

December 28, 2023

Dr. Carolyn Mazure
Chair

White House Initiative on Women's Health Research
Office of the First Lady
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Dr. Mazure:

The Society of Gynecologic Oncology (SGO) applauds President Joe Biden and First Lady Jill Biden for launching the first-ever White House Initiative on Women's Health Research. This initiative marks a crucial step forward in addressing the longstanding issue of women being understudied and underrepresented in health research, which has resulted in substantial gaps in our understanding of women's health needs and disparities. The acknowledgment of this disparity is a testament to the administration's commitment to promoting gender equity and advancing the well-being of women.

The SGO is the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers. Our 2,800 members, who include physicians, nurses, and advanced practice providers, represent the oncology team dedicated to the treatment and care of these patients. The society's purpose is to improve care by encouraging research and disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations interested in patient care, oncology, and related fields. Ultimately, our vision is to eradicate gynecologic cancers.

In 2023, it is estimated that over 114,000 women will be diagnosed with a gynecologic cancer, including cervical, ovarian, uterine/endometrial, vaginal, and vulvar cancers, and more than 34,000 will die in the United States.¹ The most recent global data from 2020 show that almost 1.4 million women were diagnosed with gynecologic cancers and almost 700,000 women died from these cancers.² Significant advances have been made in the field of gynecologic oncology, through diligent research and collaboration with patients eager to be involved. However, the incidence of gynecologic cancers is increasing, and we are seeing stark health care disparities and disproportionate impacts on our most vulnerable citizens and minority populations. SGO looks forward to partnering with you to reverse these alarming trends.

High Impact Research Areas

SGO believes that targeted investments will markedly improve the health outcomes for patients with endometrial cancer and cervical cancer and respectfully requests that the initiative move quickly to support research in these areas. Specifically, endometrial cancer is the most common gynecologic cancer, and the fourth most common malignancy among women in the United States trailing only breast, lung, and colorectal. In 2023, approximately 66,200 new cases of endometrial cancer are expected, and about 13,030 deaths.³ The incidence of endometrial cancer is growing so rapidly that it is expected to be

¹ <https://www.cancer.org/research/cancer-facts-statistics.html>

² <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21660>

³ <https://www.cancer.org/cancer/endometrial-cancer/about/key-statistics.html>

the third most common cancer among women and fourth leading cause of women's deaths by 2040; the mortality rate is increasing more quickly among Asian, Hispanic, and Black women.⁴ Data show that not only is endometrial cancer more common in Black women than White women, Black women have a two-fold higher likelihood of dying from endometrial cancer⁵ with indications that factors other than access to care are responsible for this racial disparity in survival.⁶ Yet, we do not understand what is driving the incidence of this cancer as well as the disparities. Obesity has been linked to increasing the risk of developing endometrial cancer, as well as poorer survival and cancer outcomes, particularly among Asian, Hispanic, and Black women, and merits further study.⁷ Additionally, biologic, genetic, environmental, and social factors also appear to contribute to minority populations being affected by the most aggressive subtypes of endometrial cancer.

Cervical cancer is caused by human papillomavirus (HPV) and is the only vaccine-preventable gynecologic cancer. It is easy to reduce the risk of cervical cancer by screening with a Pap test and/or HPV testing. However, despite the availability of effective screening and an efficacious vaccine, cervical cancer continues to disproportionately affect vulnerable populations. Hispanic women have the highest incidence rate of cervical cancer, followed by non-Hispanic Black women. Black women have the highest mortality rates for cervical cancer.

Despite the tools we have available to prevent cervical cancer, the screening rate has declined dramatically. Between 2005 and 2019, one analysis showed the percentage of women overdue for cervical cancer screenings increased from 14% to 23%.⁸ The same analysis showed that non-Hispanic White women, Asian and Hispanic women were more likely to be overdue for screening, as were women who lived in rural areas, lacked insurance, or identified as lesbian, gay, bisexual, queer, other, or unsure (LGBQ+). Screening continued to plateau in 2020 during the COVID-19 pandemic and gynecologic oncologists have seen a tremendous amount of local advanced cervical cancer as a result.

This data emphasizes how important it is to improve access to screening. We are on the verge of being able to screen for cervical cancer using self-sampling. This alternative method empowers individuals to self-collect their own samples in the privacy of their homes, offering a convenient and non-invasive alternative to traditional screening methods. This approach has the potential to address a persistent cancer health disparity by expanding cervical cancer screening access to reach individuals who are never screened or under-screened. While the self-sampling method has been implemented in other countries, the Food and Drug Administration (FDA) is currently reviewing the evidence to consider approval of self-sampling for use in the United States. Once this review is complete, it will be imperative for the National Cancer Institute to support implementation research to ensure this new screening method is reaching the people most in need.

⁴ <https://pubmed.ncbi.nlm.nih.gov/37963369/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/35143040/>

⁶ Park AB, Darcy KM, Tian C, Casablanca Y, Schinkel JK, Enewold L, McGlynn KA, Shriver CD, Zhu K. Racial disparities in survival among women with endometrial cancer in an equal access system. *Gynecol Oncol*. 2021 Oct;163(1):125-129. doi: 10.1016/j.ygyno.2021.07.022. Epub 2021 Jul 27. PMID: 34325938; PMCID: PMC8562590.

⁷ Clarke MA, Devesa SS, Hammer A, Wentzensen N. Racial and Ethnic Differences in Hysterectomy-Corrected Uterine Corpus Cancer Mortality by Stage and Histologic Subtype. *JAMA Oncol*. 2022 Jun 1;8(6):895-903. doi: 10.1001/jamaoncol.2022.0009. PMID: 35511145; PMCID: PMC9073658

⁸ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788175>

Agency Coordination and Stakeholder Engagement

While we are pleased that the White House has launched this initiative and are optimistic that it will lead to greater investment in research on gynecologic cancers, SGO urges you to ensure that the offices of women's health across agencies better coordinate their efforts and increase collaboration when appropriate. The Department of Health and Human Services (HHS) Office of Women's Health is already responsible for running the HHS Coordinating Committee on Women's Health. With this infrastructure already in place, SGO recommends that this group meet regularly and include representatives from the Department of Veterans Affairs and the Department of Defense who are focused on women's health research. This expanded group should have public meetings and allow for stakeholder comment. Strengthening alignment across these diverse research areas is essential to foster a comprehensive approach, ultimately leading to more impactful advancements in women's health. The Biden administration's dedication to fostering better collaboration within the government will provide for a future where women's health research receives the attention and resources it deserves.

The SGO thanks you for considering these comments. We look forward to working with you to close research gaps and improve women's health. Should you have any questions or wish to discuss these issues further, please contact Erika Miller at emiller@dc-crd.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Angeles', with a stylized flourish at the end.

Angeles Alvarez Secord, MD, MHSc
President, 2023-2024