

American Cancer Society *Cancer Statistics 2021* Report

On January 12, the American Cancer Society (ACS) released its *Cancer Statistics 2021* report and companion summary, *Cancer Facts & Figures 2021*, including data indicating that the death rate from cancer in the United States has continued to decline. From 1991 to 2018, the cancer death rate fell by 31%, including a 2.4% decline from 2017 to 2018, a new record for the largest 1-year drop. ACS researchers estimated that almost 1.9 million new cancer cases will be diagnosed in 2021 and >600,000 people will die from cancer. These numbers did not account for the effect of the COVID-19 pandemic because the projections are based on reported cases and deaths through 2018. The decline in deaths was attributed to fewer people smoking, earlier detection for many types of cancer, and improved treatments leading to ~3.2 million fewer cancer deaths from 1991 to 2018. These annual statistics are among the most highly cited by researchers and are used to inform decision making by regulators and federal funding agencies. They are available and searchable in multiple configurations at: <https://cancerstatisticscenter.cancer.org/#/>.

The study summary noted that the 27-year decline in the overall cancer death rate is mainly the result of long-term drops in the 4 most common cancers: lung, colorectal, breast, and prostate, with the largest drops seen in lung cancer deaths. These 4 cancers account for >40% of cancer deaths. Declines in lung cancer were attributed to reductions in smoking as well as improved treatments, such as those for non-small cell lung cancer. Declines in breast cancer of >40% from 1989 to 2018 were attributed to earlier detection (through increased awareness and screening mammography) and advances in treatment. The rate of new female breast cancer cases, however, increased by about 0.5% each year from 2008 to 2017, a trend believed to be associated with rising obesity rates and decreased fertility. Although prostate cancer death rates declined by about 4% per year from the mid-1990s through 2013 as a result of prostate-specific antigen testing and treatment advances, most recently the death rate has remained steady. Death rates from colorectal cancer dropped by 55% from 1970 to 2018 because of changes in risk factors, screening, and better treatments; although death rates are increasing in adults <55 years of age.

The annual report also details the current state of cancer disparities in the United States and acknowledges that these are “closely linked with social, economic, and/or environmental disadvantages and other characteristics historically tied to discrimination or exclusion, including historical and

persistent racism.” The 5-year relative survival rate for all cancers combined remained substantially lower for black patients from 2010 to 2016, at about 20% lower for melanoma and cancers of the uterine corpus (endometrial cancer) and oral cavity. The death rate for black men with prostate cancer is more than double that of men in every other population, and black women have a 40% higher breast cancer death rate than white women, even though their diagnoses rates are slightly lower. The gap in cancer death rate disparities appears to be narrowing somewhat. In 1993, the cancer death rate was 33% higher among black than white individuals, a percentage that had dropped to 13% by 2018.

The report’s Special Section on COVID-19, completed in September 2020 for publication, noted that it is too soon to assess the long-term impacts of the pandemic on cancer diagnosis, care, treatment, and survival. Cancer deaths, for example, dropped during the early months of the pandemic but are likely to rebound with increases in late-stage diagnoses and preventable cancer deaths. Some individuals may continue to delay preventive care and symptom follow-up because of loss of employment and/or employer-based health care. The initial drop in screening was steep, with 1 medical system reporting an estimated 80%–90% decline in screening for breast, colorectal, and cervical cancers among their patient population during March and April of 2020 compared to the same period in 2019. Although this had risen by summer 2020, levels were still down 29%–36% from the previous year.

The report emphasized that the full impact of the pandemic on cancer prevention and early detection will not be known until population-based data become available. The ACS recommended that as routine medical care resumes, individuals at high risk of cancer be prioritized in capacity-limited situations. In addition, “targeted efforts to promote screening are especially needed among historically underserved populations.” The report concluded that despite the large range of current unknown factors, the COVID-19 pandemic is expected to result in increased cancer mortality over the long term. The National Cancer Institute estimated a 1% increase in deaths from breast and colorectal cancer over the next 10 years, the equivalent of ~10,000 excess deaths from the pandemic’s impact on screening and treatment. This estimate, however, was based on an estimated 6-month disruption in routine care, a time period now more than doubled.

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