



GENDER EQUALITY IN LEADING CANCER CENTERS

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Summary

Background: Gender equality policy has been instituted in institutions across the European Union and the United States. Based on landscapes drawn over a decade ago about gender inequalities in health management. Oncology is projected to be a significant burden for healthcare systems very soon.

Aim: to record leadership gender status in most prominent oncology institutions in 2022.

Materials and methods: We searched the Organisation of European Cancer Institute website and the National Cancer Center Network Member Institutions website. We recorded the gender of the legal representative of the center (CEO/director).

Results: The Organisation of the European Cancer Institute has a membership of 123 cancer centers, seven outside the European Union.

Those situated in the EU have 17 leaders of the female sex (out of 116; 14,66%). While in the US, there are seven leaders of the female gender (out of 32; 21,88%).

Conclusion: The introduction of gender equality policy in recent years slowly impacts the predominance of the male gender in leading positions of oncology centers.

KEYWORDS: *gender equality, leadership, oncology*

INTRODUCTION

Women represent around 70% of the health workforce but earn, on average, 28% less than men. Occupational segregation (10%) and working hours (7%) can explain most of this gap, but even when considering *equal work*, an *equal pay* gap of 11% remains. The trend of increasing participation of women in highly paid occupations is predicted to narrow this gap by 4% in the coming 20 years(1). The gender equality and women's em-

powerment agenda is recognized in the Sustainable Development Goals (SDGs) and by various UN and government commitments before the SDGs. Exploratory research showed that female oncologists are frequently under-represented in leadership roles. European Society for Medical Oncology (ESMO) Women for Oncology (W4O) implemented gender equality programs in career development. They established international studies on female representation at all stages of the oncology career pathway(2). Based on efforts in the field and the fact that oncology is presumed to be a needy area of expertise, we wanted to paint the current situation in the leadership of oncology centers.

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MATERIALS AND METHODS

We searched the Organisation of European Cancer Institute website and the National Cancer Center Network Member Institutions website. Based on their curriculum vitae, we recorded the gender of the legal representative of the center (CEO/director).

Results: The Organisation of the European Cancer Institute has a membership of 123 cancer centers, seven outside the European Union.

Those situated in the EU have 17 leaders of the female sex (out of 116; 14,66%). While in the US, there are seven leaders of the female gender (out of 32; 21,88%). Interestingly, most female leadership positions are in Finland, Sweden, and Lithuania, but also in Italy and Greece. While in the US, we did not note a geographical pattern.

DISCUSSION

Overall less than 17% of leadership roles in cancer centers are occupied by women. Again, 70% of healthcare workers are women. Lancet Oncology recognized a window for policy to harness this momentum and take concrete action to accelerate the participation of women in highly skilled health occupations by issuing a series of articles on the topic(3,4,5).

One direction could be addressing the 11% gap to achieve equal pay. In line with ILO's Convention No. 100 (Equal Remuneration), ratified by 173 countries, policies should enforce labor rights against sexual discrimination to ensure equal remuneration for men and women workers for work of equal value. Another, provide labor market policies that remove barriers to full-time employment for women, support career advancement, and support gender parity in leadership positions(1).

An essential aspect of oncology is clinical trials. The gender gap in women's leadership in these trials seems to be steadily closing. However, prominent inequalities remain in non-Western countries, advanced study phases, and industry-funded trials and appear to be linked to a gender gap in patient accrual. These observations can serve for the development of strategies to increase women's representation and to monitor progress toward gender equality in PIs of cancer clinical trials(6,7).

Finally, as open acts of discrimination become less socially acceptable, they do not disappear but show themselves in hidden forms. By disavowing and distancing themselves from discrimination, these women exposed the degree to which these issues continue to be pervasive, especially in surgery. Women's ability to identify and resist discrimination is often handicapped by narratives of individualism, gender equality, and normative ideas of gender difference(9). Nevertheless, the gap is slowly closing.

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Sažetak

RODNA RAVNOPRAVNOST U VODEĆIM ONKOLOŠKIM CENTARIMA

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Uvod: Politika rodne ravnopravnosti uspostavljena je u institucijama diljem Europske unije i Sjedinjenih Država, na temelju pregleda stanja rađenih prije više od deset godina o rodnim nejednakostima u upravljanju zdravstvom. Predviđa se da će onkologija vrlo brzo biti značajan teret za zdravstvene sustave i jedno od područja koje će ekspandirati starenjem populacije.

Cilj: Istražiti rodni status upravljačke pozicije u vodećim onkološkim centrima u 2022.

Materijali i metode: Pretražili smo web stranicu Organizacije Europskog instituta za rak i web stranicu institucija članica mreže Nacionalnih centara za rak. Zabilježili smo spol zakonskog zastupnika centra (CEO/direktor).

Rezultati: Organizacija Europskog instituta za rak ima članstvo od 123 centra za rak, sedam izvan Europske unije. Oni koji se nalaze u EU imaju 17 voditeljica ženskog spola (od 116; 14,66%). Dok je u SAD-u sedam lidera ženskog spola (od 32; 21,88%).

Zaključak: Uvođenje politike ravnopravnosti spolova posljednjih godina polako utječe na prevlast muškog spola na vodećim pozicijama onkoloških centara.

KLJUČNE RIJEČI: *rodna ravnopravnost, vodstvo, onkologija*