

BRANDED CONTENT

AUGUST 25, 2025



LOS ANGELES BUSINESS JOURNAL
HEALTH CARE
2025 **LEADERSHIP AWARDS**

THE 2025 NOMINEES



WEDNESDAY, AUGUST 27

Biltmore Los Angeles | 10:30AM - 2:00PM PST

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HEALTH CARE LEADERSHIP AWARDS

Wednesday, August 27 | Biltmore Los Angeles | 10:30_{AM} - 2:00_{PM}

Health care leaders in our region have, in recent years, been asked to do get particularly creative while accomplishing countless essential tasks and helping pioneer innovative new technologies and treatment protocols. The leaders of this industry have had transformational decisions to make every day and we all owe them a debt of gratitude.

The importance of the leaders and teams who are running health care organizations and making key decisions to help improve our communities cannot be overstated. The Los Angeles Business Journal will be honoring the particularly outstanding leaders in health care for our region at the annual Health Care Leadership Awards event on Wednesday, August 27th at the Biltmore Los Angeles.

The individuals, organizations and programs we will be honoring have made remarkable strides helping Los Angeles (and beyond) to provide outstanding levels of care and treatment while fighting to help us navigate through uncharted waters and beyond.

Before launching into the virtual awards ceremony, the event will bring together a diverse group of elite health industry insiders for a panel discussion about everything from providing to underserved populations to the biggest challenges the system is facing to the overall impact new protocols are having on Southern California, and much more.

Included in this special section you are reading now is the listing of esteemed nominees for awards this year and some critical insights shared by guest contributors.

AGENDA

- 10:30_{AM} CHECK-IN + NETWORKING
- 11:15_{AM} WELCOME REMARKS + PANEL DISCUSSION
- 12:00_{PM} LUNCH SERVICE
- 12:30_{PM} AWARDS PROGRAM

To register, visit labusinessjournal.com/events/hcla2025

A group of seven people, four men and three women, are standing in front of a banner for Gracelight Community Health. The banner has the organization's logo, which consists of four colorful hearts (green, yellow, red, blue) arranged in a cross shape. The text on the banner includes "Gracelight Community Health", "Training Los Angeles Future Health Leaders", and "Residency Program". The people are dressed in professional attire, with some wearing white lab coats. The background is a light-colored wall with vertical blinds.

The IMA logo, which consists of the letters "IMA" in a bold, white, sans-serif font, enclosed within a white oval shape.

IMA would like to congratulate **Gracelight Community Health** on their nomination for the **HealthCare Leadership Awards as Community Clinic of The Year!**

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Health Net is proud to help sponsor the Los Angeles Business Journal's *2025 Health Care Leadership Awards.*

CONGRATULATIONS TO ALL THE OUTSTANDING NOMINEES
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THE PANELISTS



GEORGE GREENE, ESQ.
Moderator
President/CEO
Hospital Association
of Southern California



SAMEER AMIN, MD
Chief Medical Officer
L.A. Care Health Plan



KAVITHA BHATIA, MD, MMM, FAAP, FACHE
President and Chair
Prime Healthcare Foundation

CMO, Strategy
Prime Healthcare



GUSTAVO FRIEDERICHSEN
CEO
Los Angeles County
Medical Association



DOROTHY SELESKI
Medi-Cal President
Health Net



JOHNESE SPISSO
President
UCLA Health

CEO
UCLA Hospital System
Associate Vice Chancellor
UCLA Health Sciences

Congratulations to **Dr. James Tabibian** for being nominated as **Innovator of the Year!**

Thank you for advancing clinical excellence and expanding Southern California’s access to world-class GI care. Your expertise, innovation, and leadership empower us to deliver **health, wholeness, and hope** to our communities.

AdventistHealth.org

James H. Tabibian, MD, PhD
Medical Director, Digestive Disease Program
Adventist Health Southern California Network



CONGRATULATIONS

UCLA Health congratulates all nominees of the Los Angeles Business Journal Health Care Leadership Awards including:

UCLA Health

Top Hospital or Medical Center

Resnick Neuropsychiatric Hospital at UCLA

Top Hospital or Medical Center

David Geffen School of Medicine at UCLA

Educational or Institutional Program of the Year

Johnese Spisso, MPA

President, UCLA Health

CEO, UCLA Hospital System

Associate Vice Chancellor, UCLA Health Sciences

Hospital CEO or President of the Year

Santiago Muñoz III

Chief Strategy Officer, UCLA Health

Health Care Executive of the Year

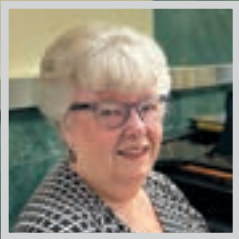
UCLA Health/Keck Medicine of USC/One Legacy

Outstanding Collaboration

INDIVIDUAL NOMINEES



ARA BAGHDASARIAN
CEO
Southern California Medical Center



LOIS BENNETT
Music Enrichment Volunteer
PIH Health



KAVITHA BHATIA, MD, MMM, FAAP, FACHE
President and Chair, Prime Healthcare Foundation;
CMO, Strategy, Prime Healthcare



SUNNY BHATIA, MD, MMM, FACHE, FACC, FSCAI
President & CMO
Prime Healthcare



JEREMY BLUMBERG, MD
Chief of Urology
Harbor UCLA Medical Center



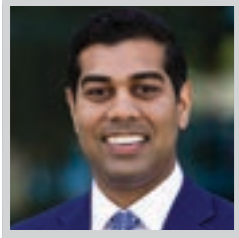
CARYN BRADLEY
CEO & Founder
NeoCare Innovations, Inc.



SCOTT BRAUNSTEIN, MD
Chief Medical Officer
Sollis Health



HUNVEY CHEN
Regional Leader of Healthcare
HOK



RAHUL CHHAJED
Senior Vice President; Senior Director
Matthews Real Estate Investment Services



NAKEYA FIELDS
Executive Director
Therapeutic Play Foundation



GUSTAVO FRIEDERICHSEN
CEO
Los Angeles County Medical Association



ANDREW GIANOUKAKIS
Doctor
Lindquist Institute



KARAN GILL
CEO
OneLine Health



MILIND GODBOLE
CEO; Managing Director
GeBBS Healthcare Solutions



JUN GOEKU
Physician Assistant, Neurosurgery
Harbor UCLA Medical Center



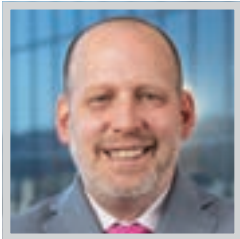
PETER GOLDSTEIN
CEO
illumifin



GEORGE GREENE
President and CEO
Hospital Association
of Southern California



IKRAM GUERD
General Manager US - CMO
Aspivix



GEOFFREY HALL
CEO, MBA, MSW
California Rehabilitation Institute



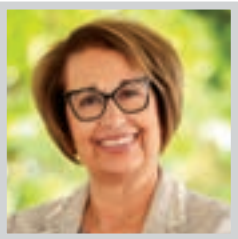
BETSY HART
Hospital President; CEO
Dignity Health - Glendale Memorial Hospital
and Health Center



ADAM HEPWORTH
Partner
Foley & Lardner LLP



JAMES HSIEH
MD, PhD
Memorial Sloan Kettering



ALICE ISSAI
President
Adventist Health Glendale and
Simi Valley Service Area



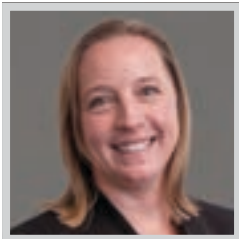
ERIC KLEIN
Partner; Healthcare Team Co-Leader
Sheppard, Mullin, Richter and
Hampton LLP



MEGAN KLINK
Vice President, Community Development
Strategy and West Region
Susan G. Komen



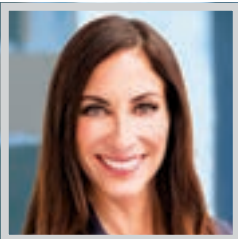
BARRY LANDSBERG
Partner
Manatt, Phelps & Phillips, LLP



ANNIE LEHATTO
Senior Medical Planner
HOK



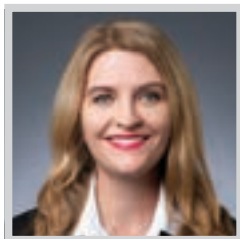
ANNA LEUNG, MD
Medical Director
Emanate Health Medical Care
Foundation



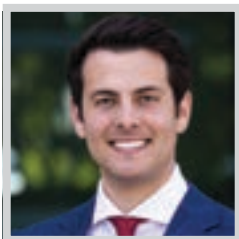
TORREY McCLARY
Partner, Health Care
Ropes & Gray



PARINI MEHTA
Principal
CO Architects



LYNSEY MITCHEL
Partner
Sheppard, Mullin, Richter
& Hampton LLP



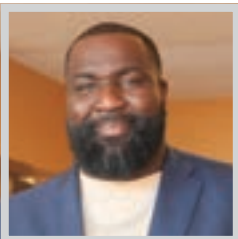
MICHAEL MORENO
Senior Vice President; Senior Director
Matthews Real Estate
Investment Services



SANTIAGO MUÑOZ III
Chief Strategy Officer
UCLA Health



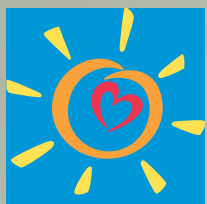
BABRY OREN
Founder; CEO
BAO Health Resources Corp.



KENDRICK PERKINS
Sports Analyst
ESPN Sports



GREGORY PIMSTONE
Partner
Manatt, Phelps & Phillips, LLP



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INDIVIDUAL NOMINEES



RAMONA PRATT
Chief Nursing Officer,
PIH Health Whittier Hospital
PIH Health



JOHN RAFFOUL
President
Adventist Health White Memorial



SMITHA RAVIPUDI
CEO, USC Care; CEO, Keck Medicine,
Ambulatory Care Services
Keck Medicine of USC



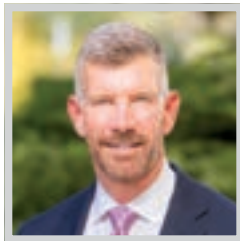
ALEXIS RAZO-AYON
Regional Manager
Advanced Hair Restoration



**SUNITHA REDDY, MBA,
MPH, FACHE**
Chief Revenue Officer, Vice President, Operations
Prime Healthcare



ANDREW RITTER
CEO
Cairns Health



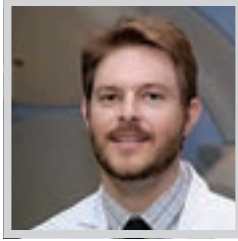
MARTY SARGEANT
CEO
Keck Medical Center of USC



DARSHAN SHAH
CEO and Founder
NEXTHEALTH



ROGER SHARMA
President & CEO
Emanate Health



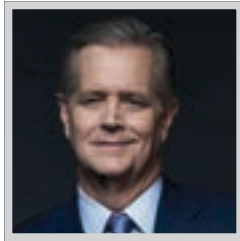
CHAD SILA
Doctor
Advanced Oncology



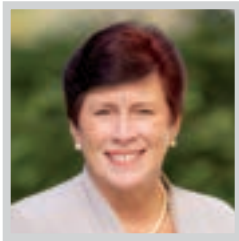
WENDY SMITH
Psychologist; Author; Retired Educator
(retired)



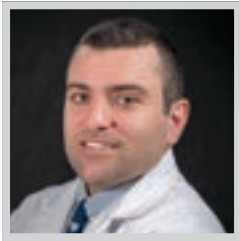
JOHNESE SPISSO
President, UCLA Health;
CEO, UCLA Hospital System;
Associate Vice Chancellor, UCLA Health



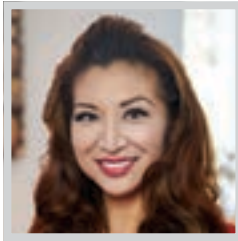
ROBERT STONE
CEO
City of Hope



ANNETTE SY
Chief Nursing Executive
Keck Medical Center of USC



JAMES TABIBIAN
Medical Director, Interventional Endoscopy
Adventist Health



PANNEY WEI
Partner
Harpe Ventures



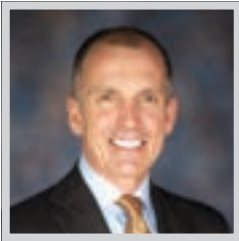
JILL WELTON
Southern California Market President
Dignity Health Southern California



JIM WEST
President and Chief Executive Officer
PIH Health



YUHUA ZHANG, PhD
Principal Investigator, Doheny Eye Institute;
Professor of Ophthalmology, David Geffen
School of Medicine, UCLA



JEREMY ZOCH
Hospital President and CEO
Dignity Health - Northridge Hospital
Medical Center



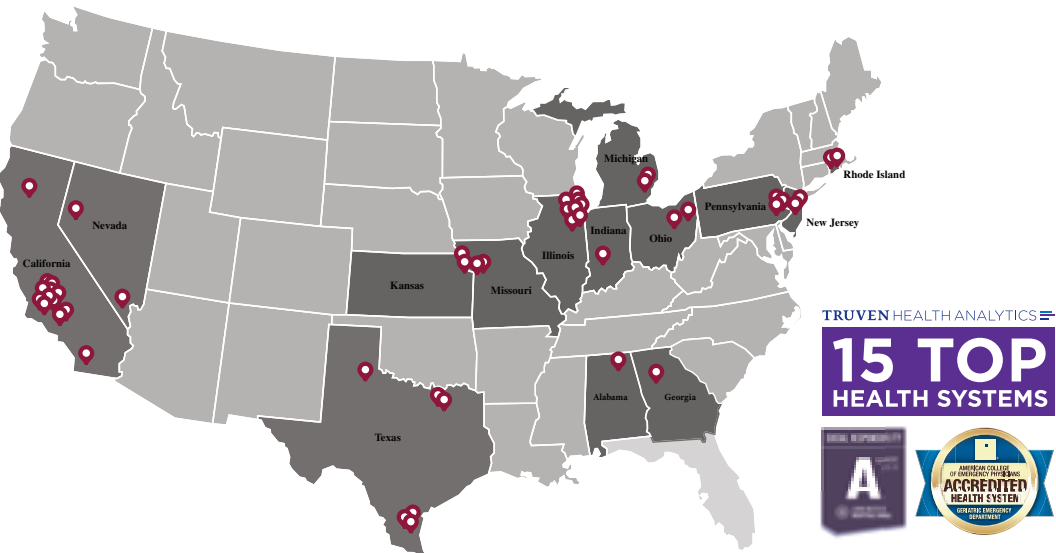
ANDREW ZWIERS
President
PIH Health Physicians
and Healthmed Services

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2025 INDIVIDUAL NOMINEES

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51	Hospitals saved
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600+	Communities served
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10,582	Licensed beds
\$14B	Charitable contributions since 2010
\$2.78B	Capital improvements since 2005

Los Angeles Business Journal Health Care 2025 Leadership Awards

Prime Healthcare congratulates **Dr. Sunny Bhatia**, **Dr. Kavitha Bhatia**, and **Sunitha Reddy** on their nominations and is proud to be recognized for our work in the communities we serve.

Hospital President of the Year



Sunny Bhatia, MD, MMM, FACHE, FACC, FSCAI
President &
Chief Medical Officer,
Prime Healthcare

Health Care Executive of the Year



Kavitha Bhatia, MD, MMM, FAAP, FACHE
President and Chair,
Prime Healthcare Foundation &
Chief Medical Officer of Strategy,
Prime Healthcare

Health Care Executive of the Year







Sunitha Reddy, MBA, MPH, FACHE
Chief Revenue Officer &
Vice President of Operations
Prime Healthcare

Outstanding Community Outreach



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ORGANIZATION NOMINEES

						
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DIGNITY HEALTH - CALIFORNIA HOSPITAL MEDICAL CENTER	DIGNITY HEALTH - ST. MARY MEDICAL CENTER	DIGNITY HEALTH SOUTHERN CALIFORNIA	DOHENY EYE INSTITUTE	DPR CONSTRUCTION	EMANATE HEALTH	EWINGCOLE
						
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ONELEGACY	ONELINE HEALTH	PRENUVO	PRIME HEALTHCARE	REVELEER	SANTA MONICA NEUROLOGY	SEIU LOCAL 2015
						
SOLLIS HEALTH	SPRINTRAY INC.	ST. BRIGID CATHOLIC CHURCH	THERAPEUTIC PLAY FOUNDATION	UCLA HEALTH	UCLA HEALTH TORRANCE CANCER CARE	UCLA RESNICK NEUROPSYCHIATRIC HOSPITAL
						
UMMA HEALTH	USC UROLOGY, Part of Keck Medicine of USC	VALLEY INTERCOMMUNITY COUNCIL				

CONGRATULATIONS TO THE LOS ANGELES BUSINESS JOURNAL'S
HEALTH CARE LEADERSHIP AWARDS
2025 ORGANIZATION NOMINEES



WE EXTEND OUR HEARTFELT
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TO ALL OF THE NOMINEES
2025 HEALTH CARE LEADERSHIP AWARDS

Your innovation, compassion, and leadership
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At a time of unprecedented challenge and change
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more powerful, our impact more lasting, and our
ability to protect the profession is stronger.**



A Profile of Leading the Way in Vision Science

For more than 75 years, Doheny Eye Institute has stood at the forefront of groundbreaking vision research — transforming discoveries in the lab into hope for patients in Los Angeles, Southern California, and around the globe. This year, that legacy of innovation is celebrated with two prestigious honors: Doheny Eye Institute's nomination as a Top Research Organization and Doheny's Principal Investigator, Yuhua Zhang, PhD, nominated for Outstanding Healthcare Innovator.

A LEGACY OF IMPACT

Since its founding, Doheny has led the way in developing technologies and treatments that have reshaped the future of vision care. In 2013, its strategic affiliation with UCLA's Stein Eye Institute united two world-class organizations, fueling advancements in clinical care, education and research.

Ranked in the Top 5 Best Ophthalmology Hospitals in the nation by *U.S. News & World Report* since the affiliation began, Doheny is home to researchers tackling some of the most urgent threats to sight, including age-related macular degeneration (AMD), diabetic retinopathy, uveitis and rare inherited eye diseases. Through innovations in artificial intelligence, high-resolution imaging, and early diagnostic tools, Doheny scientists are changing how the world understands and

treats vision loss.

PIONEERING BREAKTHROUGHS

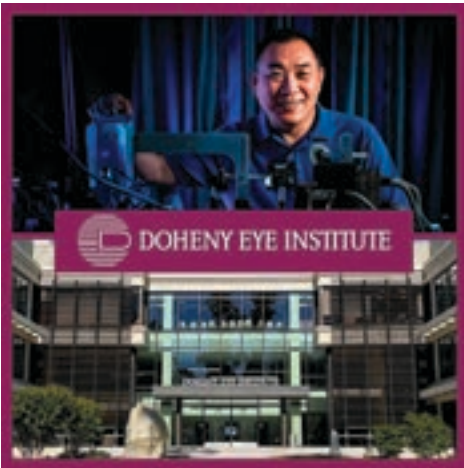
Doheny's recent achievements include:

- Developing adaptive optics ophthalmoscopy to capture unprecedented images of retinal blood flow, aiding early disease detection.
- Identifying retinal biomarkers for Alzheimer's disease, offering a potential window into neurodegenerative conditions.
- Creating novel imaging systems and advanced retinal analysis software now being used in research worldwide.
- Providing new insights into sudden vision loss in Leber's hereditary optic neuropathy (LHON).

These advances not only push the boundaries of science but also directly impact patients across Southern California — where an aging population and rising rates of chronic disease make vision research more important than ever.

SPOTLIGHT: YUHUA ZHANG, PhD — OUTSTANDING HEALTH CARE INNOVATOR NOMINEE

At the heart of Doheny's innovative research is Dr. Yuhua Zhang, whose work in cellular-level retinal imaging is setting new standards for how eye diseases are diagnosed and understood.



His current research uses advanced imaging to study the retinas of individuals with normal vision as well as those with AMD, diabetes, or high blood pressure. This work could lead to earlier interventions and personalized treatments — preventing irreversible vision loss for countless patients.

SERVING THE COMMUNITY

Beyond the lab, Doheny Eye Institute is deeply embedded in the Los Angeles and Southern California community. It partners with healthcare providers, trains future vision

scientists, and brings cutting-edge discoveries directly to patient care.

With Doheny Eye Center UCLA Pasadena now open, patients in the San Gabriel Valley have direct access to world-class ophthalmic care—integrating patient services, research, and education under one roof.

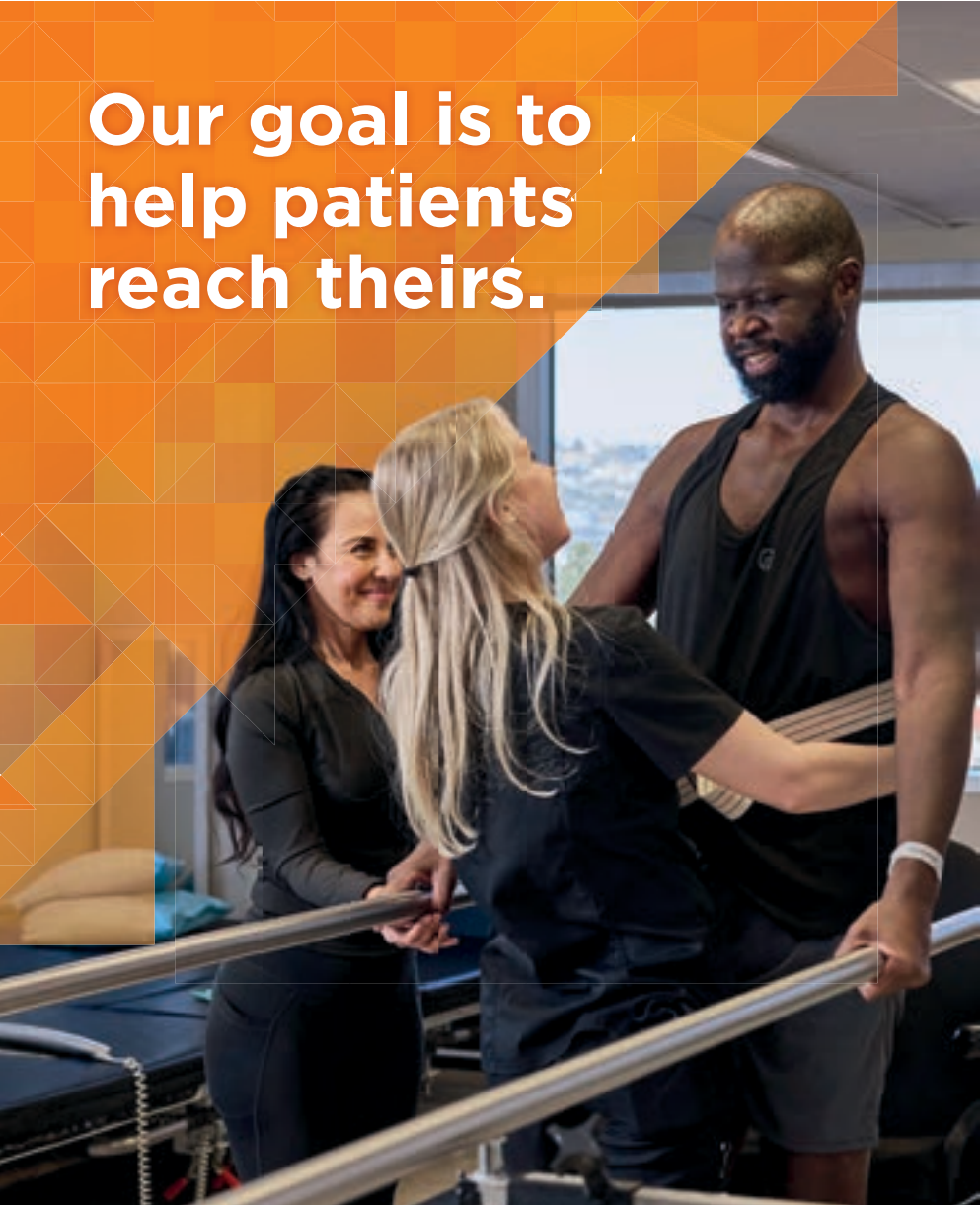
HOW TO SUPPORT DOHENY'S MISSION

As a nonprofit, Doheny relies on philanthropic support to fuel its research. Depending on your goals, there are several gift options available to consider:

- Cash donation can easily be made by credit card at doheny.org/donate. Alternatively, you can mail a check to Doheny Eye Institute, Development Department, 150 N. Orange Grove Blvd., Pasadena, CA 91103.
- Explore ways to plan your future legacy by making estate provisions. Visit our Planned Giving page at doheny.giftlegacy.com.
- Employer matching or workplace giving through the Combined Federal Campaign (CFC Code: 91011).

Every contribution accelerates the discovery of treatments that preserve and restore sight.

To learn more about Doheny's groundbreaking work, visit doheny.org or contact Cecilia Zamudio at cczamudio@doheny.org.



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Nurses Weigh In on the Health Care Trends to Watch

As the nurse practitioner (NP) profession looks ahead to the remainder of 2025, the American Association of Nurse Practitioners (AANP) identified five key health trends that will impact the health care system in the coming years.

“As health care trends evolve, the demand for America’s 385,000 licensed nurse practitioners remains high due to their exceptional, patient-centered approach to care,” said AANP president Stephen A. Ferrara, DNP. “Patients nationwide deserve access to high-quality health care, and NPs are experts in various fields, including primary care, elder care, mental health care, substance use disorder treatment and artificial intelligence (AI) innovations. Nurse practitioners are dedicated to providing evidence-based care as the health care landscape continues to change.”

THE TOP FIVE HEALTH CARE TRENDS

AI Technologies Can Improve Patient Care – Nurse practitioners are leading the way to improve health care access and outcomes for millions of patients and leveraging the potential of new technologies, including AI, to benefit their patients. In their constant pursuit of excellence in health care, NPs are exploring the capability of AI to analyze vast amounts of patient data from remote monitoring devices to allow more proactive interventions and added

patient engagement in care.

The potential for AI to automate non-clinical routine tasks, like note-taking and documentation, will allow NPs and other providers to focus even more on patient interactions. Used properly, AI can make a real difference while reducing documentation and administrative burdens. Nurse Practitioners are well-positioned to evaluate and guide the implementation of safe and effective AI technologies and must be actively involved throughout the entire AI development and integration process to improve patient outcomes.

Growing Demand for Elder Care – As the US population ages, the rising demand for elder care requires a growing health care workforce. Every Baby Boomer will be at least 65 by 2030, with the oldest members closer to 85 – meaning one out of every five Americans will be eligible to enroll in Medicare.

At the same time, the NP profession is 385,000 strong, ensuring needed access to care for patients. NPs provide care to seniors in a wide variety of settings, including telehealth and in-home care.

Mental Health Integration into Primary Care – NPs and other primary care providers are increasingly integrating patients’ mental health into primary care screenings for both physical and mental health problems, during their visits. Mental health conditions have increased sharply

since the COVID-19 pandemic, and more than 122 million people live in areas where access to treatment is limited due to provider shortages.

With a strong focus on whole-patient care, NPs understand the important role mental health plays in the overall well-being of their patients. In addition, increasing numbers of psychiatric mental health nurse practitioners will play a vital role in meeting the nation’s need for diagnosing, treating and managing mental health conditions.

‘As health care trends evolve, the demand for America’s 385,000 licensed nurse practitioners remains high due to their exceptional, patient-centered approach to care.’

STEPHEN A. FERRARA, DNP
AANP President

Limited Access to Primary Care Services – More than a quarter of Americans reported they are not up to date on health screenings and immunizations, according to AANP’s “State of Primary Care in America” national survey. The survey also found that nearly one-third of adults,

particularly those who are younger, Hispanic or living in rural areas, reported difficulty accessing health care services. Among adults who did see a provider for primary care, nearly a third (31%) turned to telehealth or to convenient care clinics.

This survey echoes AANP’s 2023 survey, which found that more than 25% of respondents had waited more than two months for an appointment with a health care provider. Adopting Full Practice Authority policies removes barriers to care so patients can choose an NP to access preventive screenings and health services, which are essential to improving the health of the nation.

NPs Treating Patients with Substance Use Disorders – According to the National Institute on Drugs and Addiction’s 2024 fact sheet, more than 40 million people in the United States had a substance use disorder (SUD), and only 6.5 percent received treatment. More than 100,000 people died from an overdose in 2021. NPs who specialize in SUD and opioid use disorder (OUD) treatment are experts in this addiction crisis, prescribing medications to aid in recovery and ensuring that their patients have access to counseling, behavioral therapy, peer support and other interventions.

Information for this article was provided by the American Association of Nurse Practitioners (AANP). For more information, visit aanp.org.

Proud to Collaborate with City of Hope to Advance Cutting-Edge Cancer Care

CO ARCHITECTS | EWING COLE | DPR CONSTRUCTION



The Fight to End Parkinson’s Ramps Up

With support from the US Department of Health and Human Services Office of the Assistant Secretary for Health, the National Institutes of Health (NIH) is leading the implementation of the Dr. Emmanuel Biliarakis and Honorable Jennifer Wexton National Plan to End Parkinson’s Act, which was signed into law on July 2, 2024. This follows a delegation of authority from the secretary of the Department of Health and Human Services to the NIH director.

The act establishes a Federal Advisory Council on Parkinson’s Research, Care, and Services and calls for the creation and regular updating of a national plan to prevent, diagnose, treat and cure Parkinson’s, ameliorate symptoms, and slow or stop progression. In addition to Parkinson’s disease, the national plan will also target other neurodegenerative Parkinsonisms, including multiple system atrophy, corticobasal degeneration, progressive supranuclear palsy, and Parkinson’s-related dementia.

The goals of the act are to coordinate Parkinson’s-related research and services across federal agencies; speed the development of safe and effective treatments; improve early diagnosis; facilitate coordination of care and treatment; reduce the impact of Parkinson’s on the physical, mental and social health of individuals living with Parkinson’s and their caregivers and families; and increase international



coordination.

In anticipation of implementing this act, NIH is seeking nominations for individuals to serve on the Federal Advisory Council on Parkinson’s Research, Care, and Services that will provide advice on Parkinson’s-related issues, including recommendations for priority actions to be included in the national plan. The council will include two patient advocates, including one individual who is living with young-onset

PD; a family caregiver; a healthcare provider; two biomedical researchers with Parkinson’s related expertise; a movement disorders specialist who treats people with Parkinson’s; a dementia specialist who treats people with Parkinson’s; and two representatives from Parkinson’s-related nonprofit organizations. Additionally, the council will have representatives from 13 federal agencies that are involved in Parkinson’s research, clinical care, or care services.

The council will be co-chaired by the director of the NIH’s National Institute of Neurological Disorders and Stroke and the associate deputy director for the Office of Science and Medicine.

NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the US Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical and translational medical research, and is investigating the causes, treatments and cures for both common and rare diseases.

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More information about the act as well as the nomination process can be found at ninds.nih.gov.

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Hormone Therapy May Affect Breast Cancer Risk in Younger Women

Scientists at the National Institutes of Health (NIH) have found that two common types of hormone therapy may alter breast cancer risk in women before age 55. Researchers discovered that women treated with unopposed estrogen hormone therapy (E-HT) were less likely to develop the disease than those who did not use hormone therapy. They also found that women treated with estrogen plus progestin hormone therapy (EP-HT) were more likely to develop breast cancer than women who did not use hormone therapy. Together, these results could help to guide clinical recommendations for hormone therapy use among younger women.

The two hormone therapies analyzed in the study are often used to manage symptoms related to menopause or following hysterectomy (removal of uterus) or oophorectomy (removal of one or both ovaries). Unopposed estrogen therapy is recommended only for women who have had a hysterectomy because of its known association with uterine cancer risk.

“Hormone therapy can greatly improve the quality of life for women experiencing severe menopausal symptoms or those who have had surgeries that affect their hormone levels,” said lead author Katie O’Brien, Ph.D., of NIH’s

National Institute of Environmental Health Sciences (NIEHS). “Our study provides greater understanding of the risks associated with different types of hormone therapy, which we hope will help patients and their doctors develop more informed treatment plans.”

The researchers conducted a large-scale analysis that included data from more than 459,000 women under 55 years old across North America, Europe, Asia and Australia. Women who used E-HT had a 14% reduction in breast cancer incidence compared to those who never used hormone therapy. Notably, this protective effect was more pronounced in women who started E-HT at younger ages or who used it longer. In contrast, women using EP-HT experienced a 10% higher rate of breast cancer compared to non-users, with an 18% higher rate seen among women using EP-HT for more than two years relative to those who never used the therapy.

According to the authors, this suggests that for EP-HT users, the cumulative risk of breast cancer before age 55 could be about 4.5%, compared with a 4.1% risk for women who never used hormone therapy and a 3.6% risk for those who used E-HT. Further, the association between



EP-HT and breast cancer was particularly elevated among women who had not undergone hysterectomy or oophorectomy. That highlights the importance of considering gynecological surgery status when evaluating the risks of starting hormone therapy, the researchers noted.

“These findings underscore the need for personalized medical advice when considering hormone therapy,” said NIEHS scientist and senior author Dale Sandler, Ph.D. “Women and their health care providers should weigh the benefits of symptom relief against the potential risks associated with hormone therapy, especially EP-HT. For women with an intact uterus and ovaries, the increased risk of breast cancer with EP-HT should prompt careful deliberation.”

The authors noted that their study is consistent with previous large studies that documented similar associations between hormone therapy and breast cancer risk among older and postmenopausal women. This new study extends those findings to younger women, providing essential evidence to help guide decision-making for women as they go through menopause.

For more information on NIEHS or environmental health topics, visit niehs.nih.gov.



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Incidence Rates of Some Cancer Types Have Risen in People Under 50

Researchers at the National Institutes of Health (NIH) have recently completed a comprehensive analysis of cancer statistics for different age groups in the United States and found that since 2010, the incidence of 14 cancer types have increased among people under age 50.

Of these cancer types, nine — including several common cancers, such as breast cancer and colorectal cancer — also increased in some groups of people aged 50 and older. However, the incidence of 19 other cancer types—including lung cancer and prostate cancer — decreased among people under age 50, so the total rate of all cancers diagnosed in both younger and older age groups did not increase, nor did the rate of cancer death.

“This study provides a starting point for understanding which cancers are increasing among individuals under age 50,” said lead investigator Meredith Shiels, Ph.D., of NIH’s National Cancer Institute. “The causes of these increases are likely to be cancer specific, including cancer risk factors becoming more common at younger ages, changes in cancer screening or detection, and updates to clinical diagnosis or coding of cancers.”

Researchers examined incidence and mor-



tality trends for 33 cancer types, including incidence data for 2010-2019 from CDC’s United States Cancer Statistics database, which includes cancer registry data that represent the entire US population, and mortality data for 2010-2022 from national death certificate data. Data were analyzed in six age groups: three early-onset (15-29 years, 20-39 years, and 40-49

years) and three older-onset (50-59 years, 60-69 years, and 70-79 years).

Incidence of 14 of the 33 cancer types increased in at least one of the younger age groups. Incidence of nine of these 14 types also increased in at least one of the older age groups: female breast, colorectal, kidney, testicular, uterine, pancreatic, and three types of lymphoma. Although death rates did not increase in early-onset age groups for most of these cancers, researchers did observe concerning increases in rates of colorectal and uterine cancers deaths at younger ages.

Only five cancer types increased in incidence among one of the younger age groups but not among any of the older age groups: melanoma, cervical cancer, stomach cancer, myeloma, and cancers of the bones and joints.

To understand the magnitude of the increases in terms of absolute numbers, the researchers estimated how many additional people were diagnosed with early-onset cancers in 2019 compared with expected diagnoses based on rates in 2010. The largest absolute increases were seen for female breast cancer, with about 4,800 additional cases in 2019, followed by colorectal (2,100), kidney (1,800), uterine (1,200),

and pancreatic cancers (500). Female breast, colorectal, kidney, and uterine cancers contributed to more than 80% of the additional early onset cancers in 2019.

The researchers speculated that risk factors such as increasing obesity may have contributed to some of the increases in early-onset cancer incidence in recent years. Changes in cancer screening guidelines, advances in imaging technologies, and increased surveillance of high-risk individuals may also have led to earlier cancer diagnoses, potentially contributing to rising rates among younger age groups.

To more fully understand and address these increasing rates, the authors said that future studies should examine trends in early-onset cancers across demographics and geography in the US and internationally. Additional research is also needed to better understand the risk factors that are particularly relevant to younger people.

This information was provided by the National Cancer Institute. For more information about cancer, please visit the NCI website at cancer.gov or call NCI’s Cancer Information Service, at 1-800-4-CANCER (1-800-422-6237).

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