

Most U.S. children have adequate geographic access to cancer care

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Most U.S. children and adolescents and young adults (AYAs) have

adequate access to pediatric cancer care, according to a study published online Jan. 19 in *JAMA Network Open*.

Xiaohui Liu, Ph.D., from University of Utah in Salt Lake City, and colleagues estimated the [travel time](#) to continental U.S. pediatric cancer care settings and identified potential disparities among U.S. children and AYAs.

The researchers found that 63.6 percent of children and AYAs were estimated to travel less than 30 minutes, while 19.7 percent would travel between 30 and 60 minutes to the nearest pediatric oncologist. The American Indian or Alaska Native pediatric population (46 minutes); residents of rural areas (95 minutes) and areas with high deprivation levels (36 minutes); and those in the South (24 minutes) and Midwest (22 minutes) had the longest median travel times versus the general population of children and AYAs. Wyoming had the lowest pediatric oncologist supply (zero oncologists per 100,000 pediatric population), while Washington, D.C., had the highest (53.3 oncologists per 100,000).

"Reducing these disparities may require innovative approaches, such as expanding the capabilities of local facilities and creating partnerships with adult oncology centers and [primary care physicians](#)," the authors write.

More information: Xiaohui Liu et al, Geographic Access to Pediatric Cancer Care in the US, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2022.51524](#)

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