

Substantial Drop in Lung Cancer Deaths, Incidence, a Highlight of New Report on Cancer Statistics

Erin Schenk, MD, PhD, says the National Cancer Institute's 2025 Annual Report to the Nation captures advances in the detection and treatment of lung cancer.

May 16, 2025 By Greg Glasgow at the University of Colorado Cancer Center

The National Cancer Institute's (NCI) [Annual Report to the Nation on the Status of Cancer](#), released April 21, contains some sobering data on certain cancers and cancers in certain populations — including an increase in deaths from [pancreatic cancer](#) in men and [liver](#) and [uterine](#) cancer in women between 2018 and 2022, as well as an overall rise in the incidence of obesity-related cancers such as [kidney](#) and liver cancer — but the 2025 edition of the yearly update contains its fair share of good news as well.

Overall, the report finds, cancer death rates decreased an average of 1.7% per year for men and 1.3% for women between 2018 and 2022, and rates of new cancer cases among men decreased by 1.6%–2.2% per year from 2001 through 2013 before stabilizing through 2021, while in women, the rate of new cancers increased by 0.3% per year from 2003 to 2021. The report includes long-term trends since 2001 and short-term trends with the most recent five years of data, which covers 2017–2021 for incidence and 2018–2022 for mortality.

Good news on lung cancer

According to the NCI report, the biggest drops in death rates and number of new cases occurred in [lung cancer](#), with a 3.5% drop in death rates for men and a 3.4% drop for women, and a drop of 3.4% in incidence rates for men and 2.1% for women.

For [University of Colorado Cancer Center](#) member [Erin Schenk](#), MD, PhD, those decreases are evidence that recent advances in prevention, early detection, and treatment of lung cancer are starting to pay off.

“It’s always great news to see mortality drops in lung cancer, because historically, it’s been the number-one cancer killer of men and women,” she says. “These numbers are starting to capture three different revolutions within the care of patients with lung cancer.”

Early detection is key

The first of those revolutions, Schenk says, is the low-dose CT scan, a specialized screening test for lung cancer that is recommended for some current and former smokers over age 50.

“Being able to catch cancer earlier increases the chance of cure,” she says. “We have an excellent lung cancer screening program at the University of Colorado with researchers who are very involved in trying to maximize patient awareness of this screening method.”

The rise of immunotherapy

The newly released NCI data, Schenk says, also reflects the growing use of immunotherapy in the treatment of lung cancer.

“We now have medicines that help to stimulate the body’s own defenses to recognize and kill the cancer cells,” she says. “That’s made our clinic so different — we now have long-term survivors who are four or five years out from their diagnosis, thanks to immunotherapy.”

Therapy on target

The third revolution captured by the Annual Report on the Status of Cancer, Schenk says, is a new awareness of targeted therapy for oncogene-driven lung cancers.

“What that means is that patients have a lung cancer driven by certain mutations or fusions,” she explains. “We have oral medications for these cancers that can shrink and control the cancer, sometimes for years. We are testing more and more for these alterations in lung cancer, and the more people we recognize have these alterations, the more we can give these very effective therapies.”

Targeted therapies, as well as immunotherapies, she notes, can be used in people whose cancer has spread outside the lungs and can also be used in conjunction with surgery.

“We’re discovering that using these powerful medicines earlier in a patient’s cancer journey brings them the benefit sooner.”

More work to be done

The NCI report notes that declining rates of tobacco use are driving falling rates of new cases and deaths for smoking-related cancers, which is more good news when it comes to lung cancer, Schenk says. But as positive as the news surrounding the disease is, she knows there is still more to be done, even within the newer forms of treatment.

“It’s heartbreaking whenever we lose our patients, but in this new age of lung cancer treatment, it’s especially heartbreaking when patients die within a year or two of diagnosis, because that’s not what we expect anymore,” she says. “Usually, our therapies help people live a number of years, but even that is not nearly enough.

“There’s still work to do, but we’re starting to rewrite our expectations of the care of patients with lung cancer and what we expect out of our therapies.”

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