 10 premature cancer deaths in women could have been prevented

Lyon, France, 27 September 2023 – According to a new *Lancet* Commission on Women, Power, and Cancer¹ and an accompanying new analysis of data from the International Agency for Research on Cancer (IARC), published in *The Lancet Global Health*², the deaths of almost 7 in 10 women who died prematurely (i.e. at ages < 70 years) of cancer in 2020 could have been prevented.

The new analysis estimated that, of the 5.3 million adults who died prematurely from cancer in 2020, 2.3 million were women. Two thirds of the deaths of these women – or 1.3 million deaths – could have been averted through prevention, and the remaining one third could have been avoided through timely and appropriate treatment. There were large differences between countries, among world regions, and according to national levels of the Human Development Index (HDI). For example, the proportion of premature deaths from cancer in women is much higher in countries with a low HDI (72%) than in countries with a high HDI (36%). In addition to the suffering entailed, these deaths have a large societal and economic impact. For example, an estimated 1 million children worldwide were left without mothers due to premature cancer deaths in women in 2020³.

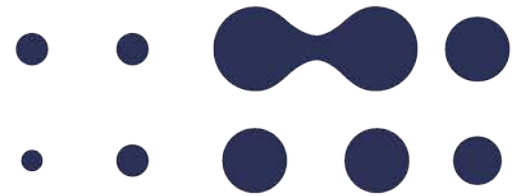
“Globally, there are marked inequalities between countries in reaching the target of reducing premature mortality from noncommunicable diseases, including cancer, set out by the United Nations Sustainable Development Goals,” says Dr Isabelle Soerjomataram, Deputy Head of the Cancer Surveillance Branch at IARC and co-chair of the *Lancet* Commission on Women, Power, and Cancer. “Greater investments in cancer prevention programmes can reduce the prevalence of key risk factors for cancer, and increased coverage of vaccination alongside early diagnosis and screening linked to timely treatment can and must address the current cancer inequalities that are seen worldwide.”

Of all cancer deaths affecting women of all ages, almost one third – or 1.3 million deaths – could have been prevented by reducing exposure to four major risk factors: tobacco smoking, alcohol consumption, high body weight, and infections. However, the burden of cancer in women caused by these determinants currently

¹ Ginsburg O, Vanderpuye V, Beddoe AM, Bhoo-Pathy N, Bray F, Caduff C, et al. Women, power, and cancer: a *Lancet* Commission. *Lancet*. Published online 26 September 2023. [https://doi.org/10.1016/S0140-6736\(23\)01701-4](https://doi.org/10.1016/S0140-6736(23)01701-4)

² Frick C, Runggay H, Vignat J, Ginsburg O, Nolte E, Bray F, et al. Quantitative estimates of preventable and treatable deaths from 36 cancers worldwide: a population-based study. *Lancet Glob Health*. Published online 26 September 2023. [https://doi.org/10.1016/S2214-109X\(23\)00406-0](https://doi.org/10.1016/S2214-109X(23)00406-0)

³ Guida F, Kidman R, Ferlay J, Schüz J, Soerjomataram I, Kithaka B, et al. (2022). Global and regional estimates of orphans attributed to maternal cancer mortality in 2020. *Nat Med*. 28(12):2563–72. <https://doi.org/10.1038/s41591-022-02109-2>



remains under-recognized. For example, a recent study found that only 19% of women attending breast cancer screening in the United Kingdom were aware that alcohol consumption is a major risk factor for breast cancer⁴.

Greater scrutiny of other causes and risk factors for cancer in women is needed, because they are generally poorly understood. For example, there is growing evidence to suggest a link between commercial products predominantly used by women – such as certain types of breast implants, skin lighteners, and hair relaxers – and an increased risk of cancer.

“There is rapid societal and economic transition across populations, leading to enormous variation in global cancer patterns. Although breast cancer remains the most important cause of premature cancer death in women worldwide, new analysis in our Commission reveals that cervical cancer ranks second in women in countries with low and medium HDI, whereas lung cancer ranks second in women in countries with high and very high HDI,” says Dr Freddie Bray, Head of the Cancer Surveillance Branch at IARC and a Commissioner of the *Lancet* report. “Increasing investment in health information systems, such as population-based cancer registries, ensures that there is an evidence base from which effective and targeted cancer control activities can be planned and evaluated.”

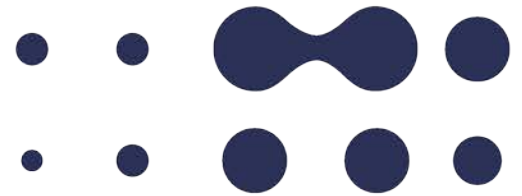
The Commissioners and authors of the *Lancet* report found that the burden of cancer on women is also under-recognized and undervalued. Women experience more severe economic disadvantages when faced with cancer, both as patients and as caregivers. Further analysis of a study from eight countries in Asia conducted by the Commission found that almost three quarters of women with cancer reported catastrophic expenditures in the year after the diagnosis, with 30% or more of their annual household income spent on cancer-related expenses, such as medical costs and complementary medicine. Another new analysis by the Commission found that unpaid caregiving for people with cancer is undertaken largely by women.

The Commissioners argue that caregiving represents substantial value to the economy and that fair and inclusive pay standards for cancer caregivers should be established, considering not only the monetary value of caregiving but also how it affects women’s independence and economic potential.

A new agenda for the entire cancer continuum

The *Lancet* Commission on Women, Power, and Cancer, co-chaired by an IARC scientist, brings together experts in cancer care, health system research, implementation science, health economics, gender and feminism, and social science, as well as patient advocates to analyse how women around the world experience

⁴ Sinclair J, McCann M, Sheldon E, Gordon I, Brierley-Jones L, Copson E (2019). The acceptability of addressing alcohol consumption as a modifiable risk factor for breast cancer: a mixed method study within breast screening services and symptomatic breast clinics. *BMJ Open*. 9(6):e027371. <https://doi.org/10.1136/bmjopen-2018-027371>



cancer and to provide recommendations to policy-makers, governments, civil society, and health and social care systems.

According to the Commission, gender inequality and discrimination influence women's rights and opportunities to avoid cancer risk factors, and impede women's ability to seek and obtain a rapid diagnosis and high-quality cancer care.

"At IARC, we aim to push the boundaries of international collaborative research in cancer prevention to ensure that our work has real impact. Research that addresses the current global cancer inequalities is critical to our mission as the cancer agency of the World Health Organization," says IARC Director Dr Elisabete Weiderpass.

To combat gender inequality, the Commission calls for a new intersectional feminist agenda for cancer care, in which health systems, cancer workforces, and research ecosystems are more inclusive and responsive to the needs and aspirations of all women, whether they are patients, care providers, or researchers, thereby reducing the global burden of cancer.

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The International Agency for Research on Cancer (IARC) is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer, the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. The Agency is involved in both epidemiological and laboratory research and disseminates scientific information through publications, meetings, courses, and fellowships. If you wish your name to be removed from our press release emailing list, please write to com@iarc.who.int.