

Studies bolster evidence that insurance status affects cancer patients' health outcomes

August 8 2016

Two new studies indicate that health insurance status may impact patients' health outcomes following a diagnosis of cancer. Cancer patients who were uninsured or had Medicaid coverage experienced a variety of disparities—including being diagnosed at a later stage, receiving less than optimal treatment, and having shorter survival times—when compared with patients with other forms of insurance. The findings are published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society.

Many studies have revealed barriers to [cancer care](#) associated with health [insurance](#) status. Using population-based data from the Surveillance, Epidemiology, and End Results Program of the National Cancer Institute, these latest studies look at two cancers in particular: testicular germ cell tumors and glioblastoma.

In the testicular [cancer](#) study, a team led by Christopher Sweeney, MBBS, of the Dana-Farber Cancer Institute in Boston, identified 10,211 men diagnosed with testicular cancer between 2007 and 2011. The researchers found that uninsured and Medicaid-covered patients had an increased risk of having larger testicular cancer tumors or metastatic disease at the time of diagnosis, and they were more likely to die from their disease compared with men with insurance. Among patients with metastatic disease, those who were uninsured or had Medicaid coverage were more likely to have cancer categorized as "intermediate" or "poor" (rather than "good") risk. Among patients with early stage disease, both uninsured and Medicaid patients were less likely to have lymph nodes

removed, a procedure that can cure some patients. Among patients with advanced disease, uninsured (but not Medicaid) patients were less likely to receive radiation therapy.

"Although testis cancer is curable with chemotherapy, this study supports the notion that lack of insurance may lead to delays in diagnosis and more advanced and less curable disease," said Dr. Sweeney. "Our findings support the belief that early diagnosis and management is key, and removal of barriers to access to health care should be implemented."

In the study related to glioblastoma, which is the most common malignant primary brain tumor in adults, Judy Huang, MD, of the Johns Hopkins University School of Medicine, and her colleagues identified 13,665 patients diagnosed between 2007 and 2012. Patients who were uninsured or had Medicaid were more likely to present with larger tumors and to die earlier from their disease compared with insured patients. Patients with Medicaid insurance were less likely to receive surgical treatment, while both Medicaid insurance and uninsured status were associated with a lower likelihood of receiving adjuvant radiotherapy.

Only non-Medicaid insured patients experienced an improvement in survival over time, with patients diagnosed in 2012 living longer than those diagnosed in 2007. "This suggests that while improvements in medical therapy have resulted in longer survival, this benefit is less likely to be accessible to Medicaid-insured or [uninsured patients](#)," said Dr. Huang. "This study indicates significant disparities in the management of glioblastoma patients under our existing healthcare insurance framework that need to be addressed," added Wuyang Yang, MD, MS, co-lead author of the study.

In an accompanying editorial, Michael Halpern, MD, with Temple

University in Philadelphia, Pennsylvania (previously with the University of Arizona Medical School in Tucson), and Otis Brawley, MD, of the American Cancer Society and Emory University in Atlanta, wrote that "while much of today's research focuses on basic understanding of cancer and the development of new treatments, diagnostics, and molecular markers, studies such as these are important if we are to truly address the cancer problem." They added that "adequate healthcare should be considered an inalienable human right, and greater emphasis is needed on realizing strategies that will make this happen throughout the continuum of cancer care."

More information: "Insurance Status and Disparities in Disease Presentation, Treatment and Outcomes in Men with Germ Cell Tumors." Sarah C. Markt, Carlos A. Lago-Hernandez, Rowan E. Miller, Brandon Mahal, Brandon Bernard, Laurence Albiges, Lindsay Frazier, Clair Beard, Alexi A. Wright, and Christopher J. Sweeney. *CANCER*; Published Online: August 8, 2016 [DOI: 10.1002/cncr.30159](https://doi.org/10.1002/cncr.30159)

"Influence of Insurance Status on Survival of Adults with Glioblastoma (GBM): A Population Based Study." Xiaoming Rong, Wuyang Yang, Tomas Garzon-Muvdi, Justin M. Caplan Xuan Hui, Michael Lim, and Judy Huang. *CANCER*; Published Online: August 8, 2016, [DOI: 10.1002/cncr.30160](https://doi.org/10.1002/cncr.30160)

Editorial: "Insurance Status, Health Equity, and the Cancer Care Continuum." Michael T. Halpern and Otis W. Brawley. *CANCER*; Published Online: August 8, 2016. [DOI: 10.1002/cncr.30158](https://doi.org/10.1002/cncr.30158)

Provided by Wiley

Citation: Studies bolster evidence that insurance status affects cancer patients' health outcomes

(2016, August 8) retrieved 20 July 2023 from <https://medicalxpress.com/news/2016-08-bolster-evidence-status-affects-cancer.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.