

Studies link cancer patient's survival time to insurance status

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Privately insured people with two types of cancer were diagnosed earlier and lived longer than those who were uninsured or were covered by Medicaid, according to two new studies.

In one study, researchers examined data from more than 13,600 adult patients who had [glioblastoma multiforme](#), the most common type of [malignant brain tumor](#), between 2007 and 2012. The other study analyzed data from more than 10,200 adults who were diagnosed with [testicular cancer](#) between 2007 and 2011.

Both studies were published online in the journal *Cancer* last week. They relied on data from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program, which tracks cancer incidence and survival in the United States.

The two cancers generally progress very differently. Glioblastoma multiforme is a very aggressive cancer; patients generally don't live much more than a year following diagnosis and the five-year survival rate is less than 5 percent. Conversely, testicular cancer responds well to chemotherapy even if it has spread to other parts of the body. The five-year survival rate overall is 95 percent.

Regardless of cancer type, patients with private insurance had a survival advantage.

In the testicular cancer study, uninsured patients were 26 percent more

likely to be diagnosed with metastatic disease, when the cancer spreads to other parts of the body, than privately insured patients. Medicaid patients were 62 percent more likely to have metastatic disease.

Compared to privately insured men, uninsured men were 88 percent more likely to die of the cancer, and Medicaid patients were 51 percent more likely to die of the disease. (Medicaid patients' greater likelihood of having [metastatic disease](#) compared to [uninsured patients](#) may be due to misclassification of insurance type, according to the study, since in many states people can qualify for Medicaid once they receive a cancer diagnosis.)

A similar pattern emerged in the glioblastoma multiforme study. Patients with Medicaid or who were uninsured were more likely to have a larger tumor at the time of diagnosis. An uninsured patient was 14 percent more likely to have a shorter survival time than someone who was privately insured, while a patient with Medicaid was 10 percent more likely to have a shorter survival time, the study found.

There were some treatment differences as well between patients with private insurance and those who had Medicaid or were uninsured, which could affect survival.

"We were expecting that the uninsured would do worse than insured patients, but we didn't expect that Medicaid patients would do significantly worse than [privately insured] patients," said Dr. Wuyang Yang, a research fellow at Johns Hopkins University School of Medicine, who co-authored the study about patients with brain tumors.

Sarah C. Markt, a research associate at Harvard University's School of Public Health, who was the lead author on the testicular cancer study, found the Medicaid results in their study striking as well. They indicate that eliminating disparities in cancer care requires more than just expanding Medicaid coverage, she said. Under the health law, roughly

two-thirds of states and the District of Columbia have expanded Medicaid coverage to adults with incomes up to 138 percent of the federal poverty level - about \$16,400.

"These are young men dying of a potentially curable disease," she said.
"There are many opportunities for improvement here."

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