Progress in Cancer 2024

On September 18, 2024, the American Association for Cancer Research (AACR) released the 14th Annual Cancer Progress Report (https://cancerprogressreport.aacr.org). In just a single year (July 2023–June 2024), 15 new therapies for cancer were approved by the FDA, along with additional expanded indications for older drugs and approvals of novel imaging, artificial intelligence, and cancer diagnostic tests. (Sadly, only 7.1% of patients participated in clinical trials between 2013 and 2017, and we know that most trials are grossly lacking underrepresented minorities.) Advances in prevention, detection, and treatment of cancer have reduced cancer mortality by 33% between 1991 and 2021.

And yet, more than 2 million new cases of cancer will be diagnosed in the United States in 2024 and more than 611,000 cancer deaths will occur. By 2050, both cancer incidence and death are expected to rise due to the fact that cancer is a disease of aging, and the population of Americans aged ≥65 years will increase by approximately 30 million by 2050. Surprisingly, rates for some specific cancers such as breast and colorectal in those aged <50 years are rising as well. Inequities persist both in the United States and around the world for how cancer is diagnosed and treated (eg, Black individuals experience a 9% higher overall cancer death rate than White individuals).

One key aspect the AACR report highlighted was the financial toxicity and mental health toll that patients with cancer and their families bear. As of 2022, approximately 18 million Americans (~5% of the US population) were cancer survivors (an important point the report underscores is that cancer survivorship entails the time from initial diagnosis through the rest of one's life, whether cured or living with cancer), and this number is expected to rise to 26 million by 2040. Other important points the AACR report highlights include:

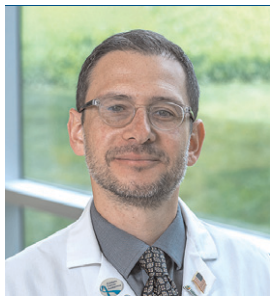
1. The global economic burden of cancer from 2020 to 2050 will be an estimated $25.2 trillion.
2. Incredibly, more than 40% of patients with cancer in the United States spend their life savings within the first 2 years of cancer treatment!
3. Adult survivors of childhood cancers can expect to pay approximately $260,000 over their lifetime for costs associated with their diagnosis; 20.7% had problems paying their medical bills; 29.9% reported being sent to debt collections for unpaid bills; 14.1% had forgone medical care; and 26.8% did not have enough money to buy nutritious meals.
4. The cost of cancer continues well beyond the end of treatment, as survivors try to manage lingering side effects, improve their mental health, and sometimes deal with secondary cancers.
5. Those who experience financial toxicity are at greater risk of death. Behaviors such as medication underuse and cutting spending for essential items is not rare.
6. Depression and anxiety are pervasive, and 50% of older adult patients with cancer report feeling lonely.

How do we address these fundamental issues effectively? We need to establish clear, accessible, and actionable pathways for patients with cancer to receive the support and guidance they need regarding their financial and mental well-being. This needs to be true not just for those who self-advocate and have the resources to do so, but for everyone.

As any provider knows firsthand, discussions around finances and mental health are often not happening in busy clinics as we struggle to keep up with the latest scan, drug, or adverse event, and we often lack the resources necessary to effectively intervene on behalf of our patients. Cancer centers need to have robust patient navigation pathways that are activated on day one of diagnosis/treatment and follow a patient throughout their cancer course. Primary care providers interested in oncology and survivorship should be integrated within cancer centers and oncology clinics, and financial counseling needs to become a normal part of care, especially as telehealth has greatly expanded, making centralized counseling possible. As providers, we need to demand greater mental health support for our patients.

Our system for drug development, approval, and dissemination is clear and, although imperfect, well established, but our ability to bring proven or novel interventions to deal with pervasive challenges such as mental health, exercise, and financial counseling, are lacking, thereby greatly reducing patients' quality and quantity of life.

The AACR report clearly highlights the inspiring and incredible scientific strides we have made, but significant challenges remain to effectively address the basic needs of all patients.



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Dr. Geynisman earned his medical degree from the University of Pittsburgh School of Medicine and completed a residency in internal medicine at the University of Pittsburgh Medical Center, serving an additional year as chief resident. He then went on to a fellowship in hematology/oncology at the University of Chicago, serving as a chief fellow in his final year of training.

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