

Women & Cancer: From Evidence to Action

POLICY ACTION REPORT



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Introduction

“Women’s cancers” can be defined as all forms of tumours that predominantly affect women, including **breast and gynaecological cancers** such as ovarian, **cervical, endometrial, uterine (womb), vaginal, and vulvar cancers**. It is also important to acknowledge that these cancers may affect **transgender men and non-binary individuals assigned female at birth**, underscoring the need for an inclusive and equitable approach to prevention, diagnosis, treatment, and care.

In recent years, cancer has gained a more prominent place on the European political and policy agenda. The launch of Europe’s Beating Cancer Plan marked a significant step forward, opening new avenues for prevention, early detection, treatment and survivorship across the EU.

Every year, more than 1.2 million women are diagnosed with cancer in the European Union, with nearly 600,000 losing their lives. As of right now, 12 million women in Europe are living with cancer¹.

However, within this evolving framework, the specific needs of women remain insufficiently addressed. Biological, physiological, psychosocial and economic differences mean that women face unique challenges at every stage of the cancer journey, from prevention and diagnosis to treatment and survivorship. These include delayed diagnosis, unequal access to tailored treatments, a lack of attention to long-term effects such as fertility loss and early menopause, and gaps in support for survivors. These are notably addressed in the “Women and Cancer: More than 12 Million Reasons for Action”, policy report, led by the European Cancer Organisation.

There is a slow but growing recognition of how social inequalities intersect with health, reflected in initiatives such as the European Commission’s EU Roadmap for Women’s Rights, launched in March 2025 and the work of the European Parliament’s Committee on Women’s Rights and Gender Equality (FEMM). This progress is nonetheless unfolding in a fragile political context. Shifting priorities within the European Union, including the

proposed Multiannual Financial Framework (MFF) for 2028-2035 that places greater emphasis on areas such as security and defence, threaten to sideline health and social policy.

With the European Commission gearing up for its **Gender Equality Strategy for 2026–2030**, there is a pivotal opportunity to ensure health and cancer are recognised as central pillars of all equality policies.

For these reasons, the European Cancer Organisation convened a multistakeholder online Community 365 roundtable to interrogate and respond to the challenges of women and cancer, notably focusing on the below pressing issues:

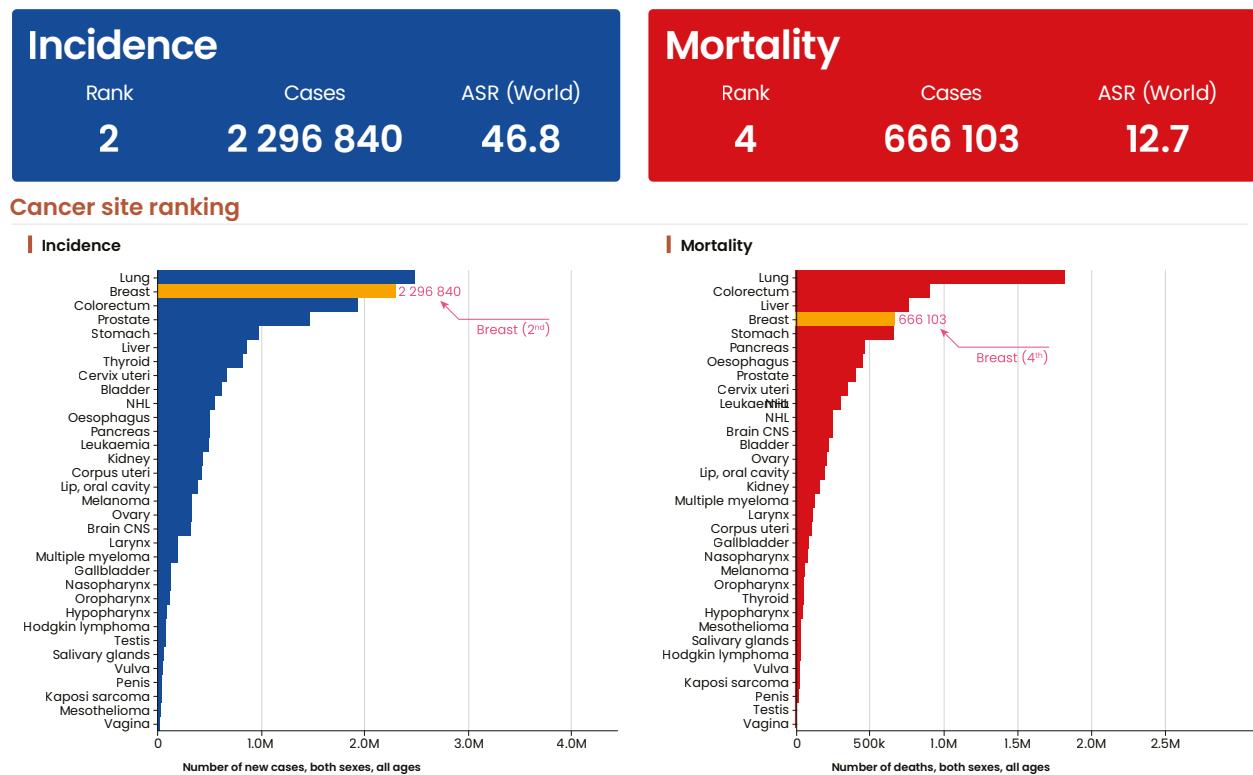
1. Beyond survival: addressing metastatic breast cancer;
2. Managing challenges in gynaecological cancers: improving health literacy to take informed decisions;
3. The cost of delay: addressing challenges in ovarian cancer diagnosis.

This report produces **key policy recommendations**, arguing that addressing cancer in women must be treated not as a secondary concern, but as a central issue in the development and implementation of national and European cancer plans.

¹ European Commission. European Cancer Information System – Estimates of cancer incidence and mortality in 2022, for all cancer sites [Internet]. [cited 2024 Aug 27]. Available from: [https://ecis.jrc.ec.europa.eu/explorer.php?0-0\\$1-AE27\\$2- All\\$4-2\\$3-All\\$6-0,85\\$5-2022,2022\\$7-7\\$CEstByCancer\\$X0_8-3\\$CEstRelativeCanc\\$X1_8- 3\\$X1_9-AE27\\$CEstBySexByCancer\\$X2_8-3\\$X2_1-1](https://ecis.jrc.ec.europa.eu/explorer.php?0-0$1-AE27$2- All$4-2$3-All$6-0,85$5-2022,2022$7-7$CEstByCancer$X0_8-3$CEstRelativeCanc$X1_8- 3$X1_9-AE27$CEstBySexByCancer$X2_8-3$X2_1-1)

1. Beyond survival, addressing metastatic breast cancer

Figure 1: Breast cancer in the world, incidence and mortality



International Agency for Research on Cancer



World Health Organization

GLOBAL CANCER
OBSERVATORY



'We must recognise metastatic breast cancer as a highly heterogeneous disease: some patients die quickly, while others live 10 years or more. Their needs differ, increasingly reflecting what can be considered survivorship needs.'

Dr. Fatima Cardoso, ABC Global Alliance

Recent advances in breast cancer diagnosis and treatment have improved overall survival rates. However, advanced/metastatic breast cancer (ABC/MBC) remains a significant challenge and an incurable disease in the vast majority of cases. Median overall survival has now reached 5 years for two of the subtypes (ER+/HER-2 neg and HER-2+), but it is substantially less for triple negative MBC. This stage of the disease necessitates targeted approaches, as tumours frequently develop

resistance and inevitably progress and become more aggressive. A single treatment intervention is insufficient, necessitating successive lines of therapies to achieve disease management for a longer period. Due to this resistance, the disease cannot be fully eradicated, and **women living with metastatic breast cancer continue to face its persistent presence, continuous treatment and affecting quality of life**.

1.1. Challenges beyond survival in Metastatic Breast Cancer

Women living with metastatic breast cancer face a range of complex and heterogeneous needs.

Access to testing and treatment remains a critical challenge; the recent improvement of median overall survival for two of the three breast cancer subtypes was only possible due to the development of innovative targeted therapies. The complexity of treatment, need for appropriate supportive and palliative care, as well as participation in clinical trials, highlights the need for comprehensive policy and healthcare system support. However unequal access to treatment is manifest alongside important out-of-pocket expenses, too often limiting access for women from disadvantaged social, cultural, or financial backgrounds and exposing persistent inequalities across Europe. The rise of precision medicine offers new possibilities, but only if every woman can access the necessary biomarker and genomic testing. Today, this access is far from guaranteed, with wide national disparities. A comprehensive approach is urgently required, particularly for those with advanced

disease who depend on tailored treatments.

Information gaps further compound these challenges. Women with metastatic breast cancer may have limited access to disease-specific information. This leads to difficulties in making informed decisions about treatment and care, as well as feelings of being misunderstood and a sense of disconnection with healthcare providers.

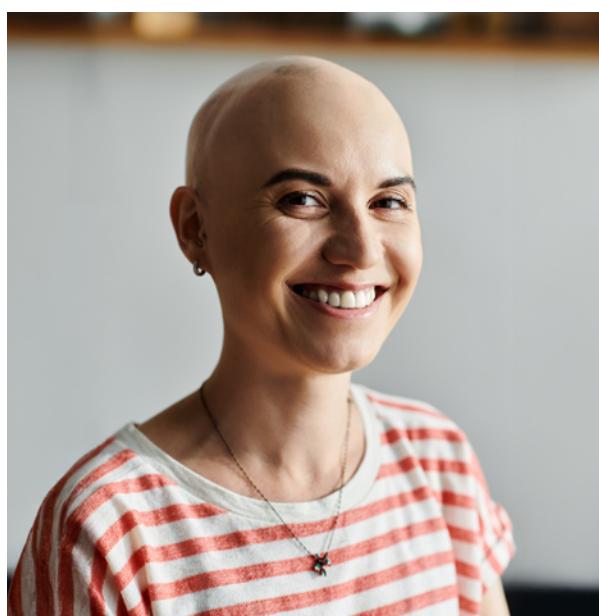
One of the most overlooked needs for women with metastatic breast cancer is **employment access and accommodation**. Since treatment improvement now make it possible for many women to live with the disease for many years, the wish to return to work arises – with adapted schedules or part-time roles taking the individual's needs into account. However, too many women with metastatic breast cancer still find themselves unnecessarily shut out from the workforce because of over-rigid approach that force a choice between disability benefits and income.

1.2. Policy recommendations



'Addressing cancer in women in Europe is not a secondary issue. It is an essential part of delivering real health equity.'

MEP Romana Jerkovic, Vice-Chair, Committee on Public Health



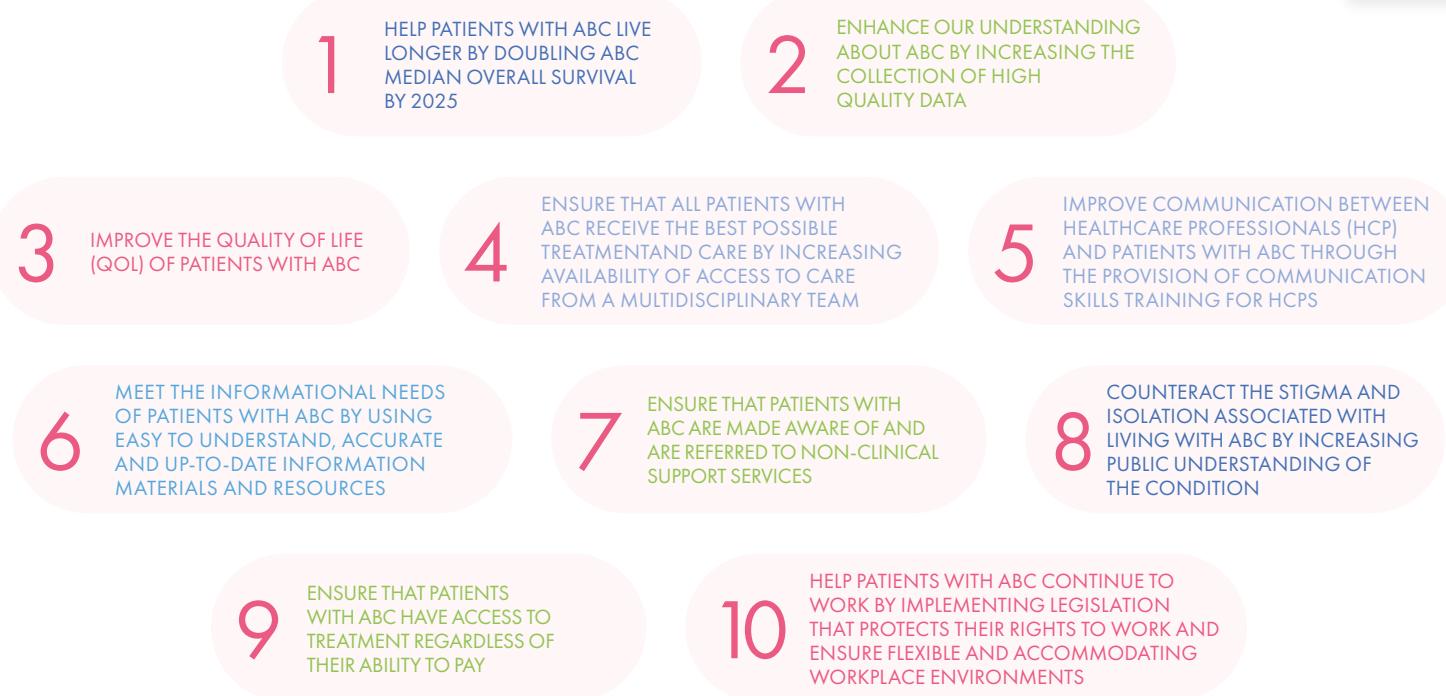
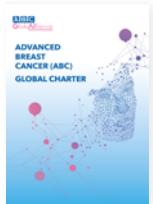
Innovative treatments make it possible for women with metastatic breast cancer to live long past diagnosis, during which their health often fluctuates. Policies must ensure that support is directed towards improving outcomes for those living with advanced stages of the disease, as well as other forms of advanced/metastatic cancers. The [ABC Global Alliance's Global Charter and its 10 goals](#) (see Figure 2) notably addresses the most urgent and actionable gaps.

Figure 2: ABC Global Alliance Charter – 10 goals for 10 years

ABC Global Charter
10 goals for 10 years
(2015-2025)

COMPREHENSIVE NEEDS ASSESSMENT
DEFINES MOST URGENT AND ACTIONABLE GOALS

Developed with members of the ABC Global Alliance, including (almost) all different stakeholders involved in ABC



ABC
GlobAlliance



During the Community 365 Roundtable exchange, the following recommendations were notably discussed:

- Extending best practices to advanced breast cancer:** A first opportunity lies in learning from the successful approaches applied in early breast cancer and extending these strategies to ABC/MBC. It will be essential to treat Advanced Breast Cancer in accordance with established guidelines, aiming for improved outcomes over time. A strong focus on multidisciplinary care is crucial to ensure that patients with Advanced Breast Cancer receive comprehensive and coordinated treatment.
- Ensuring equal access to testing and treatment:** Policies must ensure equal access to affordable, high-quality testing and treatment

(including supportive and palliative therapies) for women with metastatic breast cancer by addressing gaps in testing, rising costs and disparities between and within countries.

Targeted financial support and action to reduce inequalities are essential to ensure no woman is left behind.

- Closing the data gap on metastatic breast cancer:** There is a critical lack of data on women living with metastatic breast cancer, as current registries capture only incidence and mortality, not relapse or proportion of MBC patients. This absence hinders a clear understanding of prevalence and unmet needs. Enhanced data collection is essential to inform awareness, policy, and targeted support. It is recommended to mandate structured registry fields for recurrence

and metastatic status – such as relapse date, site, and lines of therapy- and to link these data with treatment, outcomes, and survivorship services. These metrics should be systematically reported to the European Cancer Inequalities Registry to close the prevalence and data gap and better inform future planning and resource allocation.

4. **Promoting inclusive employment strategies:**

Lastly, policymakers need to acknowledge and tackle the rigid employment structures that often exclude women with metastatic breast cancer from the workforce. It is vital that flexible, hybrid working models are introduced to reflect the realities faced by women with metastatic breast cancer.



2. Managing challenges in gynaecological cancers; improving health literacy to take informed decisions

In 2022, there were 1.4 million new cases of gynaecological cancers globally, a number projected to rise to 1.9 million by 2040 (Globacan, 2022).

Gynaecological cancers often present with vague symptoms and distinct challenges. One common barrier across all gynaecological cancers



'A key challenge in gynaecological cancers is ensuring informed decision-making. Too often, it is argued that 'the patient did not express a need,' rather than acknowledging the responsibility to proactively provide guidance through standardised patient pathways that address all needs.'

Tit Albreht, President of the European Public Health Association

2.1. Limited health literacy: a barrier to effective gynaecological cancer care

Cervical cancer is largely preventable by vaccination, yet it has long been stigmatised because of its link to sexual activity. This, along with low awareness of screening programmes and HPV vaccination, has limited timely access to care. Cervical cancer prevention faces dual challenges: persistent stigma from its historical association with sexual activity, and the growing impact of anti-vaccination narratives that hinder HPV vaccine uptake.

Endometrial cancer is projected to rise, driven by modifiable risk factors such as obesity and diabetes. It is therefore crucial to set achievable targets for prevention interventions, ensuring systematic approaches to risk reduction and early

detection. While low health literacy can make it harder for some women to recognise risk factors or advocate for themselves, responsibility for early detection should not fall solely on patients: symptoms such as abnormal bleeding are frequently missed by physicians, contributing to delays in diagnosis and treatment.

Ovarian cancer remains particularly difficult to detect at an early stage. Its symptoms are often vague and frequently misdiagnosed. Because of limited awareness and knowledge as well as a lack of screening tools, many cases are often identified once the disease has progressed. This makes treatment more challenging and significantly reduces survival rates.



'A large European survey of Adolescents and Young Adults with cancer found that 28% of patients did not discuss medical options for fertility preservation with their healthcare professional at any point. Fertility matters not only for family planning, but also for overall wellbeing, quality of life, and relationships, and fertility-related worries often invoke feelings of anxiety and depression.'

Urška Košir, Research Manager at the Swedish Institute for Health Economics & Patient Advocate, Youth Cancer Europe

While these cancers present distinct clinical challenges, **limited health literacy is a shared and urgent concern**. It reduces the effectiveness of prevention efforts, delays diagnosis, and complicates treatment decisions. It also leads

to inadequate and untimely information about **options such as fertility preservation**, having a tremendous impact on daily lives & overall wellbeing, but also on the trust between patients and healthcare professionals.

Figure 3: Persistent challenges in managing gynaecological cancers

Persistent challenges in managing Gynecological cancers

Growing importance of information about new therapeutic options

Cervical cancer:

- Preventable cancer HPV vaccine provides ~97% protection against HPV strains causing cervical and other cancers.
- The 5-year relative survival for early stage is ~91% Importance of screening programmes and early detection.
- The survival rate for locally advanced cervical cancer is ~60% high quality and accessibility of radiation treatment; immunotherapy regimens in combination with chemo-radiation for high risk locally advanced disease.
- The 5-year survival for patients with distant metastatic disease is ~19 % immunotherapy in combination with chemotherapy +/- bevacizumab
- Unmet need for patients with recurrence despite immunotherapy and chemotherapy.

Endometrial cancer:

- The 5-year relative survival for localized endometrial cancer is 95% but drops to 19% for distant disease importance of new options such as immunotherapy in combination with chemotherapy for patients with primary advanced or recurrent pMMR or dMMR disease.
- Unmet need for patients with recurrence after immunotherapy and chemotherapy.
- Unmet need for newly diagnosed patients at high risk.
- Unmet need for patients with recurrence despite immunotherapy and chemotherapy.

Ovarian cancer:

- The 5-year relative survival for localized disease is 93% vs 31% for distant disease.
- Innovative treatments are needed in 1L, later lines of treatment and Platinum resistant disease.

Thomas Hofmarcher and Andrea Manzano, "Endometrial Cancer - Improving Care and Driving Policy Change, IHE Report," IHE - The Swedish Institute for Health Economics, Lund, 2024.

American Cancer Society, "Survival Rates for Ovarian Cancer," 1 March 2023. <https://www.cancer.org/cancer/types/ovarian-cancer/detection-diagnosis-staging/survival-rates.html>.

NIH: National Cancer Institute, "Cervical Cancer Prognosis and Survival Rates," 27 April 2023. <https://www.cancer.gov/types/cervical/survival>.

2. 2. Policy Recommendations

These challenges should be addressed to improve outcomes for women with gynaecological cancers and to promote health equity, by:

1. **Addressing stigma:** Policymakers should prioritise tackling the stigma surrounding gynaecological cancers and particularly cervical cancer, where links to HPV often deter open discussion, uptake of vaccination, and timely access of care. Supporting initiatives

that amplify patient voices can normalise conversations, raise awareness, and reduce barriers to treatment.

2. **Empowering women with adequate and timely information on fertility preservation:** Women are increasingly diagnosed with gynaecological cancer at an early stage and/or at a child-bearing age, when fertility preservation may be an option. Discussions

with healthcare professionals nonetheless remain limited, particularly in Eastern Europe, and often lack sufficient detail. All women should be counselled on fertility preservation early in the diagnostic/treatment process, empowering them to make informed decisions about their cancer treatment and reproductive future. The EU should also monitor the proportion of eligible patients offered fertility preservation counselling and procedures in each Member State.

3. **Building a proactive healthcare workforce**

Investing in a proactive healthcare workforce is essential to support informed

decision-making from the patients, who should not bear sole responsibility for raising these concerns. Instead, healthcare systems must anticipate and respond to needs by providing clear, reliable information and training opportunities – such as through the Interact 100 programme and its ‘quality-of-life’ training course unit. Strengthening training in patient communication and health literacy will notably reinforce trust between patients and professionals.



3. The cost of delay, addressing challenges in ovarian cancer diagnosis



'When addressing inequalities, we must also look at gender specific diseases such as ovarian cancer. It is now for us as policymakers but also for experts, as practitioners, as patients to drive this momentum forward because unless we continue to shine the spotlight on an issue, it won't get the attention it deserves.'

MEP Billy Kelleher

Ovarian cancer is often described as a rare form of cancer, yet it affects over 70,000 women annually in Europe and has one of the highest mortality rates across the continent (Globocan, 2025).

Given this significant burden, there is a clear need for focused attention on the unique challenges faced by women diagnosed with ovarian cancer. At the same time, there are important opportunities for policymakers to improve outcomes by promoting early detection, ensuring equitable access to treatment, and increasing awareness.



3.1. Challenges addressing ovarian cancer diagnosis



'In the UK, a recent study showed that 66% of women diagnosed with ovarian cancer were not aware that ovarian cancer was even a possibility.'

Victoria Clare, Chief Executive Officer of Ovacome

Figure 4: Ovarian cancer as a distinct challenge

Ovarian cancer

- Relatively common - ~69,500 cases/yr in Europe and 324,500/yr worldwide.¹
- No national screening programmes in place (unlike cervical screening, for example).
- Often diagnosed at a late stage due to 'vague' symptoms.

Ovarian cancer has the highest mortality rate of all gynaecological cancers and notably lower 5-year survival compared to breast cancer.^{1,2}

1. Globocan: Mortality of Ovarian Cancer. Available at Cancer Today. Accessed July 2025.

2. World Ovarian Cancer Coalition. Available at <https://worldovariancancercoalition.org/about-ovarian-cancer/key-stats/>. Accessed July 2025.

Early detection remains one of the biggest challenges in ovarian cancer, with two-thirds of cases diagnosed at an advanced stage, making it among the deadliest cancers in Europe. Yet, if caught early, **up to 90% of cases are curable**. Overcoming barriers to timely diagnosis is therefore critical to improving survival and outcomes for women.

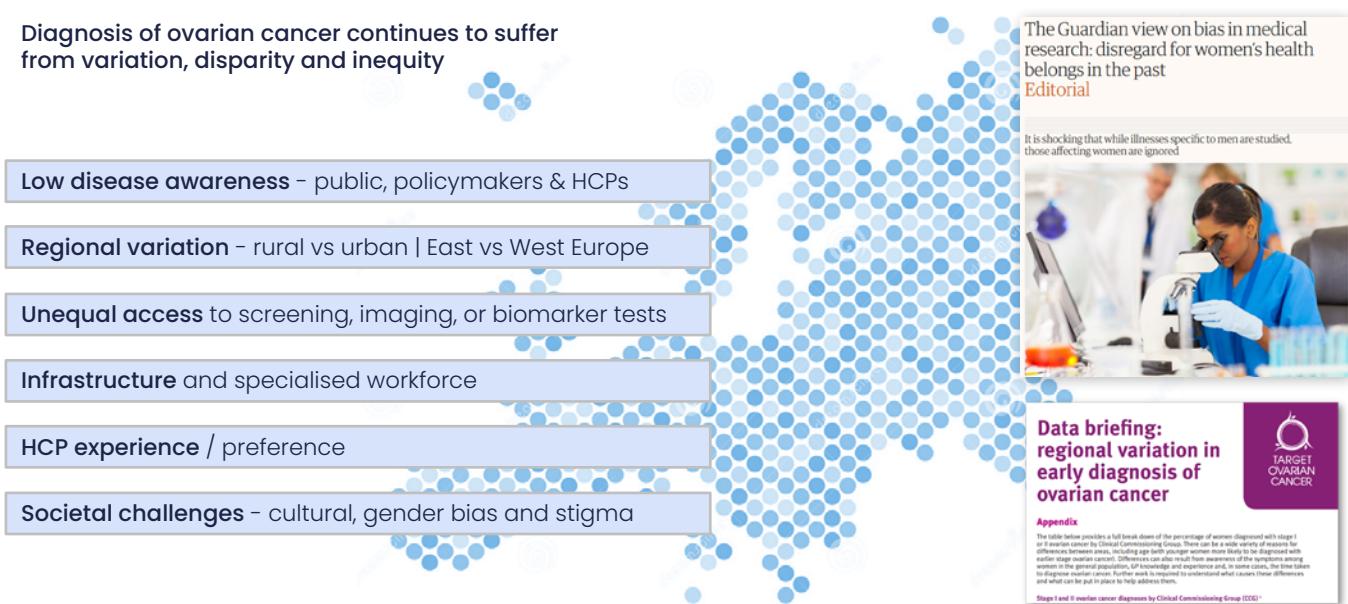
Two main barriers contribute to the fact that most cases of ovarian cancer are detected at an advanced stage, severely affecting survival outcomes. First, this late detection is often **due to the complexity and vagueness of early symptoms**

such as **bloating in the abdomen, pelvic pain and bowel changes, etc.** Symptoms are often misattributed to menopause, stress, or other benign conditions, reflecting a critical lack of awareness among both the public and healthcare providers. This leads to misdiagnosis or dismissal of women's concerns, highlighting an urgent need for targeted awareness campaigns and improved training for primary care professionals

A second barrier is **the absence of large-scale national screening programmes for ovarian cancer**.

Figure 5: Ovarian cancer diagnosis challenges

Diagnosis of ovarian cancer continues to suffer from variation, disparity and inequity



3.2. Policy recommendations

1. **Raising awareness and education of women, public, and healthcare professionals:** To overcome late diagnosis in ovarian cancer, policymakers should prioritise awareness and education campaigns targeting women, healthcare professionals, and the wider public. Evidence shows that 66% of women diagnosed were unaware their symptoms could indicate ovarian cancer, while many practitioners also lack sufficient knowledge, leading to misdiagnosis and delays. Strengthening

awareness at all levels will promote timely care, improve trust in the healthcare system, and reduce stigma around the disease.

2. **Putting early and accurate diagnosis at the centre of EU and national cancer strategies:** No large national screening programmes currently exist for ovarian cancer, yet early detection dramatically improves survival. While existing tests like CA125 blood tests, ultrasounds, and physical exams show

potential, their limitations, including false positives, highlight the urgent need for investment in innovative screening and early diagnostic tools to enable effective, large-scale programmes. Policymakers should make early diagnosis a measurable priority by:

- Embedding **diagnostic equity indicators** (time from first symptoms to confirmed diagnosis) into the European Cancer Inequalities Registry.
- Supporting gender sensitivities in **national cancer plans**, ensuring ovarian cancer is explicitly monitored alongside breast and cervical cancer.
- Supporting EU-funded pilot projects on early detection, including AI-based tools and high-risk population screening.

3. **Guarantee every woman equal access to precision diagnostics and oncology**, as diagnosis should not depend on a woman's postcode. The EU and Member States must:

- Establish **biomarker and genomic testing** as part of standard of care across Europe, ensuring funding, reimbursement and timely access;
- Expand diagnostic infrastructure, laboratory capacity, and specialist workforce training.



Conclusion

This report transforms robust evidence into actionable recommendations, highlighting the specific challenges women face across the cancer continuum. By documenting inequalities in diagnosis, treatment, survivorship, and caregiving, it provides a strong foundation for ECO's advocacy on women and cancer. The findings will support engagement with EU policymakers, ensuring that gendered health needs are embedded in future strategies.

Crucially, it informs discussions on upcoming EU priorities, including the long-term EU budget or 2028–2034 Multiannual Financial Framework (MFF), advocating for the integration of health, social equity, and gender considerations. Highlighting the significant return on investment (ROI) of prevention, vaccination, and early detection can further encourage sustained funding within the MFF framework.



As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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