Medical Xpress

Neighborhood poverty and health insurance figure in late-stage diagnosis of breast cancer

March 5 2013

Home may be where the heart is, but where you live could affect your health.

"Regardless of geographic location, women who live in high poverty areas or are uninsured are at greatest risk of being diagnosed with breast cancer at a later stage," said lead author Kevin Henry, Department of Geography, University of Utah.

A team of scientists was assembled by the North American Association of Central Cancer Registries (NAACCR) to examine breast cancer stage at diagnosis among 161,619 women aged 40 years and older diagnosed in ten participating US states. The team's findings are reported in the current issue of the journal *Health & Place*. Other studies have examined these differences, but this is one of the largest studies completed that looked at geographic predictors of late-stage breast cancer including travel time and geographic access to mammography, Henry said. The team also found that health insurance coverage and census tract poverty presented more substantial risks for late-stage diagnosis of breast cancer than geographic access.

"Based on our findings, poverty and health insurance are showing themselves to be important predictors of late stage breast cancer," said Henry, adding the study provided little evidence that geographic access measures were associated with stage at diagnosis. "While geographic barriers are an important concern when considering gaps in mammography screening and breast cancer stage at diagnosis, we need

to acknowledge that there are a complex variety of other factors that can affect stage at diagnosis."

Cancer survival is poorest when the disease is found at its latest stages, which is why early detection is a critical component to improving survival and quality of life following treatment after breast cancer. "We do not currently have the tools to prevent breast cancer. But these results inform practical public health policy—focus interventions on these high risk women with the aim of reducing existing disparities in breast cancer survival," said co-author Recinda Sherman, Department of Epidemiology, University of Miami Miller Medical School.

"Quality cancer data is vital in the fight against cancer," said NAACCR's executive director Betsy Kohler. "By harnessing cancer registry data, this work has truly underscored the need for targeted interventions among uninsured women and those living in low poverty census tracts regardless of geographic location." NAACCR obtained financial support for this study from Susan G. Komen for the Cure.

Provided by North American Association of Central Cancer Registries, Inc.

Citation: Neighborhood poverty and health insurance figure in late-stage diagnosis of breast cancer (2013, March 5) retrieved 4 May 2024 from https://medicalxpress.com/news/2013-03-neighborhood-poverty-health-figure-late-stage.html

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