

Palliative Care Remains Underused Among Young Adults With Advanced Cancer in U.S.

Palliative care focuses on improving quality of life for individuals with serious or life-limiting illnesses.

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Although palliative care use has increased over time among young adults with advanced cancers in the United States, new research led by the [American Cancer Society](#) (ACS) found that utilization still remains very low. Palliative care focuses on improving the quality of life for individuals with serious or life-limiting illnesses. The report [was] presented at the annual [American Society of Clinical Oncology \(ASCO\) Quality Care Symposium](#) in Chicago, October 10-11, 2025.

Researchers, led by [Kewei \(Sylvia\) Shi, MPH](#), at the American Cancer Society, used the National Cancer Database to identify patients aged 18-39 who were newly diagnosed with Stage IV cancers. Outcomes included receipt of any palliative care, specialty palliative care (e.g. pain management) excluding palliative intent treatment, and any systemic treatment. Scientists examined the associations between individual-level and facility-level characteristics (e.g., safety-net burden) and each study outcome, adjusting for the year of diagnosis and state.

The study included a total of 76,666 patients. The percentage receiving any palliative care increased from 2.0% in 2010 to 4.8% in 2023. Use of systemic therapy also increased, from 85.12% to 90.5%. Patients with pancreas (7.8%), lung (6.6%), and stomach (6.3%) cancers had the highest rates of palliative care. Compared to privately insured patients, those uninsured or with Medicaid were more likely to receive palliative care, but less likely to receive concurrent systemic treatment. Compared to patients treated at hospitals with the lowest safety-net burden, those treated at hospitals with higher safety-net burden were more likely to receive palliative care, but less likely to receive systemic therapy. When compared to patients treated at community cancer programs, patients treated at National Cancer Institute-designated cancer centers were more likely to receive both palliative care and systemic therapy.

Researchers emphasized that the study highlights potential unmet needs for symptom management and shows targeted policies are necessary to ensure timely palliative care and comprehensive cancer care for this young, vulnerable population, especially with the increasing prevalence of early-onset cancers.

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