

Does health insurance status affect childhood cancer survival?

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A new study examines whether insurance status may affect survival in children diagnosed with cancer. Published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society, the findings suggest largely similar survival trends between privately insured children and those with Medicaid at diagnosis, with slight evidence for an increased risk of cancer death in children who were uninsured at diagnosis.

An estimated 10,380 US [children](#) younger than 15 years of age are diagnosed with [cancer](#) each year, and although survival rates have increased, differences have been reported based on cancer type and race/ethnicity. However, the association between health [insurance status](#) and childhood cancer survival has not been well-studied.

To further investigate this issue, a team led by Kimberly Johnson, MPH, PhD of Washington University in St. Louis, MO and Rohit Ojha, DrPH of JPS Health Network in Fort Worth, TX examined information from the Surveillance, Epidemiology, and End Results (SEER) cancer registry, which publishes cancer incidence and survival data from population-based cancer registries covering approximately 28 percent of the US population. The team specifically looked at data on cancers diagnosed among children aged younger than 15 years old from 2007 to 2009.

"Prior studies have suggested that adolescents and young adults who were uninsured or covered by Medicaid had poor survival after cancer diagnosis. We wanted to evaluate if health insurance coverage (as well as

the type of coverage) has an impact on cancer mortality in children," said Dr. Ojha.

Among 8219 individuals with childhood cancer (131 without insurance, 2838 with Medicaid, and 4297 with private insurance) who were followed for five years, average survival was 1.32 months shorter for uninsured children and 0.62 months shorter for children with Medicaid, when compared with those with private insurance. Children who were uninsured had a 26 percent higher risk of cancer death than those who were privately insured at diagnosis, whereas the risk for those with Medicaid was similar to those with private insurance at diagnosis.

The findings suggest that cancer survival is largely similar between children with Medicaid and those with private insurance at diagnosis; however, slightly inferior survival was observed for those who were uninsured. This latter result is based on a small number of [uninsured children](#), and should be interpreted cautiously. Also, additional studies are needed to confirm and clarify reasons for these patterns.

"Our findings support the idea that Medicaid is comparable to [private insurance](#) for kids with cancer, meaning that, in this setting at least, it is not inferior. This contributes to policy discussion on Medicaid expansion by providing evidence that public outlays on Medicaid are well spent," said Dr. Johnson.

More information: Jong Min Lee et al, The effect of health insurance on childhood cancer survival in the United States, *Cancer* (2017). [DOI: 10.1002/cncr.30925](https://doi.org/10.1002/cncr.30925)

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