

Study Links Insurance Status to Prostate Cancer Disease Severity

Finding Likely Reflects Lower Access to Medical Care

ATLANTA – September 14, 2010 – A new study from American Cancer Society researchers finds insurance status is strongly associated with disease severity among prostate cancer patients. The study, which appears Online First in *Cancer Epidemiology Biomarkers and Prevention*, finds that men who were uninsured or Medicaid-insured at the time of diagnosis had significantly higher PSA levels, Clinical T stage, and Gleason scores than men with private insurance. The report says greater disease severity among men who are uninsured or Medicaid insured likely reflects lower access to medical care and utilization of PSA testing and a higher proportion of non screen-detected cancers.

Prostate cancer is the most frequently diagnosed cancer among men in the United States, with an estimated 217,730 new cases and 32,050 deaths in 2010. Prognosis is strongly related to stage, with a 5-year relative survival rate of 100% among patients diagnosed with localized or regional disease and 30.6% among men diagnosed at advanced stage.

Researchers led by American Cancer Society epidemiologist Stacey A. Fedewa, MPH, analyzed data from 312,339 prostate cancer patients diagnosed between 2004 and 2006 in the National Cancer Database (NCDB), a hospital-based cancer registry jointly sponsored by the American Cancer Society and the American College of Surgeons, to explore the association between insurance status and severity of disease at diagnosis. A prior investigation of prostate cancer patients in the NCDB reported associations between race/ethnicity and insurance status and overall stage of disease among patients. The current study expanded on that work by including additional measures of disease severity (PSA level, Gleason score, Clinical T Stage) and by adjusting for other conditions (comorbidity).

The study found uninsured and Medicaid-insured patients' PSA levels were approximately 4 ng/mL higher than those of privately insured patients, after adjusting for age, race, co-morbidity and area level socioeconomic status. Men who were uninsured or Medicaid insured were also more likely to have the highest Gleason score (OR=1.97 95% CI 1.82-2.12 and OR=1.67 95% CI 1.55-1.79, respectively). Finally, the uninsured and Medicaid insured were more likely to be diagnosed with advanced disease (OR=1.85, 95% CI 1.69-2.03 and OR=1.49, 95% CI 1.35-1.63, respectively).

“Strong associations between insurance and disease severity are likely to be related to lack of access to preventive services such as PSA screening and barriers to timely medical evaluation of urologic symptoms,” write the authors. “Although there are unresolved questions about risks and benefits of PSA screening, it is important that all men have the opportunity to be informed about this option as well as access to other preventative health services and primary care. In addition, it highlights the importance of continued research to reduce uncertainties about the prevention and early detection of prostate cancer, prognostic factors and improved treatment. “

Currently, many low income cancer patients do not qualify for Medicaid coverage until their disease has been diagnosed. After implementation of the Affordable Care Act in 2014, many of the

uninsured will have uninterrupted coverage through Medicaid or the state benefit exchanges. As a result, they will have access to regular physician visits where they can benefit from preventive care as well as prompt investigation of symptoms that may be related to cancer.

Article: "Association of insurance and race/ethnicity with disease severity among men diagnosed with prostate cancer, National Cancer Database 2004-2006," Stacey A Fedewa¹, Ruth Etzioni, W Dana Flanders, Ahmedin Jemal and Elizabeth M Ward Published OnlineFirst August 12, 2010 (doi: 10.1158/1055-9965.EPI-10-0299).

Link to abstract: <http://cebp.aacrjournals.org/content/early/2010/09/10/1055-9965.EPI-10-0299.abstract>

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