The Cancer Paradox

Oncologists' Perspectives on Barriers to Advanced Cancer Care and Recurrence Monitoring

In 2025, over 2 million new cases of cancer are expected to be diagnosed in the United States, with the number of cancer survivors expected to increase from approximately 18 million in 2020 to 26 million by 2040.[i,ii] Recurrence rates depend on several factors, including cancer type and stage. As many as 20-40% of patients treated with surgery for one of the four most common solid tumor cancers—breast, colorectal, lung, and prostate—experienced recurrence.[iii]

Monitoring for cancer recurrence is critical to favorable patient outcomes. Yet, conventional monitoring tests may miss early signs of residual or recurring cancer post-treatment. Call it the Cancer Paradox: As medical advances improve longevity, more patients than ever face the looming risk of cancer recurrence — and the anxieties and challenges that go with it. On behalf of **Quest Diagnostics**, **The Harris Poll** surveyed 250 oncologists from across the United States to gather insights into how they perceive and manage this paradox in cancer care and recurrence monitoring.

Key Findings

1 Despite advances in cancer care, oncologists feel like they are seeing more advanced-stage cancers—largely due to screening barriers—and worry about unfavorable outcomes and disparities in care.

76% of oncologists feel they are seeing more and more patients with advanced-stage cancer.

75% of oncologists who feel they are seeing more patients with advanced stage cancers believe the rise is due to screening barriers.*

87% of oncologists cite anxiety and worry as the most challenging aspects of cancer for their patients.**

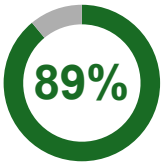
92% of oncologists are concerned that patients who are economically disadvantaged or marginalized are not able to get access to quality cancer care.

The biggest concern oncologists have when it comes to their cancer patients is their patients not having a favorable outcome, no matter what they do (cited by 44%).

*Rise in aging populations (48%), lifestyle factors (43%), factors we don't understand yet (32%) were the next most commonly cited reasons.

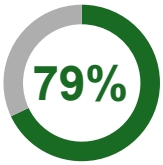
**39% of oncologists' say anxiety/worry about recurrence or maintaining remission is the most challenging aspect of cancer care for patients, nearly on par with the 40% who cite anxiety/worry about the initial diagnosis.

2 Despite the risk of cancer recurrence, oncologists see some of their patients delay, skip or miss follow-up care and monitoring, which they say can cause recurrence to go undetected.*



of oncologists agree that identifying cancer recurrence in the earliest possible stage can improve outcomes.

of oncologists worry about patients skipping their follow-up care or monitoring appointments following surgery and treatment.



of oncologists say they have seen some proportion of patients whose cancer recurrence was missed post-surgery and treatment (i.e., residual or recurring) at an earlier stage. Of these, 68% identified patients missing/skipping/delaying follow-up care/monitoring appointments as the primary reason for why cancer recurrence is typically missed.

*Oncologists who have patients skip and/or delay follow-up care/monitoring appointments say the primary reason is fear (of the results, the need for additional treatment, and/or the tests/procedures involved) (62%), followed by financial reasons and/or insurance limitations (59%), and lack of understanding of the importance of these appointments (57%).

3 Oncologists report that certain tools like imaging tests are not detecting recurrence early enough and value more sensitive tests like minimal residual disease (MRD) testing to reduce diagnostic delays.

Among the primary reasons why recurrence is missed, according to oncologists whose patients' cancer recurrence was missed in an earlier stage:

50%

cite imaging tests as not detecting recurrence early enough

30%

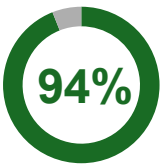
cite laboratory tests as not detecting recurrence early enough

About MRD Testing

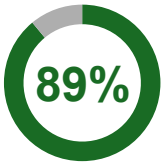
Even following surgery to remove a tumor, a small number of cancer cells can remain in the body, referred to as minimal residual disease (MRD), and can spark recurrence. Testing for MRD through the detection of circulating tumor DNA (ctDNA) via a simple blood draw allows oncologists to detect residual, recurrent, or resistant cancer cells earlier than traditional cancer detection methods.[iv]

Oncologists' perspectives on MRD testing:

say it has the potential to identify cancer recurrence earlier than other current methods.



say that it could help reduce diagnosis delays in cancer recurrence.



say test sensitivity to accurately detect residual disease/recurrence as early as possible is one of its most important features.

see at least one benefit of incorporating it into the care of their patients with cancer.

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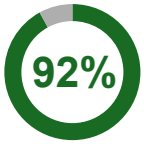
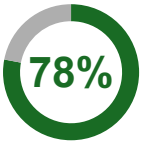
4 Oncologists surveyed want MRD testing incorporated into the standard of care for cancer recurrence monitoring, with some viewing it as a possible replacement for existing tests, like imaging.

of oncologists agree MRD testing should be incorporated into the standard of care for cancer recurrence/follow-up monitoring.



see opportunities for MRD testing to supplement conventional approaches for residual disease detection and recurrence monitoring.

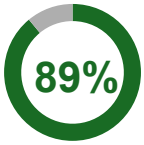


see opportunities for MRD testing to replace traditional blood marker tests.

5 While the vast majority of oncologists say MRD testing could reduce diagnosis delays in cancer recurrence, survey insights underscore the need to address barriers to adoption.

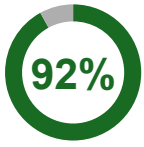
Over half of oncologists say they would be more likely to start, continue, or restart recommending MRD tests if they…

1. Are recommended in clinical guidelines — 64%
2. Have more clinical research to support effectiveness — 61%
3. Have expanded insurance coverage or reimbursement coverage — 56%



of oncologists express frustration that insurance reimbursement models are unable to keep up with the latest tech innovations in cancer care, screening, and diagnostics.

Patient awareness is key for adoption



of oncologists report that if their patients knew about MRD testing as an option, they would be interested in incorporating it into their cancer management and monitoring plans.

The value of streamlining diagnostic processes

of oncologists say they prefer to work with a single laboratory with a broad selection of cancer tests spanning the care continuum versus several labs that each focus on one portion of the patient's journey.

Methodology

On behalf of Quest, The Harris Poll surveyed 250 oncologists (174 medical oncologists and 76 surgical oncologists) between August 6 and September 4, 2024 to gather insights into how they perceived and manage the challenges of cancer recurrence. Data were weighted where necessary by gender and age to bring them in line with their actual proportions in the population. For the purposes of this research, we defined MRD testing as any laboratory test that uses a blood specimen to identify and measure levels of circulating tumor DNA (ctDNA) to aid in residual or recurring disease detection and treatment monitoring for solid tumor cancer and not hematological cancers. For more information, mediacontact@questdiagnostics.com.

About Quest Diagnostics®

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[i] Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. *CA Cancer J Clin*. 2025;75(1):7–33. doi:10.3322/caac.21871.
[ii] Tonorezos E, Devasia T, Mariotto AB, et al. Prevalence of cancer survivors in the United States. J Natl Cancer Inst. 2024;116(11):1784-1790. doi:10.1093/jnci/djae135
[iii] Aliperti LA, Predina JD, Vachani A, Singhal S. Local and systemic recurrence is the Achilles heel of cancer surgery. Ann Surg Oncol. 2011;18(3):603-607. doi:10.1245/s10434-010-1442-0
[iv] Gross ND, Uppaluri R, Rischin D, et al. Neoadjuvant Cemiplimab for Stage II to IV Cutaneous Squamous-Cell Carcinoma. *N Engl J Med*. 2025;392(18):1751–1762. doi:10.1056/NEJMoa2404512.

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