

# All change: closing the gender gap in oncology



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Two articles<sup>1 2</sup> published on 21 September in *ESMO Open* report on the status of women occupying leadership roles in oncology. Despite the many programmes in place to address this important issue, the findings in these reports confirm that we still have a long way to go if we are to achieve a fair and balanced representation of women at upper management levels. Led by the European Society for Medical Oncology's (ESMO's) Women for Oncology (W4O) Committee, the reports shed worrisome light on the gender gap. The problem, with few exceptions, is global.

While we can be encouraged that an increasing number of women are pursuing careers in the healthcare sector—currently accounting for 75% of the workforce in many countries<sup>3</sup>—access to more senior positions remains largely out of reach for women.

With the significant growth of ESMO's membership due in part to the large number of young women, we share the responsibility to identify and respond to the needs of our female colleagues. We must strive to bridge the gender gap that exists at the upper echelons of our profession, across management boards, representation as speakers at our congresses, as well as leadership prominence within international and national societies.

As importantly, we all need to act at the local level to ensure that the right programmes and measures are in place to achieve equality. This means appointing talents based on a proven ability to assume a given role totally irrespective of gender and making sure that it happens on hiring for university positions, principal investigators or unit heads at our research and clinical centres.

At the research institute that I direct, the Vall d'Hebron Institute of Oncology in Barcelona, 74% of our workforce are female. This mirrors the statistic highlighted in the report.<sup>1</sup> I am as pleased to report that half of

our principal investigators are women and that we are dedicated to providing a bias-free environment that stimulates our faculty to follow their research ambitions, develop their careers and seize on the same, equal opportunities.

In our field, findings from the ESMO W4O report<sup>1</sup> showed that the majority of all society boards consisted of men and that few had women presidents. Interestingly, those with an emphasis on research fared better with more women occupying board positions, including the American Association for Cancer Research, the European Association for Cancer Research and the European Organisation for Research and Treatment of Cancer. To be clear: these appointments were individuals of the highest calibre and fully deserved on merit. We must encourage others to follow this example and guarantee equal access to all these challenging yet rewarding opportunities.

A recent study<sup>4</sup> found that although women represent 53% of bachelor's and master's degree holders, this falls to 43% of PhD graduates and just 28% at the researcher level. While certain regions (including parts of Eastern Europe, Latin America and Southeast Asia) have achieved or are close to delivering on gender parity, women represent only 33% of researchers in the European Union. The numbers in France and Germany (an estimated 25%) and Japan (only 15%) are dismal.

Failure to encourage and promote women in cancer science and medicine negatively impacts our patients. Female doctors bring invaluable qualities to both our profession and our patients.<sup>1</sup> Their career development must feature at the top of our priority list.

A recent global survey<sup>5</sup> of the clinical oncology workforce revealed alarming disparities in access to well-trained clinical oncologists that negatively impact cancer health outcomes. By neglecting to respond to the challenges faced by our female

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colleagues, we are risking further shortfall as promising talents exit the field in part because of the lack of fair evaluations and promotions.

That said, we are also conscious of the risk of similar fallout among young male oncologists. In this respect, ESMO's Young Oncologists Committee (YOC) is aimed at protecting and nurturing our more junior colleagues, irrespective of gender. Equally, the ESMO Leaders Generation Programme also has senior role modelling at its core. I am delighted to note that this initiative has achieved gender balance.

Many junior colleagues—female and male—suffer from burnout. The perennial problem of achieving work–life balance, irrespective of gender, was exposed by ESMO's YOC Burnout Survey.<sup>6</sup> Women of course face the added dilemma and stress of deciding when to start a family. Importantly, the papers<sup>1,2</sup> highlight the lack of work–family balance as the principal barrier to delivering on gender parity in leadership roles by half of male and female participants.

We should find ways to ensure that career advancement can more feasibly and comfortably co-exist with a family and/or private life. As one small step in the right direction, ESMO has started to provide day care at its annual congress.

Due to the natural pressures of life, medical oncologists', regardless of gender, careers are being compromised. We must ensure that supportive policies and mentorship programmes are in place to halt the future of our profession from prematurely exiting their promising careers.

### WHAT MORE CAN BE DONE TO COLLECTIVELY BRING ABOUT CHANGE?

Established in 2015 and currently chaired by ESMO's President-elect, Solange Peters, the ESMO W4O initiative has grown from strength to strength. Activities include dedicated sessions at the annual ESMO Congress, the W4O Award to recognise an individual who has significantly contributed to supporting the career development of women in oncology, and the close monitoring of the representation of women in oncology to better appreciate the obstacles faced by women in achieving leadership status.

Promoting equal access to career development opportunities for female oncologists and providing a networking hub, the W4O agenda is being increasingly embraced, with dynamic networks of women oncology professionals setting up in different countries such as W4O Italy and W4O Hellas.

Despite this progress, as the survey illustrates,<sup>1</sup> we still have a long way to go to ensure that women are fairly and appropriately represented in higher positions, as speakers at oncology congresses, editorial board members and at the highest level of professional societies.

I am an ardent supporter of gender equality and, as noted above, feel that ESMO is moving in the right direction, but this issue extends beyond leading societies as influencers of change. Scientific journals, including ESMO's flagship publication, *Annals of Oncology*, are also working hard to address gender balance issues that are hurting our efforts to fight cancer.

This year marked the appointment of the first woman to hold the post of editor-in-chief in the history of *Nature*. In her debut editorial,<sup>7</sup> Magdalena Skipper observed that her appointment is a reflection of greater diversity in the research community and not simply of gender. She stated that “with human diversity comes diversity of priorities, views and interests, all of which deserve equal prominence”. This reflection is mirrored by these two present articles,<sup>1,2</sup> and personally, I could not agree more.

Prior to Skipper's appointment, *Nature* reported on its own under-representation of women<sup>8</sup> among its editorial staff, the selection of peer reviewers and the male bias in referee suggestions from authors. Moreover, the percentage of female corresponding authors has remained flat at 16% over time.

Last year, *The Lancet*<sup>9</sup> issued a call for papers to better understand the drivers behind today's gender bias in science, medicine and global health in its shared determination to promote action against inequalities.

### #METOO AGAINST HARASSMENT: ALSO A MUST IN CANCER SCIENCE AND MEDICINE

This issue goes beyond fairly considering female talent to senior positions at faculty or board levels, or addressing gender balance at national and international meetings. We are all sadly aware of the scourge—reported by women and men—of bullying and worse still, sexual harassment, in our ranks.

Both are totally unacceptable yet rife according to several reports in both specialised and lay media—and echoed by the survey results. As an example, a recent editorial<sup>10</sup> published by *Science* stated that ‘The scientific community must recognize the difficult conversations that have started and embrace this watershed moment as an opportunity for rapid and essential cultural change.’ The piece continues, ‘The greatest opportunity for cultural change rests with individual scientists, teams, and professional societies.’

Again, I could not agree more. ESMO has a clear responsibility to help trigger these conversations that will collectively bring about essential change. We all need to work harder in eradicating gender stereotyping and ensure that our female colleagues have the same opportunities when pursuing their careers and are equally rewarded based on merit and measured performance.

Unless things change, we will waste the potential contributions of too many of our female students and



trainees opting for careers in cancer research and clinical practice in oncology.

We should all revise our beliefs, perceptions and biases. We should correct our institutional and organisational programmes and policies accordingly to ensure equality. Only then will we truly uphold accessibility and equity in the pursuit of excellence of our dedicated colleagues—male and female.

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