

# Diagnosis with late-stage cancer more likely without private insurance

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Individuals without private health insurance coverage are more likely to

be diagnosed with late-stage cancer and have worse survival, according to a study published online July 13 in *CA: A Cancer Journal for Clinicians*.

Jingxuan Zhao, M.P.H., from the American Cancer Society in Atlanta, and colleagues examined the associations between health insurance coverage type and stage at diagnosis and [long-term survival](#) among individuals aged 18 to 64 years diagnosed with 19 common cancers between 2010 and 2013, with survival follow-up through Dec. 31, 2019.

The researchers found that for all stageable cancers combined and separately, Medicaid-insured and [uninsured patients](#) were significantly more likely to be diagnosed with late-stage (III/IV) [cancer](#) compared with privately insured patients. Uninsured patients with stage I disease had worse survival than privately insured patients with stage II disease for all stageable cancers combined and for six cancer sites (prostate, colorectal, non-Hodgkin lymphoma, oral cavity, liver, and esophagus). For all cancers combined, patients without private insurance coverage had worse short- and long-term survival at each stage; uninsured patients had worse stage-specific survival for 12 of 17 stageable cancers and had worse survival for leukemia and [brain tumors](#).

"Our findings extend earlier research showing that lack of health insurance coverage is associated with later stage at diagnosis and worse short-term survival among individuals newly diagnosed with cancer," Zhau said in a statement. "Improving access to comprehensive health insurance coverage is critical for ensuring access to care throughout the cancer care continuum, including receipt of recommended cancer screening, timely diagnosis, and quality treatment."

**More information:** Jingxuan Zhao et al, Health insurance status and cancer stage at diagnosis and survival in the United States, *CA: A Cancer Journal for Clinicians* (2022). [DOI: 10.3322/caac.21732](https://doi.org/10.3322/caac.21732)

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