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Global burden of cancer attributable to infections in 2024: One in eight cancers worldwide linked to infections

Questions and Answers (Q&A)

A new study from the International Agency for Research on Cancer (IARC), published today in *The Lancet Oncology*,¹ is based on cancer burden estimates from the IARC Global Cancer Observatory database.²

1. What is the main finding of this study?

The researchers estimated that about 2.3 million new cancer cases worldwide in 2024 were caused by infections, representing 12% (1 in 8) of all new cancer cases globally. The largest contributors were *Helicobacter pylori*, human papillomavirus (HPV), hepatitis B virus (HBV), Epstein–Barr virus (EBV), and hepatitis C virus (HCV). The burden was highest in Eastern Asia, Sub-Saharan Africa, Central and Eastern Europe, and South-East Asia.

2. Which infections cause the largest number of cancers, and what types of cancer do they cause?

The leading infectious causes of cancer are the following:

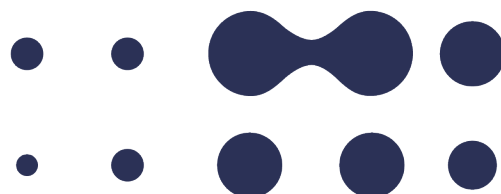
- *H. pylori* was linked to about 760 000 cancer cases globally in 2024, which were mainly gastric (stomach) cancer.
- HPV was linked to about 750 000 cancer cases globally in 2024, which were predominantly cervical cancer, as well as anal, vulvar, vaginal, and penile cancers and some head and neck cancers.
- HBV was linked to about 360 000 cancer cases in 2024, and most were cases of liver cancer.
- EBV was linked to about 260 000 cancer cases globally in 2024, which were largely nasopharyngeal cancer, some gastric cancers, and Hodgkin lymphoma.
- HCV was linked to about 160 000 cancer cases in 2024, and most were cases of liver cancer.

3. If these cancers are preventable, why do they still occur?

Many effective prevention tools already exist, including vaccination against HPV and HBV, testing and treatment for infections such as *H. pylori*, HBV, HCV, and HIV, and measures to prevent transmission. However, these interventions are often underused or inaccessible, particularly in low- and middle-income countries, because of financial, social, and political barriers.

¹ Rumgay H, Georges D, Huang Y, Hirabayashi M, Shah R, de Martel C, et al. (2026). Global burden of cancer attributable to infections in 2024: a worldwide incidence analysis. *Lancet Oncol*. Published online 28 September 2026. [https://doi.org/10.1016/S1470-2045\(26\)00307-4](https://doi.org/10.1016/S1470-2045(26)00307-4)

² Ervik M, Laversanne M, Lam F, Colombet M, Ferlay J, Filho AM, Bray F (2026). Global Cancer Observatory: Cancer Today (2024 estimates, version 1.0). Available from: <https://gco.iarc.who.int/today>.



4. Why are some regions more affected than others?

Regional differences reflect variations in the prevalence of infections, access to prevention and treatment, and broader social and economic conditions. For example, Eastern Asia has a particularly high burden from *H. pylori* and HBV, whereas Sub-Saharan Africa has very high rates of HPV-related cancers and a substantial burden from infections with HIV and Kaposi sarcoma-associated herpesvirus (KSHV).

5. What is new about this study compared with previous estimates?

This study provides the most up-to-date global assessment using 2024 cancer incidence estimates and incorporates important advances in scientific evidence on infectious causes of cancer. The researchers included 16 additional infection–cancer links that were not considered in previous global estimates, including cancer types associated with HIV and Merkel cell polyomavirus, and an expanded range of cancer types caused by EBV, HBV, HCV, and KSHV.

6. What challenges and barriers do countries face when addressing these infections?

Key challenges include limited access to and uptake of vaccination, screening, and diagnosis and treatment of infections, as well as social stigma related to infections such as HPV and HIV. In some settings, prevention programmes are also affected by financial constraints, insufficient political commitment, and inequitable access to care.

7. What should policy-makers and health systems take away from these findings?

A significant proportion of the global cancer burden is preventable through better infection control. Policy-makers should prioritize scaling up proven interventions, including vaccination against HPV and HBV; testing and treatment for *H. pylori*, HBV, HCV, and HIV; measures to prevent transmission, such as safe injection practices, access to condoms, and pre-exposure HIV prophylaxis; and cervical cancer screening. These findings also support investment in new prevention tools, particularly vaccines against EBV, *H. pylori*, and KSHV, for which effective prevention options are not currently available.

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The International Agency for Research on Cancer (IARC) is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer and the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. The Agency is involved in both epidemiological and laboratory research and disseminates scientific information through publications, meetings, courses, and fellowships. If you wish your name to be removed from our press release emailing list, please write to com@iarc.who.int.