

Lack of insurance keeps many Americans from best cancer meds

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A cutting-edge class of drugs is saving and extending the lives of cancer patients.

But the drugs, called [immune checkpoint inhibitors](#) (ICIs), are so expensive that some uninsured Americans can't access them, a new

report finds.

New policies are needed "to improve health insurance coverage options and to make new treatments more affordable," the American Cancer Society (ACS) said in a news release outlining the findings.

The study was led by ACS researcher Dr. Jingxuan Zhao. Her team presented the findings at the [annual meeting](#) of the American Society of Clinical Oncology in Chicago.

ICIs include such blockbuster cancer medications as pembrolizumab ([Keytruda](#)), ipilimumab ([Yervoy](#)), nivolumab ([Opdivo](#)) and atezolizumab ([Tecentriq](#)).

According to the [National Cancer Institute](#), the drugs focus on what are known as "immune checkpoints" -- proteins on the surface of immune T-cells that prevent the cell from binding to another cell, such as a tumor cell.

Immune checkpoints are natural mechanisms meant to keep immune reactions from running amok.

However, disengaging these checkpoints in the presence of a cancer cell is crucial to allowing immunotherapies to work.

A drug that inhibits checkpoint proteins "prevents the 'off' signal from being sent, allowing the T cells to kill [cancer cells](#)," the NCI explained.

First approved in 2011, ICI drugs have revolutionized [cancer care](#) and they are now used against a wide range of cancer types.

But they remain expensive.

In the new study, Zhao's group tracked outcomes for patients ages 18 to 64 who were diagnosed with advanced (stage 4) cancers.

An ICI drug had already been FDA-approved to fight these cancers, which included [melanoma](#) and cancers of the breast, kidney and lungs.

Having good health insurance appeared key to whether or not patients could reap the full benefit of these drugs, Zhao's group found.

For example, among patients diagnosed with advanced melanomas, those who had [private health insurance](#) saw rates of 2-year survival rise from 29.6% before their ICI drug was approved to 41.8% after approval.

But uninsured patients with the same disease saw less improvement: 17.5% saw two-year survival prior to ICI approval, and 24.4% saw it afterwards.

Similar results by insurance status were seen among patients battling advanced kidney or lung cancers, Zhao's team added.

All of this points to an inability by some patients to find coverage for ICI medicines that could help them survive, the researchers concluded.

Because these [findings](#) were presented at a medical meeting, they should be considered preliminary until published in a peer-reviewed journal.

More information: Find out more about immune checkpoint inhibitors at the [MD Anderson Cancer Center](#).

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