

Lack of private health insurance impacted cancer survival

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Lack of private health insurance and its consequent lack of access to care appears to affect mortality among patients with uterine cancer and may partly explain the mortality disparity between African-Americans and other racial groups, according to data presented at the Third AACR Conference on The Science of Cancer Health Disparities.

"African-Americans were twice as likely to die within four years compared to white patients after adjusting for age, facility and education level. However, when insurance, treatment and clinical factors were accounted for, this likelihood decreased to 30 percent greater," said Dana Chase, M.D., a clinical fellow at the University of California, Irvine.

Chase and colleagues presented a retrospective analysis on 178,891 patients in the National Cancer Database. Whites made up approximately 74 percent of the cohort, while Hispanics comprised 5 percent and 9 percent were African-Americans. The remaining patients did not have specific racial information.

The unadjusted four-year survival rate with uterine cancer was 82 percent for whites and [Hispanics](#), but only 63 percent for African-Americans. Some of the differences in survival by race were accounted for by more advanced stage of disease at diagnosis. However, even after accounting for disease severity, African-Americans experienced poorer survival compared to white patients.

The unadjusted four-year [survival rates](#) were 80.7 percent among uninsured, 75.93 percent for Medicaid insured, 79.45 percent for younger Medicare patients, 69.35 percent for older Medicare patients and 88.93 percent for privately insured patients.

Patients without insurance were 1.46 times likely to die within four years after adjusting for demographic and clinical factors. Medicaid insured and those insured through Medicare at younger ages (18 to 64 years) were 1.74 and 2.5 times as likely to die within four years compared to privately insured patients, respectively. However, survival patterns among Medicaid and younger [Medicare patients](#) are difficult to interpret due to retroactive enrollment in these insurance plans as a result of a [cancer](#) diagnosis. Additionally, this study did not account for comorbidity, which may vary by insurance and contribute to poorer survival outcomes.

"Other variables may be playing a role in access to care among minority populations and we'll have to look at it further, but it's clear from this study that insurance definitely plays a role," said Chase.

Provided by American Association for Cancer Research

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