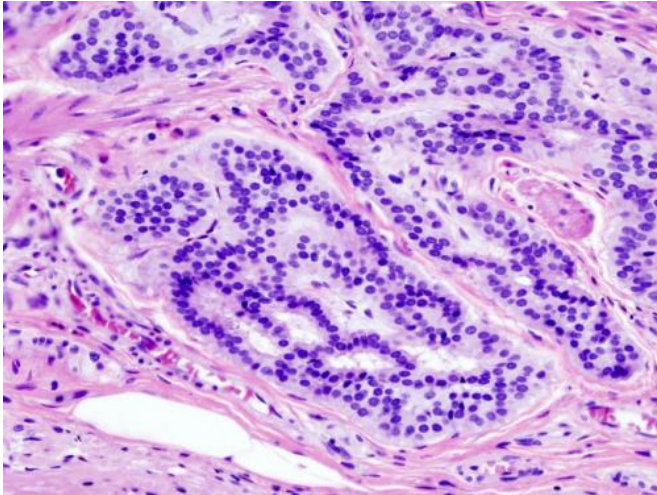


Study reveals disparities in access to high-quality surgical care

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Cancer — Histopathologic image of colonic carcinoid.
Credit: Wikipedia/CC BY-SA 3.0

outcomes. Policy needs to address these issues urgently, otherwise insurance-based disparities will persist or get worse," said senior author Quoc-Dien Trinh, MD, of Brigham and Women's Hospital.

An accompanying editorial notes that additional studies should look into patient preferences and social determinants of health that may affect decisions and the ability to obtain high-quality [surgical care](#).

More information: *Cancer* (2020). [DOI: 10.1002/cncr.33237](#)

Provided by Wiley

Among U.S. patients diagnosed with breast, prostate, lung, or colorectal cancer from 2004 to 2016, those who were uninsured or had Medicare or Medicaid were less likely than privately insured patients to receive surgical care at high-volume hospitals. The findings are published in *Cancer*, a peer-reviewed journal of the American Cancer Society (ACS).

The study also showed that for uninsured and Medicaid patients with [colorectal cancer](#), the likelihood of receiving care at high-volume hospitals improved after implementation of the Affordable Care Act.

The authors noted that volume of a hospital and clinical outcomes are closely related—with evidence of significantly lower death rates at high-volume hospitals.

"Ultimately, if patients with [private insurance](#) get care at better hospitals, then they will have better

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