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A Lancet Commission on women and cancer



Over the past decade, the global health community has begun to acknowledge that cancer is an increasingly important public health and economic challenge in all countries.¹ What is not acknowledged is the disproportionate impact of cancer on the lives and livelihoods of women, and the downstream impacts this creates for societies. In 104 countries, breast cancer has the highest age-standardised incidence rate of all cancers in both sexes combined; in 23 countries, it is cervical cancer.² Of the 938 044 deaths from these two cancers in 2018, most were premature and preventable and occurred in a low-income or middle-income countries (LMICs), where access to high-quality cancer control and care is limited and inequitable.^{3,4} Of the 311 365 women who died of cervical cancer in 2018, nearly nine in ten lived in LMICs.²

Breast cancer incidence and mortality are increasing disproportionately in LMICs, generally rising in parallel with markers of human development,³ including demographic shifts and changing patterns of reproductive risk factors—eg, earlier menarche, lower parity, later age at first childbirth, and less breastfeeding.³ At the same time, invasive cervical cancer is increasingly uncommon

in many high-income countries (HICs) and some middle-income countries with effective screening programmes,³ but is either relatively stable or increasing in some countries in eastern Europe and central Asia due to shifts in the prevalence of high-risk human papillomavirus and insufficient effective coordinated screening and treatment programmes.³ As a result, in some countries, breast and cervical cancer incidence is rising.⁴ Moreover, breast, uterine (endometrial), and ovarian cancers, as well as colorectal, gallbladder, renal, and other cancers that affect men and women are associated with overweight and obesity,⁵ a preventable risk factor that is increasing disproportionately among women in many countries. The number of new cancers in 2012 attributable to excess body-mass index in women was 2.5 times that in men (343 000 vs 137 000, respectively).⁵ These sex differences in cancer incidence attributable to overweight and obesity can be seen in all world regions, including sub-Saharan Africa, northern Africa, and the Middle East.

These trends, however, reflect only one aspect of cancer's impact on the lives of women. Women can set aside their own needs, livelihoods, and even their personal



Luc Gnago/Reuters Pictures

health and wellbeing to care for relatives with cancer and other chronic diseases.⁴ And it is the whole family, and children especially, who suffer when a mother dies of cancer in the prime of life.⁶

So, what has been achieved in global cancer policy and global women's health since the first UN High-Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) in 2011, and the First Report of the Task Force on Women and NCDs?⁷ Arguably, a great deal, with the 2017 World Health Assembly resolution on cancer⁸ and the WHO Director-General's 2018 call for the elimination of cervical cancer as a public health issue.⁹ The *Lancet* Commission on women and health,¹⁰ the *Lancet* Series on health, equity, and women's cancers,⁴ and the report of the Gutmacher-*Lancet* Commission on sexual and reproductive health and rights¹¹ drew attention to the importance of considering women's health as more than reproductive and maternal health, presenting an expanded vision of women's health over the life course. Yet, in 2020, cervical cancer persists as the leading cause of cancer-related deaths among women in 42 countries, mostly in sub-Saharan Africa where the prevalence of HIV, a known risk factor, is high.³ Moreover, cervical cancer continues to be more common in HICs among women of colour, women living in poverty, and marginalised women everywhere, including refugees and migrants.¹² Since WHO's call for the elimination of cervical cancer in 2018, there has been a great deal of interest to how countries might achieve the aspirational goals of "90/70/90" by 2030 in a mere decade.¹³ Elimination of even this one cancer, the exemplar of global cancer health disparities, will only be possible if the global community and governments are prepared to do what it takes to

reach women at highest risk.⁴ Until those in positions of power value the health and wellbeing of every girl and woman as equal to that of men, and until they act on this commitment, this seemingly achievable goal will never be attained.

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. The Commission will comprise a multidisciplinary and diverse team with expertise in gender studies, human rights, law, economics, sociology, as well as cancer epidemiology, prevention, and treatment. The Commission will estimate the societal costs of cancer's impact on women, children, and families and take stock of the missing women leaders in public health and oncology, who might make more equitable decisions regarding what gets funded. Additionally, the Commission will consider women's leadership in advocacy efforts to reduce stigma and help to reclaim the rights of women to control their bodies. We will ask challenging questions about the causes of cancer in women, and "the causes of the causes",¹² such as the commercial and social determinants of health, that drive the increasing exposures for women to tobacco, alcohol, dietary, and other modifiable risk factors. With this approach, we hope to broaden the evidence base to inform a key set of recommendations for policy makers. The Commission will not, however, be narrowly focused on women's cancers, or solely on the gendered impacts of cancers that affect both women and men. Rather, this Commission will explore the nexus of gender, power, and cancer.¹⁴

We declare no competing interests.

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The Wakley–Wu Lien Teh Prize Essay 2020: Chinese health workers' experiences during the COVID-19 pandemic



"I feel deeply the burden of the honour placed upon me in being chairman of this Medical Conference, which is unique in our history, powerful in its representation, and which gives China a strong position amongst nations seeking the welfare of the people", wrote Wu Lien Teh in his first publication in *The Lancet*,¹ on his inaugural address delivered at the International Plague Conference in Shenyang, China, in 1911. Wu was elected as the chair of the conference for his work in controlling the pneumonic plague epidemic outbreak in 1910–11 in northeastern China, which ultimately claimed about 60 000 lives.

Almost 110 years later, during the menace of another aggressive infectious disease, COVID-19, Wu's successors—more than 40 000 Chinese health workers—convened in Wuhan, China, from January, 2020, and worked tirelessly to care for patients and stem the pandemic. They were hailed as "heroes in harm's way",² for their bravery and heroic efforts to do the opposite when most Chinese citizens stayed at home to avoid the risks of infection. In honour of their incredible work, we are delighted to announce the 2020 Wakley–Wu Lien Teh Prize, *The Lancet's* annual essay competition for Chinese health workers to share their stories.^{3,4}

We invite essays, written in Chinese, on health workers' experiences during the COVID-19 pandemic. The Wakley–Wu Lien Teh Prize shares many similar standards to the Wakley Prize.⁵ The essay should be truthful and thought provoking, with beautiful writing in Chinese that engages our hearts and minds. Essays must be original and should not have been previously published in print or online. Only one submission per author is

allowed and essays should not contain any information that might identify individual patients. Anyone who works in a health-related field, at any career stage, can enter the Wakley–Wu Lien Teh Prize competition, and you can be a student, in training, working your way up the ladder, established in your field, or looking back at decades of work.

Please submit your essay through *The Lancet's* online submission system no later than Oct 31, 2020, stating in your covering letter that the submission is in response to this call. Please choose submission category as the Wakley–Wu Lien Teh Prize. The length of the essay should be 1700–2000 Chinese characters. Entries will be anonymised and judged by the editors of *The Lancet*, as well as an external board established by our Chinese partners. The winner of the Wakley–Wu Lien Teh Prize will receive £2000, and the essay will be published online on *The Lancet's* website by the end of 2020. We look forward to reading your essays.

We declare no competing interests.

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