New Report Examines Gaps in Cancer Prevention, Treatment and Survivorship

Chartbook offers public policy recommendations to address cancer disparities in Black, Latino, LGBTQ, rural and other populations.

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WASHINGTON, DC – APRIL 16, 2026 – The American Cancer Society Cancer Action Network (ACS CAN) released a new report today showing the scope of cancer disparities in the United States and recommended local, state and federal policies that can help reduce them. Cancer Disparities: An American Cancer Society Cancer Action Network Chartbook examines disparities in cancer screening, prevention and early detection, disparities in cancer incidence, mortality and survival, as well as disparities in access to health coverage.

The chartbook includes cancer-specific data on communities disproportionately affected by cancer, including American Indian and Alaskan Native (AIAN) people, Asian, Asian American, Native Hawaiian and Pacific Islander people (AANHPI), Black people, Hispanic/Latino people, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) people, people with disabilities and people who live in rural areas. The chartbook outlines cancer disparities across these communities, serves as a resource to better understand the unique burden of cancer and provides evidence-based policy recommendations to reduce these disparities.

“Cancer is a disease that affects everyone but not equally,” said Lisa A. Lacasse, president of ACS CAN. “Many barriers can impact a person’s ability to prevent, detect, treat and survive cancer, including limited access to high quality, affordable health care and geographic location. Addressing these barriers is critical to reducing cancer disparities, improving health outcomes and saving more lives.”

Key report findings include:

- Tobacco use is one of the primary drivers of cancer-related health disparities because its disproportionate use impacts people based on race, ethnicity, sexual orientation, gender identity, disability status, mental health, income level, education level and geographic location.

- In 2024, about 36% of those who currently smoke reported using menthol-flavored cigarettes. Among people who smoke, 82% of Black people smoke menthol cigarettes, 39% of Hispanic people smoke menthol cigarettes, compared to 28% of White people who smoke menthol cigarettes.

- LGBTQ+ people of color — Black and Hispanic — have increased smoking prevalence in comparison to White LGBTQ+ people and heterosexual people.

- The tobacco industry's aggressive marketing use of advertising, price discounting and flavors to intentionally target people of color, LGBTQ+ people, and people with limited incomes has resulted in disproportionate tobacco use and tobacco-related disparities among these populations.

- The five-year cancer survival rate for AIAN people is lower than White people overall — 62% versus 71%.

- In 2023, up-to-date colorectal cancer screening was highest among White (67%) people by race/ethnicity and lower among Asian (58%) people.

- Individuals diagnosed with cancer living in rural areas face challenges in accessing cancer care and experience worse outcomes than those living in more metropolitan areas.

- Research shows that breast and cervical cancer diagnosis reports are higher in women with disabilities than those without disabilities.

The chartbook identifies critical public policy interventions at the local, state and federal levels that can reduce cancer disparities and improve health outcomes for everyone. Some of the recommendations include:

- Supporting effective policies that prevent tobacco use and address tobacco-related disparities including adequately funding federal and state tobacco prevention and cessation programs; ensuring cessation services are comprehensive and accessible; increasing the price of tobacco products through regular and significant tax increases on all tobacco products; and enacting comprehensive smoke-free laws that cover all workplaces, including restaurants, bars and gaming facilities.

- Protecting and expanding Medicaid coverage in the remaining ten states that have not done so. Research has shown improved cancer outcomes in states that have expanded Medicaid by increasing access to cancer prevention, screening and early detection services, as well as providing more affordable treatment and care.

- Eliminating cost sharing – including co-pays, coinsurance and deductibles -- for cancer screening and all follow-up tests, which will help remove cost barriers for important prevention and early detection services for all.

- Protecting and increasing funding for the National Breast and Cervical Cancer Early Detection Program, which provides breast and cervical cancer screenings, diagnostic tests and treatment referral services to limited-income, underserved, uninsured and underinsured communities.

- Reducing barriers to enrolling in clinical trials, which are vital to advancing new and improved standards of care and give patients the opportunity to participate in research and development of new treatments.

“All people should have a fair and just opportunity to live a longer, healthier life free from cancer,” said Lacasse. “We urge lawmakers to support the policies outlined in this chartbook, which will help end cancer as we know it, for everyone.”

The full chartbook is available at fightcancer.org.

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