

Local Radiation Cancer Treatment Lacked in more than 50 Million Americans

A new study published shows that beneath stable national figures, [radiation oncology](#) treatment sites are disappearing unevenly across the United States, leaving more than 50 million Americans without a local practice site.



Study

The study analysis indicated that several individual radiation oncology clinics disappeared from the CMS dataset over time, although the overall number of radiation oncology clinics appeared broadly stable in the United States during this period. The authors note that practice-site disappearance identified in the administrative dataset does not necessarily represent confirmed [clinic closure](#).

Specifically, the analysis revealed that rural radiation clinics had 44% higher odds of disappearance than urban clinics, and freestanding clinics had 56% higher odds of disappearance than [hospital](#)-affiliated clinics.

Among 3,144 US counties, 427 had a net loss of radiation oncology clinics between 2018 and 2025. In counties with a net loss, urban regions retained an average of 3.66 clinics by 2025. However, rural adjacent counties retained an average of 0.43 clinics, while rural nonadjacent counties retained just 0.28 clinics, indicating that many were left with little or no remaining local [treatment](#) capacity.

About 68.5% of all US counties, representing 50.8 million people, lacked a single [radiation](#) oncology clinic in 2025. On average, the counties without radiation oncology practice sites had higher poverty and uninsurance rates, lower incomes, and fewer primary care physicians than counties with at least one radiation oncology practice site.

The study also found that more than 70% of [counties](#) experiencing a net loss of radiation oncology practice sites were located in the South and Midwest, highlighting regional clustering of these changes.

Findings

The study suggests that apparently stable national totals mask substantial turnover in individual radiation oncology [practice sites](#). Notably, the disappearance of practice sites is not evenly distributed across the country, with rural clinics and freestanding clinics facing the most striking challenge.

The observed disparities suggest that previously anticipated administrative and financial pressures on freestanding or rural radiation oncology clinics are now manifesting in observable practice attrition across the national radiation oncology [delivery system](#).

Radiation therapy is a major treatment option for [cancer patients](#), and it is used in more than 50% of all cancer cases. Patients' access to a nearby radiation facility is particularly important, as the treatment often requires multiple visits over days or weeks. Previous research has shown that longer travel distances and reduced local availability can contribute to delayed or incomplete treatment, although the present study did not directly examine treatment completion or patient survival. This evidence highlights the importance of maintaining local treatment capacity for patients requiring repeated radiation therapy.

The loss of one clinic in large urban markets may have only minimal impact on cancer patients. However, in rural regions where few or no alternatives are available, the disappearance of a clinic may leave no radiation oncology practice site within the county, meaning patients may have to travel to facilities in [neighboring counties](#).

As observed in the study, the counties with no access to radiation clinics are consistently more socioeconomically disadvantaged than counties with at least one radiation clinic, raising concern that [current access](#) gaps may widen without future reimbursement reforms.

Studies investigating strategies to improve healthcare access have provided some institutional strategies to address local gaps in care, such as opening satellite clinics, expanding telehealth capacity, and creating partnerships between providers and [community leaders](#).

However, these strategies cannot fully replace local radiation oncology infrastructure, as radiation oncology largely relies on in-person, highly technical treatment, highlighting the need for distinct, specialized strategies, such as recruitment of trained staff, implementation of regionalized technical support, coordinated [network models](#), improvement of patient-support infrastructure, and reimbursement approaches that better support structurally vulnerable practices.

Given the seriousness of the current findings, the researchers highlight the need for future research to investigate how practice-site disappearance affects patient outcomes and whether policy changes can improve [long-term stability](#).

Conclusion

The authors note several important limitations. The analysis relied on CMS administrative data that capture [clinician billing](#) and practice information rather than directly confirming the operation or closure of radiation treatment facilities. As a result, disappearance of a practice site from the dataset does not necessarily indicate that a clinic permanently closed.

In addition, hospital-affiliation data were only available through 2021; the study did not measure differences in treatment capacity such as staffing or the number of linear accelerators, county-

level socioeconomic data were based on 2021 estimates, and the observational design means the findings identify associations rather than proving that rural location, freestanding status, or financial pressures caused [practice-site disappearance](#).

Source:

<https://www.news-medical.net/news/20260715/More-than-50-million-Americans-lack-local-radiation-cancer-treatment.aspx>