Spotlight on uterine cancer: Shaping access to equitable and high-quality care

This position paper and the research behind it were developed and funded by AstraZeneca in collaboration with Australia New Zealand Gynaecological Oncology Group, Egyptian Gynecological Oncology Society, European Network of Gynaecological Cancer Advocacy Groups, European Society of Gynaecological Oncology, International Gynecologic Cancer Society, International Gynecologic Cancer Advocacy Network, HaBait Shel Bar (Israel Women's Cancer Association), Peaches Womb Cancer Trust, Endometrial Cancer Action Network For African Americans, Society of Gynecologic Oncology and the Foundation for Women's Cancer.

Uterine cancer is the second most common of the five gynecological cancers,[1] yet it remains absent from global health priorities.[2] Unlike cervical or ovarian cancer, uterine cancer has not benefited from widespread public awareness, political attention, or coordinated efforts to improve prevention, diagnosis, and care.

This lack of visibility is not accidental. Stigma around gynecological health, combined withmisconceptions that endometrial cancer is less severe or primarily lifestyle-related, has contributed to inaction.[2] The impact of this includes limited advancements in research, delayed development of tailored guidelines, delayed diagnoses and significant gaps in access to timely and effective care – especially for women in underserved or higher-risk communities.[3]

The result is a mounting health equity issue: persistent disparities in outcomes, rising mortality in low-resource settings, and preventable suffering for women worldwide. It is time to break the silence around uterine cancer and bring it onto the global health agenda.

We call for urgent, coordinated action from stakeholders across sectors – including policymakers, health systems, advocacy groups, and industry – to change the trajectory of this often-overlooked disease.

Understanding uterine cancer:

Uterine cancer develops in the uterus, sometimes called the womb.[1] The most common form is endometrial cancer.[2]

The unspoken burden of uterine cancer

Uterine cancer, and in particular endometrial cancer, represents a significant and growing global health challenge. Incidence has increased globally by more than 15% over the past three decades,[4] and cases are expected to rise to over 670,000 by 2050.[4] This rise is largely driven by population ageing, increasing rates of obesity and metabolic disorders (such as diabetes), and changing reproductive patterns including later pregnancies and declining birth rates.[5,6] The rise in obesity rates, in particular, has resulted in increasing incidence of endometrial cancer among young adult women in the United States.[7] Urbanization has also seen these risk factors become more prominent in low- and middle-income countries (LMICs) causing a rapid rise in uterine cancer.[8]

Uterine cancer has dramatically varying outcomes depending on the type and stage of diagnosis. When detected early, endometrial cancer five-year survival rates can reach 95%.[9] However, for women diagnosed with advanced or recurrent endometrial cancer, five-year overall survival rates are lower than 20%.[10] For uterine sarcomas, survival is considerably lower even when detected early – with a five-year survival rate of 50-55% which drops to 8-12% for advanced stage disease, although the prognosis and behavior differ between tumours types.[11]

This growing burden has important implications not only for individuals and families but also for already stretched health systems and the wider economy. Without timely diagnosis, clear referral pathways, appropriate treatment, and sustained investment in care infrastructure, the impact of uterine cancer on the population, health systems and economy, will continue to rise globally.[3,12,13]

Breaking down the barriers to equitable uterine cancer care

Despite rising incidence and a growing burden of disease, uterine cancer continues to face widespread neglect in global, regional and national policy. Unlike cervical cancer, which benefits from clear global commitments such as the World Health Organization's Cervical Cancer Elimination Initiative,[14] uterine cancer is rarely included in national cancer plans and remains absent from major non-communicable disease (NCD) and women's health strategies.

This lack of prioritisation has contributed to an underfunding for care and research of uterine cancer,[2] limited accountability, and missed opportunities to strengthen systems across the patient journey – from prevention and early detection to diagnosis, access to innovative treatments and surveillance, and management of long-term effects.

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These barriers are especially acute in underserved communities, where inequities in access and outcomes drive preventable deaths. The most pressing barriers include:

1

Missed opportunities to identify and monitor high-risk individuals: Women with obesity, diabetes, or polycystic ovarian syndrome (PCOS), as well as Lynch Syndrome, are at significantly higher risk of developing endometrial cancer.[5,6,15,16] These conditions, however, are not routinely used as clinical triggers for further investigation, with health systems often missing vital opportunities to offer timely diagnostic tests when symptoms arise in these high-risk populations.

2

Low awareness of symptoms and risk: With no routine screening programme for uterine cancer, early detection depends on recognizing symptoms – yet awareness of both the disease and its warning signs remains low among women and primary care providers, with many also unaware of key risk factors.[17] This leads to delays in diagnosis and missed chances for early intervention,[21] including missed cases of recurrence. Adequate health literacy is vital to early diagnosis; a lack of awareness of uterine cancer symptoms can therefore also exacerbate existing health inequalities tied to literacy gaps.[18]

> *"Before I was diagnosed with cancer, I went to [the emergency department] as I had extremely heavy bleeding with tennis ball sized blood clots. I was sent home with a letter to say I was on my period! This made me feel like I was being an attention seeker and overreacting when in fact I had cancer."*

3

Stigma around reproductive health: Taboos and discomfort surrounding gynecological symptoms prevent many women from seeking timely care.[19] This is exacerbated by persistent gender-based barriers in clinical interactions and provider insensitivity that can result in avoidable delays in diagnosis, care and follow up.[20] The burden of stigma is especially significant for women from minority or religiously conservative communities, where cultural norms further deepens isolation.[19,21,22] Nonetheless is also prevalent in high income countries – for example, 32% of UK women admitted delaying care due to embarrassment, especially when discussing concerns with a male doctor.[23]

> *"I am from an Afro Caribbean background and I was advised not to talk to anyone about what I was going through and since my friend and family knew nothing about womb cancer they were truly scared of what people may say about me. This made me feel very ashamed … I had to resort to connecting with helplines, social media groups just to get through pre-diagnosis and post diagnosis, it was a very lonely place."*

4

Gaps in access to diagnostic tools and testing: Many health systems lack the infrastructure, resources and clinical protocols for timely, accurate diagnosis.[24] After diagnosis, access to essential tools such as biomarker and molecular testing remains limited, particularly in LMICs where infrastructure and trained personnel are scarce.[25] Even in high income settings, the implementation of new diagnostic approaches can increase costs, which may affect access to early detection strategies.[26] For example, countries in Western Europe (e.g. France, Italy and Spain) lack standardized national reimbursement of tests leading to disparities in access.[27]

5

Limited access to specialist and coordinated care: Access to gynecological oncologists and multidisciplinary cancer care teams is uneven globally and within countries. Workforce shortages – especially in LMICs – limit the availability of specialist and diagnostic expertise, with specialist centres usually based only in urban areas.[28] Women in rural or underserved areas can subsequently face long travel distances, referral delays, or financial barriers to receiving appropriate care, leading to late-stage diagnosis and suboptimal treatment.[29,30] Even when specialist care is reached, access to the recommended management and advanced therapies may be restricted. For example, in the United States, black women with lower socioeconomic status are twice as likely to receive delayed endometrial cancer treatment and 2.5 times more likely to die due to a lack of healthcare insurance, compared to white women from higher socioeconomic status.[31]

6

Slow uptake of innovation and underfunding of research: For endometrial cancer, novel therapies and personalized treatment approaches – including those that are fertility sparing[32] – exist but remain underutilised due to limited clinician awareness, slow guideline updates, and insufficient funding.[33,34] Research into uterine cancer more broadly lags behind other cancers, reducing the pace of progress and risking adequate access to treatment options.[34]

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Charting the way forward for equitable care in uterine cancer

To ensure uterine cancer is no longer overlooked, we call on governments and multilateral institutions to explicitly integrate this condition into global and national NCD and women's health efforts. To this end, the actions set out below should be reflected in national commitments, funding allocations, and multilateral frameworks. Evidence shows that investment in women's health increases workforce participation and economic growth; these actions will therefore not only improve the outcomes and experiences of those with endometrial cancer but, will also yield substantial economic and societal returns for communities around the world.[35,36]

1

Increase political prioritization of uterine cancer

- Champion the referencing of gynecological cancers, including uterine cancer, in future global health policy directives, acknowledging stigma and inequity as drivers of poor outcomes.
- Establish accountability mechanisms within national cancer control plans to monitor progress in uterine cancer prevention and care.

2

Strengthen early detection through prevention, awareness and stigma reduction

- Mobilize global and national public health institutions to include uterine cancer in broader women's health and cancer awareness campaigns, ensuring alignment with NCD prevention strategies and the WHO Sustainable Development Goal (SDG) Target 3.4 (reducing premature mortality from NCDs) and SDG Target 5.6 (universal access to sexual and reproductive health) whilst also prioritizing accessibility in terms of health literacy.
- Encourage governments to incorporate uterine cancer risk factors (e.g. obesity, diabetes and PCOS) into national NCD and cancer control plans, with proactive identification and diagnostic protocols for high-risk groups.
- Address stigma by fostering open dialogue on reproductive health through government-supported initiatives, community leadership, and civil society engagement – particularly in religiously conservative and underserved settings.

3

Close the diagnostic and care gap

- Push for uterine cancer education to be embedded into primary care training and WHO-endorsed essential service packages to ensure frontline providers can identify and act on early symptoms.
- Promote centralized uterine cancer care within dedicated Centres of Excellence, to ensure that the complex nature of the disease has the required specialized, multidisciplinary management.
- Support the development and implementation of resource-stratified national guidelines for uterine cancer endorsed by global professional associations and adapted to local health system needs. These should integrate psychosocial support, fertility preservation, sexual health services and palliative care into the standard care pathway.
- Advocate for increased investment in diagnostic infrastructure – including biomarker and molecular testing – as part of universal health coverage and health system strengthening goals.

4

Accelerate access to innovation

- Advocate for uterine cancer to be included in global research agendas and innovation funding calls, alongside cervical and breast cancer, to close the research and resource gap.
- Champion the integration of uterine cancer into the WHO Model List of Essential Medicines reviews and essential diagnostics lists where applicable, to signal international prioritization.
- Promote national-level updates to treatment protocols and health technology assessments that include equitable access to new therapies for endometrial cancer, with consideration for best practice for the increasing number of women diagnosed at reproductive age, informed by inclusive clinical trial data and multi-stakeholder collaboration.

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Standing together for women with uterine cancer

Putting the spotlight on uterine cancer and addressing the barriers to equitable and high-quality care demands a united front – governments, healthcare providers, advocacy groups, industry, and communities working together. We stand together, united in our support of the recommendations in this paper to ensure that women with – and at risk of – uterine cancer are brought out of the shadows and not left behind.

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