

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

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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 with misconceptions 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:



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.



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.”



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 sparing³² – 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

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.

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.



References

- 1 International Agency for Research on Cancer & World Health Organization. GLOBOCAN 2022: Corpus uteri fact sheet. Global Cancer Observatory. 2024. Available from: <https://gco.iarc.who.int/media/globocan/factsheets/cancers/24-corpus-uteri-fact-sheet.pdf> [Last accessed September 2025]
- 2 Manzano, A. and Hofmarcher, T. Endometrial Cancer – Improving Care and Driving Policy Change. 2024. Available from: https://ihe.se/app/uploads/2024/09/IHE-REPORT-2024_12_.pdf [Last accessed August 2025]
- 3 International Gynecologic Cancer Society. Reducing Disparities in Uterine Cancer: A Global Call to Action. (no date). Available from: <https://igcs.org/ucam-consensus-statement/> [Last accessed August 2025]
- 4 World Health Organization. Cancer Tomorrow. 2024. Available from: https://gco.iarc.who.int/tomorrow/en/dataviz/trends?multiple_populations=1&cancers=24 [Last accessed August 2025]
- 5 Crosbie EJ et al. Endometrial cancer. *Lancet*. 2022;399(10333):1412-1428.
- 6 Yang L et al. Time trend of global uterine cancer burden: an age-period-cohort analysis from 1990 to 2019 and predictions in a 25-year period. *BMC Womens Health*. 2023;23:384.
- 7 Guo F et al. Trends in the incidence of endometrial cancer among young women in the United States, 2001 to 2017. *J Clin Oncol*. 2021;39(15_suppl):5578.
- 8 Aune D et al. Anthropometric factors and endometrial cancer risk: a systematic review and dose-response meta-analysis of prospective studies. *Ann Oncol*. 2015;26(8):1635-1648.
- 9 Matrai CE et al. Molecular evaluation of low-grade low-stage endometrial cancer with and without recurrence. *Int J Gynecol Pathol*. 2022;41(3):147-154.
- 10 Cao SY et al. Recurrence and survival of patients with stage III endometrial cancer after radical surgery followed by adjuvant chemo- or chemoradiotherapy: a systematic review and meta-analysis. *BMC Cancer*. 2023;23:78.
- 11 Zapardiel I et al. Prognostic factors in patients with uterine sarcoma: the SARCUT study. *Int J Gynecol Cancer*. 2023;33(4):604-611.
- 12 Gu B et al. Variations in incidence and mortality rates of endometrial cancer at the global, regional, and national levels, 1990–2019. *Gynecol Oncol*. 2021;161(2):573-580.
- 13 Huang J et al. Global incidence and mortality trends of corpus uteri cancer and associations with gross domestic product, human development index, lifestyle, and metabolic risk factors. *Front Oncol*. 2023;13:1124789.
- 14 World Health Organization. Wave of new commitments marks historic step towards the elimination of cervical cancer. 2024. Available from: <https://www.who.int/news/item/05-03-2024-wave-of-new-commitments-marks-historic-step-towards-the-elimination-of-cervical-cancer> [Last accessed August 2025]
- 15 Johnson JE et al. Risk of endometrial cancer in patients with polycystic ovarian syndrome A meta-analysis. *Reprod Biol Endocrinol*. 2023;21:28.
- 16 Meyer LA. Endometrial cancer and lynch syndrome: clinical and pathologic considerations. *Cancer Control*. 2013;20(4):263-271.
- 17 Cheewakriangkrai C et al. Health education interventions to promote early presentation and referral for women with symptoms of endometrial cancer. *Cochrane Database Syst Rev*. 2020;3:CD013644.
- 18 Scott ECS et al. Health inequalities in cancer care: a literature review of pathways to diagnosis in the United Kingdom. *EClinicalMedicine*. 2024;76:102823.
- 19 Illah O et al. A review of the global inequalities in the management of gynaecological cancers. *TOG*. 2024;26(4):271-281.
- 20 Nargund G. We need to transform women's healthcare to tackle 'medical misogyny'. *BMJ*. 2024;387:q2813.
- 21 Brand NR et al. Delays and barriers to cancer care in low- and middle-income countries: a systematic review. *Oncologist*. 2019;24(12):e1371-e1380.
- 22 Ortashi O et al. Gynecological cancer services in arab countries: Present scenario, problems and suggested solutions. *Asian Pac J Cancer Prev*. 2013;14(6):2147-2152.
- 23 Evans RE et al. Increasing awareness of gynaecological cancer symptoms: a GP perspective. *Br J Gen Pract*. 2014;64(623):e372-e380.
- 24 WHO. Strengthening diagnostics capacity. Available from: <https://www.who.int/activities/strengthening-diagnostics-capacity> [Last accessed August 2025]
- 25 Drake TM et al. Global inequities in precision medicine and molecular cancer research. *Front Oncol*. 2018;8:346.
- 26 Peremiquel-Trillas P et al. Cost-effectiveness analysis of molecular testing in minimally invasive samples to detect endometrial cancer in women with postmenopausal bleeding. *Br J Cancer*. 2023;129:325-334.
- 27 Santoro A et al. Biomarker characterization in endometrial cancer in Europe: first survey data analysis from 69 pathological academic and hospital labs. *J Cancer Res Clin Oncol*. 2024;150(3):118.
- 28 Zahnd, W. and Ganai, S. Access to cancer care in rural populations: barriers and solutions. 2019. Available from: <https://dailynews.ascopubs.org/doi/access-cancer-care-rural-populations-barriers-and-solutions> [Last accessed August 2025]
- 29 Arora S et al. Leveraging digital technology to reduce cancer care inequities. *Am Soc Clin Oncol Educ Book*. 2022;42:350151.
- 30 Zahnd WE et al. Rural-urban differences in surgical treatment, regional lymph node examination, and survival in endometrial cancer patients. *Cancer*. 2018;124(22):4441-4449.
- 31 Makker V et al. Endometrial cancer. *Nat Rev Dis Primers*. 2021;7:88.
- 32 Obermair A et al. Fertility-sparing treatment in early endometrial cancer: current state and future strategies. *Obstet Gynecol*. 2020;135(6):1368-1377.
- 33 Pothuri B et al. Real-world treatment patterns and outcomes by mismatch repair/ microsatellite instability (MMR/MSI) status in patients (pts) with advanced endometrial cancer (aEC). *J Clin Oncol*. 2024;42(16_suppl):5601.
- 34 Spencer RJ. Disparities in the allocation of research funding to gynecologic cancers by funding to lethality scores. *Gynecol Oncol*. 2020;157(2):487-491.
- 35 Chen S et al. Estimates and projections of the global economic cost of 29 cancers in 204 countries and territories from 2020 to 2050. *JAMA Oncol*. 2023;9(4):465-472.
- 36 The Biden White House. FACT SHEET: As Part of the Inaugural National Cancer Prevention and Early Detection Month, Biden Cancer Moonshot Announces New Actions to Strengthen Preventive Cancer Care and Expand Accessibility of Cancer Screenings. 2024. Available from: <https://bidenwhitehouse.archives.gov/ostp/news-updates/2024/05/01/fact-sheet-as-part-of-the-inaugural-national-cancer-prevention-and-early-detection-month-the-biden-cancer-moonshot-announces-commitments-from-employers-and-labor-unions-to-make-cancer-screenings-more/> [Last accessed August 2025]