

Study finds state regulations linked to late cancer diagnoses

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States' regulations of health insurance and practitioners significantly influence when patients receive colorectal or breast cancer diagnoses, especially among people younger than the Medicare-eligible age of 65, according to a new study by researchers at Georgia State University's School of Public Health and the University of North Carolina at Chapel Hill.

The study suggests that where people live is a strong predictor of whether they will receive potentially life-saving [cancer](#) screenings.

Dr. Lee Rivers Mobley, associate professor of spatial science and health economics at Georgia State's School of Public Health, was the principal author of "United States Health Policies and Late-Stage Breast and Colorectal Cancer Diagnosis: Why Such Disparities by Age?" recently published in *Health Economics Review*.

"Progress has been made in the war against cancer, yet the high proportions of late-stage diagnoses remain a [public health](#) concern," the researchers noted in their study.

Late-stage [colorectal cancer](#) diagnoses range from 54 to 60 percent of newly diagnosed cases across the states, while late-stage [breast cancer](#) diagnoses range from 24 to 36 percent, the study found.

Colorectal cancer is the second leading cause of cancer deaths in the United States and the risk of developing it rises after age 40. Despite

overall declining rates of colorectal cancer—largely because of endoscopic screenings and polyp removal—rates have been increasing steadily since 1998 among those younger than 50 "for whom screening is not routinely recommended," the authors said. Breast cancer is the second leading cause of cancer deaths among women and its rates have remained steady since about 2003.

The researchers concluded that a state's regulatory climate is "an important predictor" of late-stage colorectal and breast cancer diagnoses.

The study examined individual states' regulatory policies and analyzed cancer cases in 40 states from the United States Cancer Statistics (USCS) database reported between 2004 and 2009 to determine whether area cancer screening use or accessibility to health care providers affected odds of late-stage diagnosis. The study excluded 10 states, including Illinois and Ohio, because of incomplete or incompatible data sets.

Mobley and the study's co-author, Dr. Tzy-Mey Kuo, a researcher at North Carolina's Lineberger Comprehensive Cancer Center, are the first team to use the newly available USCS database, which is housed in the National Center for Health Statistics Research Data Center at the Centers for Disease Control and Prevention.

The researchers also noted they designed the study to end in 2009 so that future research may evaluate the effects of recent insurance regulations, notably the Affordable Care Act of 2010.

Provided by Georgia State University

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