

Studies Link Insurance Coverage to More Advanced Cancers

Atlanta 2007/06/11 -Two new studies find the uninsured and people with certain types of public health insurance are more likely to be diagnosed with more advanced cancer compared to those with private insurance. The studies, published in the July 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, find availability and type of health insurance predict disease severity in patients presenting with cancer of the oral cavity and breast in the United States.

More than 46 million Americans lack health insurance. Many more Americans are underinsured so do not have adequate access to health care. Studies have shown that uninsured adults are less likely than the insured to receive preventive care, to seek care in a timely manner, or to receive recommended treatments.

The issue of health insurance and its relationship with disease severity is an important topic in the study of cancer because health insurance is a modifiable factor. The link between oropharyngeal cancer, disease severity and health insurance status has rarely if ever been studied. In breast cancer, this relationship has been reported only in local studies that are now dated. Amy Chen, M.D. and Michael Halpern, M.D., Ph.D. of the American Cancer Society analyzed data from a nationwide cancer database to investigate the relationship between insurance status and disease severity in oropharyngeal and breast cancers.

In what may be the first assessment of the association between insurance status and oropharyngeal cancer, Dr. Chen and co-investigators found that the strongest predictors of advanced disease were health insurance status and type. Compared to patients with private insurance, patients with no insurance were the most likely to be diagnosed with advanced disease, the largest tumors or invasive disease to regional lymph nodes. Patients with public health insurance, particularly Medicaid for low-income families, were also at higher risk for advanced disease, largest tumors, or lymph node involvement. Other factors were associated with more advanced disease at diagnosis, including gender (men were at higher risk), age (younger patients were at higher risk), and treatment facility type (patients who were treated at teaching or research facilities were at higher risk). However, type of health insurance remained the strongest predictor of stage at diagnosis and tumor size.

In their study of breast cancer and insurance status, Dr. Halpern and co-investigators found that uninsured and Medicaid insured patients were almost two and a half times more likely to be diagnosed with advanced disease than those with private insurance. In addition, they found African American and Hispanic patients were significantly more likely than white patients to be diagnosed at a more advanced stage. The authors say several factors probably contribute to the increased risk of disease among the uninsured and Medicaid populations, including fewer sources of regular medical care in general and less use of regular mammography in particular.

In both studies, health insurance strongly predicted disease severity. Authors from both studies recommend increasing access to healthcare and targeting screening programs specifically for the uninsured or underinsured to ameliorate this modifiable prognostic factor in these cancers. “[H]aving a usual primary care clinician, a trusted source of care, also known as a medical home, is a strong predictor of improved preventive care delivery,” says an accompanying editorial by Richard C. Wender, M.D., president of the American Cancer Society and chair of the department of family medicine at Thomas Jefferson University. “A primary care medical home plays a vital role in reducing cancer mortality. Individuals who have a regular source of primary care are both more likely to be up to date with cancer screening and more likely to receive timely follow-up and evaluation for abnormal findings on an initial screen.” Dr. Wender adds: “Clearly, the issues of adequacy, availability, and affordability of coverage are serious problems that must be addressed collectively as we work to fix what is wrong with our health care system.”

Articles: “The Impact of Health Insurance Status on Stage at Diagnosis of Oropharyngeal Cancer,” Amy Y. Chen, Nicole M. Schrag, Michael Halpern, Elizabeth M. Ward, *CANCER*; Published Online: June 11, 2007 (DOI: 10.1002/cncr. 22788) Print Issue Date: July 15, 2007.

“Insurance Status and Stage of Cancer at Diagnosis among Women with Breast Cancer,” Michael T. Halpern, John Bian, Elizabeth M. Ward, Nicole M. Schrag, Amy Y. Chen, *CANCER*; Published Online: June 11, 2007 (DOI: 10.1002/cncr. 22786) Print Issue Date: July 15, 2007.

Editorial: The Adequacy of the Access to Care Debate: Looking through the Cancer Lens," Richard C. Wender, CANCER; Published Online: June 11 2007 (DOI: 10.1002/cnc.22787)

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