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More young women are getting diagnosed with cancer than ever. Why are we investing so little in prevention?

The federal government has cut funding for research on women's health even as we stand on the cusp of major breakthroughs.

By Mary Beth Terry July 18, 2025

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Thirty years ago, thousands of women and their families marched from Copley Square to City Hall Plaza, fueled by a swell of political activism and grass-roots energy. They wanted the government to do something about the rates of breast cancer in Massachusetts — then among the highest in the nation. The state stepped up in response and became the first to declare breast cancer an epidemic.

The federal government also invested hundreds of millions of dollars in research, most of it toward early detection and treatment of breast cancer. Since then, we've made huge advances in both, yet breast cancer rates in Massachusetts remain stubbornly high — driven in part by a worrying new global trend: rising cancer rates in young adults.

Once considered a disease of aging, cancer is now showing up more often in people in their 20s, 30s, and 40s — times when they are launching their careers and starting families.

Although we don't yet know all the reasons why cancer rates among young adults are rising, we are seeing hazardous chemicals in our food, drinking water, household products, and air emerge as leading culprits.

As a cancer epidemiologist who has studied breast cancer risk factors for more than 25 years, I've watched with growing concern. The statistics are staggering: Between 1990 and 2019, the number of young adults diagnosed with cancer worldwide increased by nearly 80 percent. Projections suggest another 31 percent increase in early-onset cancers over the next decade.

And the burden falls disproportionately on women. Two-thirds of people diagnosed with cancer under the age of 50 are women. Much of the time, that diagnosis is breast cancer.

While some in the cancer research community fixate on "traditional" risk factors — women having fewer children (childbearing and breastfeeding have been shown to have a protective effect against breast cancer), rising obesity, and alcohol use — the data tell a different story. Breast cancer rates are going up even in countries with high fertility rates and where alcohol consumption is not the norm. And obesity in childhood is actually associated with a lower risk of premenopausal breast cancer.

Consider breast and thyroid cancer, thyroid cancer being the second most common cancer in women. Numerous studies link both with exposure to chemicals commonly found in our environment. A compelling body of research shows that hundreds of chemicals, like parabens and phthalates used in lotions and shampoos, and PFAS ("forever" chemicals) used in food packaging, pesticides, cosmetics, and much more, disrupt the endocrine system by altering hormones in risky ways that could lead to breast cancer.

In fact, the National Academies of Science, Engineering, and Medicine recommends that health care providers now screen for thyroid, kidney, and testicular cancer in people who have been exposed to high levels of PFAS in their drinking water.

For years, cancer researchers dismissed harmful everyday chemicals as important contributors to cancer risk either because the levels of them in the body were too hard to measure or because people are exposed to too many different chemicals at once, making it hard to pinpoint which ones matter.

Thanks to investment in environmental health research over the last few decades, we now have powerful tools for measuring and analyzing people's exposure to these chemicals and linking them with effects on health. But more funding is needed. For breast cancer, we must be able to deploy these tools in new research studies with large populations, investigate exposure to harmful chemicals during critical stages of development when the breast is most vulnerable, and assess which groups of people are most at risk. This new evidence will allow us to strengthen regulation

of the most dangerous chemicals and ensure that reducing exposure is an integral part of cancer prevention plans.

In a recent report commissioned by the White House as part of the administration's "Make America Healthy Again" initiative, the US Department of Health and Human Services highlighted the need to address Americans' exposure to endocrine-disrupting chemicals. It even identified which ones to prioritize. But we can't meet this challenge without funding, especially for women's health, which remains woefully underfunded. Just 8.8 percent of the National Institute of Health's research budget over the past decade went to funding studies of women's health.

Now, because of recent funding cuts at NIH, that already paltry percentage is under threat of being cut even further. What's more, the careers of the innovative thinkers and young scientists who are carrying this work forward will be upended.

We are at a pivotal point in cancer research. We're on the cusp of being able to connect the dots between the environment and early-onset cancers in ways that could help prevent disease from developing as early and as often as it now does across the American population.

Thirty years ago, community advocates in Massachusetts pushed for critical investments in breast cancer research that led to many important breakthroughs. We need that same level of advocacy and public attention to cancer again.