

Diagnosis with late-stage cancer more likely without private insurance

July 13 2022



Individuals without private health insurance coverage are more likely to

be diagnosed with late-stage cancer and have worse survival, according to a study published online July 13 in *CA: A Cancer Journal for Clinicians*.

Jingxuan Zhao, M.P.H., from the American Cancer Society in Atlanta, and colleagues examined the associations between health insurance coverage type and stage at diagnosis and [long-term survival](#) among individuals aged 18 to 64 years diagnosed with 19 common cancers between 2010 and 2013, with survival follow-up through Dec. 31, 2019.

The researchers found that for all stageable cancers combined and separately, Medicaid-insured and [uninsured patients](#) were significantly more likely to be diagnosed with late-stage (III/IV) [cancer](#) compared with privately insured patients. Uninsured patients with stage I disease had worse survival than privately insured patients with stage II disease for all stageable cancers combined and for six cancer sites (prostate, colorectal, non-Hodgkin lymphoma, oral cavity, liver, and esophagus). For all cancers combined, patients without private insurance coverage had worse short- and long-term survival at each stage; uninsured patients had worse stage-specific survival for 12 of 17 stageable cancers and had worse survival for leukemia and [brain tumors](#).

"Our findings extend earlier research showing that lack of health insurance coverage is associated with later stage at diagnosis and worse short-term survival among individuals newly diagnosed with cancer," Zhau said in a statement. "Improving access to comprehensive health insurance coverage is critical for ensuring access to care throughout the cancer care continuum, including receipt of recommended cancer screening, timely diagnosis, and quality treatment."

More information: Jingxuan Zhao et al, Health insurance status and cancer stage at diagnosis and survival in the United States, *CA: A Cancer Journal for Clinicians* (2022). [DOI: 10.3322/caac.21732](https://doi.org/10.3322/caac.21732)

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Citation: Diagnosis with late-stage cancer more likely without private insurance (2022, July 13)
retrieved 6 May 2024 from

<https://medicalxpress.com/news/2022-07-diagnosis-late-stage-cancer-private.html>

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