Presented to No 10 Downing Street on October 27th, 2025

The Rt Hon Sir Keir Starmer
Prime Minister
No 10 Downing Street
London, SW1A 2AA

Dear Prime Minister,

As Prime Minister, you are at the forefront of protecting the nation's health. This October, as we mark Black History and Breast Cancer Awareness Months, we appeal to you to take action on behalf of Black women in the UK, who are losing their lives unnecessarily to breast cancer.

Breast cancer is the most prevalent cancer in the UK[i], devastating women's lives and costing an estimated £3.2-3.5 Billion to the UK economy every year.[ii] We are making impressive treatment advances as a whole. However Black women, along with other disadvantaged groups, are being left behind[iii]. Black women suffer from more severe forms of the disease, later-stage diagnoses, worse experiences of care, and lower survival rates. These disparities are not only a matter of life and death, but of social justice and economics.

It is estimated that closing the inequality gap in breast cancer care will save 2000 lives each year, £1.6 Billion in wellbeing savings, and £180-250 Million in economic benefit every year.[iv] We are proposing four pillars of action to achieve this.

Many experts and organisations[v] have studied these issues and published recommendations[vi]. The imperative to reduce inequity is even acknowledged in England's National Cancer Plan[vii] and the cancer strategies of Scotland, Wales and Northern Ireland. Yet actual progress is frustratingly slow. Your government has the chance to lead the way on finally closing the health gap and we appeal to you to act urgently:

Pillar 1. Fund targeted grassroots engagement to catch cancer early

Commit to invest and ringfence significant new funding within England's ten-year Cancer Plan for awareness campaigns and grassroots outreach to engage Black communities around breast cancer.

Why? Black women are significantly less likely to self-check and to be aware of the signs and symptoms of cancer. They have lower screening uptake and are more likely to be diagnosed at later stages.[viii] Detecting cancers earlier saves lives and saves the NHS far more than it would cost. Yet many communities of colour do not feel part of the conversation on cancer. 96% of surveyed Black women going through cancer care said they did not see women of colour represented enough in the media talking about breast cancer.[ix] Without listening to communities, while building trust and empowering them on prevention and care, no amount of innovation to treatment paths will pay full dividends.

Pillar 2. Improve the equity and quality of data to power better treatment

Mandate greater collection and publication of data on breast cancer care and outcomes in England, disaggregated by ethnicity and cancer alliance; and collaborate across devolved nations and globally to establish high-quality cancer registry data, including on cancer relapses and all metastatic cancers.

Why? The more targeted the strategy, the more cost effective and impactful any intervention will be. We can boost accountability and transparency with data disaggregated by ethnicity and cancer alliance. We can also learn from studying this improved data, making sure insights into Black women's needs and treatment paths are factored into future treatment improvements.

Dedicate funding and set clear targets to ensure that the EDITH trial[x] and all clinical trials within your remit achieve representative participation of Black women.

Why? In the UK and globally, Black women are chronically under-represented in clinical trials. Without urgent action, future data collection, findings, treatments, and AI-fueled innovations will continue to underserve the groups most in need of help.

Pillar 3: Drive forward personalised prevention, treatment and care

Form and fund a UK-wide taskforce to pilot targeted risk assessment, prevention, and intervention

Why? Because Black women have unique needs. They tend to develop breast cancer earlier and have higher incidence of more aggressive forms, such as Triple Negative Breast Cancer (TNBC). They tend to have denser breast tissue[xi], which makes cancers harder to detect with standard mammograms, meaning equitable access to alternatives such as MRI, ultrasound, and contrast-enhanced mammography are important. These specificities mean that Black women are less well served by blanket screening approaches and age-based benchmarks. We should be working with international colleagues to understand more about the genetics underlying breast cancer in Black and ethnic minorities. This should help personalise treatments better and enable us to risk-stratify people for both screening and treatment. A dedicated taskforce should design and trial targeted, personalised interventions along these and other lines.

Pillar 4: Improve the experience of Black women going through treatment

Champion anti-racism, cultural awareness, appropriateness and equity across all treatment pathways

Why? It is clear from our work with Black communities that they continue to feel discriminated against, and institutional racism is still quite prevalent, based on current metrics. The reasons behind this are complex. The problem impacts both the level of engagement in health seeking behaviour as well as the delivery of health in an acceptable, culturally competent manner. There is still a lack of education about the medical and cultural significance of differences. A survey of the therapeutic radiography workforce, for example, found that professionals were significantly less confident assessing, managing and teaching skin reactions from radiotherapy on brown and black

skin, compared to white skin.[xiixiii] 65% of Black people say they have encountered discrimination while seeking medical care in the UK[xiv]. There is growing evidence that Black women's pain and health concerns are disproportionately dismissed and that racism is an on-going burden for both medical staff and patients.[xv] There is also inequity in more quantitative aspects of treatment. For example, Black women in England wait 5 days longer than white women on average for their breast cancer treatment to begin after their MDT meeting.[xvi]

Drive greater availability on the NHS of wigs and prosthetics suitable for all skin tones

Why? Around three quarters of surveyed Black Women breast cancer patients were not offered a wig option or a softie/ prosthetic that matched their skin tone.[xvii] The Royal Marsden pilot[*xviii*] could be scaled up in collaboration with the NHS Confederation to address this.

This is your government's opportunity to start closing the health gap for breast cancer care. The eyes of the public and media will be on how your government responds.

We thank you for your leadership in improving the nation's health and urge you to act decisively.

In the words of UK citizen and breast cancer thriver, Victoria Ekanoye: "Nobody should lose their lives simply because of the colour of their skin…and it's down to us all to do something about it."[xix]

With best wishes,

THE SIGNATORIES

Charlotte Coles MB ChB, MRCP, FRCR, PhD, FmedSci, Professor of Breast Cancer Clinical Oncology. Co-Director of Cancer Research UK RadNet Cambridge, Deputy Head of Department of Oncology University of Cambridge, Chair of the Lancet Breast Cancer Commission.

Jean Abraham Professor of Precision Breast Cancer Medicine, Honorary Consultant in Medical Oncology University of Cambridge, Director of Precision Breast Cancer Institute, Cancer Research UK Cambridge Centre, and Trustee of Macmillan Cancer Support.

Nikki Baraclough, Chief Executive Officer of Prevent Breast Cancer.

Dawn Butler MP, Labour Member of Parliament for Brent East.

Leanne Pero MBE. Founder and CEO of Black Women Rising and The Leanne Pero Foundation; award winning entrepreneur, author, advocate and breast cancer survivor.

Timi Okuwa. CEO, Black Equity Organisation of the United Kingdom.

Professor Faye Ruddock. Founder and Chair of Caribbean and African Health Network (CAHN) and Chair of Health Equity, at Institute of Health Equity & Social Justice, University of Greater Manchester.

Julia Bradbury, television presenter, best-selling author, and breast cancer thriver.

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Charles Kwaku-Odoi DL MFPH, CEO at Caribbean & African Health Network (CAHN); Board Member of NHS Race & Health Observatory; Trustee of Terrence Higgins Trust.

Georgette Oni PhD, FRCS, Plast, FEBS. Oncoplastic breast and reconstruction surgeon, Cambridge University Hospitals NHS Foundation Trust; Trustee of Breast Cancer Now.

Samantha Dixon CEO Make 2nds Count: a UK charity giving hope to those affected by secondary (metastatic) breast cancer.

Sophie Dopierala-Bull Director of Services and Engagement for Coppa Feel.

Sigourney Bonner PhD. CEO of Black in Cancer.

Lester Barr MBE Co-founder and honorary president of Prevent Breast Cancer.

Eamonn O'Neal OBE Chair of Prevent Breast Cancer.

Victoria Ekanoye. Patron of Prevent Breast Cancer; Anchor and Executive Producer of Shades of Survival documentary on health equity for Black women with breast cancer; actress; advocate; and breast cancer thriver.

Mr Rajiv Dave MBChB, BSc, MD, FRCSEd, MSc (Global Health Leadership), Consultant Oncoplastic Breast and Endocrine Surgeon, The Nightingale Centre, Prevent Breast Cancer and Honorary Senior Lecturer, University of Manchester.

Dr Sacha J Howell, FRCP PhD Director of the Manchester Breast Centre, Clinical Senior Lecturer, University of Manchester and Honorary Consultant in Medical Oncology, The Christie and Manchester University NHS Foundation Trust.

Azra Zia, Health Inequalities and Community Engagement Officer for Prevent Breast Cancer.

Lesley Stephen MBE, Trustee of Make 2nds Count and metastatic patient, advocating for better care, treatment and support for all MBC patients.

Laura Omonze Urhobo, Founder & CEO, Cancer Care Diaspora & Health Inequalities Campaigner.

Marcella Turner, Founder and Chief Executive Officer, Can-Survive UK – Supporting people living with or affected by cancer.

Dr Olubukola Ayodele Consultant Breast Oncologist, University Hospitals of Leicester NHS Trust and Honorary Senior Lecturer, University of Leicester. Founder of The Ebony Experience with Cancer and Cancer Conversations CIC. Co-Convenor London Global Cancer Week. Trustee British Nigerian Oncology Group and CupArise charities.

Mr. Naman Julka-Anderson, Research Therapeutic Radiographer The Royal Marsden Hospitals, Honorary Appointment at The Institute of Cancer Research, National Clinical Advisor for Allied Health Professionals at Macmillan Cancer Support Charity, REACH Internal Network Chair

at Macmillan Cancer Support Charity, Co-Founder of Rad Chat Oncology Podcast, Social Media and Education Platform, Chair of the Society of Radiographers Radiation Induced Skin Reaction Special Interest Group, Executive Lead for Stakeholder Engagement at the British Indian Allied Health Professionals Association, Radiotherapy UK Charity Ambassador, STEM Learning Ambassador, Education Ambassador Make 2nds Count Charity and Future Dreams Charity Skin & Hair Health Advisory Board.

Esther Onyeka, PublicAffairs and Policy Manager, Caribbean & African Health Network (CAHN); Founder of Our Policy Circle: BAME Policy Professional Community.

David Ayeni and **Hilary Moore** PhD, MBA, MA**:** Director and Producer of Shades of Survival, documentary on health equity for Black women with breast cancer.

SolumKolia Obi MBSC CEO of SolumKolia Breast Cancer Foundation, author, breast cancer advocate and thriver, featured in documentary Shades of Survival.

Abimbola Candy Ekanoye Patron of Prevent Breast Cancer, Breast Cancer Thriver herself, and mother of Breast cancer thriver, Victoria Ekanoye, featured in documentary Shades of Survival.

Nevo Burrell. Breast cancer thriver, diagnosed with breast cancer in 2012, with recurrence in 2025. Patients Advisory Panel, Francis Crick Centre; Patient and Public Involvement member of Reform Project; Media Volunteer for CRUK and Breast Cancer Now; Body acceptance, style and confidence coach for Future Dreams House and Perci Health. Featured in documentary, Shades of Survival.

Rose Ssali, CEO of Support & Action for Women's Network (SAWN), a charity that supports primarily, but not exclusively, Black African women and their families. Several of their members have had a breast cancer diagnoses, but unfortunately many of them are not with us today.

Fola Olurin - CEO of TIE to Wellness CIC, empowering ethnically diverse women's health and wellbeing; Patient Advocate for Health Equity and Cultural Competence; and Breast Cancer Thriver.

Nellie Gbadebo, Social entrepreneur and Founder of Touchy-Feely, women's health advocate and breast cancer survivor.

Louise Court, Director of Strategy for Future Dreams, breast cancer charity.

Sam Jacobs, CEO of Future Dreams, breast cancer charity.

Miss Ann McBrien, metastatic breast cancer patient; breast cancer patient advocate; member of the Northern Ireland Cancer Research Consumer Forum and coauthor of a number of cancer research manuscripts focusing on metastatic breast cancer and inequalities in breast cancer; PPI representative on the Northern Ireland Breast Clinical Trials Group; PPI representative on a number of Department of Health (Northern Ireland) structures responsible for the delivery and transformation of cancer care throughout Northern Ireland.

Electronic Links are provided for all references in Electronic Version of the Letter:

[i] Cancer Research UK (2021) Cancer incidence for common cancers

[ii] Demos (2025) The Cost of Breast Cancer Care: 2025 Update

[iii] The Lancet Breast Cancer Commission (2024) and multiple other publications, included many of those listed below.

[iv] Demos (2025) The Cost of Breast Cancer Care: 2025 Update

[v] Uk organisations focussed on reducing health inequity in breast cancer include: All Party Parliamentary Group on Black Health ; Black Women Rising ; Black in Cancer ; Breast Cancer Now ; Cancer Research UK Breast Cancer Cambridge Centre ; Caribbean and African Health Network ; Future Dreams ; Macmillan Cancer Care ; Make Seconds Count ; NHS Race and Health Observatory ; Prevent Breast Cancer ; Shades of Survival

[vi] Published analysis, studies and recommendations on UK health inequities include, but are not limited to: Breast Cancer Now (2023): Our Blueprint to Transform Breast Screening by 2028 ; Breast Cancer Now: Breast Cancer in Ethnic Communities ; Breast Cancer Now: Overcoming Barriers for Breast Cancer Screening by the Black African Community in the UK ; Cancer Research UK: Triple Negative Breast Cancer ; Cancer Research UK (2023): Black Women More Likely to be Diagnosed with Late Stage Cancer ; BBC (2022): Aggressive Breast Cancer Hits Black Women Harder ; Journal of American Medical Association (2021): Evaluation of Racial and Ethnic Differences in Treatment and Mortality among Women with Triple Negative Breast Cancer ; Estee Lauder's Campaign and Research on Self-Checking rates in the UK ; Black Women Rising: Survey of Black Women Cancer Sufferers' Experiences ; European Journal of Surgical Oncology (2021) Ethnicity and breast cancer in the UK: Where are we now? Global research and recommendations include, but are not limited to: Breast Cancer Research Foundation and American Cancer Society (2024) Report on Black Women and Breast Cancer Disparities ; World Health Organisation (2024) Global Breast Cancer Inequities ; Daly, B · Olopade, OI (2015): A perfect storm: how tumor biology, genomics, and health care delivery patterns collide to create a racial survival disparity in breast cancer and proposed interventions for change . *CA Cancer J Clin.* 2015; 65:221-238 ; Arnold, M · Morgan, E · Rumgay, H · et al. (2022) Current and future burden of breast cancer: global statistics for 2020 and 2040. *Breast.* 66:15-23 ; Lancet Commission (2023): Women, Power and Cancer ; National Institutes of Health (2022) "We're not taken seriously": Describing the Experiences of Perceived Discrimination in Medical Settings for Black Women ; KFF (2024) Five facts about Black women's Experiences in Health Care

[vii] UK Government: Shaping The National Cancer Plan

[viii] Pfizer White Paper (2024): Inequalities in Breast Cancer Care in England

[ix] Black Women Rising survey of Black Women Breast Cancer Patients

[x] National Institute for Health and Care Research (2025): World Leading trial to detect breast cancer is launched.

[xi] Journal of National Cancer Institute (2015) Study Finds Black Women Have Denser Breast Tissue Than White Women, JNCI ; Sharsheret (2021): Defining dense breasts and how to care for them. Mayo Clinic (2022): What Black women need to know about breast cancer

[xii] Journal of Medical Imaging and Radiation Sciences (2023) Structural racism in radiation induced skin reaction toxicity scoring

[xiii] Radiography (2024) Understanding therapeutic radiographers' confidence assessing, managing & teaching RISR.

[xiv] British Medical Journal (2022) on Discrimination in UK Healthcare

[xv] NHS Race and Health Observatory (2025) The Cost of Racism: How ethnic health inequalities are standing in the way of growth.
British Medical Association (2025) Reflections on systemic racism in the NHS
British Medical Association (2022) Delivering Racial Equality in Medicine)
The Independent (2023) "no one was taking my pain seriously"

[xvi] Pfizer White Paper (2024): Inequalities in Breast Cancer Care in England

[xvii] Black Women Rising survey of Black Women Breast Cancer Patients

[xviii] Royal Marsden (2022); first softies in range of skin tones

[xix] Victoria Ekanoye (2025), quoted in David Ayeni documentary, Shades of Survival