



FINANCING CANCER CARE:

Investing in Prevention, Early Detection, and Diagnosis

EXECUTIVE SUMMARY

Report Background

In the United States this year, nearly 2 million people will hear the words “you have cancer.”¹ More than 600,000 people will die from the disease, making it the second leading annual cause of death after heart disease.² The health impact, pain, and suffering caused by cancer are immeasurable. **Prevention, early detection, and diagnosis** can change the equation. Since 1975, these efforts have averted 4.75 million cancer deaths.³

Yet, investment in prevention, early detection, and diagnosis remains chronically underfunded. These interventions are often perceived as public goods that are essential to society, but their benefits do not easily or directly translate into predictable near-term profits. As a result, capital is directed overwhelmingly toward advanced-stage therapeutics and treatments. In turn, prevention initiatives are under-resourced, screening rates remain stubbornly low, and promising new diagnostic tests stall before reaching the people who need them most.

Overcoming the market failures—the structural barriers that hinder investments—requires innovative financing solutions. To this end, in June 2025, the Milken Institute organized a Financial Innovations Lab[®] (Lab) in collaboration with the American Cancer Society and its impact investment arm, BrightEdge, to explore financial models that could foster investments in this space. The Lab brought together experts from finance, biotech, clinical practice, health systems, philanthropy, patient advocacy, and private employers to develop recommendations that address market failures and expand investment opportunities for a broader, more diverse set of investors.

Solutions Overview

Building on months of research and interviews with key opinion leaders, Lab participants identified **two complementary strategies: (1) establish a Cancer Resource Hub to aggregate and monetize cancer-related operational assets and (2) deploy four innovative financing models to unlock new investment.**

CANCER RESOURCE HUB

A centralized Cancer Resource Hub (Hub) could pool cancer-relevant resources to serve as the ecosystem’s operational backbone. By aggregating biospecimens, clinical data, and analytics tools under one roof, the Hub would streamline research and development, reduce duplication, and lower costs. It would allow researchers and innovators to focus on advancing breakthroughs rather than managing data in a

fragmented and siloed ecosystem. Designed for long-term self-sustainability, the Hub would generate revenue through tiered-access fees, licensing, and value-sharing with commercial partners.

SYNDICATED INVESTMENT FUND

Health systems, insurers, and large employers stand to benefit from new early-detection and diagnostic tools but rarely invest due to uncertain adoption and reimbursement. A syndicated investment fund could address this challenge by pooling capital into a professionally managed fund for early detection and diagnostics. This model would align investors who are also end users and payers, creating a guaranteed market that could overcome adoption barriers and de-risk commercialization. A scientific coinvestor or partner could strengthen due diligence, giving investors confidence while balancing financial rigor with scientific credibility.

REVOLVING LOAN FUND

Prevention, early detection, and diagnosis depend on infrastructure—such as screening centers, diagnostic equipment, and community programs—yet traditional loans are often prohibitively expensive or unavailable to providers. A revolving loan fund could fill this gap by offering a renewable pool of low-cost, flexible debt. As loans are repaid, the fund would replenish itself and finance new projects, creating a self-sustaining cycle.

CANCER BONDS

Cancer bonds would raise large-scale capital for prevention and screening programs by issuing fixed-income instruments backed by governments, nonprofits, or consortia. Investors would receive regular interest payments and their full principal at maturity. This creates a predictable risk–return profile that appeals to conservative investors such as insurers, pension funds, and even retail buyers. Proceeds could support HPV vaccinations, mobile diagnostic units, and community health programs, transforming long-term savings into immediate investments.

BLENDED FINANCE FUND

To bridge the financing gap for early-stage, high-impact innovations, a blended finance fund would use catalytic capital from philanthropic or public sources to attract private investment. This capital would be structured as a first-loss or junior tranche in the fund’s capital stack, absorbing risks and improving the risk–return profile for commercial investors in the senior tranches. Every public or philanthropic dollar could mobilize several dollars of private capital, dramatically expanding the resources for pioneering diagnostic tools and technologies.

Taken together, the Hub and financing tools offer a practical roadmap for stakeholders across sectors to work collectively toward saving lives from cancer.

Endnotes

1. Rebecca L. Siegel, Tyler B. Kratzer, et al., “Cancer Statistics, 2025,” *CA: A Cancer Journal for Clinicians* 75, no. 1 (January 16, 2025): 5–34, <https://doi.org/10.3322/caac.21871>.
2. Siegel et al., “Cancer Statistics, 2025.”
3. “Prevention and Screening Drive Drop in Cancer Deaths,” *NIH Research Matters*, National Institutes of Health, January 14, 2025, <https://www.nih.gov/news-events/nih-research-matters/prevention-screening-drive-drop-cancer-deaths>.