Peaches Womb Cancer Trust response to DSHE's consultation on Shaping the National Cancer Plan

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Who we are

Peaches Womb Cancer Trust is a cancer charity for people diagnosed with womb cancer. We are working towards a better life for everyone affected by womb cancer by raising awareness, supporting patients and funding and promoting research.

Womb cancer, also known as endometrial and uterine cancer, affects approximately 9,700 people annually in the UK. Most diagnosed are over 50 years of age and have gone through the menopause, but womb cancer can affect younger women too.

We have used multiple sources of evidence to support this response including:

- Views and experiences of our Patient Voices community from previous engagement
- Insight from support staff at Peaches (Cancer Nurse Specialists) drawing from both Peaches and their wider clinical expertise
- A survey we ran in February 2023 completed by 52 people affected by womb cancer
- Clinical insights from members of our clinical team
- Existing clinical and academic research on cancer and womb cancer

Q1. Which three risk factors should the government focus on to improve prevention?

Focus areas: Obesity and physical activity, other [genetic]

Please explain:

Endometrial (womb) cancer is the most common gynaecological cancer in the UK – and the fourth most common cancer for women.

1. Obesity:

There is a strong, well-established link between obesity and endometrial cancer with increased risk for people who are obese[12]. A 2022 study of 120,000 women (13,000 with womb cancer) found lifelong excess weight doubles risk of endometrial cancer[3]. Cancer Research UK has identified being overweight or obese causes around a third of womb cancers as excess body fat is linked to increased oestrogen production[4]. Kitson and Crosbie (2019) concluded that endometrial cancer has the strongest association with obesity among all cancers[5].

2. Physical activity:

Physical activity is recognised as beneficial for reducing endometrial cancer risk[67] with strong evidence showing that vigorous-intensity exercise decreases these risks[8]. A study using data from the UK Biobank found increased physical activity is associated with reduced risk of endometrial cancer[9].

3. Genetic factors:

Genetic factors are important in cancer prevention. Lynch syndrome may affect up to 175,000 people in the UK and is linked to 3% of womb cancer cases and increases risk of womb cancer by 60%. It also increases the risk of bowel, ovarian and other cancers. Additionally, Cowden syndrome is linked to increased risk of breast, thyroid and womb cancer[10].

To improve outcomes in people with a genetic cancer risk, it is essential to raise awareness for the public and healthcare professionals. Genetic testing should be made more accessible, with consideration given to population-based screening for high-risk groups along with personalised prevention.[11]

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[1] Onstad MA, Schmandt RE, Lu KH. Addressing the Role of Obesity in Endometrial Cancer Risk, Prevention, and Treatment. J Clin Oncol. 2016 Nov 7;34(35):4225–4230. doi:10.1200/JCO.2016.69.4638

[2] Cancer Research UK. Risks and causes of womb cancer. Cancer Research UK website. https://www.cancerresearchuk.org/about-cancer/womb-cancer/risks-causes. Accessed April 28, 2025.

[3] Hazelwood, E., Sanderson, E., Tan, V.Y. *et al.* Identifying molecular mediators of the relationship between body mass index and endometrial cancer risk: a Mendelian randomization analysis. *BMC Med* **20**, 125 (2022). https://doi.org/10.1186/s12916-022-02322-3

[4] Cancer Research UK. Risks and causes of womb cancer. Cancer Research UK. Updated 2024. Accessed April 28, 2025. https://www.cancerresearchuk.org/about-cancer/womb-cancer/risks-causes

[5] Kitson SJ, Crosbie EJ. Endometrial cancer and obesity. *The Obstetrician & Gynaecologist* 2019; 21: 237–245. **https://doi.org/10.1111/tog.12601**

[6] https://www.wcrf.org/wp-content/uploads/2024/10/Physical-activity.pdf

[7] Hermelin R, Leitzmann MF, Markozannes G, et al. Sedentary behavior and cancer–an umbrella review and meta-analysis. Eur J Epidemiol. 2022 May; 37(5): 447–460. doi: 10.1007/s10654-022-00873-6.

[8] World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Physical activity and the risk of cancer. Available at: https://www.wcrf.org/wp-content/uploads/2024/10/Physical-activity.pdf. Accessed April 28, 2025.

[9] Kitson SJ, Aurangzeb O, Parvaiz J, Lophatananon A, Muir KR, Crosbie EJ. Quantifying the Effect of Physical Activity on Endometrial Cancer Risk. Cancer Prev Res (Phila). 2022 Sep 1;15(9):605-621. doi: 10.1158/1940-6207.CAPR-22-0129.

[10] Macmillan Cancer Support. Lynch syndrome (LS).https://www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/causes-and-risk-factors/lynch-syndrome-ls. Accessed April 28, 2025.

[11] The Institute of Cancer Research. Genetic testing for Lynch Syndrome prevents cancers being missed. https://www.icr.ac.uk/about-us/icr-news/detail/genetic-testing-for-lynch-syndrome-prevents-cancers-being-missed. Published January 17, 2025. Accessed April 28, 2025

Q2. What actions should the government and NHS take to help diagnose cancer at an earlier stage?

Select three:

- Improve symptom awareness, address barriers to seeking help and encourage a timely response;
- support timeline and effective referrals from primary care;
- develop and expand interventions targeted at people most at risk of developing certain cancers.

Please explain:

1. Awareness and barriers to seeking help

Endometrial (womb) cancer is the most common gynaecological cancer in the UK – and the fourth most common cancer among women. However, public awareness of endometrial cancer is low, even among the well-educated with many people not seeking medical advice for symptoms of gynaecological cancer[12][13].

Therefore, priorities for the national cancer plan to support improved endometrial cancer outcomes should include increasing public awareness of the signs and symptoms of womb cancer – especially given that it is the most common gynaecological cancer in the UK yet there are low levels of awareness. In discussions with patients and clinicians, Peaches Womb Cancer Trust has identified multiple barriers to awareness of womb cancer including stigma and embarrassment around discussing vaginal bleeding, and cultural barriers to discussing gynaecological issues.

This situation may be exacerbated for certain groups with some communities facing greater stigma, language barriers or a lack of culturally appropriate materials[14]. This highlights the need for targeted awareness-raising efforts tailored to different communities where barriers to awareness and help-seeking exist[15].

2. Timeline and referrals from primary care

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[12] Low EL, Simon AE, Waller J, Wardle J, Menon U. Experience of symptoms indicative of gynaecological cancers in UK women. Br J Cancer. 2013 Aug 20;109(4):882-7. doi: 10.1038/bjc.2013.412.

[13] Jones, Olivia et al. The Womb Cancer Awareness Measure (WCAM): development of an instrument to assess public awareness of endometrial cancer International Journal of Gynecological Cancer, Volume 34, Issue 1, 73 - 79. https://doi.org/10.1136/ijgc-2023-004796

[14] Darko N, et al. Exploring the perspectives of underrepresented voices: perceptions and experiences of uterine cancer for black African, Caribbean, black British, and mixed-black women in the UK to develop strategies for early symptom presentation. Gynecol Oncol. 2025;180:132-138.

[15] Chitrakar A, Darko N, Moss EL. Seeing red..? Co-design of a culturally tailored uterine cancer awareness intervention for Asian and Black ethnic minority groups. Gynecol Oncol Rep. 2025 Feb 7;58:101690. doi:10.1016/j.gore.2025.101690.

There are multiple barriers to the early diagnosis of cancer. For endometrial cancer, these include delays in getting GP consultations and long waiting times for treatment which result in preventable delays in care[16].

Additionally, there are low levels of awareness within primary healthcare that endometrial cancer can affect premenopausal women. This lack of awareness can lead to delays in recognising symptoms and making referrals for diagnostic tests. There is a need for increased awareness within primary care to improve referral pathways for pre-menopausal women.

3. Develop and expand interventions targeted at people most at risk of developing certain cancers

As outlined in question 6, there are currently significant racial and socioeconomic inequalities in endometrial cancer which disproportionately impact certain minority ethnic groups (particularly African and Caribbean populations) and those from the most deprived areas of the UK. There is a need to consider how to target interventions at those most at risk of late diagnosis and poorer outcomes from cancer – particularly where racial or demographic factors are involved. The joint Endometrial Cancer Audit pilot from NHS, Eve Appeal, British Gynaecological Cancer Society and Peaches Womb Cancer Trust provides additional data on key groups that may inform further identification and targeting.

Q3. What actions should the government and NHS take to improve access to cancer services and the quality fo cancer treatment that patients receive?

Identified priorities:

- Improve communication with patients, ensuring they have all the information they need
- Increase the availability of physical and mental health interventions before and during cancer treatment
- Other –
- Use of genomics

There are two key issues for improve cancer services and treatment that patients receive.

1. Improved patient journey through the cancer care treatment pathway which promotes wellbeing and recovery

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[16] Johnson N, Miles T, Bailey D, Tylko-Hill K, Das N, Ahson G, Waring K, Acheson N, Voss M, Gordon J, Keates-Porter S, Hughes G, Golby S, Fort E, Newton L, Nallaswamy V, Murdoch J, Anderson R. Delays in treating endometrial cancer in the South West of England. Br J Cancer. 2011 Jun 7;104(12):1836-9. doi: 10.1038/bjc.2011.173.

In Peaches' interactions with our community of people affected by womb cancer, they have universally highlighted the unmet need for more support and information as they navigate their way through and beyond a womb cancer diagnosis.

Additionally, delays or poor coordination in communication of appointments, test results, treatment plans and follow-up can cause confusion and stress for patients. Vulnerable and non-English-speaking patients may also struggle to access clear communication or the appropriate resources.

Disparities in access to timely and high-quality cancer services need to be addressed so that everyone, regardless of location, can access timely and optimal treatment and follow-up services. There should not be a postcode lottery when it comes to cancer care. Additionally, Somerset NHS Trust is piloting a self-referral system for women experiencing abnormal vaginal bleeding which may provide a useful model for the Government to assess and consider rolling out across the NHS. Prehabilitation has also been linked to better outcomes for cancer patients. Prehabilitation includes interventions such as exercise, nutritional support and mental wellbeing support – all of which takes place before cancer treatment. The evidence suggests that prehabilitation improves a patient's physical and mental health, with potential benefits such as faster recovery, shorter hospital stays, and better coping with treatment options[17]. For people with womb cancer, it may also support weight loss before surgery or help them reach a healthy weight to be eligible for surgery.

2. Improved access to new and innovative treatments for those with advanced cancer (including endometrial cancer) which help them to live longer lives with fewer side effects

A key area that has not been mentioned under treatment is the potential of novel and innovative single-agent and combined treatments for those diagnosed with advanced or recurrent cancer. These include immunotherapies (with or without chemotherapy) as well as immunotherapy combined with targeted treatments.

Within womb cancer, there is an increasing disparity in access to different treatments depending on molecular classification of tumours. This means that effective first-line treatments are more available to the minority of patients (approx. one-third) who have a specific molecular subtype. Access to advancements in cutting-edge cancer technologies is critical for improving patient outcomes and cancer treatment.

In a resource-scarce environment, with increasing demands for costly new and novel drugs, Peaches Womb Cancer Trust urges the government to consider expanded

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[17] Michael CM, Lehrer EJ, Schmitz KH, Zaorsky NG. Prehabilitation exercise therapy for cancer: a systematic review and meta-analysis. Cancer Med. 2021;10(13):4194-4207. doi:10.1002/cam4.3990.

funding for drug development, clinical trials and drug adoption and provision to ensure access to more effective innovative technologies that help people with cancer live longer lives with fewer side effects.

Q4. What can the government and the NHS do to improve the support that people diagnosed with cancer, treated for cancer and living with and beyond cancer receive?

Priorities:

- Improve the emotional, mental health and practical support for patients as well as partners, family members, children and carers
- Increase the support to hospice services and charities who provide care and support for patients
- Improve access to high-quality, supportive palliative and end of life care for patients with incurable cancer

Please explain:

There are numerous areas for improvement across the pathway from diagnosis to treatment and post-treatment or palliative care.

1. Post-treatment support

From experience at Peaches, especially supporting patients, there is a gap in post-cancer support which means people don't feel supported after a cancer diagnosis, particularly the impacts and side effects of treatment. For womb cancer, these include:

- Support for surgical and early menopause
    - including lack of robust data on use of HRT which results in conflicting information from clinical teams
- Support for late effects of radiotherapy for womb cancer (including debilitating bowel effects from pelvic radiation disease).
- Psychological and emotional support to cope with treatment and life after treatment
- Psycho-sexual support to cope with the impacts of surgery and radiotherapy.
- Support for lymphoedema arising from surgery or radiotherapy.

2. Improvements to emotional and wellbeing support

There is little psychological and emotional support, particularly from the NHS. From our Patient Voices community, we know that a diagnosis of womb cancer is devastating and life-changing at any stage of diagnosis. Much support is provided by charities like

Maggie's cancer support centres, but access to these depends on location and availability.

A low-cost and practical intervention would be routine signposting from clinical services to voluntary sector support (such as in appointments, hospital letters etc). Peaches Womb Cancer Trust offers diverse support specifically for people with womb cancer through our clinical nurse specialists.

Charities need sufficient resources to offer these services which often add significant additional value to the NHS (prehabilitation support, psychological support, healthy living advice). These can meet different patient needs at different stages of their cancer experience. To ensure funding is offered to the appropriate charity to meet patient need, there is a need to ensure transparent and open commissioning when the NHS funds charity and third-sector organisations.

3. Improved support for patients living long-term with incurable cancer

Improved access to new and novel treatment options means that some patients with advanced, incurable disease may live much longer with long term management of a disease which previously would have been considered terminal. However, often support focusses either on 'treatment to cure' OR on palliative and end-of-life care. As treatments lead to increased survival, there is a need for the government to consider how to enhance support for patients living with long-term incurable but treatable disease over years.

A key consideration for the government in shaping the national cancer plan should include supporting patients who are experiencing long-term management of their disease.

4. Improvements to end of life and palliative care

Hospices and charities play a vital role in supporting cancer patients and families. Government support is essential to ensure these services can continue delivering compassionate and relevant care. Marie Curie has highlighted that hospice care is the most appropriate way to support people who are dying but access to palliative care is patchy and inconsistent meaning a significant proportion of terminally ill people die without appropriate clinical or holistic support[18]. They also highlight the need for the government to ensure well-funded and innovative end of life support.

Q5. How can the government and the NHS maximise the impact of data, research and innovation regarding cancer and cancer services?

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[18] Marie Curie. Excellent end of life care is possible. https://www.mariecurie.org.uk/blog/excellent-end-of-life-care-is-possible. Published 2023. Accessed April 28, 2025.

Priorities:

- Improve patient access to clinical trials
- Increase research to early diagnosis
- Speed up the adoption of innovative diagnostics and treatments in the NHS

Explain:

1. Early diagnosis

The prognosis of endometrial cancer is very good when it is diagnosed early with 90% of those with stage I and 75% of those with stage 2 disease surviving for 5 years or more after diagnosis. By contrast, for those diagnosed at stage III, 50% will survive to 5 years and for those with stage IV disease, this drops to 15% who survive to 5 years.

Increasing funding for research to improve early diagnosis is crucial to improving overall survival. For example, there is a need for non-invasive diagnostics such as urine tests for diagnosing womb cancer at the University of Manchester and Manchester University NHS Foundation Trust (although this is in the early stages)[19].

2. Clinical trials

Peaches Womb Cancer Trust is frequently asked questions about clinical trials for womb cancer – particularly by patients with advanced disease. Currently, there appear to be barriers to accessing clinical trials, including receptivity of their clinical team and geographic location. Patients are excluded from participating if they do not have trials available in their area or cannot travel long distances.

This is supported by evidence which suggests that patients in Northern England from deprived areas or living further from clinical trial sites are less likely to access early-phase cancer trials[20]. This has implications for regional and socio-economic health inequalities. Therefore, the government should consider how to ensure equitable access to clinical trials as part of the national cancer strategy.

3. Access to new and novel drugs

Peaches Womb Cancer Trust has been involved in multiple Health Technology Appraisals (HTAs) to improve access for patients to new and novel drugs. At time of writing, there is likely to be an increase in availability of drugs for some patients with a specific (dMMR) molecular subtype of endometrial cancer. However, for the majority of patients (those with the pMMR subtype), there is still no access to innovative treatments in the first-line setting. These patients must wait until recurrence or progression before

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[19] University of Manchester. Simple urine test can detect womb cancer. https://www.manchester.ac.uk/about/news/simple-urine-test-can-detect-womb-cancer/. Published February 11, 2021. Accessed April 28, 2025.

[20] Rae S, Shaya S, Taylor E, et al. Social determinants of health inequalities in early phase clinical trials in Northern England. Br J Cancer. 2024;131:685-691. doi:10.1038/s41416-024-02765-w

accessing these treatments – and a proportion will die or become too unwell to receive treatment.

There is also a need to consider how the decision-making process for new and novel drugs may be improved. Part of this includes consideration of strengthening the patient voice within NICE decision-making processes, adequately capturing the benefits of treatments for those facing end-of-life, and increasing funding to ensure access to novel and innovative treatments that help patients live longer lives with fewer, more manageable side effects.

4. Patient experience

The patient voice is essential to ensuring that decision-making truly reflects the needs of people living with cancer. Patient experience groups play a vital role in supporting and amplifying these voices, offering invaluable insights that help shape policy priorities and guide effective actions. Actively involving patients in shaping decisions ensures their experiences drive meaningful improvements in cancer outcomes.

5. Rare cancers

Rare and less common cancers (including womb cancer) account for 47% of UK cancer diagnosis and 55% of cancer deaths annually[21] (affection 180,000 people). Those with less common cancers face risks of delayed diagnosis, treatment disparities and inequalities for certain groups (e.g.,, regional and racial). Therefore, there is a need for explicit focus on rare and less common cancers in the national cancer strategy[22].

Q6: In which areas could the government have the most impact in reducing inequalities in incidence and outcomes of cancer across England?

Priorities:

- Improving prevention and reducing risks of cancer
- Raising awareness of signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms
- Improving earlier diagnosis of cancers across all groups

1. Greater data and awareness of racial inequality

Incidence rates of uterine cancer are higher among Black compared to White women[3]. ONS data shows significant disparities in deaths from endometrial cancer – with Black

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[21] Cancer52. https://www.cancer52.org.uk/. Accessed April 28, 2025

[22] Cancer52. Potential merits of a cancer strategy for England: Cancer52 briefing for Clive Jones MP, Westminster Hall Debate, 31 October 2024. https://www.cancer52.org.uk/single-post/cancer52-prepares-briefing-for-debate-on-a-future-cancer-strategy-for-england. Accessed April 28, 2025

ethnic groups in the UK being more likely to die from the disease than other ethnic groups[4]. Illah et al. (2024) has highlighted that Black women are twice as likely to die from endometrial cancer compared with White women, representing one of the worst global inequalities among ethnic groups in cancer[5].

Recent data in the UK shows that African and Caribbean women are twice as likely to be diagnosed at an advanced stage compared with White women[6]. Illah et al. (2024) highlights this “association is so strong that Cancer Research UK labelled ethnicity as a ‘significant factor’ in stage of diagnosis of EC[7].

Black women are more likely to be diagnosed with higher risk endometrial cancer and aggressive p53abn subtype[8]. Around 15% of all endometrial cancers are p53abn subtype, which is responsible for 50-70% of deaths from endometrial cancer[9].

Racial inequalities are compounded by an under- and low quality of reporting of racial characteristics for endometrial cancer which could mean the full unmet need is not known[10]. Additional underrepresentation of some racial and ethnic minority groups in clinical trials further exacerbates inequality.

Key actions include:

- Improved data collection on diagnosis, tumour types and outcomes for all ethnic groups
- Increased funding for research which looks at ethnic inequality in cancer outcomes from prevention through diagnosis, treatment and mortality
- Increased outreach and funding for communities facing ethnic and racial inequality to raise awareness of signs and symptoms

2. Greater awareness of regional inequality

Regional and socio-economic inequality plays a significant role in cancer outcomes. CRUK (2025) has found that these rates are 60% higher for people living in the most deprived areas of the UK compared with the least deprived. Their analysis highlights that 3 in 20 deaths from cancer are linked to socio-economic inequality[23]. CRUK also highlights significant disparities in cancer care, long waiting times, and late diagnosis[24].

Further research shows people living in northern cities like Liverpool, Manchester, Hull and Newcastle, and in coastal areas east of London, were at higher risk of dying from cancer before 80[25]. These areas face higher levels of poverty and deprivation,

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[23] Cancer Research UK. Cancer in the UK 2025: Socioeconomic deprivation. Published February 2025. https://www.cancerresearchuk.org/sites/default/files/cancer_in_the_uk_2025_socioeconomic_deprivation.pdf. Accessed April 28, 2025.

[24] Cancer Research UK. Cancer in the UK 2025: Socioeconomic deprivation. Published February 2025. https://www.cancerresearchuk.org/sites/default/files/cancer_in_the_uk_2025_socioeconomic_deprivation.pdf. Accessed April 28, 2025.

[25] Rashid T, Bennett JE, Muller DC, Cross AJ, Pearson-Stuttard J, Asaria P. Mortality from leading cancers in districts of England from 2002 to 2019: a population-based, spatiotemporal study. Lancet Oncol. 2024;25(2):172-184. doi:10.1016/S1470-2045(23)00530-2.

underscoring the importance of place-based approaches in preventing health inequality.

Peaches Womb Cancer Trust's recent Endometrial Cancer Audit Pilot found the number of new cases and deaths from endometrial cancer varied across different Cancer Alliances and Integrated Care Boards. The completeness of stage data also varied by region. Improving the quality and availability of this information would help provide more accurate insights and support better decision-making.

3. Improving healthcare outcomes for trans and non-binary people

Trans men and non-binary people assigned female at birth who retain a womb remain at risk for endometrial cancer but often face barriers to appropriate diagnosis and care due to lack of inclusive procedures, insufficient healthcare provider knowledge, and risks of discrimination[26][27][28]. Therefore, improving cancer care – particularly for gynae cancers – for trans and non-binary people requires greater consideration of providing inclusive and appropriate care that reduces disparities and improves outcomes for everyone with a womb[29].

Q7: What are the most important priorities that the national cancer plan should address?

Priorities:

- Prevention and reducing the risk of cancer
- Raising awareness of the signs and symptoms of cancer
- Reducing inequalities in cancer incidence, diagnosis and treatment

Please explain:

1. Prevention and reducing cancer risk: Womb cancer is the most common gynaecological cancer in the UK, with around 9,700 cases diagnosed annually[30]. A significant proportion of womb cancer cases are linked to preventable risk factors (notably obesity). As outlined in question 1, there are some key prevention tools that could reduce the risk of womb cancer (and cancer more broadly). These include weight management for obesity. Additionally, screening for genetic risk factors (such as Lynch syndrome) and surveillance for individuals

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[26] The Eve Appeal. Womb cancer: information for trans men and non-binary people. https://eveappeal.org.uk/information-and-advice/gynaecological-cancers/information-for-trans-men-and-non-binary-people/womb-cancer/. Accessed April 28, 2025.

[27] Ragosta S, Berry J, Mahanaimy M, Fix L, Gomez AM, Obedin-Maliver J, Moseson H. Community-generated solutions to cancer inequity: recommendations from transgender, non-binary and intersex people on improving cancer screening and care. BMJ Oncol. 2023;2(1):e000014. doi:10.1136/bmjonc-2022-000014. PMCID: PMC10424502.

[28] Ibid.

[29] Ibid.

[30] Peaches Trust. Womb cancer. https://peachestrust.org/womb-cancer/. Accessed April 28, 2025.

at higher genetic risk provide opportunity for early detection and treatment which improves survival and reduces healthcare burden.

2. Awareness and early diagnosis are strongly linked to ensuring better outcomes for patients with womb cancer. Additionally, early detection and diagnosis is a key priority, as diagnosing cancer at the earliest stage possible is a key priority as it significantly improves survival rates. This intersects with health inequalities – both racial and geographical – which highlights the need for targeted-awareness raising and engagement for communities with lowest levels of awareness and the highest risks of late diagnosis.
3. Reducing inequalities in cancer incidence, diagnosis and treatment: there is a need for increased focus on both racial and regional inequalities in improving cancer outcomes. As highlighted above, recent data in the UK has shown that African and Caribbean women are twice as likely to be diagnosed at an advanced stage compared with White British women[6]. As Illah et al. (2024) highlight, this "association is so strong that Cancer Research UK labelled ethnicity as a 'significant factor' in the stage at diagnosis of EC[7]. Additionally, the Endometrial Cancer Audit Pilot found that the number of new cases and deaths from endometrial cancer varied across different Cancer Alliances and Integrated Care Boards[31]. This level of variation was greater than expected by chance, suggesting real differences between regions. Cancer outcomes, including for womb cancer, should not be determined by a persons' ethnicity or where they live. Specialist regional hubs, such as those piloted by NHS Lothian, may provide an example of a place-based approach to improve regional inequality[32].
4. Equitable outcomes for rare and less common cancers: rare and less common cancers (including womb cancer) account for 47% of UK cancer diagnosis and 55% of cancer deaths annually[33] (affection 180,000 people). There are likely to be additional challenges and risk to people with rare and less common cancers. These include delayed diagnosis, treatment disparities and inequalities for certain groups (e.g.,, regional and racial). Therefore, there is a need for explicit focus on rare and less common cancers in the national cancer strategy[34].

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[31] NHS Digital. ECAP baseline report-NDRS. https://digital.nhs.uk/ndrs/data/data-outputs/cancer-publications-and-tools/ecap-baseline-report. Published April 2, 2025. Accessed April 28, 2025.

[32] NHS Lothian. Cancer Navigation Hub, ttps://apps.nhslothian.scot/refhelp/guidelines/oncology/cancer-navigation-hub/. Accessed April 28, 2025.

[33] Cancer52. https://www.cancer52.org.uk/. Accessed April 28, 2025.

[34] Cancer52. Potential merits of a cancer strategy for England: Cancer52 briefing for Clive Jones MP, Westminster Hall Debate, 31 October 2024. https://www.cancer52.org.uk/single-post/cancer52-prepares-briefing-for-debate-on-a-future-cancer-strategy-for-england. Accessed April 28, 2025