

# Lack of insurance is cause of survivorship gap in minorities with cancer, study shows

9 January 2020



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Lack of insurance coverage is a major cause of delayed breast cancer screening and treatment among minority women, which could lead to a decrease in a patient's chance of survival. Nearly half of the disparity in later-stage diagnosis between non-Hispanic white women and black, Hispanic and Asian/Pacific Islander women was mediated by being uninsured or underinsured, according to a new study conducted at the University of Illinois at Chicago and Boston Medical Center/Boston University School of Medicine.

Non-Hispanic white women were insured at a higher rate at the time of diagnosis compared with non-Hispanic black women, American Indian/Alaska Native, Asian/Pacific Islander and Hispanic women, according to the study published in *JAMA Oncology*. The research was led by Gregory Calip, assistant professor of pharmacy systems, outcomes and policy at the UIC College of Pharmacy, and Dr. Naomi Ko, assistant professor at the Boston University School of Medicine.

"Diagnosing cancer at a later stage and lack of

health insurance have negative consequences for patients and their families," said Calip, who is also a member of the University of Illinois Cancer Center. "Studies have examined the association of premature cancer-related mortality with lost productivity, and one estimated that in 2020 it will be just over \$147 billion. The figure exceeded \$308 billion when lost productivity of caregivers was considered."

"Inadequate health insurance coverage also mediates the growing survivorship gap experienced by racial and ethnic minorities with cancer."

Insurance is a modifiable risk factor, and "having adequate health insurance for all could reduce the persistent racial outcome disparities in [breast cancer](#)," Ko said.

"Patients diagnosed with breast cancer at a later stage typically require more intensive treatment and are at a higher risk for treatment-related morbidity and poorer overall quality of life, especially compared to those who receive chemotherapy," she said. "Diagnosing breast cancer early is not only beneficial for individual patients and families but also on society as a whole to decrease medical costs and promote equity among all populations."

More than 177,000 women age 40 to 64 who were diagnosed with invasive stage I to III breast cancer between 2010 and 2016 were included in the study, which used data from the National Cancer Institute's Surveillance, Epidemiology, and End Results, or SEER, program. Funded by the National Cancer Institute, SEER includes population-based cancer incidence data for about 28% of the U.S. population, including demographic and clinic information.

This is the first study to use statistical mediation methods and a large cancer registry database to quantify the extent that adequate health [insurance](#) is a factor in the stage of [breast cancer](#) diagnosis

among a diverse population of [women](#) in the United States.

Assisting Calip and Ko were Dr. Susan Hong, director of survivorship at the University of Illinois Cancer Center; and Dr. Robert Winn, director of the Virginia Commonwealth University Massey Cancer Center.

**More information:** Naomi Y. Ko et al, Association of Insurance Status and Racial Disparities With the Detection of Early-Stage Breast Cancer, *JAMA Oncology* (2020). [DOI: 10.1001/jamaoncol.2019.5672](#)

Provided by University of Illinois at Chicago

APA citation: Lack of insurance is cause of survivorship gap in minorities with cancer, study shows (2020, January 9) retrieved 1 May 2021 from <https://medicalxpress.com/news/2020-01-lack-survivorship-gap-minorities-cancer.html>

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