

Introduction to Part I. Evidence of social inequalities in cancer

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If the cancer control continuum represents a framework to assess, plan, and prioritize information provision, etiology, prevention, early detection, diagnosis, treatment, survivorship, and end-of-life care of cancer, the measurement of social inequalities at each of these stages offers the opportunity to appraise progress in tackling the root causes of cancer inequalities, as part of cancer control policy.

Part I is centred on *evidence-based social inequalities in cancer*, a reformulation of Sackett's then-novel concept of evidence-based medicine (Sackett and Rosenberg, 1995), which describes the process in which caring for our citizens creates the need for evidence of disparities in the risk factors, diagnosis, prognosis, and treatment of cancer; alongside related health-care determinants, these provide a means to formulate answerable questions that can be assessed and appraised in practice. This book summarizes evidence of social inequalities in cancer, and Part I comprises a series of chapters and focus sections that document valid and applicable evidence of social inequalities. The observations in Part I are then linked to the mechanisms that underpin social inequality in cancer in Part II, and to specific examples of interventions that may reduce future inequality gaps in Part III.

Part I starts with an essay on why cancer inequalities matter, given the amassed evidence that inequalities touch everyone (although the impact is greatest on the poorest in the community), and describes how such inequalities are, by and large, avoidable. Thereafter, an appraisal is given of indicators essential to capture socioeconomic status and thus monitor and evaluate cancer inequalities; some guidance is also provided on how population-level indicators can be routinely collected. The remainder of the chapters represent a world view of the evidence of inequalities in more depth. Included are descriptive comparisons of the cancer burden, both between and within countries, and a review of some of the factors that may drive such inequalities: those related to risk (e.g. the prevalence of certain infectious agents, lifestyle factors, and occupational exposures) and those connected to the underlying health systems and infrastructure (e.g. the availability of and access to early diagnosis and screening, treatment, and palliative care).

Importantly, this part of the book also takes a populations-within-populations approach to identify the marked cancer inequalities in marginalized and disadvantaged communities, including those of Indigenous populations, refugees, and ethnic minorities.

Reference

Sackett DL, Rosenberg WM (1995). The need for evidence-based medicine. *J R Soc Med.* 88(11):620–4.
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