

“The Every Woman Study has provided a platform for not only expanding oncologists’ understanding of the importance of providing quality care, but has also become the voice of Ovarian Cancer patients. Every patient with this Ovarian Cancer was able to express their experiences, and we will make our medicine more accessible and better.

Dilyara Kaidarova, Kazakh Country Lead & Oversight Committee

“The burden endured by our patients goes far beyond the physical – it’s also deeply social, psychological, and financial. Many of our patients have minimal knowledge about their condition, and addressing this gap is crucial for improving their overall care and quality of life.

Nada Benhima, Moroccan Country Lead

“I feel that with these studies, we can move forward. We can have better support from our government, from our friends, our family who are not aware of what is ovarian cancer.

Iren Flicks, Malaysia

## THANK YOU

Our heartfelt thanks go to each and every woman who took part, the Oversight Committee\*, Country Leads, and their teams:

Tracey Adams\*, Co-Chair (South Africa); Robin Cohen\*, Co-Chair BSN (US); Rafe Sadnan Adel\* (Bangladesh); Carlos Andrade, MSc (Brazil); Ian Bambury, MBBS (Jamaica); Nada Benhima, MD (Morocco); Raikhan Bolatbekova\*, MD (Kazakhstan); David Cantu de Leon, MD, PhD, (Mexico); Carlos Chávez-Chirinos, MD (Peru); Runcie C.W. Chidebe\*, MS (Nigeria); Erick Estrada, MD (Guatemala); Garth Funston\*, PhD (UK); Dilyara Kaidarova\*, MD, PhD (Kazakhstan); Iren Lau\*, BS (Malaysia); Precious Takondwa Makondi, PhD (Malawi); Susan Msadabwe, MD (Zambia); Asima Mukhopadhyay\*, MD, PhD (India); Aisha Mustapha, MBBS (Nigeria); Sara Nasser\*, MBBS (Germany); Florencia Noll\*, MD (Argentina); Martin Origa\*, BS (Uganda); Rene Pareja, MD (Colombia); Jitendra Pariyar, MD (Nepal); Shahana Pervin, MBBS (Bangladesh); Ngoc Phan\*, MD (Vietnam); Basel Refky\*, MD (Egypt); Afrin Fatima Shaffi, MBBS (Kenya); Isabelle Soerjomataram\*, MD, PhD (France); Eva-Maria Strömsholm, MSocSc (Finland); Yin Ling Woo, MD, PhD (Malaysia); Nargiza Zakhirova, DSc (Uzbekistan)

“The International Gynecologic Cancer Society is proud to partner with the World Ovarian Cancer Coalition on The Every Woman Study™ Low- and Middle-Income Edition. This monumental effort reflects our shared commitment to understanding the needs and struggles of patients in these regions, and it underscores the importance of collaboration among clinicians, researchers, patients, and advocates. Only by working in unison can we identify gaps in care, address unmet needs, and pave the way for a brighter future for all those affected by ovarian cancer.

Keiichi Fujiwara, IGCS President

“The Every Woman Study™: Low- and Middle-Income Edition marks a hugely important step change in our understanding of the experiences of women with ovarian cancer, and those who care for them, in LMICs. It showcases the extraordinary potential of patient voices to shape healthcare solutions that are both nationally relevant and globally impactful. It has been a great honour to partner with the International Gynecologic Cancer Society and their remarkable members on this study, underscoring the strength and impact of such global collaborations.

Annwen Jones OBE, Chair of the Board of Directors, World Ovarian Cancer Coalition

## CONTACT US

 worldovariancancerday  
 OvCancerDay  
 WorldOvarianCancerDay  
 world-ovarian-cancer-coalition  
 worldovariancancercoalition  
 [info@worldovariancancercoalition.org](mailto:info@worldovariancancercoalition.org)  
 [worldovariancancercoalition.org](http://worldovariancancercoalition.org)

 igcsociety  
 igcsociety  
 igcs  
 [igcs@igcs.org](mailto:igcs@igcs.org)  
 [igcs.org](http://igcs.org)

## THE POWER OF PARTNERSHIPS

The strategic advocacy partnership between the World Ovarian Cancer Coalition and the International Gynecologic Cancer Society enabled this powerful piece of work to become a reality.



# THE EVERY WOMAN STUDY™ LOW- AND MIDDLE-INCOME EDITION

A joint initiative of the World Ovarian Cancer Coalition and the International Gynecologic Cancer Society.

**2446**  
WOMEN

**22**  
COUNTRIES

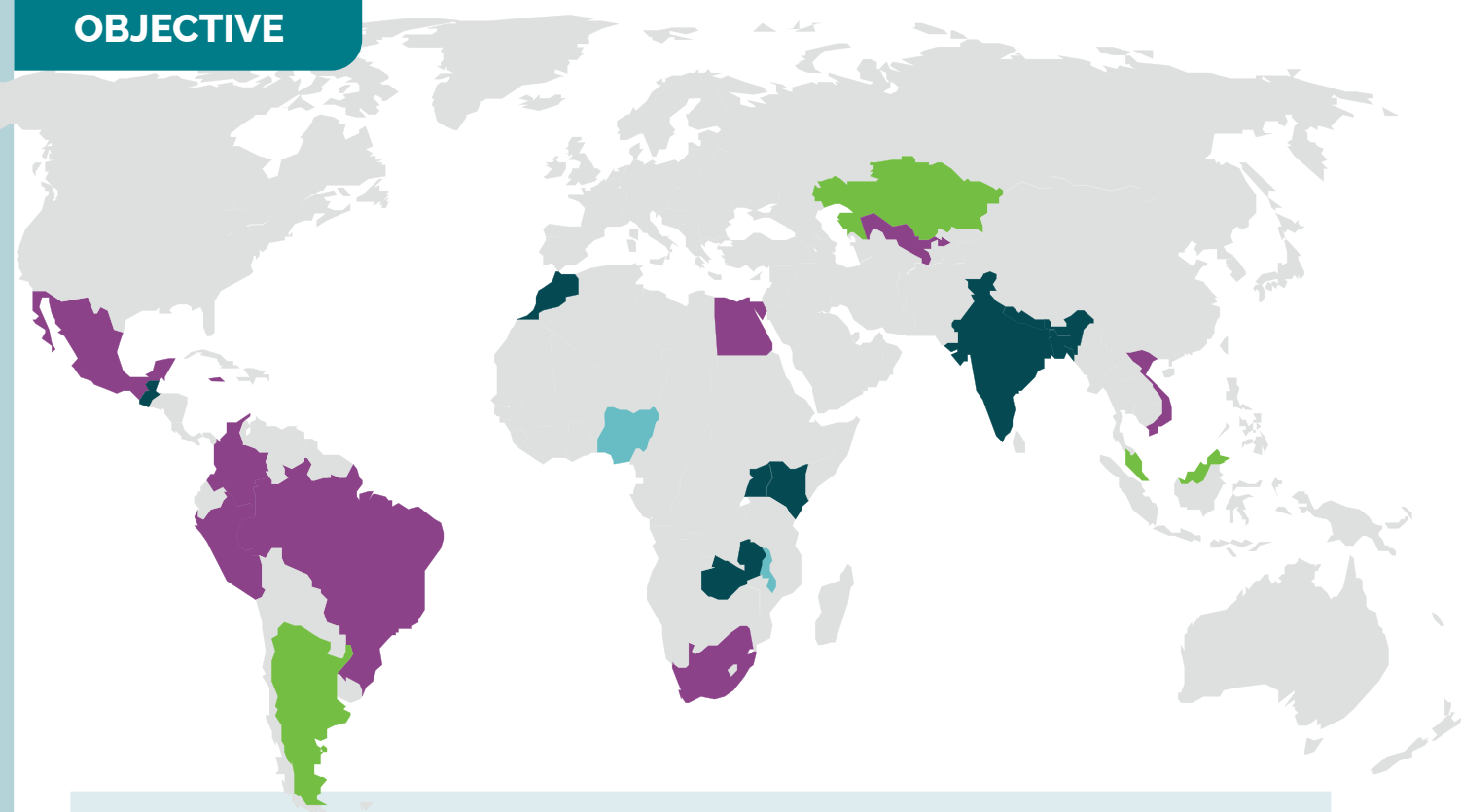
**28**  
LANGUAGES

**82**  
HOSPITALS



# THE EVERY WOMAN STUDY™ LOW- AND MIDDLE-INCOME EDITION

## OBJECTIVE



The objective of this multi-country observational study was to explore the challenges and opportunities to improve the diagnosis, treatment and quality of life for women affected by ovarian cancer in low- and middle-income countries (LMIC), filling a large evidence gap. Using patient experience data combined with clinical data, the study teams can explore the commonalities and differences at country, regional and income level, each determining their own priorities for action, informed by women's experiences.

Almost **three in four women** who have ovarian cancer live in **low- and middle-income countries**. Globally, incidence and mortality are set to rise by **55%** and **70%** respectively with **LMICs bearing the greatest burden**. Patient question themes included awareness, route and time to diagnosis, factors affecting choice of treatments, impact of treatments on women and their families, their emotional, practical and information support needs as well as their priorities for action. Clinical data collected included type and stage of ovarian cancer, diagnostic tests, level of surgery, chemotherapy and access to genetic testing and newer treatments such as Bevacizumab or PARP inhibitors. Each Country Lead Clinician was interviewed about their perspectives on opportunities for improvement.

Data collection June 2022 to May 2024, by:



For details of the protocol, including how the study was developed scan the QR code or visit: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0298154>

**2446** WOMEN



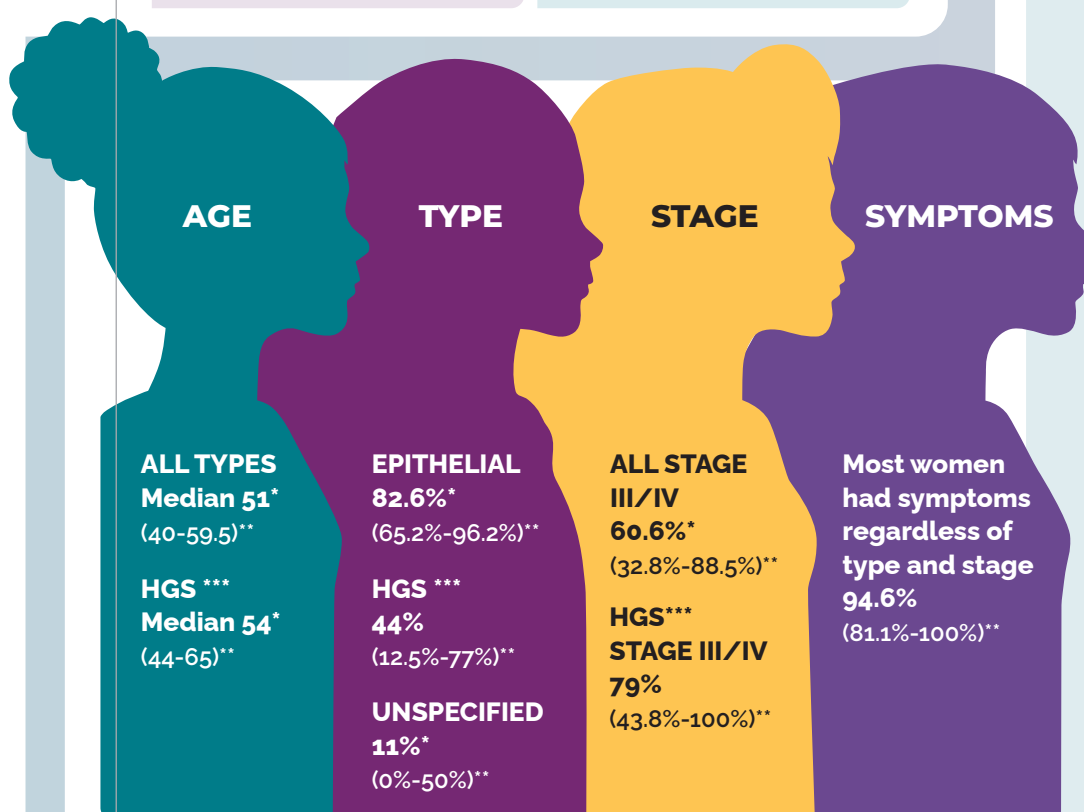
**28** LANGUAGES

**22** COUNTRIES

**A** **文** **82** HOSPITALS



Very-High HDI		Medium HDI	
Argentina	Malaysia	Bangladesh	Morocco
Kazakhstan		Guatemala	Nepal
		India	Uganda
		Kenya	Zambia
High HDI		Low HDI	
Brazil	Peru	Malawi	Nigeria
Colombia	South Africa		
Egypt	Uzbekistan		
Jamaica	Vietnam		
Mexico			



\* average for all  
\*\* low & upper variation by country  
\*\*\* high grade serious

## ABOUT THE WOMEN

**5** HOURS OR MORE JOURNEY TIME  
Average for all **14.6%** (0%-50.5)\*\*



**FAMILY INCOME BELOW COUNTRY AVERAGE**  
Average for all **37.6%** (3.7%-78.8)\*\*



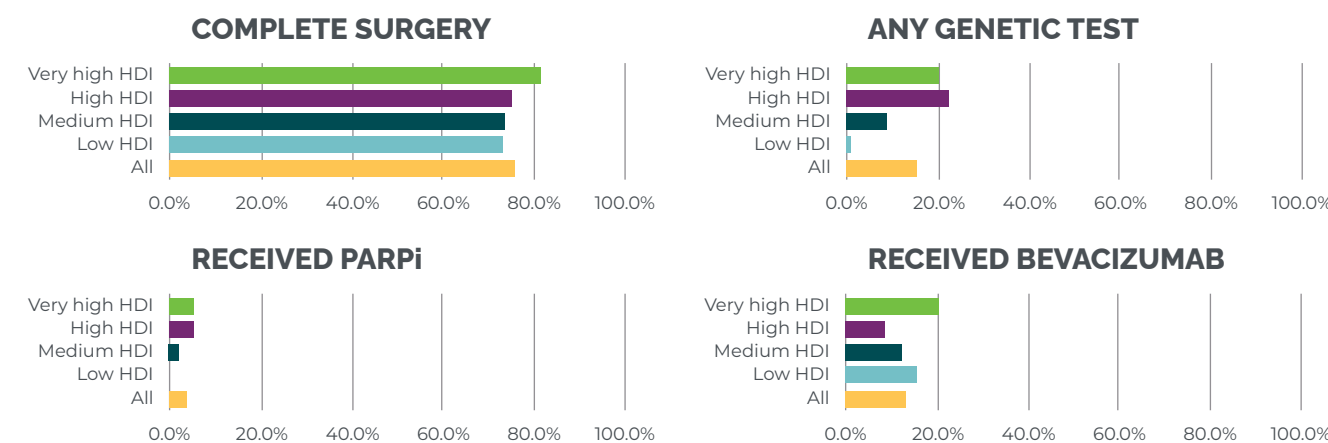
**NO FORMAL EDUCATION**  
Average for all **12.2%** (0%-61.7%)\*\*



## DIAGNOSIS

- Levels of awareness are adversely affected by low levels of education, lower HDI country status and below average family income. **Overall, two-thirds of women did not know anything about the disease** (69%, (36.1% - 92.5%)).
- More than **nine in 10 women experience symptoms prior to their diagnosis**, regardless of stage or type of ovarian cancer (94.6%, (81.1%-100%).
- Times from first experiencing symptoms to starting treatment vary by country, driven by one or more factors such as patient delay in seeking help, misdiagnosis or doctor delay, system delay including pathology or difficulty getting timely appointments, and financial issues. **A quarter of women in the Study began treatment more than 6 months after the onset of their symptoms.** The 75th percentile varied by country from 3 to 11 months.
- The importance of family history is largely unrecognised**, and in several countries, a significant proportion have no idea about their family history (Average 16.5%, (3.4% to 53.8%).

## TREATMENTS



- Not a single African participant received a PARP inhibitor.
- Doctors play a very important role in helping women decide which treatments to have, but financial burden of tests, drugs and out of pocket costs can weigh heavily, with families often taking the burden on board.

## FACTORS AFFECTING QUALITY OF LIFE

Only **16%** received formal emotional support  
Physical wellbeing most important **82%**  
Followed by good mental health **61%**

## WOMEN'S PRIORITIES FOR ACTION

- Development of a screening programme
- Access to free diagnostic tests
- Access to free treatments



**45%** finances affected to great extent  
**29%** income fell below level they needed

Country Lead Clinicians' priorities include improving national data on ovarian cancer, reducing the late presentation by women, and ensuring access to genetic testing and PARP inhibitors. They recognise that cross sectoral and informed solutions speaking to the local needs and challenges are required to improve survival and quality of life for women with the disease.

## EARLY OUTCOMES

- Improved peer support for patients
- Multiple overall and country level papers in production
- MOUs and high level support for follow on work in Nigeria (NICRAT), also WHO
- Research Opportunities: EWS India, KELIM, AORTIC

## OUR CONCLUSION

Patient experience data can provide a nuanced, culturally sensitive, and resource/location-appropriate response to dealing with the challenges faced by women with ovarian cancer as the burden increases. The variability of key metrics by country and region reveal opportunities for progress, at global, national, and local levels, and the common challenges provide clear global calls to action.