Lung cancer kills as many women as breast cancer.

DID YOU KNOW?

Not until 2016 were female mice mandated to be included in research by NIH.

Before 1993, most testing done in clinical trials and diagnostic and device development was conducted on men.

In the US, lung cancer is the #1 CAUSE of cancer deaths in women, more than breast, ovarian, cervical cancers combined.

Lung cancer diagnoses have risen a startling 84% among women over the past 42 years while dropping 36% among men over the same period.

The 2019 NIH lung cancer budget equates to nearly:

- **$1 PER WOMAN**
- **$7 PER MAN**

Every day 171 women die from lung cancer.

Lung cancer kills 1.5X (ONE POINT FIVE TIMES) as many women as breast cancer.

Lung cancer receives the least amount of research funding of the major cancers affecting women, despite causing a higher number of annual deaths.

Non-smoking women are more than 2X (THREE TIMES) as likely to get lung cancer as non-smoking men.
According to The WHAM Report, if we double NIH funding for lung cancer in women, adding $40 million, and assume just an incremental improvement in health outcomes, the funding:

- Pays for itself 12x OVER
- Generates nearly $611 Million in returns to the economy
- Adds back 1,200% return on investment in labor productivity
  for lung cancer patients

**THE BACKGROUND:**

WHAM (whamnow.org) was created in response to the considerable funding gap, historical exclusion, and underrepresentation of women in health research.

Women are the majority of the U.S. population, nearly 50% of the workforce, and control 60% of personal wealth. In the U.S., women are responsible for over 85% of consumer spending and over 80% of healthcare decisions. When women are pulled from the workforce because of inadequate treatment options or to care for their families, there are direct consequences — for our businesses and our economy.

The data on the reverse side of this page represents a very small sampling of the inequities and bias that exist in women’s health research. While some progress has been made since 1993, when the National Institutes of Health mandated that women and minorities be included in any government-funded health research, there is still a long way to go.

The lives of women and men will vastly improve through research that is equally inclusive of women and men in trials — and female and male animals in preliminary research. By conducting research in parity and reporting gender outcomes separately, health breakthroughs will be accelerated and health outcomes around the world improved. As women benefit from this research and reduce their burden of disease, they will improve their own wellbeing, which is directly connected to the wellbeing of our economy.

WHAM is committed to supporting research that investigates diseases and conditions that exclusively, differently or disproportionately affect women.

**OUR FOCUS**
- Autoimmune Disease
- Brain Health
- Cancer
- Cardiovascular Disease

WHAM is making this data available open source so that researchers can use it to amplify their work and drive new research. Please visit thewhamreport.org to learn more about using this data and citing this report.

WHAM commissioned the RAND Corporation to conduct The WHAM Report, a data-driven study of the economic impact to society of increasing the investment in women’s health research. To the best of WHAM’s and RAND’s knowledge this is the first analysis of its kind and is likely to become a seminal part of the arsenal in advocating for increased investment in women’s health research. The research methodology and the microsimulation models have been vetted by a diverse panel of experts convened by RAND.

We encourage other leaders, including advocates, economists, scientists, public health experts and policy makers to draw from and act upon the results of this report. Together, we can drive meaningful change.

**OUR VISIONARY COLLABORATORS:**

We are very grateful for the support of our Visionary Collaborators. WHAM’s Collaborators are premiere institutions and organizations who are seen as leaders and pathfinders in each of our four disease areas creating the criteria that will ultimately affect how women’s health research is conducted.