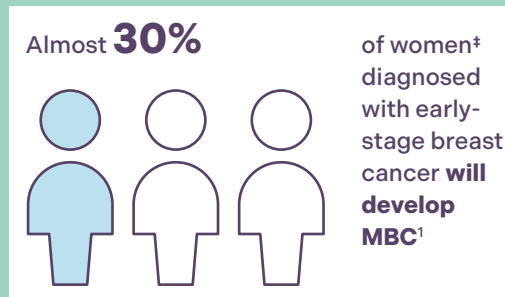
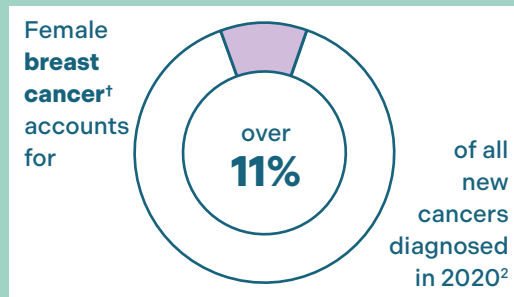


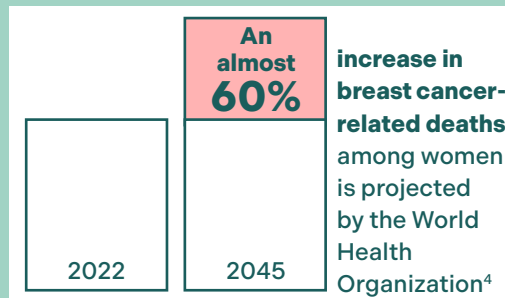
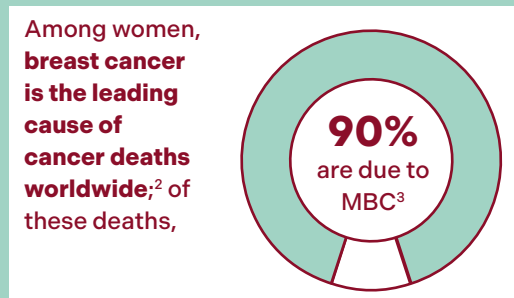
Driving change to reduce inequalities in metastatic breast cancer care

Metastatic breast cancer (MBC)* occurs when cancerous cells from a tumour that developed in the breast spread and grow in a different area or areas of the body.¹ Unlike earlier stages of cancer, MBC cannot be cured in the vast majority of cases – but it can be treated.¹



'I have been surprised and dismayed by the scale of inequalities in access to MBC treatment and care globally. Urgent improvements to policy and practice are needed to reduce disparities and ensure all MBC patients can access the care we need.'⁵

Colleen Foran, patient representative, Canada



Expanded treatment options enable many people to live longer and fulfilling lives with MBC.¹ However, access to these treatments is not equitable.

Current policies often fail to fully recognise or address the unique challenges faced by people with MBC,⁶ with **health inequalities experienced by many and exacerbated in underserved populations.⁷**

To reduce inequalities in MBC care, health system decision-makers and policymakers should:

address structural and systemic barriers to care

ensure access to appropriate care along the pathway

improve patient experience, involvement and empowerment

*MBC is also known as secondary, stage IV or advanced breast cancer.⁸

[†]Around 99% of the total incidence of breast cancer occurs in women.⁹

[‡]Metastatic breast cancer can affect people of all genders. This document uses the terms 'women' and 'men' if the research or data cited specifically describe people assigned female and male at birth.

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