

# Differences in cancer survival by type of insurance

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colorectal cancer (HR, 1.30 for women). For all cancers except lung, mortality was higher for patients with other public insurance; the largest disparities were seen from 2009 to 2014 for breast (HR, 1.25), prostate (HR, 1.17), and colorectal cancer (HR, 1.16 for men and 1.11 for women).

"Survival disparities for men with prostate cancer and women with lung or [colorectal cancer](#) increased significantly over time, reflecting a lack of improvement in survival for patients with other public or no insurance," the authors write.

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(HealthDay)—From 1997 to 2014, improvements in cancer survival were mainly limited to patients with private or Medicare insurance, according to a study published online Nov. 30 in *JAMA Oncology*.

Libby Ellis, Ph.D., from the Cancer Prevention Institute of California in Fremont, and colleagues examined trends in [cancer survival](#) by health insurance status from January 1997 to December 2014. Data were included for 1,149,891 patients diagnosed with breast, prostate, colorectal, or [lung cancer](#), or melanoma.

The researchers found that survival improvements were almost entirely limited to patients with private or Medicare insurance; survival was largely unchanged or declined for patients with other public or no insurance. Cancer-specific mortality was higher in uninsured patients relative to privately insured patients, for all cancers except prostate; the largest disparities were seen from 2009 to 2014 for breast (hazard ratio [HR], 1.72), lung (HR, 1.18 for men and 1.32 for women), and

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