New ACS Cancer Disparities Report: Major Differences Persist in Mortality Burden by Urbanicity, Congressional District, Socioeconomic Status, and Race/Ethnicity

In the biennial report, American Cancer Society researchers stress funding and intervention programs to broadly improve cancer prevention and control

ATLANTA, December 16, 2025 — In new research on the status of cancer disparities in the United States, American Cancer Society (ACS) scientists report higher cancer mortality rates among adults living in rural areas, certain congressional districts, and among those with lower socioeconomic status. The study also shows Black and American Indian/Alaska Native (AIAN) people continue to bear a substantially higher burden of cancer deaths, overall and from major cancers. The findings are published today in *CA: A Cancer Journal for Clinicians*, the flagship journal of ACS.

“Under-resourced and minoritized groups continue to disproportionally experience barriers to cancer prevention, screening, diagnosis, quality treatment, and survivorship, largely reflecting disparities in social determinants of health,” said Dr. Farhad Islami, senior scientific director, cancer disparity research at the American Cancer Society and lead author of the study. “Broad implementation of existing evidence-based interventions can reduce cancer disparities. We also need more research to identify factors that contribute to cancer disparities and other effective and tailored interventions, especially in populations that have been underrepresented in research studies.”

In 2021, ACS published its first biennial report on the status of cancer disparities in the U.S. In this third report, the authors analyzed several national datasets to provide up-to-date information on disparities in cancer occurrence and outcomes (incidence, stage at diagnosis, survival, and mortality) by sex, race, ethnicity, and socioeconomic status (educational attainment as a proxy). They also used geographic location (including urbanicity of county of residence and congressional district), along with contributors to these disparities, including major cancer risk factors, screening, and select social determinants of health and health-related social needs.

Research highlights from the report include:

- The overall cancer mortality rate was higher in Black and AIAN males (by 14% and 13%, respectively) and females (by 10% and 22%, respectively) than their White counterparts. The 10% higher cancer mortality rate in Black females was reported despite a 9% lower overall cancer incidence rate in Black females. Similarly, mortality rates for leading causes of cancer death were generally higher in Black and AIAN people.

- Compared to people with a college or higher degree, overall cancer mortality rate in people with a high school or lower degree was 2.6 times higher among males and 2 times higher among females. The disparity for lung cancer mortality was larger, with rates being 4-5 times higher among adults with a lower education level.

- Differences in cancer mortality were substantially larger by education than by race, indicating that socioeconomic status plays a major role in driving racial disparities in cancer mortality. Overall cancer mortality rates were higher in Black adults than in White adults with the same education level by 7%-28% among males and 2%-43% among females. Compared to their counterparts with 16 years or more of education, however, the rate in adults with 12 years or less of education was higher by 71% in Black females, by 140% in Black males and White females, and by 190% in White males.

- Mortality from all cancers combined was higher in non-metropolitan counties (by 23% among males and 18% among females) than in large metropolitan counties, with the largest differences for lung (47% among males and 40% among females) and cervical (36%) cancers.

- There were also wide variations in cancer mortality across congressional districts. The districts with the highest cancer mortality rates, both overall and for lung, colorectal, and breast cancers, were largely found in

the South and East North-Central division of the Midwest; however, for prostate cancer, there was no distinct geographic pattern.

- The disparities in cancer occurrence generally aligned with inequalities in social determinants of health, which affect exposure to risk factors and receipt of preventive care, early detection (including screening), treatment, and long-term survivorship care for cancer. For example, the proportion of adults aged 18-64 years with incomes below the federal poverty level in 2024 was substantially higher in AIAN (21.4%), Black (16.0%), and Hispanic (15.7%) than in Asian (8.7%) and White (7.7%) populations, and in non-metropolitan (16.4%) than in large metropolitan (9.1%) areas. Also, the proportion of individuals with no health insurance among adults aged 18-64 years in 2024 was substantially higher in those without a high school degree (31.8%), followed by those with a high school degree (15.2%), some college education (9.5%), and a college or higher degree (4.3%).

“Mitigating cancer disparities in the U.S. requires intersectoral stakeholder engagement, targeted funding, and effective policies at the federal, state, and local levels,” said Dr. Ahmedin Jemal, senior vice president, surveillance, prevention, and health services research at the American Cancer Society and senior author of the report. “For example, expanding health insurance coverage through strengthening Marketplaces and protecting and expanding access to Medicaid could help improve outcomes and save lives.”

“This report is further proof that access to timely, high-quality, affordable health care is critical to better health outcomes and reducing cancer disparities,” said Lisa A. Lacasse, president of the American Cancer Society Cancer Action Network, ACS’ advocacy affiliate. “We urge lawmakers at all levels of government to prioritize policies that ensure that everyone has access to comprehensive, affordable health care so serious diseases like cancer can be detected and treated earlier, which can often result in better outcomes and lower costs for patients and the health care system.”

Other ACS researchers contributing to this study include Gladys Arias, MPA, Dongjun Lee, MS, Dr. Daniel Wiese, Dr. Jordan Baeker Bispo, Dr. Robin Yabroff, Dr. Priti Bandi, Dr. Alpa Patel, Dr. Elvan Daniels, Dr. Arif Kamal, Rebecca Siegel, MPH, Dr. Nigar Nargis, Paul Thienprayoon, MBA, Dr. Christina Annunziata, Kirsten Sloan, BA, Lisa Lacasse, MBA, and Dr. William Dahut.

Additional ACS Resources:

- Cancer Disparities Report 2023
- Cancer Statistics Report 2025
- ACS CancerRisk360

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The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

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