

Women, power, and cancer: a need for change and a force for progress



Eliminating suffering from cancer requires action across all of society: governments, industry, academia, health-care institutions, non-profit organisations, and diverse communities. Everyone in society has a role in contributing to progress against cancer, ranging from adhering to cancer prevention approaches and working in communities to leading large organisations. In this context, women in particular bring unique and essential perspectives to every interaction, at every level of society. The *Lancet* Commission on women, power, and cancer¹ presents a comprehensive, global view of how the unique difficulties that women face can limit their ability to overcome the challenges that cancer presents, both for themselves and for society overall. The Commission sheds light on important gaps in the oncology workforce, where many capable women are still held back from leadership opportunities due to long-held gender biases, workplace harassment, or lack of support or mentorship.² In many places, women more often than men are unpaid caregivers and managers of household health decisions,³ sometimes at the cost of their own health. Often, the broader issue is a lack of data or awareness of how societies and institutions operate in ways that systemically disadvantage women and other marginalised populations on the basis of sex or gender.

In my role as the first woman to lead the US National Cancer Institute, I bring the perspective of someone familiar with working in professional environments dominated by men. In my time as a clinician and leader in academic medicine, I often served as the only woman on committees and had patients mistakenly identify me as their nurse rather than their surgeon. I celebrated opportunities during which I was able to work with other women because these interactions felt different. I am often described as being very determined and pragmatic—characteristics developed during my upbringing on a remote Wyoming ranch. Regardless of circumstances, I learned to always focus on the task at hand, and this trait helped me overcome barriers that otherwise might have hindered my success. For example, I ignored those who told me I was too opinionated and pushed back when I was encouraged

to focus my surgery practice solely on taking care of women with breast cancer. I was also fortunate to have many wonderful mentors and champions—both women and men. It is impossible to overstate the empowerment and motivation I gained when the people I admired acknowledged and appreciated my work and my potential. Without their genuine support and belief in me, I might have chosen easier paths rather than tackling big, rewarding challenges, which would have ultimately limited what I could offer cancer research and care. Today, as a leader focused on how the US Government can help promote the health and wellbeing of people worldwide, I look forward to the day that seeing women in prominent positions becomes the norm, not the exception.

Important and unprecedented progress has been made in cancer research in just the past three decades in the USA, with cancer mortality declining by a third in that timeframe.⁴ Yet, women still face unique gender-based barriers and challenges when interacting with cancer as patients, caregivers, researchers, or health-care providers.⁵⁻¹⁰ Achieving gender equality in the context of cancer research and care will require broad implementation of the recommendations in The *Lancet* Commission on women, power, and cancer, including the overarching priority action that sex and gender be included in all cancer-related policies and guidelines so

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that they are responsive to the needs and aspirations of women in all of their diversities. This is something that we can and should all support. Improved outcomes for women translate into benefits for households, communities, societies, and the world.

Women have so much to offer including as cancer care providers, researchers, leaders, or patients. If we, the cancer research and care community, are to transform the way that people experience cancer, we must take full advantage of the capabilities and talents of all people, everywhere. The oncology community, together with all of society, needs to harness the tremendous value that women bring to developing and implementing cancer policy, leading and conducting research, providing care, and engaging communities. Elevating the status of women in all aspects of cancer research and care will improve the lives of not just women, but everyone, everywhere.

There are so many ways that a woman's perspective can heal the world. I had the honour of caring for a wonderful patient, a woman who survived her cancer for many years but required multiple surgeries to control her tumour. A special relationship between this patient and her granddaughter led to a powerful work of art that presented her view of the meaning of cancer. The artwork shows a figure of a woman, followed by a series of organs that were "subtracted" during her different cancer surgeries, arranged as a mathematical equation. She even included a football in the equation, a reference to when I told her that we removed a tumor that was "the size of a football". At the bottom of the vertical frame is an "equals" sign, followed by a figure of a woman identical to the one at the beginning of the equation. The title of the work is: "We are not what you have taken: a response to cancer". Together, these exceptional women presented the inspiring view that

losses associated with cancer need not define who we are. I have cherished this artwork for years, keeping it close by whenever I changed offices. In November, 2022, just a few weeks into my new job as National Cancer Institute Director, I received my own cancer diagnosis—a breast cancer that, fortunately, was detected early. Right there, on my office wall, was this wonderful reminder from a woman who had been through the cancer survivor's experience, letting me know that all that was most important would not change.

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