Women's Cancers Report

The need to ensure no woman is left behind

4 March 2026

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Executive Summary

Each minute, 7 women are diagnosed with 1 of the 4 major women's cancers, breast, cervical, uterine, or ovarian, and by 2050 this will have risen to 11 women. Without change, more than 5.7 million women will receive one of these diagnoses every year by 2050, and 2.2 million will die, with a cumulative 51.6 million deaths forecast between 2022 and 2050. While breast cancer is the most commonly diagnosed of the 4, ovarian cancer is the most deadly (based on the ratio of the number of women dying compared to the number diagnosed). And it is uterine cancer that is projected to see the steepest proportional increase in mortality over the coming decades.

Currently, women in low- and lower-middle-income countries face the greatest likelihood of dying once diagnosed. Looking ahead, regions such as Africa and the Eastern Mediterranean are expected to see incidence and mortality more than double, with mortality rising faster than incidence across every World Health Organization region.

Global initiatives for breast and cervical cancer, led by the World Health Organization, are beginning to shape national cancer strategies, catalysing investment in awareness, early detection, and treatment. However, uterine and ovarian cancers remain largely absent from global targets, implementation frameworks, and accountability mechanisms, despite their growing burden and many shared service needs.

This risks entrenching a two-tier approach to women's cancers, in which some cancers benefit from coordinated, system-wide action while others remain comparatively invisible in policy and planning. Yet modelling featured in this report shows that extending the Global Breast Cancer Initiative's goal of a 2.5% annual reduction in mortality to uterine and ovarian cancers, as well as extending it to include women of all ages, could avert an estimated 11.8 million deaths between 2022 and 2050 across all 3 cancers, including 2.5 million from ovarian cancer and 1.3 million from uterine cancer, and reduce annual deaths across the three cancers by around 849,000 by 2050.

The stakes are profound. Women's cancers already impose immense economic costs, running into the trillions of dollars globally. Furthermore, each death reverberates through families and communities, with an estimated 7 million children worldwide who have lost their mother to cancer. Treating women's cancers as a coherent group, and fully integrating uterine and ovarian cancer into existing women's cancer frameworks, would not require building new systems from scratch. Rather, it would mean strengthening and extending the structures now being put in place for breast and cervical cancer so that no woman is left behind, wherever she lives and whichever women-specific cancer she develops.

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1. Introduction

Each minute 7 women are diagnosed with 1 of the 4 major women's cancers - breast, cervical, uterine and ovarian.[1] And that number is growing, by 2050 that will be 11 women.[2]

4.3 million women die from cancer every year and nearly 1 in 3 of these deaths is from either breast, cervical, uterine or ovarian cancer.[3] That's 5 women dying every 2 minutes from one of these cancers. By 2050 that will have risen to 8.[4]

This report explores the data available on the current cancer burden for the 4 cancers. It looks at how incidence and mortality are distributed across cancers, income and region. It then charts the forecast increase in both incidence and mortality up to 2050.

It considers the difference the global initiatives in breast and cervical cancer are making / are expected to make, and how more women could benefit if the same focus was brought to bear on uterine and ovarian cancer. It shows how by introducing comparable targets for these 2 cancers, enabling them to benefit from the investment already taking place in women's cancer services, millions more deaths could be prevented. And it presents the case of why this matters, the social and economic impact of too many women being lost too early to cancer.

By the time you've finished this report another 30 women will have died from 1 of these 4 women's cancers, another 151 will die in the next hour and another 3,615 in the next day.[5] But it doesn't have to be this way. Small and incremental change can make a difference and it can save lives.

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[1] Figures taken from the International Agency for Research on Cancer, World Health Organization. Global Cancer Observatory. Data for 'today' taken as 2022. ICD 10 codes used: Breast C50, Cervical C53, Uterine C54 and Ovarian C56.
[2] 2022 = 7.05 diagnoses per minute (3,704,112/525,600) 2050 = 10.8 diagnoses per minute (5,681,239/525,600)
[3] Global Cancer Observatory. Mortality (2022) for all cancers excluding non-melanoma skin cancer.
[4] 2022 = 2.5 deaths per minute (1,319,656/525,600) 2050 = 4.2 deaths per minute (2,215,237/525,600).
[5] As per footnote 4. Full figure (without rounding) used in calculations.

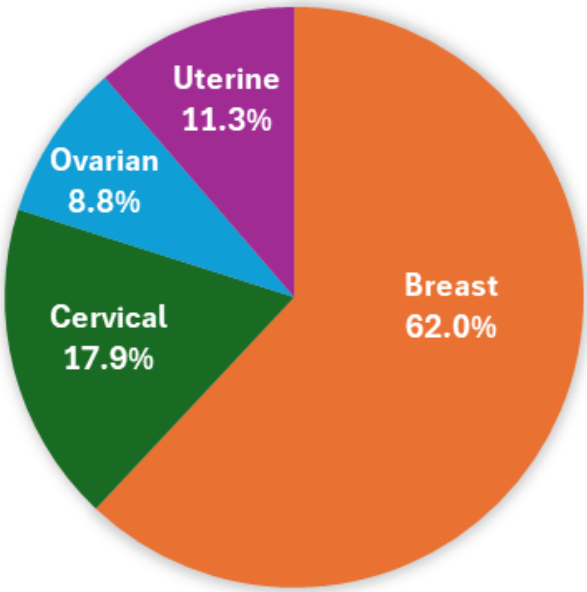
2. Women's Cancers Today

The picture across all 4 cancers

Drawing on the baseline for current GLOBOCAN estimates, **in 2022 it was predicted that 3,704,112 women across the world would receive a diagnosis for breast, cervical, uterine or ovarian cancer**.

Chart 1 presents the distribution of incidence by cancer type, with nearly two thirds of cases breast cancer and nearly a fifth cervical cancer.

Chart 1: Distribution of breast, cervical, uterine and ovarian cancers (2022)

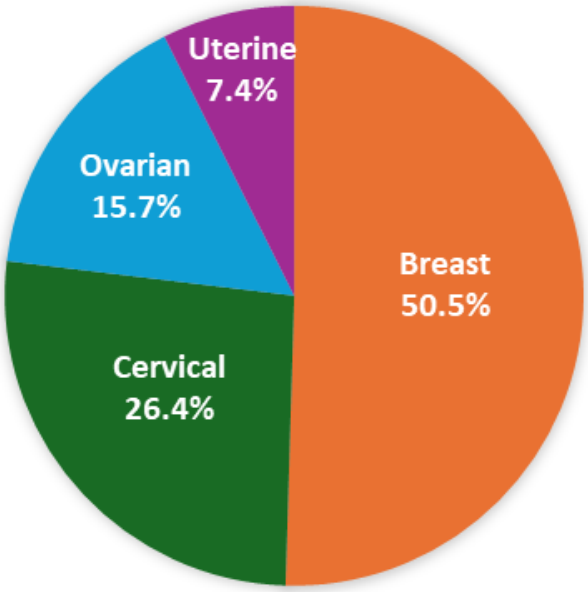


Source: Global Cancer Observatory

Total cases: 3,704,112

Chart 2 shows how the picture changes when looking at deaths caused by the same 4 cancers. **1,319,656 women were predicted to die in 2022**, but breast cancer now accounts for just over half of all deaths while cervical cancer rises to over 1 in 4 and ovarian cancer accounts for 1 in 6 deaths.

Chart 2: Deaths broken down by cancer type (2022)



Source: Global Cancer Observatory Total deaths: 1,319,656

Breast cancer might be the most common of the 4, but it is ovarian cancer that is the most deadly as can be seen by looking at the mortality to incidence ratio for the 4 cancers. While not to be conflated with survival data, the ratio shows that in terms of numbers dying, more women are dying per diagnosis from ovarian cancer than any of the other 3 cancers.

Table 1: Mortality to incidence ratio for breast, cervical, uterine and ovarian cancer (2022)

Cancer	Mortality to incidence ratio[6]
Breast	0.29
Cervical	0.53
Uterine	0.23
Ovary	0.64

Source: Global Cancer Observatory

The picture according to country income

Table 2 shows how these 4 cancers are more common in high- and upper-middle-income countries, both in terms of numbers and by age standardised rates (ASR).

However, when it comes to mortality, Table 2 shows over half of all deaths occurring in the upper 2 income bands but when looking at the ASRs these are higher for the lower 2 bands. Put starkly, **while women in high- and upper-middle-income countries have a greater chance of developing either breast, cervical, uterine or ovarian cancer, an individual woman's chances of dying from one of these 4 cancers are greatest in lower-middle- and low-income countries.**

[6] The mortality to incidence ratio has been calculated by dividing the number of deaths by the number of new cases for 2022. This is not to be confused with survival metrics as the populations for the 'incidence' and 'mortality' cohorts will only partially overlap. While preferable to use age standardised rates these are not available for future caseload forecasts so crude numbers have been used to ensure consistency throughout the report.

Table 2: Incidence and mortality by World Bank classification for breast, cervical, uterine and ovarian cancer combined (2022)

World Bank classification	Incidence		Mortality	
	Number	ASR (World)	Number	ASR (World)
High-income	1,238,756	115.1	310,350	21.5
Upper-middle-income	1,296,636	69.8	407,944	19.8
Lower-middle-income	1,003,610	60.5	505,078	30.9
Low-income	147,277	63.9	88,846	40.1
Total	3,686,279[7]	75.9	1,312,218	25.4

Source: Global Cancer Observatory

The American Cancer Society's 'Global Burden of Cancer in Women' study reported similar findings, reporting that in general 'all-sites' rates of cancer are highest in high-income countries but it is among low- and middle-income countries that we see the highest mortality rates.[8] And the VENUSCANCER project (focusing on breast, cervical and ovarian cancer) found that while access to treatment that follows internationally recognised guidelines for women diagnosed with early stage disease was improving in low- and middle-income countries, too few women are being diagnosed early enough to benefit from this.[9]

This unequal impact of the 4 cancers can be seen even more clearly by looking at the mortality to incidence ratio. Table 3 shows that **the proportion of women dying in low-income countries is more than twice as high than those dying in high-income nations.**

[7] Differences in methodology mean that in places the global total may differ from the sum of income band or regional groupings.
[8] American Cancer Society (2016) Global burden of cancer in women: current status, trends and interventions.
[9] Allemani, C et al. (2025) Global variation in patterns of care and time to initial treatment for breast, cervical, and ovarian cancer from 2015 to 2018 (VENUSCANCER): a secondary analysis of individual records for 275,792 women from 103 population-based cancer registries in 39 countries and territories. The Lancet 406: 10517, 2325-2348.

Table 3: Mortality to incidence ratio by World Bank classification for breast, cervical, uterine and ovarian cancer combined (2022)

World Bank classification	Mortality to incidence ratio[10]
High-income	0.25
Upper-middle-income	0.31
Lower-middle-income	0.50
Low-income	0.60
Total	0.36

Source: Global Cancer Observatory

Digging deeper, Table 4 shows that the higher incidence rates in high-income countries are driven in large part by breast cancer diagnoses, screening can be expected to play a part in this along with a number of lifestyle factors.[11]

Table 4: Incidence broken down by World Bank classification and cancer (2022)

World Bank classification	Breast	Cervical	Uterine	Ovarian
	ASR (World)	ASR (World)	ASR (World)	ASR (World)
High-income	83.9	7.5	15.8	7.9
Upper-middle-income	40.8	14.2	8.5	6.3
Lower-middle-income	33.2	16.9	4.0	6.4
Low-income	30.6	25.4	2.9	5.1

Source: Global Cancer Observatory

[10] The mortality to incidence ratio has been calculated by dividing the number of deaths by the number of new cases for 2022. This is not to be confused with survival metrics as the populations for the 'incidence' and 'mortality' cohorts will only partially overlap. While preferable to use age standardised rates these are not available for future caseload forecasts so crude numbers have been used to ensure consistency throughout the report.

[11] Bray F, Laversanne M, Sung H et al. (2024) Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin 74:3, 229-263.

The picture by region

Table 5 shows that the highest numbers of diagnoses are in the Western Pacific, Europe and the Americas, which together account for 70% of all cases. Although when looking at the ASR, only the Americas and Europe have a rate higher than 100 - indicating that the crude numbers for the Western Pacific are driven by population size.

Mortality figures are highest for South-East Asia, but the ASR is highest for **Africa, which has a mortality rate almost 80% higher than the global average**. This reflects the strong overlap between low-income countries (which have a mortality rate of 40.1) and African nations with 21 of the 25 countries classed by the World Bank as low-income in Africa.[12]

Table 5: Incidence and mortality by World Health Organization region for breast, cervical, uterine and ovarian cancer combined (2022)

	Incidence		Mortality	
	Number	ASR (World)	Number	ASR (World)
Africa	295,086	78.2	165,471	45.6
Americas	761,660	102.3	203,778	24.6
East Mediterranean	175,304	55.1	77,857	25.6
Europe	887,481	104.5	277,094	26.1
South-East Asia	617,637	55.9	324,188	29.4
Western Pacific	965,321	66.6	270,517	16.4
Total	3,702,489	76.0	1,318,905	25.4

Source: Global Cancer Observatory

[12] Based on 2026 World Bank classifications

3. Women's Cancers Tomorrow

The picture across all 4 cancers

The picture when it comes to cancer diagnoses is not static. **By 2050 an estimated 5,681,239 women will be diagnosed with breast, cervical, uterine or ovarian cancer each year, a 53.4% increase compared to 2022.**

Table 6 shows that while breast cancer accounts for the majority of the increase, all 4 cancers are predicted to see numbers rise. **Breast cancer dominates with an additional 1.3 million cases** but proportionately uterine cancer diagnoses see the sharpest rise, increasing by just over 60%.

Table 6: Estimated number of new cases from 2022-2050 by cancer type

Cancer	2022	2050	% increase
Breast	2,296,840	3,553,037	54.7%
Cervical	662,301	948,116	43.2%
Uterine	420,368	676,296	60.9%
Ovarian	324,603	503,790	55.2%
Total	3,704,112	5,681,239	53.4%

Source: Global Cancer Observatory

Table 7 shows how mortality is also due to rise, reaching a total of **2,215,237 deaths in 2050**.[13] Numerically the greatest increase is due to occur in breast cancer, with an additional 472,052 women due to die each year by 2050 and **the greatest percentage increase is for uterine cancer, with the number of annual deaths due to nearly double**.

[13] Future forecasts by GLOBOCAN are produced by taking current incidence and mortality figures and mapping these against future population predictions. They do not factor in or make assumptions as to the likely impact of the World Health Organization initiatives in breast and cervical cancer, including the increasing roll-out of the HPV vaccine and its expected impact on cervical cancer incidence.

Table 7: Estimated number of deaths from 2022-2050 by cancer type

Cancer	2022	2050	% increase
Breast	666,103	1,138,155	70.9%
Cervical	348,874	542,825	55.6%
Uterine	97,723	183,093	87.4%
Ovarian	206,956	351,164	69.7%
Total	1,319,656	2,215,237	67.9%

Source: Global Cancer Observatory

However, **it's ovarian cancer that is the most deadly**. Taking the mortality to incidence ratio, the rate in 2050 is 0.32 for breast cancer, 0.57 for cervical cancer, 0.27 for uterine cancer and 0.70 for ovarian cancer.[14] While it is not the same women in the incidence/mortality cohort, taken as a proxy it indicates that **for every 10 women diagnosed with ovarian cancer, 7 will die**.

The cumulative number of deaths across all 4 cancers between 2022 and 2050 will be 51,556,259.[15] To put that number into context, that's more than **7 times the number of reported deaths as a result of Covid-19**[16] or a population the size of South Korea.[17] Furthermore, as stands, 1 in 4 of the deaths in 2050 will occur in cancers not covered by the current women's global cancer initiatives.

The picture according to country income

Taking the 4 cancers collectively, Chart 3 shows how **the number of new cases will start to plateau in higher-income nations over the next 2 decades but this is set against projected rises in lower-income countries.**

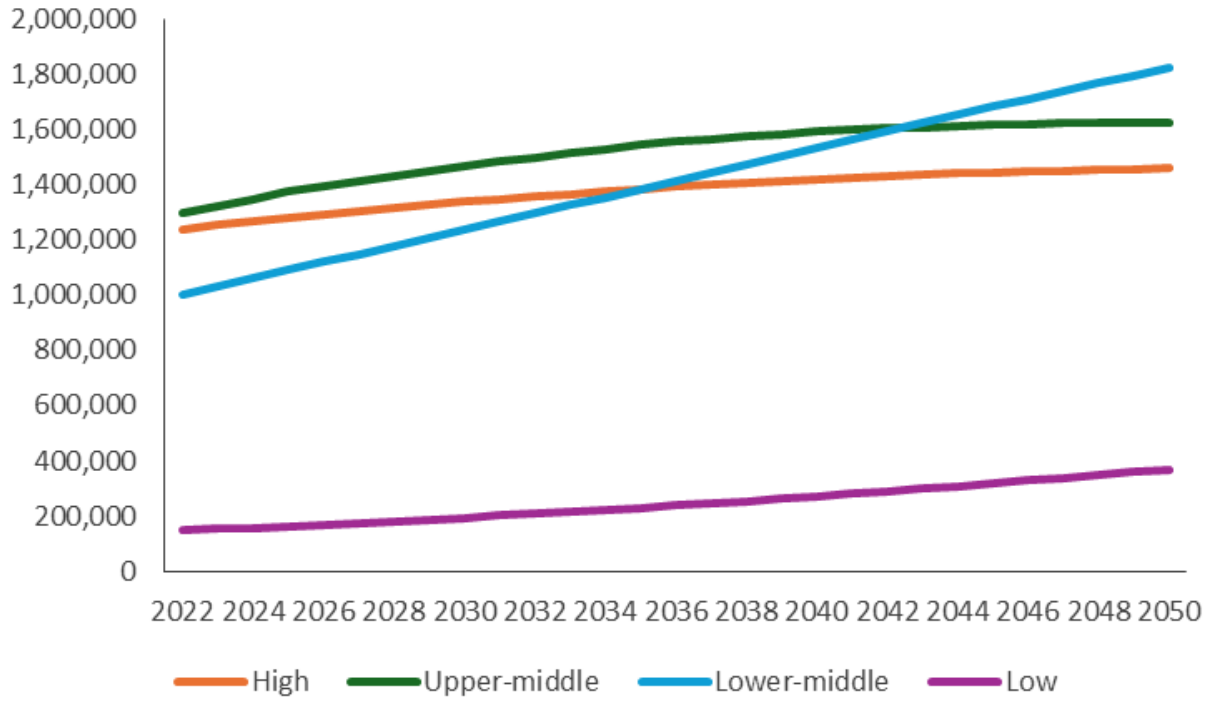
[14] The mortality to incidence ratio has been calculated by dividing the number of deaths by the number of new cases for 2050. This is not to be confused with survival metrics as the populations for the 'incidence' and 'mortality' cohorts will only partially overlap. While preferable to use age standardised rates these are not available for future caseload forecasts so crude numbers have been used throughout the report to ensure consistency.

[15] Linear interpolation based on GLOBOCAN datapoints for 2022, 2025, 2030, 2035, 2040, 2045 and 2050.

[16] World Health Organization Covid-19 dashboard

[17] World Health Organization

Chart 3: Estimated number of new cases by World Bank classification 2022-2050



Source: Global Cancer Observatory

This is in line with overall cancer trends, where the greatest relative increase is set to be felt in lower-income nations.[18] Charts 4, 5, 6 and 7 show the predicted changes in the numbers of women diagnosed with breast, cervical, uterine and ovarian cancer by country income between 2022 and 2050.

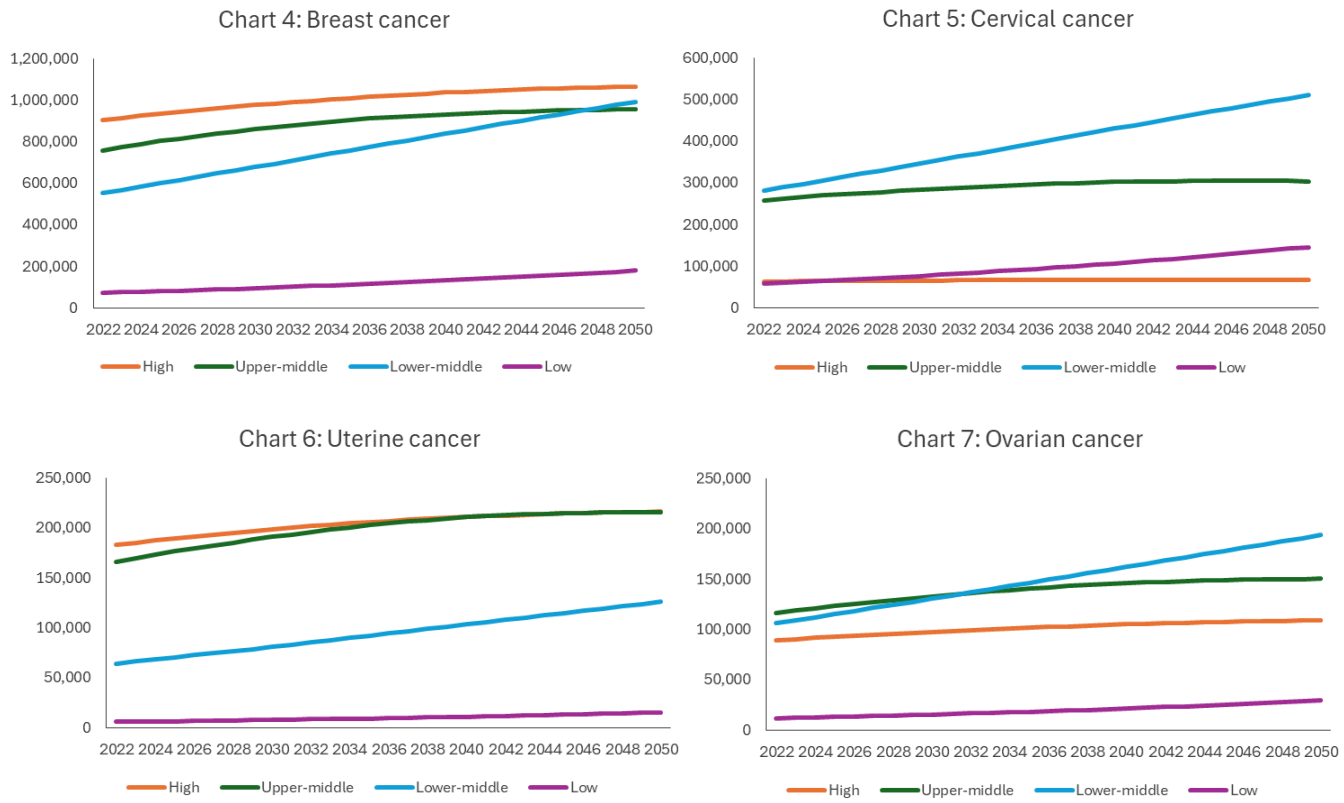
In breast cancer (chart 4), cases can be seen to start to plateau in high- and upper-middle-income countries whereas lower-income countries have a striking growth in the number of women predicted to be diagnosed. **In the forecast caseload for cervical cancer (chart 5), the relatively flat numbers for high-income nations could be an indicator of the impact of screening (given cervical cancer screening checks for pre-cancerous cells).**[19] In contrast, cervical cancer cases are predicted to rise significantly in low- and lower-middle-income countries. Uterine cancer (chart 6) follows a similar trend to breast cancer, with cases in higher-income countries starting to plateau but strong growth in lower-income countries (while the growth in low-income countries is less visible, this reflects the relatively low case numbers of

[18] Bray F, Laversanne M, Sung H, et al. (2024) Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin 74:3, 229-263.

[19] Sankaranarayanan R (2014) Screening for cancer in low- and middle-income countries. Ann Glob Health. 80:5, 412-7.

5,931 in 2022 - cases are due to more than double over coming decades). Finally, ovarian cancer (chart 7) sees cases staying fairly steady in high- and upper-middle-income countries, but due to rise in low- and lower-middle-income countries between 2022 and 2050.

Charts 4-7: Estimated number of new cases from 2022-2050 by cancer type and country income (World Bank classification)



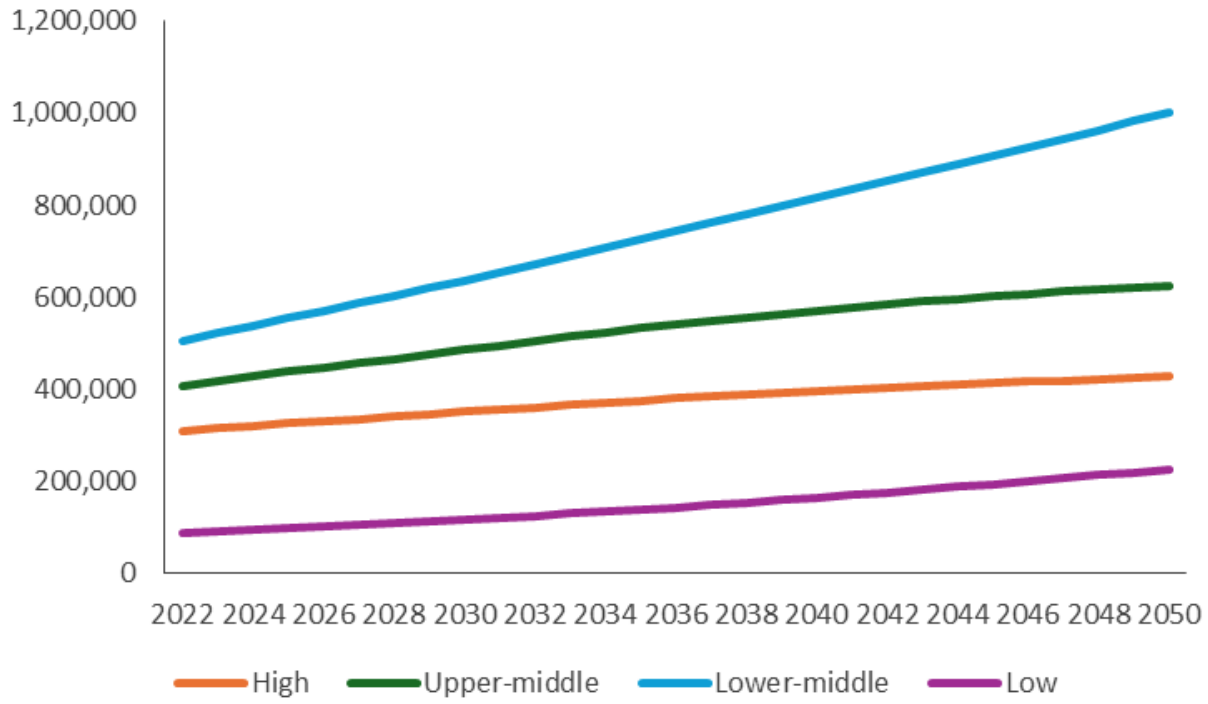
Source: Global Cancer Observatory

Together with ovarian cancer, uterine cancer is projected to add a rapidly growing burden that current global initiatives do not directly address, despite sharing many of the same service needs.

Turning to mortality, Chart 8 shows **the most visible rise in the number of deaths is due to take place in lower-middle-income countries, although the greatest increase in percentage terms is for low-income countries which will see deaths more than double, rising by 154.9%.** This reflects rising life expectancy in these countries as a result of increasingly successful public health interventions in areas

such as infectious diseases and maternal and infant mortality.[20] Deaths in high- and upper-middle-income countries can be seen to start to plateau.

Chart 8: Estimated number of deaths by World Bank classification 2022-2050

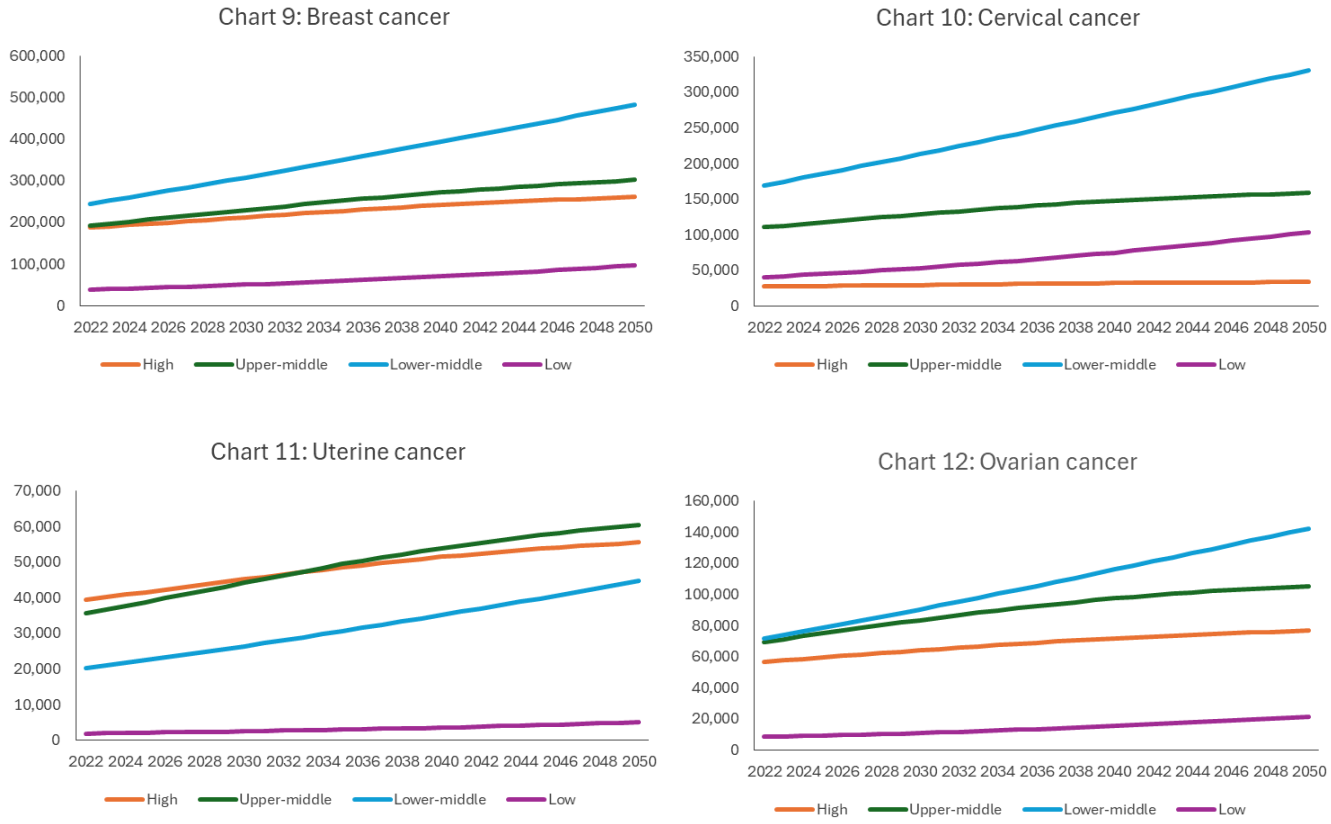


Source: Global Cancer Observatory

Breaking down mortality forecasts by cancer in Charts 9-12, **deaths resulting from breast cancer (chart 9) increase most sharply in low- and lower-middle-income countries**. **Cervical cancer (chart 10) deaths are forecast to rise sharply in low- and lower-middle-income countries,** reflecting a negative correlation with socioeconomic development.[21] **For upper-middle-income countries, uterine cancer (chart 11) is the sharpest rising cancer in terms of deaths across the 4 cancers,** although within uterine cancer itself it's low- and lower-middle-income countries that see the greatest increase. **Ovarian cancer (chart 12) deaths are due to go up across the income bandings, although they are due to rise most steeply in lower-income countries**.

[20] American Cancer Society (2016) Global burden of cancer in women: current status, trends and interventions.
[21] Lin S, Gao K, Gu S, You L, Qian S, Tang M, Wang J, Chen K, Jin M. (2021) Worldwide trends in cervical cancer incidence and mortality, with predictions for the next 15 years. Cancer 127:21, 4030-4039.

Charts 9-12: Estimated number of deaths from 2022-2050 by cancer type and country income (World Bank classification)



Source: Global Cancer Observatory

The picture by region

Every World Health Organization region is predicted to see incidence rise, but the increases in incidence in the African and Eastern Mediterranean regions in Table 8 are most noticeable, with numbers more than doubling across all 4 cancers. And while the European Region sees the lowest increases across all 4 cancers, cervical cancer in particular is due to increase by just 0.8%.

Table 8: Estimated increase in incidence (2022-2050) by World Health Organization region and cancer

	African	The Americas	South-East Asia	European	Eastern Mediterranean	Western Pacific
Breast	141.5%	48.8%	68.2%	14.5%	105.9%	19.3%
Cervical	146.0%	34.5%	66.7%	0.8%	119.5%	10.0%
Uterine	162.1%	51.9%	80.6%	16.3%	139.4%	17.5%
Ovarian	140.2%	50.6%	71.0%	16.3%	116.1%	22.3%
Total	144.0%	47.9%	68.7%	13.9%	110.5%	17.6%

Source: Global Cancer Observatory

Table 9 gives the percentage increase for mortality across the regions. The African and Eastern Mediterranean regions have the sharpest increases and across all regions mortality is rising faster than incidence.

Table 9: Estimated increase in mortality (2022-2050) by World Health Organization region and cancer

	African	The Americas	South-East Asia	European	Eastern Mediterranean	Western Pacific
Breast	145.5%	68.4%	88.9%	32.3%	129.0%	50.8%
Cervical	152.2%	49.6%	82.1%	12.0%	135.1%	39.2%
Uterine	172.8%	74.9%	108.4%	35.6%	166.6%	59.3%
Ovarian	151.5%	65.9%	89.0%	26.6%	136.5%	46.7%
Total	149.7%	65.0%	87.1%	29.3%	132.6%	47.7%

Source: Global Cancer Observatory

4. Could the future be different?

50 million deaths by 2050 is a sobering prospect, but there are reasons to be hopeful.

To date the World Health Organization has 2 global initiatives focused on women's cancers:

- The Global Breast Cancer Initiative, launched in 2021 with the objective of reducing global breast cancer mortality by 2.5% per year until 2040.
- The Cervical Cancer Elimination Initiative, launched in 2020 with the objective of eliminating cervical cancer within the next century.

The global focus on these 2 cancers can be felt in national cancer plans. In 2025, the World Ovarian Cancer Coalition examined a sample of 18 cancer plans covering a mix of nations and states.[22] Breast cancer is referenced in every single plan and cervical cancer in every plan but one. While ovarian cancer is referenced in around three quarters of the national cancer plans reviewed, it is often included only in epidemiological summaries rather than as a focus of dedicated policy action, targets, or implementation frameworks—limiting its impact on outcomes. Uterine cancer is referenced in 9 plans.

The absence of a global focus on uterine and ovarian cancer, 'despite their growing burden' was called out in the recently released Bridging the Gap report. The authors make the case that there are unique aspects to women's cancers that require a specific focus - in particular the gendered barriers that women can face to accessing timely diagnosis and treatment.[23]

Cervical cancer is in the currently unique position where a combination of a vaccine and screening that can identify pre-cancerous cells makes elimination a viable strategy. If successful, the Cervical Cancer Elimination Initiative estimates that the median cumulative number of lives saved will be 300,000 by 2030 and more than 14 million by 2070.[24]

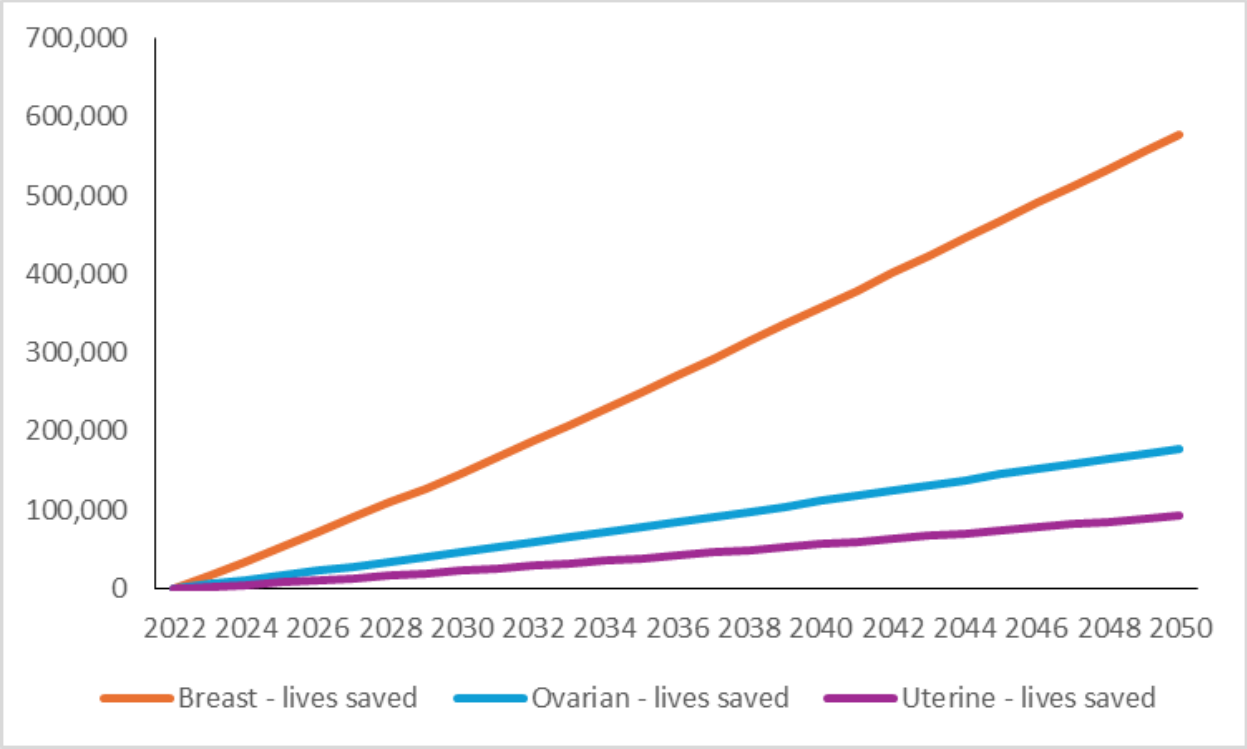
[22] The cancer plans examined came from Australia, Brazil, California, Canada, China, Ethiopia, France, Kazakhstan, Kenya, Malawi, Malaysia, Nigeria, Poland, Puerto Rico, Senegal, Suriname, UK exc. England and the United States.
[23] Manzano A, Košir U, Hofmarcher T (2025) Bridging the gap in women's cancers care: a global policy report on disparities, innovations and solutions. IHE REPORT 2025:12, IHE: Lund, Sweden.
[24] World Health Organization (2020) Global strategy to accelerate the elimination of cervical cancer as a public health problem.

In contrast, breast cancer, and the components of the breast cancer strategy, bears greater similarity to the approaches needed to bring down uterine and ovarian cancer deaths; public health education, timely diagnosis, and effective treatment.

The Global Breast Cancer Initiative has set the goal of reducing mortality by 2.5% per year. Focusing on women under 70, this relatively modest target could save 2.5 million lives over the course of 20 years.[25]

Were the same goal to be extended to uterine and ovarian cancer, Chart 13 shows the impact a 2.5% annual reduction in mortality across breast, uterine and ovarian cancers between 2022 and 2050 would have, and the lives that could be saved - looking at all ages, not just women under 70.[26]

Chart 13: Lives that could be saved per year through an annual 2.5% reduction in mortality (all ages)



Source: Global Cancer Observatory

[25] World Health Organization (2023) Global breast cancer initiative implementation framework: assessing, strengthening and scaling up of services for the early detection and management of breast cancer.
[26] While the Global Breast Cancer Initiative has focused on 2040 in terms of measurement, this report has focused on data spanning 2022-2050 hence extending the timeframe used in Chart 15 to match.

By 2050, that would mean 849,000 fewer deaths each year across the 3 cancers. The cumulative number of lives saved spanning 2022-2050 would be 11.8 million (8 million fewer women dying from breast cancer[27], 1.3million fewer women dying from uterine cancer and 2.5 million fewer women dying from ovarian cancer).

While action is already planned in breast cancer, the lives that could be saved in uterine and ovarian cancer would be additional and could be achieved by extending the service development and investment already underway as a result of the 2 existing women's cancer initiatives.

In comparison to breast and cervical cancer, uterine and ovarian cancer cannot rely on vaccination or population screening, making outcomes highly dependent on awareness, referral pathways, diagnostic capacity, surgery, and access to systemic therapy. With the investment taking place in women's cancer health structures as a result of the existing 2 initiatives, it risks being a missed opportunity not to extend the focus to include ovarian and uterine cancer.

[27] The figure is higher than the 2.5 million in the Global Breast Cancer Initiative because it includes women of all ages and extends up until 2050. For comparison, an annual 2.5% reduction in mortality in women under 70 between 2022 and 2050 would save 4.4 million lives and the remainder of the difference is accounted for by the inclusion of women of all ages.

5. Why does this matter?

Each death as a result of any of these 4 cancers has profound implications for both society and national economies more widely.

The 'value of life years lost' to cervical cancer was placed at US$71.9 billion in 2019.[28] It was estimated that in 2021 the global macroeconomic cost of breast cancer was US$2,538.8 billion.[29] And figures from the World Ovarian Cancer Coalition's Socioeconomic Burden of Ovarian Cancer study, found that in 2023 the socioeconomic losses from ovarian cancer across the 11 countries featured in the study alone totalled US$70 billion.[30]

Every life lost also has a social impact. Guida et al 2020 estimate the number of orphans resulting from maternal cancer mortality.[31] In 2020 they estimated there were 7 million children living without a mother due to cancer and each year over 1 million more lose their parent. Half of these deaths could be attributed to women's cancers (24.5% result from breast cancer, 19.8% from cervical cancer and 5.6% from 'other female specific'.)

6. Conclusion

The growing burden of women's cancers is impossible to ignore. Within this trend, ovarian and uterine cancer are emerging as increasingly important drivers of premature mortality—yet they remain largely invisible in global scorecards and investment plans. If nothing changes, by 2050 2.2 million women a year will die of either breast, cervical, uterine or ovarian cancer, with over half of these deaths occurring in low- and lower-middle-income countries.

Global initiatives focused on breast and cervical cancer show the value of coordinated targets, accountability, and system-wide action. However, the evidence presented in this report shows the growing need for this effort to be extended to

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[28] Bencina G, Oliver E, Meiwald A, Hughes R, Morais E, Weston G, Sundström K (2024) Global burden and economic impact of vaccine-preventable cancer mortality. Journal of Medical Economics 27(sup2) 9–19.
[29] Mao Y, Chu X, Xie F, Fu L, Ding Z, Zhang W, Zhang Q, Tang C, Zhu S, Cao W, Hu B (2025) Estimates and projections of the global economic cost of breast cancers from 2021 to 2050. Front. Endocrinol. 16:1692619.
[30] Hutchinson B et al. (2025) Socioeconomic burden of ovarian cancer in 11 countries. JCO Glob Oncol 11.
[31] Guida F, Kidman R, Ferlay J et al. (2022) Global and regional estimates of orphans attributed to maternal cancer mortality in 2020. Nature Medicine 28, 2563–2572. Breakdown given for prevalent maternal orphan population.

include uterine and ovarian cancers. These cancers cannot rely on screening or vaccination but could benefit from the investment in women's cancer services now taking place as a result of the current initiatives. Their exclusion from global strategies risks creating a two-tier approach to women's cancer control; women do not experience their health in neatly segmented boxes and cancer services should take a more holistic approach that reflects this.

The data also show that modest, system-wide improvements in awareness, diagnosis, referral, surgery, and treatment—similar to those being pursued for breast cancer—could save millions of lives across breast, uterine, and ovarian cancer over the coming decades. This highlights a clear opportunity: integrating uterine and ovarian cancer into existing women's cancer frameworks would not require creating entirely new systems, but rather strengthening and extending those already in place.

Addressing women's cancers as a coherent group—reflecting shared pathways, shared barriers, and shared opportunities for impact—offers a more equitable, efficient, and future-proof approach.

For the World Health Organization, major foundations, and global partners, the evidence presented in this report highlights an opportunity to build on current women's cancer initiatives, indicators, and funding frameworks in ways that incorporate ovarian and uterine cancer alongside breast and cervical cancer.

Ensuring that uterine and ovarian cancers are fully embedded within global women's cancer strategies will be essential if the ambition of reducing avoidable deaths among women worldwide is to be realised.