



AACR Releases Cancer Disparities Progress Report 2026

Report calls for continued federal support for disparities research to ensure that advances against cancer benefit all patients, regardless of their race/ethnicity, age, sexual and gender identity, socioeconomic status or geographic location.

June 25, 2026 By American Association for Cancer Research

Philadelphia – The American Association for Cancer Research (AACR) today released its [Cancer Disparities Progress Report 2026](#), a comprehensive analysis of the unequal burden of cancer in the United States. First published in 2020, this biennial report highlights the progress being made against cancer disparities while also raising awareness of the disproportionate toll that cancer continues to exact on racial and ethnic minority groups and other medically underserved populations, including sexual and gender minorities and residents of rural areas and persistent-poverty regions.

The AACR Cancer Disparities Progress Report 2026 examines the causes of cancer disparities and calls for continued federal support for cancer disparities research to ensure that advances against cancer benefit all patients, regardless of their race, ethnicity, age, sexual orientation, gender identity, socioeconomic status, or geographic location. This year's report also includes 10 compelling personal stories from cancer survivors and advocates of various backgrounds, underscoring the real-world impact of ongoing efforts to achieve health equity.

Promising Trends in Cancer Disparities

Decades of research have led to unprecedented progress against cancer. Since 1991, the overall cancer death rate in the U.S. has fallen by 35%, translating to more than 4.8 million fewer cancer deaths and a growing population of more than 18.6 million cancer survivors. The report also outlines encouraging reductions in some cancer disparities:

- The disparity in overall cancer mortality rates between Black and White populations has narrowed substantially—from 34% higher among Black individuals in 1991 to 9% higher in 2024.
- A major contributor to this progress has been the narrowing disparity in lung cancer mortality

rates between Black and White populations. In 1991, the lung cancer mortality rate was 23% higher among Black individuals than White individuals; by 2024, however, the lung cancer mortality rate was approximately 4% lower among Black individuals than White individuals.

- Disparities in cervical cancer mortality rates between Hispanic and White women declined from 70% higher among Hispanic women in 2000 to 10% higher in 2024.
- Disparities in stomach cancer mortality between Asian or Pacific Islander (API) and White populations also narrowed, falling from 150% higher among API populations in 2000 to 81% higher in 2024.

Cancer Disparities Remain a Major Public Health Challenge

Despite this progress, disparities persist across the cancer continuum and remain a major public health challenge. According to the AACR Cancer Disparities Progress Report 2026:

- Black and American Indian or Alaska Native (AIAN) individuals have the highest overall cancer death rates of all U.S. racial or ethnic groups.

- AIAN, API, and Hispanic populations in the U.S. experience significantly higher incidence and mortality rates for stomach, gallbladder, and liver cancers.
- Residents of rural counties are 17% more likely to be diagnosed with colorectal cancer and 27% more likely to die from the disease compared with residents of metropolitan or urban counties.
- Lesbian women face nearly twofold higher incidence rates of thyroid cancer and non-Hodgkin lymphoma compared with heterosexual women.
- Cervical cancer death rates are 49% higher among women living in persistent-poverty counties compared with those in nonpersistent-poverty counties.

The report also highlights emerging concerns, such as rising incidence rates of early-onset colorectal cancer across all racial and ethnic groups—with the largest increases occurring among AIAN populations—and increasing lung cancer incidence among Asian women who have never smoked, underscoring the need for continued research to better understand and address the factors driving these trends.

“Cancer remains one of the leading causes of death and a major driver of health care costs in the U.S. Decades of research have significantly increased our understanding of the causes of cancer, how to detect it early, and how to treat it more effectively. Unfortunately, these advances have not reached all populations equally,” said AACR Cancer Disparities Progress Report 2026 Steering Committee Chair Mariana C. Stern, PhD, professor and Ira Goodman Chair in Cancer Research at the Keck School of Medicine of the University of Southern California and associate director of population science at the USC Norris Comprehensive Cancer Center.

“These cancer disparities contribute to the high national cancer burden and slow the overall progress against cancer, with costs and consequences that impact the entire country. Much work remains before the full benefits of cancer research reach everyone in the U.S. However, the progress to date demonstrates what is achievable when we invest in understanding and addressing the root causes of cancer disparities. We can develop strategies to lower barriers to care, expand access to screening and clinical trials, and develop therapies that work for all populations. This report summarizes that progress, identifies priorities for continued work, and offers a call to action to reduce the cancer burden across the U.S.”

Understanding and Addressing the Causes of Cancer Disparities

As discussed in the report, cancer disparities arise from a complex interplay of structural, social, environmental, and biological factors. Structural inequities—rooted in a history of racism, segregation, and discrimination—continue to shape social drivers of health (SDOH) such as income, education, housing, and access to care.

These factors influence cancer risk, early detection, access to treatment, and outcomes. For

example:

- Communities that are affected by socioeconomic disadvantage or located near industrial or hazardous sites often face higher exposure to cancer-causing pollutants, chemicals, endocrine-disrupting substances, and ionizing radiation.
- A recent study of residential segregation and lung cancer risk in a cohort of Black and White adults residing in the southern U.S. found that reduced residential segregation was associated with fewer lung cancer cases among Black individuals.
- In 2023, breast, cervical, and colorectal cancer screening were all lower among people without a usual source of care, those without recent wellness visits, and those facing barriers to medical access.
- In 2022, more than 70% of U.S. counties had no active cancer clinical trials. Further, 86% of nonmetropolitan counties lacked trials, compared with 44% of metropolitan counties.

Encouragingly, institutions, government entities, and organizations have developed and implemented several effective interventions to address the root causes of cancer disparities. Approaches highlighted in the report include:

- Developing culturally and linguistically tailored interventions, such as an initiative developed with input from members of Black churches that improved awareness and engagement with lung cancer screening using culturally tailored messaging and trained lay health advisors.
- Promoting healthy behaviors through community-based programs, as demonstrated by a community-based physical activity program that increased the proportion of underserved cancer survivors meeting physical activity recommendations from 29% to 60%.
- Implementing patient navigation to reduce structural barriers. For example, a multilingual navigation program at safety-net clinics increased treatment completion among underserved patients from 78% to 92%, while also improving quality of life and mental health outcomes.
- Improving access to health care. Notably, Medicaid expansion under the Affordable Care Act was associated with improved access to surgical resection and better survival outcomes for patients with pancreatic cancer.
- Sociodemographic concordance between health care providers and patients, which encourages

better communication, trust, adherence, and outcomes.

The AACR Call to Action

Cancer disparities are neither inevitable nor insurmountable. Federal investments in cancer research, as well as prevention and screening programs, have resulted in measurable progress. Yet recent funding cuts, program disruptions, and administrative instability threaten to undermine these gains. A recent AACR survey of cancer disparities researchers found:

- 93% of survey respondents have been affected by recent federal policy changes.
- Policy changes are disrupting cancer disparities research in multiple ways, with survey respondents saying that the changes have:
 - affected their ability to apply for research funding (78%);
 - disrupted ongoing research projects (59%);
 - led to a loss or reduction in grant funding (54%); and
 - reduced support for study personnel or collaborators (50%).
- As a result, 56% of survey respondents have partially shifted away from disparities-focused research or are seriously considering changing their research focus.

Continued progress against cancer disparities will depend on renewed federal and legislative action to reverse these setbacks. The AACR Cancer Disparities Progress Report 2026 calls on policymakers and other stakeholders to:

- Sustain and strengthen federal investments in cancer disparities research, including robust funding for the National Institutes of Health, National Cancer Institute, and Centers for Disease Control and Prevention.
- Support data collection initiatives to reduce cancer disparities, which include restoring and protecting federal cancer surveillance systems and ensuring they collect complete demographic data across race, ethnicity, geography, age, sex, and socioeconomic status.
- Ensure that every cancer therapy is evaluated in the populations in which it is meant to be utilized.
- Ensure equitable cancer prevention, screening, genetic testing, and follow-up care. As cost

remains one of the most persistent barriers to timely cancer detection, Congress should protect Medicaid coverage for cancer screening and follow-up care. Additionally, the U.S. Food and Drug Administration should reinstate and finalize its proposed rule to prohibit menthol in cigarettes, which would meaningfully address tobacco-related cancer disparities.

- Implement policies to ensure equitable patient access to lifesaving therapies.
- Build a cancer research and patient care workforce that reflects the nation it serves.

“Eliminating cancer disparities must remain a national priority so that every American has a chance to benefit from advances in the prevention, detection, and treatment of cancer,” said Margaret Foti, PhD, MD (hc), chief executive officer of AACR. “With sustained commitment, collaboration, and investment, we can continue to make progress for all cancer patients.”

This [news release](#) was published by the American Association for Cancer Research on June 24, 2026.