



HEALTH CARE IN FOCUS EXECUTIVE SUMMARY

Cancer among younger, working-age adults

Trends, workforce impacts and long-term cost implications

Introduction

Cancer remains the second leading cause of death in the United States and is among the costliest health conditions.¹ National cancer care expenditures increased from \$190.2 billion in 2015 to \$208.9 billion in 2024 and are projected to exceed \$240 billion by 2030.² For employers and health plans, cancer consistently ranks among the top drivers of total health care spending. This report examines the evolving cancer landscape through the lens of the working-age population and highlights the workforce health implications and cost concerns employers and health plans may face.

METHODOLOGY

The following groups were surveyed for this research study:



401 commercially insured U.S. adults diagnosed with cancer in the last five years



A secondary survey of 514 working-age adults and 208 caregivers living with cancer or caring for someone with cancer



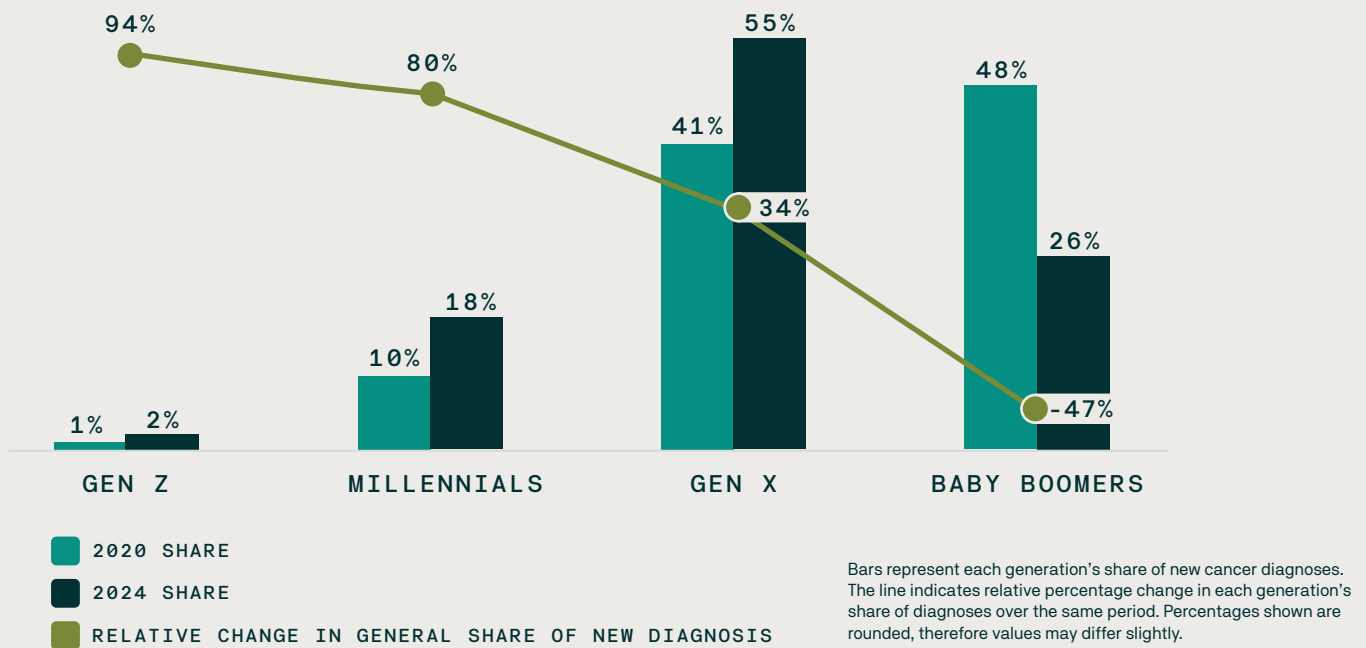
300 U.S. employers

Claims data from 250,000 commercially insured members aged 18–64

Younger adults account for a small but accelerating share of new cancer diagnoses and exhibit a distinct cancer profile, signaling the need for modernized prevention and care approaches

While older generations still account for most of all cancer cases, recent analysis of commercially insured adults shows that Gen Z and millennials are experiencing the fastest increase in new cancer diagnoses. From 2020 to 2024, the relative share of new cancer diagnoses increased by 94% for Gen Z and 80% for millennials compared to 34% for Gen X, and decreased 47% for baby boomers.

Figure 1: Relative percentage change in share of new cancers, between 2020 and 2024



Data source: Evernorth Health Services claims

Younger generations also presented with a distinct cancer profile. While baby boomers and Gen X most often develop prostate, breast and colorectal cancers, following long-established age-related patterns, millennials and Gen Z are more frequently diagnosed with female reproductive cancers (such as cervical, uterine and ovarian), endocrine cancers (like thyroid), lymphoma, colorectal, brain and central nervous system cancers, as well as a range of rare cancers.

Table 2: Top ten most common new cancers by generation, 2020–2024

	BABY BOOMERS	GEN X	MILLENNIALS	GEN Z
01	Non-melanoma skin	Non-melanoma skin	Non-melanoma skin	Other cancers*
02	Prostate	Breast	Cervical	Endocrine (e.g., thyroid)
03	Breast	Melanoma	Breast	Cervical
04	Melanoma	Prostate	Melanoma	Non-melanoma skin
05	Other malignant	Colorectal	Endocrine (e.g., thyroid)	Melanoma
06	Colorectal	Other malignant	Other cancers*	Non-Hodgkin lymphoma
07	Female reproductive	Endocrine (e.g., thyroid)	Other malignant	Brain/central nervous system
08	Other cancers*	Other cancers*	Non-Hodgkin lymphoma	Other malignant
09	Head	Female reproductive	Female reproductive	Hodgkin lymphoma
10	Gastrointestinal	Cervical	Colorectal	Acute leukemia

Cancer classification is based on Clinical Classifications Software Refined (CCSR) categorizations.

*Other cancers include rarer or atypical malignancies such as sarcomas, bone, germ cell tumors, neuroendocrine tumors and other unusual cancers that occur across multiple low-frequency sites.

These less common cancers pose distinct challenges for employers because many lack routine screening guidelines, often present with vague symptoms that may delay diagnosis and require complex care. As younger adults age, these trends point to a growing need for earlier prevention, improved detection approaches and benefit designs that better align with the risks and care needs of a younger workforce.



Taking action

Shift from reactive age-based prevention to proactive risk-based strategies that reflect younger and more diverse cancer profiles. Many people have inherited cancer risk and don't know it. Evernorth can help expand access to genetic testing to help employees identify risk earlier and take preventive action sooner.

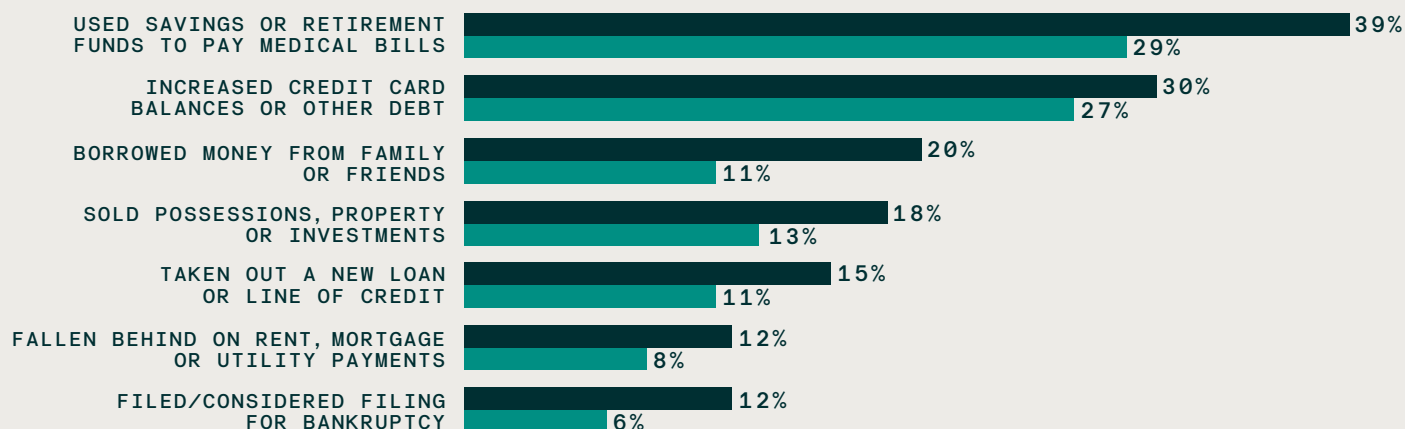
For younger adults, cancer is a whole-person experience that intersects with key life milestones, magnifying its impact and underscoring the need for more integrated support models

As the number of new cancer cases rises among younger working-age adults, both diagnosis and treatment increasingly intersect with formative life stages, including career establishment, family responsibilities and financial independence. Young adults report cancer affecting their physical health, emotional well-being, social relationships, work participation and financial stability.

Financial burden emerged as one of the most consistent challenges for young adults in comparison to their older counterparts. While most stayed employed, nearly 20% reported that their ability to perform regular work duties was greatly affected or that they stopped working altogether due to treatment or the disease.

Figure 2: Financial challenges experienced by working-age adults diagnosed with cancer

GEN Z AND MILLENNIALS
GEN X AND BABY BOOMERS



Data source: Evernorth survey

Informal caregivers (family, friends, etc.) play a critical role in supporting younger adults through the cancer journey. Nearly nine in 10 respondents rely on their family, friends and support groups for support. Beyond emotional support, caregivers are also providing substantial practical assistance to ensure a good quality of life.

Caregivers commonly experience lost income, reduced workplace productivity and declines in their own physical and mental health³ but are rarely integrated into care. Close to 20% of those surveyed in our caregivers' survey felt unsupported by their employer.



Taking action

Replace fragmented services with coordinated person-centered support care models that address clinical, emotional, financial and work-related needs.

Across the cancer journey, patients and caregivers benefit from coordinated support—from early detection through treatment, survivorship and return to work. Evernorth delivers integrated, patient-centric care solutions, including personalized specialty pharmacy support, to improve outcomes, experience and affordability.

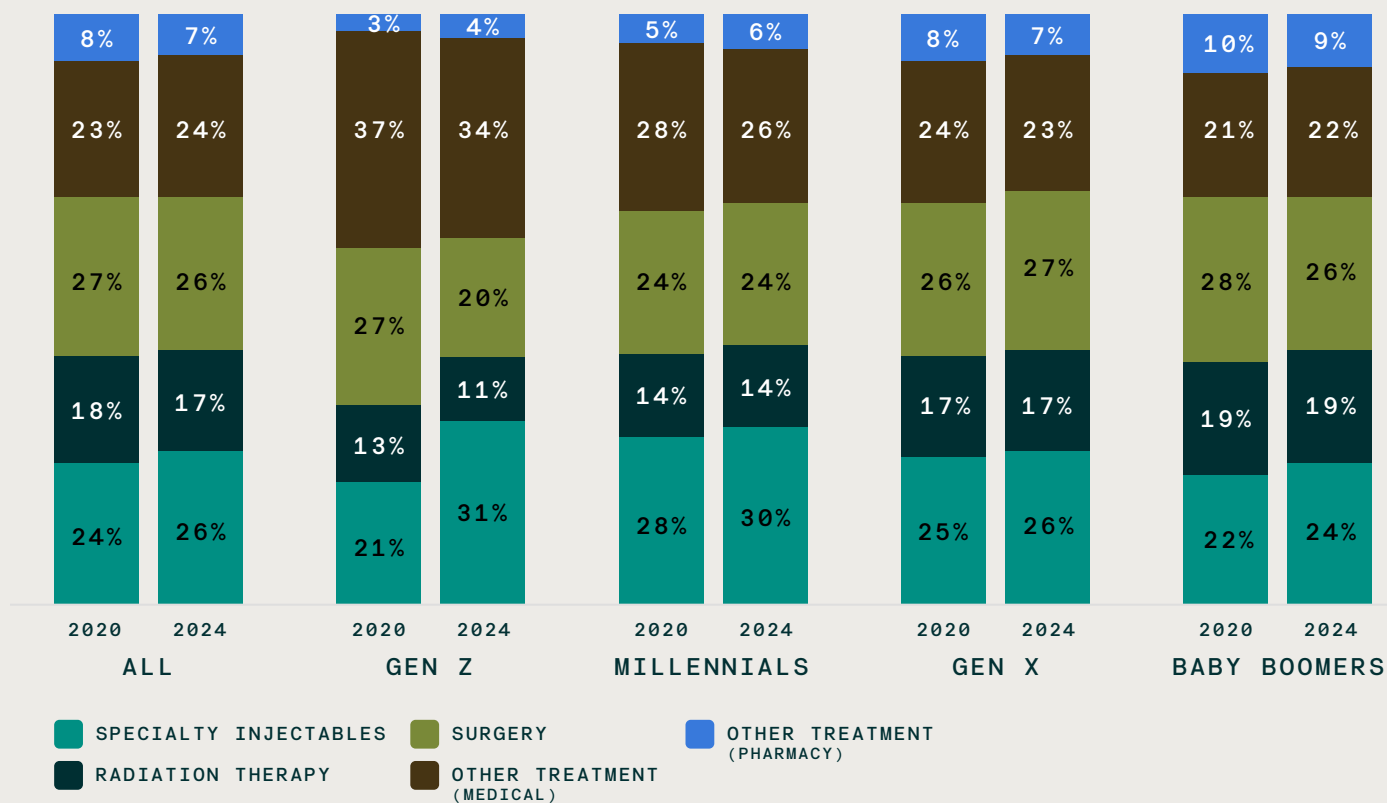
Early cancer onset extends care horizons and increases cumulative cost exposure, elevating the need for earlier, more proactive strategies

While younger adults represent a smaller share of total cancer cases, Evernorth analysis shows their average annual costs are slightly higher than older generations and, with longer care horizons, create greater cumulative cost exposure over time. Between 2000 and 2024, the average PPPY costs increased from \$34,745 to \$48,177 for Gen Z, from \$26,667 to \$37,774 for millennials, from \$25,382 to \$31,960 for Gen X and from \$21,210 to \$29,724 for baby boomers.

Higher costs reflect both earlier diagnosis and cancer type. Younger adults are disproportionately affected by high-cost cancers, including brain and central nervous system cancers and lymphomas, often requiring extended mental health, rehabilitation and survivorship support.

Cancer care is also shifting toward drug therapies, specialty injectables and outpatient hospital settings. From 2020 to 2024, its share in total cancer costs of care grew from 24% to 26% of total costs, with average PPPY costs rising from \$5,640 to \$8,633.

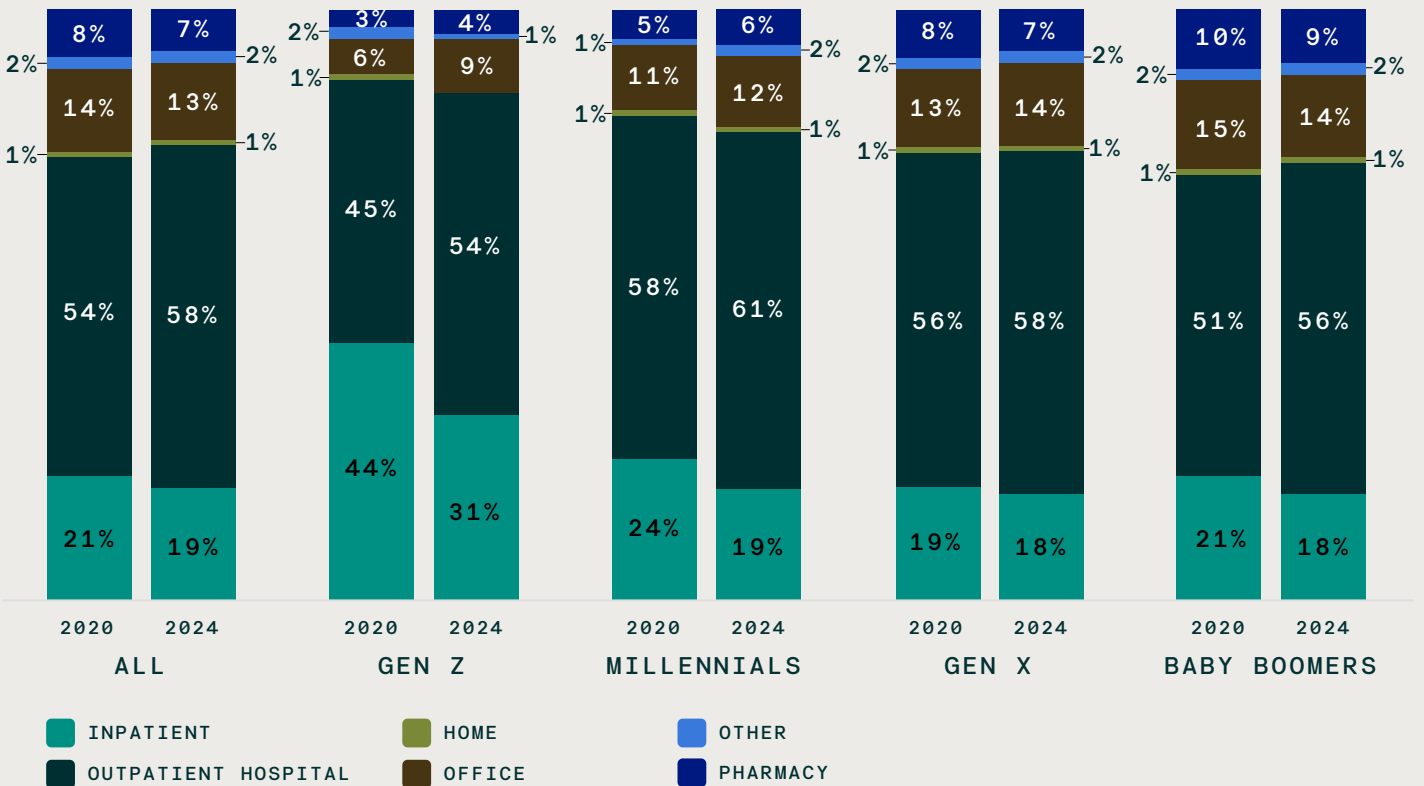
Figure 4: Cost of care distribution across generations by treatment type, 2020 vs. 2024



Data source: Evernorth Health Services claims

Over the same period, the outpatient hospital share of total cancer care costs increased from 54% to 58% (average cost of \$12,677 vs. \$19,000 PPPY), while physician office-based care remained the same and inpatient care decreased from 21% to 19%. The largest increase in share for outpatient hospitals was among Gen Z (45% in 2020 to 54% in 2024; average cost of \$15,552 vs. \$26,146 PPPY).

Figure 5: Cost of care distribution across generations by site of care, 2020 vs. 2024



Data source: Evernorth Health Services claims

Earlier detection plays a critical role in moderating long-term costs. Evidence suggests that diagnosing cancer just one stage earlier can reduce health care costs while significantly improving five-year survival rates.⁴ Employers increasingly recognize this value, with 98% in our survey reporting enhanced screening coverage or incentives, such as paid time off for preventive care.



Taking action

Employ evidence-based, value-focused approaches across prevention, benefit design and care delivery to manage long-term cancer spending. Value-based treatment bundles, high-quality providers and integrated specialty pharmacy support help reduce complexity, limit unexpected out-of-pocket costs, improve adherence and drive better outcomes at lower total cost.

Summary

These findings point to a fundamental shift: cancer among younger working-age adults reflects distinct risk profiles, lived experiences and long-term cost trajectories that existing cancer care models—largely designed around older populations—may be misaligned to address. As new cancer cases rise among working-age adults with longer care horizons and more complex support needs, employers, health plans, providers and policymakers have a shared opportunity to modernize prevention, benefits and care delivery.

Evernorth partners to identify oncology solutions that are most relevant for your members.

At Evernorth, we are always looking ahead to lead the industry into a better tomorrow for patients, employers, health plans and more. The health care market is dynamic and ever changing. Evernorth is committed to supporting our clients and addressing these challenges.

Explore the full insights
at [Evernorth.com](https://www.evernorth.com).

Reach out to our team to learn more
about our innovative solutions.

1. National Cancer Institute. "Cancer Statistics." Available via <https://www.cancer.gov/about-cancer/understanding/statistics>. Accessed February 20, 2026; Cancer Statistics Working Group. "U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999–2021): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute." Available via www.cdc.gov/cancer/dataviz. Accessed February 20, 2026.
2. Mariotto AB, Enewold L, Zhao J, Zeruto CA, Yabroff KR. "Medical care costs associated with cancer survivorship in the United States." *Cancer Epidemiol Biomarkers Prev* 2020;29(7):1304–12; Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. "Projections of the cost of cancer care in the United States: 2010–2020." *J Natl Cancer Inst* 2011;103(2):117–28.
3. Keita Fakeye MB, Samuel LJ, Drabo EF, Bandeen-Roche K, Wolff JL. "Caregiving-Related Work Productivity Loss Among Employed Family and Other Unpaid Caregivers of Older Adults." *Value Health*. 2023 May;26(5):712–720. doi: 10.1016/j.jval.2022.06.014. PMID: 35973924, PMCID: PMC9922792; Warner EL, Sikorskii A, Cunicelli N, Badger T, Segrin Chris, Morrill KE, Rainbow J. "Employment Productivity and Cancer-Related Psychological Symptoms Among Adult Cancer Dyads." *Journal of Occupational and Environmental Medicine* 2025 May; 67(5):p e294–e301. doi: 10.1097/JOM.0000000000003334; Xiang E, Guzman P, Mims M, Badr H. "Balancing Work and Cancer Care: Challenges Faced by Employed Informal Caregivers." *Cancers (Basel)*. 2022 Aug 27;14(17):4146. doi: 10.3390/cancers14174146. PMID: 36077682, PMCID: PMC9454561; Gentile S, Zidi B, Robaglia-Schlupp A, Spetidi R, Bouida H, Cretel E. "Improving the oncology care pathway through the experience of patients and their caregiver." *BMC Palliat Care*. 2025 Jul 12;24(1):196. doi: 10.1186/s12904-025-01839-7. PMID: 40652223; PMCID: PMC12254963; Bradley CJ, Kitchen S, Owsley KM. "Working, Low Income, and Cancer Caregiving: Financial and Mental Health Impacts." *J Clin Oncol*. 2023 Jun 1;41(16):2939–2948. doi: 10.1200/JCO.22.02537. PMID: 37043714; PMCID: PMC10414725; National Cancer Institute. "Informal Caregivers role in Cancer: Roles, Burden, and Support." Available via <https://www.cancer.gov/about-cancer/coping/family-friends/family-caregivers-hp-pdf>. Accessed February 20, 2026."
4. Philipson TJ, Durie T, Cong Z. "The aggregate value of cancer screenings in the United States: full potential value and value considering adherence." *BMC Health Serv Res* 2023;23:829. doi: 10.1186/s12913-023-09738-4; McGarvey N, Gitlin M, Fadli E, Chung KC. "Increased healthcare costs by later stage cancer diagnosis." *BMC Health Serv Res* 2022;22:1155. doi: 10.1186/s12913-022-08457-6; National Center for Chronic Disease Prevention and Health Promotion (U.S.), Division of Cancer Prevention and Control. "Incidence and relative survival by stage at diagnosis for common cancers." 2021; 25: 25. Available via <https://stacks.cdc.gov/view/cdc/112326>. Accessed February 20, 2026."