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Perception and Improvisation of Gender Climate in Oncology and Role of International and National Societies

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Women constitute nearly half of the world's population and are making great strides in all professions, including medicine. Unfortunately, despite the apparent progress made by women, many women still have to face the elephant in the room, often ignored and unmentioned *gender bias*, at all stages of their careers.[1,2] Oncology is a rapidly expanding specialty with multiple newer advances and research developments. Integration of women oncologists into mainstream oncology, including leadership positions, is vital in developing a gender-diverse oncology workplace. Combining the assets and skills of men and women oncologists to create a harmonious working environment will go a long way toward an inclusive gender climate in oncology.

Women face several challenges in professional development. The last few decades have seen women striving to come out from their traditional "homemaker" and "mother" roles to professional "career women" roles. However, pregnancy and related ramifications are still primarily womens' concerns in some cultures and continue to slow down the growth of many women professionals, in addition to the other societal perceptions. Constant attempts by women have steadily improved the gender climate in several aspects, like the increasing number of medical graduates and senior author publications.[3–5] However, the positions of power and leadership are still dominated by males as evidenced by the predominant male senior academic positions, senior/first author publications, leadership and managerial positions, professional society chairpersons, and editorial board leaders.[3,6,7]

This is an unmet need, and fortunately, some global professional organizations are making significant efforts to improve gender parity at all levels. There is a focused interest from international organizations especially from the European Society for Medical Oncology (ESMO), which has a dedicated Women for Oncology (W4O) initiative, exclusively meant to uplift women oncologists. Other organizations like the American Society of Clinical Oncology (ASCO), the Society for Immunotherapy of Cancer (SITC), the Indian Society of Medical and Pediatric Oncology (ISMPO), and the Immuno-Oncology Society of India (I-OSI) are also committed to improving the gender balance. We are at the helm of exciting changes and accelerated progress, with different local networks like the W4O Indian initiative, under the auspices of ESMO W4O.

ESMO has over 250,000 members from 160 countries and has a dedicated support program for all oncologists to support and improve their professional careers. For effective human resource development, the fair inclusion of women into career support programs is essential. Visionary presidents such as Dr. Martine Piccart and Dr. Solange Peters

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promoted a committee to focus on under-representation of women in leadership roles in oncology. The ESMO W4O committee, initially chaired by Dr. Peters and then by Dr. Garrido, further refined the ideas and continued to work under the ESMO wing.

When she joined Dr. Solange Peters, the second ESMO woman president, noticed that she was one of the very few women on the ESMO Executive Board. There was an overall expectation that there would be spontaneous resolution of the gender gap with more women oncologists. She presented the facts to the ESMO board that women constituted only less than 15% of ESMO board members, 25% of invited speakers at ESMO meetings, and 30% of ESMO committee members, with no significant changes in the past 10 years.[8] The ESMO board took rapid action and initiated conscious attempts to maintain the gender balance in all the ESMO endeavors. Dr. Solange continued her efforts to increase awareness about the gender gap with keynote presentations, national and international networks, and group discussions. When she was the chair of the W4O committee, there was a focus on power-sharing between male and women oncologists to foster gender equality in the workplace. She highlighted the need to overcome conditioned societal beliefs about the professional roles of women and men oncologists. She was pivotal in increasing the participation of women oncologists from other continents like Asia in core committees as an effort to increase workforce diversity and as an ESMO mission to provide equal opportunities to all. Women oncologists themselves may have entrenched bias and subconsciously hold back from taking on leadership positions; ESMO provides the facility for mentorship programs and programs to build confidence and change negative perceptions about women oncologists and enhance the learning to navigate the obstacles in carrier path. There is an opportunity for distant mentorship as well. With the recognition of the significant barriers to the career advancement of women oncologists, ESMO has worked toward better child-care facilities and modification of the age restrictions for women that may block career progression.

Currently, headed by Dr. Pilar Garrido, W4O continues to be committed to alerting the oncology community to the current gender gap, championing women leaders and fostering their careers by collaborating with national societies. Currently, the W4O committee includes representative members from Asia/India and involves male oncologists also, thereby evolving a good network for improving gender parity. W4O, thus, becomes a "hub" for facilitating the local initiatives. In addition to mentorship sessions and a specific W4O fora at ESMO congresses, there are ongoing and completed studies to measure and monitor the gender disparity in the oncology world.[1,5–7,9] Collaborative work with the national women oncology networks helps bridge the gap between women and men. Tackling gender inequality further, W4O addresses the women issues from the grassroot level by mentorship and roundtable social media discussions that will bring to light the gender gaps at all career levels. W4O tries to encourage female oncologists' good participation in all ESMO academic activities. It appraises the ESMO board about the challenges women face in their careers and works toward the advocacy of women-friendly policies. There is also an annual ESMO Women for Oncology award to recognize the services of people who have significantly worked toward improving gender parity in oncology. ESMO W4O also works toward sensitizing the oncology industry colleagues regarding increasing the number of female principal investigators for funded research projects, an index for the promotion or career progression in most academic institutes.

Oncologists from different countries have started W4O initiatives in their own countries, all working toward collaborative efforts to improve the gender balance in oncology. W4O-Hellas is a distinct non-profit organization working since 2014 in Greece to support women oncologists, help women cancer patients, and encourage cancer prevention activities. W4O-Italy (2018) aims to pave the way for Italian women oncologists to take up leadership positions and overcome gender disparity with special managerial training programs. W4O Italy also collaborates with the other associations supporting women. Spanish Society of Medical Oncology W4O (2019) works to create opportunities for professional development and raises awareness regarding the need for a gender vision before the launch of any scientific initiative. Established in 2020, the Hong Kong W4O (HKW4O) improves communication and networking among women clinical oncologists and medical oncologists. In addition to career support, HKW4O also takes an active interest in women's health, cancer prevention, and care, helping disadvantaged women in the community. W4O-Ireland (W4OIE) aims to improve on the national resources for training and enhancement of women oncologists, and utilise the W4O platform for improving research opportunities.

Under the aegis of ESMO, ISMPO also started an official woman for oncology India initiative (W4O-I) in June 2020, though informal activities were also happening before this time. This initiative attempts to identify and address the challenges women oncologists face in India and support them in career advancement with focused mentorship and training opportunities. By collaborating with other national and international societies, the W4O-I envisages better future oncology gender parity, both at workplaces and in leadership positions in oncology. There are ongoing discussions about policy changes for gender-neutral workplaces and include gender awareness into the curricula/syllabus for Attitude Ethics and Communication modules during primary medical education.[10]

W4O-I encourages gender-balanced participation in ISMPO activities, with dedicated sessions at conferences/meetings and monitors, and reports gender disparity among the oncology community to increase awareness on this issue. W4O-I also provides networking opportunities for women oncologists to collaborate and access better career development opportunities. By becoming more visible, the women oncologists in a leadership role can identify and mentor younger oncologists, grooming them for a leadership role. Similarly, working and networking with senior oncologists provide the younger oncologists a clearer perspective to improving their careers. Societies with women presidents

and board members are more likely to have more women members, thus increasing participation, as evidenced by the I-OSI, the only oncology society in India with women as president and secretary.

The ASCO also provides networking opportunities for women oncologists. It has a dedicated "Women in Oncology" blog site to share insights on navigating careers with personal development challenges. ASCO circulated the best blogs later at the ASCO annual conference. Similarly, SITC has started Women in Oncology Network. The networking prospects are essential, especially for young women oncologists at the beginning of their careers.

How Vast is the Gender Gap?

There has been a continuous effort to measure the actual degree of gender bias in oncology. It is vital to know the existing gender disparity so that all members of the oncology community themselves are aware of the extent of imbalance. There have been successive in-depth surveys to explore the gender climate in workplaces. The ESMO W4O 2016 survey revealed the striking lack of women oncologists in leadership positions and managerial roles compared to their male counterparts. Men more frequently were team leaders, even in teams with more women. The respondents reported that maintaining a work–life balance, societal bias, and lack of role models were significant barriers to career advancement.[1] A similar nationwide survey in India in the oncology sector revealed that men led nearly two-third of the oncology teams. The Indian survey respondents also agreed that the lack of work–family balance, managerial/societal perception of men as leaders, and difficulties in availing research positions/fellowships due to travel requirements are critical roadblocks to success.[6] The barriers are more significant in academic positions, where the career initiation of a woman corresponds to the reproductive period, a crucial dilemma for every young woman academic, the "maternal wall" delaying the academic progress.[11] A survey from Spain among oncologists showed more male division heads, professors, PhDs, clinical research leads, and males had more post-residency travel opportunities. More women (41 vs. 9%) felt that parenthood affected their careers adversely than men.[9] A smaller survey from the Middle East and North Africa exploring gender equality in the workplace had 64% of women reporting that their gender had a moderate to significant impact on their careers. However, 54% of women were in managerial positions.[12] The above surveys paint a picture of the current gender situation, the gap is not just a fissure but a deep gulf between male and women oncologists (►**Table 1**).

Notably, coronavirus disease 2019-20 pandemic seems to have worsened the gender gap. Women seemed to have longer hours of hospital work with less time available for scientific research, likely affecting their careers.[13] Working women have had to bear the brunt of increased domestic responsibilities, especially during the nationwide pandemic-associated lockdowns. Societal biases have also surfaced resulting in many "manels" or predominantly male webinar panels.[11,14,15]

Authorship positions are a vital tool to measure progress in the academic field. W4O authorship study revealed that women were more likely to be first authors than senior authors, more likely represented in the special sections than in main sections, and have a lower h-index than their male colleagues.[5] Only 26% of the leading Indian oncology journal publications had a woman lead/corresponding author, though the situation is improving; the male-dominant authorship is a fact in other branches of medicine and science.[5,6] Some international journals like the *Lancet* have recognized the conspicuous male dominance and increased women's representation in the editorial boards to improve gender balance in authorship.[16,17] The other markers of academic progress like positions of invited speakers, society presidents, and board members are also slowly rising after focused interventions and incentives.[5,8]

Single-mindedly pursuing a career is easier for men than for women, as evidenced by the pattern of work and working hours, time spent on domestic/family chores, and conference attendance rates of males versus women.[18–20] Pregnancy and maternity leave are still viewed with much bias by most employers. Women have to walk a tightrope to balance family commitments, clinical care, and research pursuits, in addition to maintaining and advancing professional skills.[21]

Efforts like fellowship or mentorship options, support for women after maternity leave, more flexibility in education programs and accessible career development/skill development programs, leadership workshops, and better child care facilities at workplace and conference venues are considered helpful for advancing women's careers.[1,6]

There has been a lot of work done in this field, and gender climate is at least a shade or two better than before with extensive efforts at national and international levels. However, it is up to each person to avail all the exciting opportunities and prioritize work responsibilities at appropriate career stages. There are many times when biological factors will take precedence in any woman's life. However, provisions like protected research time during work hours, procuring help at the domestic level to manage households, sharing parenting responsibilities with spouses, scheduling travel/research mentorship/fellowships appropriately with child-rearing stages, and having long-term goals for their careers will take the women oncologists a long way ahead.

Women oncologists should strive to close the deep gender chasm in the oncology workplaces. They should take the initiative to grow leadership qualities and managerial skills and, thus, achieve their best based on their potential. They need to reach for the skies so that they at least reach the mountains, at par with the male oncologists.

To conclude, there is a significant gender gap worldwide in oncology workplaces. The gender disparity is accentuated in leadership positions, editorial boards and invited speaker positions, and senior/first authorship. However, ESMO W4O, with national W4O initiatives, is trying to achieve better gender balance and diversity in the workplace and leadership positions. The oncology community needs to awaken to

Table 1 Comparison of the gender climate using the women for oncology (W4O) survey

Charateristics	ESMO international survey	Indian survey	Spanish survey	MENA survey
No. of respondents	462	324	316	88
Male respondents (%)	22	39	29	0
University hospitals (%)	40	39	95	73
Women-led teams (%)	35	33	NA	41
Unit heads	–	–	12.4% women vs. 45.6% men	
Effect of parenthood on career	–	–	41% women vs. 9% men	26%
No impact of gender	59 vs. 28% women		69 vs. 16% women	
Barriers	Work–life balance, societal pressures, and lack of role models	Work–family balance, family commitments, and societal perceptions	Work–life balance, colleague bias, different career goals, and lack of personal support	Work–family balance, barriers to attending international meetings, and financial constraints related to lower salaries

Abbreviations: ESMO, European Society for Medical Oncology; MENA, Middle East, North Africa.

see the truth of gender disparity, consciously work together to eliminate all forms of gender bias and achieve a gender-neutral professional life for all women.

Conflict of Interest
None declared.

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