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SHORT COMMUNICATION

Cancer Communication Disparities in High-Income and Low-Income Countries: A Narrative Review and Call for Cooperation

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Abstract

Medical journalism is essential for shaping health behaviors, influencing policy, and guiding the public toward better health outcomes. However, disparities in access to evidence-based information between high-income countries (HICs) and low-income countries (LICs) compromise global cancer control efforts. This narrative review synthesizes current literature and expert perspectives on cancer communication disparities and proposes an ethically grounded, multisectoral framework to foster collaboration among journals, policymakers, global health agencies, and technology stakeholders. Evidence suggests that limited cancer awareness, restricted access to reliable information, and sociocultural barriers in LICs contribute to delayed diagnosis and suboptimal prevention. Open-access publishing, culturally tailored mass media, capacity building, and international collaborations are key strategies to reduce these disparities and improve cancer outcomes worldwide.

Keywords: Medical Journalism- Health Inequities- Cancer Prevention- Information Dissemination- Ethics- Medical

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1. Introduction

Medical journalism stands at the crossroads of science, ethics, and public health. It is not merely a vehicle for transferring information; rather, it is an essential instrument for shaping health behaviors, influencing policy, and, most importantly, guiding the public toward better health outcomes. Nowhere is this more critical than in the realm of cancer prevention and care. Yet, the divide in access to reliable, evidence-based journalism between high-income countries (HICs) and low-income countries (LICs) continues to widen. These disparities compromise global cancer control efforts and deepen inequities in lifesaving information.

Several interrelated factors contribute to these disparities. Isabel dos-Santos-Silva et al. (2022) emphasize that limited cancer awareness is a key factor contributing to disparities in cancer outcomes. Inadequate access to reliable health information, coupled with sociocultural barriers and weak health communication systems, often results in delayed diagnosis, suboptimal prevention, and poorer survival, particularly in low- and middle-income countries [1]. In this context, Bamodu (2024) highlights that strengthening cancer awareness through structured public education represents a foundational pillar for cancer prevention and control in low- and middle-income settings [2].

Culturally tailored mass media initiatives, including radio, television, print media, social media, and mobile-based platforms, can effectively challenge misconceptions and encourage healthier behaviors [3]. However, the effectiveness of these communication channels critically depends on the availability of accurate, evidence-based medicine research articles published and peer-reviewed in scientific journals. Scientific journals play a central role in this process by generating, validating,

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and disseminating peer-reviewed cancer research. By ensuring that prevention strategies, screening guidelines, and treatment recommendations are accessible worldwide, medical journals act as key intermediaries between scientific discovery and public understanding. Importantly, open-access publishing models are particularly vital for LICs, where subscription fees often restrict access to up-to-date scientific knowledge. Scientific journals can also publish comparative studies that expose inequities in cancer incidence, survival, and mortality between HICs and LICs, drawing attention to the disparities [4]. By documenting these disparities, journals provide policymakers and international organizations with data to guide resource allocation and interventions. Journals can further foster international collaboration by encouraging submissions from researchers in LICs, amplifying local voices and perspectives [5]. For example, special issues or partnerships focused on cancer can strengthen research capacity in LICs. By publishing peer-reviewed, evidence-based content, journals help counter cancer myths and misinformation that are more prevalent in LICs due to limited access to reliable sources. In addition, editorials may play a major role in medical journals by advocating for international cooperation, funding, and policy reforms to close the communication gaps.

This narrative review synthesizes current literature and expert perspectives to examine disparities in cancer communication between HICs and LICs. It further proposes an ethically grounded, multisectoral framework aimed at fostering collaboration among journals, policymakers, global health agencies, and technology stakeholders to reduce inequities in cancer information and outcomes.

2. Current Status and Perspectives

2.1 The Access Divide: Paywalls, Resources, and Institutional Support

While the inequity in access to research and credible resources remains one of the most pressing challenges, journalists in HICs often enjoy direct access to peer-reviewed cancer research, databases, and expert networks that inform their reporting. Publications such as The Lancet Oncology and JAMA Oncology are integral sources that sustain evidence-based reporting on screening, prevention, and treatment advances [6]. In contrast, journalists in LICs frequently encounter barriers such as paywalls and limited institutional support [7]. This creates a cycle in which the public's understanding of cancer risks, early detection, and lifestyle interventions remains dangerously inadequate [8].

2.2 The Credibility Crisis: Editorial Rigor vs. Misinformation in Digital Ecosystems

The issue of quality and credibility follows closely. In HICs, editorial rigor, peer consultation, and ethical supervision uphold high standards that safeguard the truth. In LICs, on the contrary, resource constraints and the rise of unverified digital content can compromise accuracy. Without transparent editorial ethics and proper scientific training, misinformation about cancer treatments, from miracle cures to vaccine myths, spreads unchecked [9]. Ethical journalism must, therefore, not only inform but protect the public from harm through responsible verification and clear communication.

2.3 The Training Gap: Oncology Literacy and Investigative Capacity of Journalists

Economic and infrastructural barriers further aggravate the gap. HIC newsrooms often allocate funds for specialized medical correspondents and technologies such as data visualization or AI-supported fact-checking tools that help interpret cancer epidemiology for the public [10]. LIC journalists, burdened by limited resources, may lack formal training in oncology literacy or investigative health reporting. This disparity weakens local advocacy for preventive measures like tobacco control, diet modification, and vaccination against cancer-related infections such as HPV and hepatitis B.

2.4 The Impact Chasm: How Communication Disparities Translate to Public Health Outcomes

Finally, the impact on public health outcomes is tragically unmistakable. Accurate reporting in HICs has catalyzed successful cancer awareness campaigns, encouraging screening, de-stigmatizing diagnosis, and normalizing palliative care conversations. In contrast, delayed or distorted communication in LICs often perpetuates fatalism, stigma, and negligence in cancer care. Every information gap translates into preventable suffering and lives lost.

3. Multisectoral Framework for Action

Bridging cancer communication disparities requires a coordinated, ethically grounded, multisectoral approach.

Role 1: Publishers & Academia

Open-access advocacy must become a global priority. Scholarly publishers and cancer organizations should extend unrestricted access to oncology research, allowing journalists in LICs, in particular, to report accurately and contextually. Partnerships like Plan S can expand to include media collaborations dedicated to cancer reporting [11].

Role 2: Global Health Agencies & NGOs

Second, capacity building for cancer information becomes vital because global health agencies such as the WHO, IARC, and major cancer foundations must fund journalism training programs that foster ethical reasoning, evidence interpretation, as well as clear and culturally sensitive communication [12]. Cancer journalism should empower local reporters to translate science into action for their communities. Third, collaborative platforms can democratize knowledge, particularly by creating multilingual repositories of vetted cancer information, with simplified summaries and local epidemiological context, in order to substantially enhance reporting accuracy.

Role 3: Technology Sector

Fourth, technology must serve equity because AI tools can summarize new findings, while blockchain systems can verify original sources and deter misinformation [13]. Ethical deployment of such technologies, especially in LICs, requires sustained support to ensure equitable access. Finally, policy-level commitment is imperative.

Role 4: Governments & Policymakers

Governments and NGOs should institutionalize ethical guidelines for health reporting, introduce recognition programs for excellence in oncology communication, and fund community-oriented cancer journalism.

4. Challenges and Limitations

The distribution and practice of equitable cancer communication remain constrained by various political, economic, and structural factors across regions. For instance, political censorship and limited media freedom impede comprehensive reporting about cancer burdens and environmental risks, and health system challenges. In other instances, commercial pressures, such as pharmaceutical marketing, may confound public messaging and undermine journalistic independence. There are also gaps in digital infrastructure. Poor internet connectivity, insufficient access to digital resources, and low levels of digital literacy limit journalists' ability to source the latest oncology information or deploy state-of-the-art technologies such as AI-based fact-checking and data visualization systems. Professional and educational limitations further reinforce unequal communication quality. Many journalists are not formally trained in oncology literacy, scientific interpretation, and best practices for ethical reporting, placing them at greater risk for inaccuracies, simplifications, or unintentional misinformation. Finally, this study has several inherent methodological limitations. As a narrative review, it is based on a non-systematic selection of sources and cannot capture all global perspectives of relevance. Variability and scarcity of published data from low-resource countries further limit the generalization of some observations.

In conclusion, ethical aspects in medical journalism have been in perspective as a cornerstone of global cancer prevention. When fact-based, inclusive, and transparent communication reaches every household, from urban centers in Europe to remote villages in Africa, it empowers individuals to adopt healthier lifestyles, seek early diagnosis, and reduce exposure to preventable risks. Achieving this universal flow of trusted cancer information demands global solidarity across borders, institutions, and media systems. We need to acknowledge that the responsibility is shared, and the time to act is now.

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Statement of Transparency and Principles

- The authors declare no conflict of interest.
- The study data are available upon reasonable request.
- All authors contributed to the implementation of this research.

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