50 Million Americans Live in Counties Without a Radiation Oncology Clinic

Analysis identifies vulnerabilities in the nation’s cancer care infrastructure as community-based and rural radiation oncology practices close.

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Arlington, Va.— More than 50 million Americans live in counties without a radiation oncology practice site and millions more are at risk, according to a new study published today in the International Journal of Radiation Oncology - Biology - Physics (Red Journal), the flagship journal of the American Society for Radiation Oncology (ASTRO).

The national analysis found that from 2018 to 2025, radiation oncology practice sites disproportionately disappeared from rural areas and freestanding, community-based settings, raising concerns about patients’ access to cancer care in communities already facing healthcare and economic challenges.

The findings come as surviving radiation oncology practices across the country report severe financial strain from major Medicare reimbursement cuts that took effect in 2026, suggesting that brewing access challenges and closures could become even worse without intervention from policymakers.

Radiation oncology practice sitesAmerican Society for Radiation Oncology

Key Findings

- 68.5% of all U.S. counties, representing 50.8 million people, lacked a radiation oncology practice site in 2025.
- 427 U.S. counties experienced a net loss of radiation oncology practice sites from 2018 to 2025.
- Rural sites had 44% higher odds of disappearance than urban sites, and freestanding sites had 56% higher odds of closing than hospital-affiliated sites.
- Urban counties that lost sites often retained multiple radiation oncology facilities, but rural counties that lost sites were left with few or no remaining local treatment capacity.
- People in counties without radiation oncology access were more likely to face lower incomes, higher uninsurance rates and fewer primary care physicians per capita than counties with at least one practice site.

Why It Matters

Radiation therapy is one of the primary treatments for cancer and is used in more than half of all cancer cases. Because treatment often requires patients to make multiple visits over days or weeks, access to a nearby facility is especially important. Research consistently shows that greater distance from a radiation therapy clinic is associated with higher cancer mortality, making access not just a matter of convenience, but of survival.

The study period coincides with double-digit declines in Medicare reimbursement for community-based radiation therapy and ended before major changes were implemented in January 2026, meaning the current financial strains on practices are not yet reflected in these findings. The authors note that the 2026 changes may add pressure to practices already facing structural vulnerabilities, particularly freestanding and community-based facilities, underscoring the need for payment reform.

Expert Commentary

“The burden of radiation oncology site loss falls especially hard on rural communities,” said Kunal K. Sindhu, MD, senior author of the study and a radiation oncologist at the Icahn School of Medicine at Mount Sinai. “When a rural community loses a single radiation oncology practice, patients may lose local access entirely. For someone already coping with a cancer diagnosis, that can mean added strain at a time when care should be as accessible as possible.”

“Hundreds of counties experienced a decline in radiation therapy access, but what’s most concerning is where those losses occurred,” Dr. Sindhu. “The communities most vulnerable to losing radiation oncology access are often the same communities that already have fewer healthcare resources.”

“Every patient with cancer deserves access to high-quality radiation therapy close to home, but this study underscores how deeply policymakers’ decisions can shape a person’s ability to receive care,” said ASTRO CEO Vivek S. Kavadi, MD, MBA, FASTRO.

“The findings are particularly concerning because they reflect conditions before the Medicare radiation oncology reimbursement crisis began in 2026,” Dr. Kavadi said. “Community-based and rural practices were already vulnerable before the current emergency. Without action, today’s payment instability could accelerate the loss of local cancer care infrastructure in the communities least able to absorb it.”

“That is why ASTRO is urging policymakers to support reforms that protect access to radiation therapy, including the bipartisan Radiation Oncology Case Rate (ROCR) Act, which would move Medicare toward a more stable, patient-centered payment model based on each patient’s episode of care, rather than the number of radiation therapy treatments delivered. ROCR is designed to protect access in communities across the country, especially in areas where losing a single clinic can mean patients lose access to radiation therapy that could save their life.”

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