

AACR Cancer Progress Report Highlights Lifesaving Impact of Federal Investments in Cancer Research

FDA approved 20 new cancer drugs, but challenges such as early-onset cancers remain while turmoil at NIH threatens progress.

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[On September 17], the [American Association for Cancer Research](#) (AACR) released the 15th edition of its annual Cancer Progress Report. A cornerstone of the AACR's educational and advocacy efforts, this comprehensive report provides the latest statistics on cancer incidence, mortality, and survivorship and highlights how federal investments in basic, translational, and clinical cancer research and cancer-related population sciences have led to impressive scientific advances that are improving health and saving lives.

The AACR Cancer Progress Report 2025 features a special section that explains how advances in understanding blood cancers over the past decade have contributed to the development of groundbreaking treatments for not only hematologic malignancies, but also solid tumors and diseases other than cancer. Throughout the report, personal stories of patients who have benefited from recent scientific breakthroughs help to illustrate the value and real-world impact of cancer research. The report further explores how the current instability at the National Institutes of Health (NIH) has had an adverse effect on cancer patients and their loved ones while also threatening future progress against cancer.

This year's report closes with a strong, timely call to action that urges policymakers to stand up in support of NIH, the National Cancer Institute (NCI), the U.S. Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC), and to provide a robust funding increase for cancer research in Fiscal Year (FY) 2026.

"As this report illustrates, progress against cancer requires a highly collaborative process," said AACR President Lillian L. Siu, MD, FAACR. "The exchange of knowledge among basic, translational, and clinical researchers, as well as population scientists, is vital to our understanding of the complexity of cancer and of improving outcomes for patients. From bench to bedside and back to the bench, technological innovations are fueling rapid advances to detect cancer earlier and develop more precise treatments that have the potential to both extend life and preserve its quality. If we continue to work together—not just scientists and clinicians, but also patients,

advocates, funders, and policymakers—we can ensure that this momentum continues and that every discovery brings us closer to a world where fewer people develop cancer, more people are cured, and all patients live longer, healthier lives.”

Cancer Research Is Improving, Extending, and Saving Lives

In partnership with NIH and other federal health agencies, the medical research community continues to make inroads against cancer, helping patients to live longer and better lives after diagnosis. According to the AACR Cancer Progress Report 2025:

- From July 1, 2024, to June 30, 2025, FDA approved 20 new anticancer therapeutics, including:
 - the first T-cell receptor (TCR) T-cell therapy, approved for the treatment of patients with a type of soft tissue sarcoma;
 - a new therapeutic antibody targeting a novel protein on stomach cancer cells, which is benefiting individuals with gastric or gastroesophageal cancer;
 - the first IDH-targeted therapy for the treatment of brain tumors, which is bringing new hope to young adult patients who have a mutation in this gene; and
 - two new antibody-drug conjugates, both of which were approved to treat lung cancer and one that was also approved to treat breast cancer.
- During this same time frame, FDA also approved:
 - new uses for eight previously approved anticancer therapeutics;
 - a wearable device that uses low-intensity electrical fields to slow the growth of lung cancer cells;
 - two new minimally invasive early detection screening tests, including the first liquid biopsy test and a next-generation multitarget stool DNA test for colorectal cancer screening;
 - a device for at-home sample collection for cervical cancer screening; and
 - several AI-powered devices and software tools for aiding in cancer risk prediction, diagnosis, and early detection.
- Due to a reduction in smoking rates as well as advances in prevention, early detection, and treatment, the age-adjusted overall cancer death rate in the U.S. fell by 34% between 1991 and

2023, a reduction that translates into averting more than 4.5 million deaths from cancer.

- The five-year relative survival rate for all cancers combined has increased from 49% for those diagnosed between 1975 and 1977 to 70% among those diagnosed between 2015 and 2021.
- As of January 1, 2025, more than 18.6 million adults and children with a history of cancer were living in the U.S., representing 5.5% of the total U.S. population.

Remarkable Progress Against Blood Cancers

Research-driven progress against blood cancers, especially over the last 10 years, has significantly decreased blood cancer-related deaths, improved survival rates, and helped survivors live fuller lives. As discussed in a special section of this year's Cancer Progress Report:

- Treatments for blood cancers have led to the revolution in precision cancer medicine and blazed new trails in the field of cancer immunotherapy. Over the past decade, FDA approved 29 new molecularly targeted therapies and 21 new immunotherapeutics to treat various types of hematological malignancies.
 - One of the first molecularly targeted therapeutics approved by FDA, imatinib (Gleevec), was approved to treat chronic myeloid leukemia (CML) in 2001. This treatment transformed a once-fatal disease into a manageable chronic condition. Researchers have continued to build on the success of imatinib, with five additional targeted therapies for CML approved in the years since. Indeed, targeted therapeutics now comprise an indispensable pillar of cancer treatment for blood cancers and solid tumors alike.
 - Chimeric antigen receptor (CAR) T-cell therapy is a form of cellular immunotherapy that has revolutionized the treatment landscape for blood cancers. The first CAR T-cell therapy was approved by FDA in 2017. Since then, FDA has approved six additional CAR T-cell therapies, all for the treatment of blood cancers, including leukemia, lymphoma, and multiple myeloma.
- Largely because of advances in precision cancer medicine, mortality rates for non-Hodgkin lymphoma (NHL)—the most common type of blood cancer in the U.S.—declined by 43% between 1991 and 2023.
- During the same time period, multiple myeloma mortality decreased by 31%. The decline in

mortality has continued even as incidence in the U.S. has been rising, underscoring advances in treatment and disease management.

- This progress is ongoing. In the 12 months covered by this report, three anticancer therapeutics were approved to treat various types of blood cancer:
 - revumenib (Revuforj), the first menin-targeted therapy, for patients with acute leukemias harboring specific genetic alterations;
 - denileukin diftitox-cxdl (Lymphir), a novel cytotoxic fusion protein, for the treatment of a rare form of NHL called cutaneous T-cell lymphoma; and
 - obecabtagene autoleucel (Aucatzyl), a new CAR T-cell therapy, for patients with acute lymphocytic leukemia, expanding options for patients with this aggressive cancer.

A fourth therapeutic, tafasitamab-cxix (Monjuvi), received expanded approval for treatment of follicular lymphoma.

Even With Major Advances, Cancer Remains a Threat

Despite tremendous progress in cancer prevention, early detection, and treatment in recent years, cancer continues to afflict millions of Americans. According to the AACR Cancer Progress Report 2025:

- It is estimated that, in 2025, more than 2 million new cancer cases will be diagnosed, and more than 618,000 people will die from cancer in the U.S.
- While overall cancer incidence in the U.S. has stabilized in recent years, the incidence of certain cancers, including pancreatic cancer, liver cancer, uterine cancer, HPV-associated oral cancers, and lung cancer in people who have never smoked, has been rising.
- Cancer in adults under the age of 50, known as early-onset cancer, is also increasing. Between 2010 and 2019, the incidence of 14 cancer types increased in individuals 49 years and younger. Colorectal cancer is a notable example:
 - In the U.S. between 2018 and 2022, colorectal cancer incidence increased by an average of 5% per year for patients younger than 50. For those over 65, however, incidence decreased an average of 2% per year.

- Between 2019 and 2023, colorectal cancer mortality increased by an average of 1.1% per year for patients younger than 50. For those over 65, however, mortality decreased an average of 2.3% per year.
- Understanding the reasons behind rising cases of early-onset cancers is an area of intensive research. Potential emerging contributors include obesity, the accumulation of microplastics in the bodies of younger individuals, repeated and long-term use of antibiotics, exposure to per- and polyfluoroalkyl substances (PFAS, or “forever chemicals”), and certain strains of the bacterium *E. coli*.
- Certain groups in the U.S. shoulder a disproportionate burden of cancer. Cancer disparities, defined as adverse differences in cancer-related measures such as number of new cases and deaths or stage at diagnosis, affect multiple segments of the U.S. population and are a significant public health concern that will require tailored efforts to fully understand and address.

Congress Must Protect Medical Research for the Health of the Nation

As outlined in this report, the work of dedicated researchers from across the spectrum of cancer research over the past several decades has dramatically improved outcomes for many patients. Much of this progress has been powered by support from NIH, the “crown jewel” of American science. For example:

- From 1975 to 2020, prevention and screening efforts supported by federal funding have averted 4.75 million deaths across five major cancer types, including breast, cervical, colorectal, lung, and prostate cancers.
- Over the past 40 years, patients with cancer in the U.S. have gained 14 million years of additional life, thanks to federally funded clinical trials.
- NIH-funded research contributed to 354 of the 356 drugs approved by FDA between 2010 and 2019.

This investment not only drives medical breakthroughs but also fuels the American economy. In 2024:

- Every \$1 in NIH funding returned \$2.56 in economic activity.

- Overall, NIH funding supported 407,782 new jobs and generated \$94.58 billion in economic activity.

Robust, dependable federal support for research has positioned the U.S. at the forefront of scientific innovation. Between 1990 and 2022, the U.S. was the first to launch nearly half of all new cancer drugs, leading the world in the approval and introduction of novel anticancer therapies. Indeed, the promise of scientific discovery in pursuit of even more effective cancer treatments has never been greater. At this pivotal moment, however, turmoil at NIH and other federal health agencies threatens ongoing and future progress for patients.

In the short term, research studies have been postponed, labs across the country have had to lay off or limit hiring staff, and patients' access to potentially lifesaving treatments has been delayed.

In the longer term, continued disruptions at NIH and uncertainty about sustained federal funding for cancer research will lead to a demoralized and potentially smaller cancer research workforce in this country, as talented scientists may choose to pursue careers outside of academic research or opportunities outside the U.S. As the cancer research workforce shrinks, promising discoveries will be abandoned, and progress against cancer will slow. America's leadership in science and innovation will be eroded, weakening the nation's economy and competitiveness. Most devastating, patients with cancer will be left with fewer options, and more lives will be lost.

Encouragingly, leaders in both the House and Senate Appropriations Committees have demonstrated strong bipartisan support for medical research and the NIH in their FY 2026 bills. In the Senate, Susan Collins (R-ME), Patty Murray (D-WA), Shelley Moore Capito (R-WV), and Tammy Baldwin (D-WI) are

championing robust NIH funding. Their efforts have been matched in the House by Tom Cole (R-OK), Rosa DeLauro (D-CT), and Robert Aderholt (R-AL). In addition, Senator Katie Britt (R-AL), Senator Tammy Duckworth (D-IL), and Representative Mike Kelly (R-PA) underscored the importance of medical research in this year's report.

The AACR applauds these members and many others in Congress for their commitment to ensuring that lifesaving discoveries continue. Their bipartisan leadership is especially critical as final funding decisions remain unresolved and the risk of a government shutdown grows. The AACR Cancer Progress Report 2025 calls on Congress to also:

- Provide the strongest possible investment in medical research, including \$51.303 billion for NIH and \$7.934 billion for NCI in FY 2026. This level of support is essential to sustain the scientific workforce, power new breakthroughs against cancer and other diseases, and uphold a national commitment to the patients and families who are relying on lifesaving progress.
- Release delayed, frozen, and unobligated research funds to ensure that promising science is not

lost at a critical stage and that patients have access to lifesaving studies.

- Protect public health programs that prevent cancer to avoid losing ground on screening, HPV vaccination, tobacco cessation, and early interventions. These efforts save lives.
- Support early-career and early-stage scientists and stabilize research careers to stem the loss of postdoctoral researchers and junior investigators who are leaving science or being recruited to research positions abroad. Each departure from U.S. research positions weakens the nation's capacity for discovery and delays the breakthroughs that patients urgently need.
- Defend the integrity of science by supporting the NIH peer review system, which is the gold standard for ensuring that taxpayer dollars fund the most rigorous, meritorious science.

"We are deeply grateful to leaders in Congress who have taken action in support of medical research during this tumultuous time," said AACR Chief Executive Officer Margaret Foti, PhD, MD (hc). "Federal investments in cancer research reduce suffering, restore hope, and save lives. To maintain the tremendous momentum against cancer described in the AACR Cancer Progress Report 2025, robust funding for NIH and other federal health agencies must continue."

Click here for the full [AACR Cancer Progress Report 2025](#).

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