

Poor and minority patients are more likely to have cancer detected via emergency room visit

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Medicare patients from lower socioeconomic groups and several ethnic minority groups were more likely than their wealthier, whiter peers to be

diagnosed with cancer following an emergency room visit, according to results of a study presented at the [12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved](#), held here Sept. 20-23.

Although cancer is typically diagnosed by an oncologist or a general practitioner, about 20 to 50 percent of global cancer diagnoses stem from an emergency room visit, explained the study's lead author, Caroline A. Thompson, Ph.D., MPH, assistant professor of epidemiology at San Diego State University. Some of these visits are due to emergent clinical symptoms of a cancer that was not yet identified; some are "incidental" diagnoses in which a patient seeks help for one ailment and is also found to have cancer; and some are patients who visited the emergency room because they had no usual source of care.

The third group highlights one source of the cancer disparities that affect underrepresented populations, Thompson said.

"Emergency room detection of cancer provides a window to understanding disparities in receipt of [cancer screening](#) and preventive care, since the emergency department sees a disproportionately high number of uninsured, underinsured, lower-income, and minority patients," she explained.

In order to assess the prevalence of emergency department cancer detection in the United States, Thompson and colleagues studied 415,395 Medicare beneficiaries who had been diagnosed with breast, colorectal, lung, or prostate cancer between 2004 and 2013. They looked for patients who had had at least one emergency department claim in the month before the date of cancer diagnosis, and defined these claims as "ED-mediated."

Overall, the study found that 11 percent of cancer diagnoses were ED-

mediated: 5 percent for breast cancer, 13 percent for colorectal, 15 percent for lung, and 6 percent for prostate.

Patients who went to the emergency room were more likely to be unmarried, Hispanic, black, or in the lowest income quartile. They were three times more likely to have multiple comorbidities.

Understanding which patients are diagnosed via an emergency room visit is important, because it can help researchers assess whether public health campaigns and primary care services are working, Thompson explained.

"Someone who has a 'screenable' cancer detected in the emergency department has probably not been screened recently, or ever," Thompson noted. She said that these patients are more likely to be diagnosed with an advanced stage of cancer, and may be more difficult to treat.

Overall, this study highlights the importance of making screening and prevention available to all, including all racial/ethnic groups and those with lower socioeconomic status, Thompson said.

"Screening works, and a routine checkup might alert a primary care provider to subclinical or early-stage disease before it becomes an emergency," Thompson said.

Thompson added that the issue of emergency room detection has broader economic implications.

"Cancer care episodes that begin in the emergency department are likely to be more resource-intensive and more costly than episodes that start in the primary care setting," she said. "Reducing emergency presentation of cancer patients may improve patient outcomes and health care system efficiency."

Thompson noted that the study's focus on Medicare enrollees is a limitation, as results cannot be generalized beyond the elderly. However, since Medicare recipients should have a source of primary care, she anticipates that the issue of emergency department detection would be more significant in the wider public.

More information: 12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved: www.aacr.org/Meetings/Pages/MeetingItem.aspx?EventItemID=183

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