



# REDUCING DISPARITIES IN UTERINE CANCER: A Global Call to Action

Uterine cancer is one of the most common cancers among women. The number of patients diagnosed and dying from this disease are rising at significant rates. Yet, most people don't know the signs and symptoms of uterine cancer or the risk factors.

Early diagnosis leads to high cure rates, and treatment advances are improving outcomes. However, access to high-quality care, which allows for efficient, high-quality treatment, is not easily accessible to all. Uterine cancer affects women of all backgrounds, but disparities persist in detecting and treating the disease based on race, ethnicity, income, region, and access to care.

Over the past 30 years, uterine cancer cases have increased more than 15% globally, including in South Asia (36%), North America (45%), Western Europe (49%), Sub-Saharan Africa (46%), Latin America (56%) and the Middle East (75%).

## Understanding Uterine Cancer

- Uterine cancer starts in the uterus and is sometimes referred to as “womb cancer”
- Endometrial cancer is the most common type of uterine cancer. Uterine sarcoma is a much rarer form
- It most frequently occurs in post-menopausal women but can also affect younger women

## Uterine Cancer Incidence

- The sixth most common cancer diagnosed in women
- Incidences have increased in the last decade due to a rise in obesity and other lifestyle changes
- The number of cases is expected to rise about 50% by 2044

Underrepresented racial and ethnic groups, including Black women, are disproportionately impacted by uterine cancer. Women in underserved regions and low- and middle-income countries also face higher rates of uterine cancer and related deaths than those in high-income countries.

In order to improve the lives of patients and slow the rising number of cases, especially in underserved populations, we need to act now. Increased awareness, earlier diagnoses, better treatments, and improved support for uterine cancer survivors are needed. It will take the combined efforts of governments, healthcare providers, advocacy organizations, communities, employers, patients and families to accomplish these goals.

## Keys to Ending Disparities

# Raise Awareness of the Risk Factors and Signs and Symptoms

---

Understanding the risk factors, signs, and symptoms of uterine cancer can help women potentially detect the disease earlier. Having the knowledge can empower them to discuss the risks with their healthcare providers, implement prevention strategies, and make informed decisions that could potentially save lives.

Uterine cancer incidences are likely rising because many of its risk factors, especially obesity, hypertension, and diabetes, are also rising. Hormonal imbalances, genetic predispositions, polycystic ovary syndrome, early first periods, late menopause, and reproductive factors can also contribute to increased uterine cancer risk, affecting diverse subgroups differently. Familial predisposition to uterine cancer, such as Lynch Syndrome, is also a risk factor.

Recognizing the signs and symptoms of uterine cancer is critical for early detection and improved patient outcomes.

The most common presenting symptom is abnormal vaginal bleeding. Other presenting symptoms can be vaginal discharge, pelvic pain, abnormal pap test, or abdominal discomfort.

### Global Risk Factors

- Approximately 890 million adults around the world are obese
- More than 3/4 of adults with hypertension live in low- and middle-income countries
- About 422 million people worldwide have diabetes

Awareness of uterine cancer is low in many parts of the world. And understanding of symptoms is especially low among racial and ethnic minority women. As a result, women with symptoms are unsure when they need to seek out medical treatment. Patients and providers also may misattribute symptoms of these cancers to benign conditions.

Women must be educated and empowered to talk to their healthcare providers if they experience any persistent symptoms that could be signs of uterine cancer. There must be a focus on raising awareness among racial and ethnic minorities.

## Remove Barriers to Timely Diagnoses

---

A lack of awareness about uterine cancer symptoms can delay women from seeking care when symptoms present. Other factors, such as negative healthcare experiences, embarrassment, stigma, and lack of trust, time, and resources, also cause women to delay seeking care.

This can result in delayed diagnoses and worse outcomes. Access barriers, limited healthcare infrastructure, and cultural differences also can hinder timely detection and treatment, further exacerbating health inequities.

Marginalized communities and underserved populations are also affected by disparities in uterine cancer diagnosis.

For example, the time from symptom onset to presentation to a healthcare professional is longer in low-income countries than higher-income countries. The time to a definitive diagnosis is also longer in low-income countries than in higher-income countries.

Because early detection is essential for optimal disease management, all communities and healthcare providers must be better educated about uterine cancer symptoms to help avoid delays.

## Improve Access to Treatment

---

Advancements in uterine cancer treatment have improved outcomes. But again, disparities persist in areas, like access to treatment and the availability of options.

One barrier to treatment is the territorial disparity in uterine cancer care. This happens when there aren't enough physicians, nurses, and other healthcare professionals to completely cover a country's healthcare needs, leading to disparities in the quality of healthcare. Territorial disparity is only likely to increase amid the global physician shortage.

### Reasons Treatment is Delayed

- Lack of awareness of uterine cancer signs and symptoms
- Negative healthcare experiences (embarrassment, stigma, lack of trust of healthcare professionals, etc.)
- Lack of time and resources

### Discrepancies in Hysterectomies

Compared to white women, Black and Hispanic women in the U.S.:

- Are less likely to receive surgery, hysterectomy, or definitive surgical treatment
- Have minimally invasive surgery less frequently

A hysterectomy, a surgery to remove the uterus (womb), tubes, and ovaries, is the first step in treatment for most women. In fact, the majority of women are treated with surgery alone. However, there is substantial variation in surgical management, both within and across countries.

Patients risk missing out on new or emerging treatments simply because of where they live. For patients with widely metastatic or a recurrent disease, for instance, chemotherapy and hormonal therapy have been used with limited effectiveness. Recent research has found that immunotherapy is effective in all women with endometrial cancer, particularly those with defects in mismatch repair. However, the availability of this treatment can vary, particularly in low- to middle-income countries.

## Support Cancer Survivors

---

The number of cases of uterine cancer is expected to increase to more than 600,000 by 2044. Though many women are cured of their disease, they continue to live with the side effects of treatment, including loss of fertility, early menopause, and other physical and psychological effects. Some will also be at high risk for other cancers and health issues.

Cancer survivorship involves understanding and addressing the healthcare needs of cancer patients beyond the acute diagnosis and treatment phase.

However, most of the work done to advance cancer survivorship care to date has only happened in some high-income countries. Awareness of long-term issues affecting cancer survivors in many parts of the world is inadequate, particularly in low-income countries. The physical and mental well-being of survivors needs to be enhanced by providing support for women worldwide.

# A Call to Action: Reducing Disparities in Uterine Cancer Care

Disparities in uterine cancer can only be addressed if all stakeholders - from healthcare providers and employers to governments to patients and their families - unite in the effort. Together, we can lower uterine cancer rates in underserved patients if we:

- **Raise awareness:** Women around the world must be better informed about uterine cancer and its symptoms. There should be a particular focus on raising awareness among ethnic minorities and underserved communities. Directly engaging with communities can help ensure more women know the risk factors and symptoms. Once women are aware, they can be empowered to talk to their healthcare providers if they experience symptoms that could be signs of uterine cancer.
- **Overcome barriers to diagnosis:** Care must be made accessible, culturally sensitive, and tailored to the needs of diverse populations. Globally, social determinants of health must be addressed. We must also develop and support preventive measures, such as public health policies to reduce obesity, improve access to affordable healthy food, and increase physical activity. And we must champion policy changes that will address uterine cancer and its contributing factors. Women also need the time and resources to seek medical attention, and stigma must be addressed to reduce diagnosis disparities.
- **Improve access to treatment:** Women in every part of the world deserve access to the standard of care that enables better outcomes in uterine cancer, including:
  - Surgeons trained in gynecological cancer management
  - Risk prediction models and healthcare professionals trained to use them
  - State-of-the-art radiation therapy
  - Molecular testing to guide therapy and identify unaffected at-risk family members
  - Systemic therapies, including chemotherapy, hormonal therapy, and immunotherapy
  - Fertility-preserving therapies where appropriate
- **Support survivors:** Survivorship programs and peer support groups must be made widely available to care for women after diagnosis and treatment.
- **Increase diversity in clinical research:** More work must be done to understand what drives uterine cancer disparities in affected patient groups, such as recruiting racially and ethnically diverse patients to participate in clinical research. Investment should also be made into risk-reducing programs and treatments.

**This global call to action can put the world on a path to a future where uterine cancer disparities are eliminated, and every woman has equitable access to prevention, diagnosis, and quality care.**

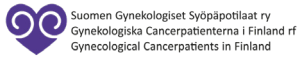
## A Survivor's Perspective:



When I was diagnosed, I hadn't even heard of uterine cancer. Little did I know that uterine cancer can end your life, fertility, and so much more. If I had known the signs and symptoms earlier, I might have had the opportunity to experience childbirth, and that breaks my heart. My advice to all women is to get informed about uterine cancer now. You can protect yourself and those you love by staying informed about uterine cancer and talking to your doctor if you experience the symptoms. Unfortunately, when it comes to uterine cancer awareness, research, and funding, progress has been slow. More must be done to support women. Uterine cancer changed my life. Now, I work to educate others who may not receive important information about the disease due to healthcare disparities.

**Shakeya Allen**  
survivor and founder of  
Uterine Cancer Awareness Network

This global call to action, led by the International Gynecologic Cancer Society (IGCS) and the International Gynecologic Cancer Advocacy Network (IGCAN), is supported by the following patient advocacy organizations worldwide:



## REFERENCES

ACTION Study Group. Health-related quality of life and psychological distress among cancer survivors in Southeast Asia: results from a longitudinal study in eight low- and middle-income countries. *BMC Med.* 2017;15(1):10.

Akin-Odanye EO, Husman AJ. Impact of stigma and stigma-focused interventions on screening and treatment outcomes in cancer patients. *Eccancermedicalsience.* 2021;15:1308.

American Society of Clinical Oncology. Uterine cancer statistics. *Cancer.net.* 2024. <https://www.cancer.net/cancer-types/uterine-cancer/statistics>

American Society of Clinical Oncology. Uterine cancer: types of treatment. *Cancer.net.* 2022. <https://www.cancer.net/cancer-types/uterine-cancer/types-treatment>

Brand NR, Qu LG, Chao A, Ilbawi AM. Delays and Barriers to Cancer Care in Low- and Middle-Income Countries: A Systematic Review. *Oncologist.* 2019;24(12):e1371-e1380.

Cooper CP, Polonec L, Gelb CA. Women's knowledge and awareness of gynecologic cancer: a multisite qualitative study in the United States. *J Womens Health (Larchmt).* 2011;20(4):517-524.

de Vries N, Boone A, Godderis L, Bouman J, Szemik S, Matranga D, de Winter P. The Race to Retain Healthcare Workers: A Systematic Review on Factors that Impact Retention of Nurses and Physicians in Hospitals. *Inquiry.* 2023 Jan-Dec;60:469580231159318. doi: 10.1177/00469580231159318. PMID: 36912131; PMCID: PMC10014988.

Gu B, Shang X, Yan M, et al. Variations in incidence and mortality rates of endometrial cancer at the global, regional, and national levels, 1990-2019. *Gynecol Oncol.* 2021;161(2):573-580.

Huang J, Chan WC, Ngai CH, et al. Global incidence and mortality trends of corpus uteri cancer and associations with gross domestic product, human development index, lifestyle, and metabolic risk factors. *Int J Gynaecol Obstet.* 2023;162(3):998-1009.

Jacobsen, PB, Mollica MA. Understanding and addressing global inequities in cancer survivorship care. *J Psychosocial Oncol Res Practice.* 2019;1(1):e5.

Jones CE, Maben J, Jack RH, et al. A systematic review of barriers to early presentation and diagnosis with breast cancer among Black women. *BMJ Open.* 2014;4(2):e004076.

Jones ER, O'Flynn H, Nkoku, K, Crosbie EJ. Detecting endometrial cancer. *Obstetrician Gynaecologist.* 2020. <https://doi.org/10.1111/tog.12722>.

Khazaei Z, Goodarzi E, Sohrabivafa M, Naemi H, Mansori K. Association between the incidence and mortality rates for corpus uteri cancer and human development index (HDI): a global ecological study. *Obstet Gynecol Sci.* 2020;63(2):141-149.

Koldjeski D, Kirkpatrick MK, Everett L, Brown S, Swanson M. Health seeking related to ovarian cancer. *Cancer Nurs.* 2004;27(5):370-380.

Koliaki C, Dalamaga M, Liatas S. Update on the Obesity Epidemic: After the Sudden Rise, Is the Upward Trajectory Beginning to Flatten? [published correction appears in *Curr Obes Rep.* 2023 Oct 17;]. *Curr Obes Rep.* 2023;12(4):514-527.

Lin L, Li Z, Yan L, Liu Y, Yang H, Li H. Global, regional, and national cancer incidence and death for 29 cancer groups in 2019 and trends analysis of the global cancer burden, 1990-2019. *J Hematol Oncol.* 2021;14(1):197.

Lombe DC, Mwamba M, Msadabwe S, et al. Delays in seeking, reaching and access to quality cancer care in Sub-Saharan Africa: a systematic review. *BMJ Open.* 2023;13(4):e067715.

Makker V, MacKay H, Ray-Coquard I, et al. Endometrial cancer. *Nat Rev Dis Primers.* 2021;7(1):88.

Mazidimoradi A, Momenimovahed Z, Khalajinia Z, Allahqoli L, Salehiniya H, Alkatout I. The global incidence, mortality, and burden of uterine cancer in 2019 and correlation with SDI, tobacco, dietary risks, and metabolic risk factors: An ecological study. *Health Sci Rep.* 2024;7(1):e1835.

Novinson D, Puckett M, Townsend J, et al. Increasing Awareness of Uterine Cancer Risks and Symptoms by Using Campaign Materials from Inside Knowledge: Get the Facts About Gynecologic Cancer. *J Cancer Educ.* 2019;34(6):1190-1197.

Office on Women's Health. U.S. Department of Health and Human Services. December 29, 2022. <https://www.womenshealth.gov/a-z-topics/hysterectomy>

Paleari L, Pesce S, Rutigliani M, et al. New Insights into Endometrial Cancer. *Cancers (Basel).* 2021;13.

Shah SC, Kayamba V, Peek RM Jr, Heimburger D. Cancer Control in Low- and Middle-Income Countries: Is It Time to Consider Screening?. *J Glob Oncol.* 2019;5:1-8.

Singh A, Nissen SE. Contemporary management of obesity: A comparison of bariatric metabolic surgery and novel incretin mimetic drugs. *Diabetes Technol Ther.* Published online April 26, 2024.

Subedi R, Houssami N, Nickson C, et al. Factors influencing the time to diagnosis and treatment of breast cancer among women in low- and middle-income countries: A systematic review. *Breast.* Published online March 18, 2024.

Varughese J, Richman S. Cancer care inequity for women in resource-poor countries. *Rev Obstet Gynecol.* 2010;3(3):122-132.

Whetstone S, Burke W, Sheth SS, et al. Health Disparities in Uterine Cancer: Report From the Uterine Cancer Evidence Review Conference. *Obstet Gynecol.* 2022;139(4):645-659.

Williams P, Rebeiz MC, Hojeij L, McCall SJ. Help-seeking behaviour in women diagnosed with gynaecological cancer: a systematic review. *Br J Gen Pract.* 2022;72(725):e849-e856.

World Health Organization. First WHO report details the devastating impact of hypertension and ways to stop it. 2023. <https://www.who.int/news/item/19-09-2023-first-who-report-details-devastating-impact-of-hypertension-and-ways-to-stop-it#:~:text=The%20number%20of%20people%20living,currently%20unaware%20of%20their%20condition>.

World Health Organization. Obesity and overweight. 2024. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

World Health Organization. Diabetes. 2024. [https://www.who.int/health-topics/diabetes#tab=tab\\_1](https://www.who.int/health-topics/diabetes#tab=tab_1)

Yang L, Yuan Y, Zhu R, Zhang X. Time trend of global uterine cancer burden: an age-period-cohort analysis from 1990 to 2019 and predictions in a 25-year period. *BMC Womens Health.* 2023;23(1):384.