

Decrease in racial disparity, increase in survival rates in metastatic breast cancer patients due to Medicaid expansion

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A new study led by Susan G. Komen Scholars indicates that patients diagnosed with de novo stage 4 breast cancer—also called metastatic breast cancer—had improved survival rates and decreased mortality rates when those patients had access to care. De novo means the breast cancer was stage 4 at the time of diagnosis and had already spread to distant parts of the body.

This is the first study that demonstrates not only the improved outcomes due to Medicaid expansion but also indicates a decrease in the rates of racial disparities.

Results of the study were recently published in *JAMA Oncology*. According to the article, the study shows that Medicaid expansion was associated with an improved survival and decreased two-year mortality disparity in the post-expansion period compared to the pre-expansion period.

"Patients who are uninsured and belong to racial and ethnic minority groups or have [low socioeconomic status](#) have suboptimal access to [health care](#) that is likely affecting outcomes. This is the first study that shows the association of the Affordable Care Act's Medicaid expansion with the increase of [survival rates](#) among patients with metastatic breast cancer," said Victoria Wolodzko Smart, Senior Vice President of Mission at Susan G. Komen. "The study findings are proof points on the benefits of Medicaid expansion and that is why Susan G. Komen continues to support policy efforts to expand Medicaid eligibility in every state across the country."

Researchers of the cross-sectional study compared overall survival and two-year mortality among 9,322 white and non-white patients from 19 states. Of the study participants, 5,077 were diagnosed before Medicaid expansion and 4,245 were diagnosed after Medicaid was expanded. The racial and ethnic minority group comprised 2,545 (27.3 percent), which

included 500 (5.4 percent) Hispanic (any race), 1,515 (16.3 percent) non-Hispanic Black, and 530 (5.7 percent) non-Hispanic other, including 25 (0.3 percent) American Indian or Alaska Native, 357 (3.8 percent) Asian or Pacific Islander, and 148 (1.6 percent) unknown, and 6,777 (72.7 percent) were in the white patient group.

The cohort was selected on a uniform date of Medicaid expansion between January 1, 2010 and December 31, 2016 with de novo stage 4 breast cancer. Patients' ages range from 40 to 60 years of age because patients become eligible for Medicare at 65 years old.

Medicaid expansion implementation was associated with a decrease in the number of uninsured patients (6.7 percent for pre-expansion vs. 3.6 percent post-expansion.) The overall two-year mortality rate for the entire study population was 29.4 percent, which gradually decreased from 33.6 percent in 2010 to 25.6 percent in 2015. Among white patients, the two-year adjusted [mortality rates](#) decreased from 40.6 percent in the pre-expansion to 36.3 percent in the post-expansion period. Among [patients](#) of racial and ethnic minority groups, the two-year mortality decreased from 45.6 percent to 35.8 percent, resulting in an adjusted DID of -5.5 percent (95 percent CI, -9.5 to -1.6; P = .006).

"This study makes clear that policies that increase access to health care reduce disparities in people with [metastatic breast cancer](#)," said Dr. Sharon Giordano, study author and Komen Scholar. "There are no cures for metastatic [breast cancer](#) and improved survival is critical for people living with the disease regardless of their socioeconomic status or ethnicity."

Added Dr. Mariana Chavez-MacGregor, study corresponding author, "From what we've seen in our study, Medicaid expansion in other states could have a greater survival impact among racial and ethnic minority groups."

"Komen is calling for the remaining 12 states in the U.S. to expand their Medicaid programs," said Smart.

More information: Catalina Malinowski et al, Association of Medicaid Expansion With Mortality Disparity by Race and Ethnicity Among Patients With De Novo Stage IV Breast Cancer, *JAMA Oncology* (2022). DOI: [10.1001/jamaoncol.2022.0159](https://doi.org/10.1001/jamaoncol.2022.0159)

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