Exploring Links Between Federal Housing Assistance and Cancer Survival Outcomes

New study finds higher rates of guideline-concordant treatment for non-small-cell lung cancer patients receiving housing assistance.

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In a new study led by the American Cancer Society (ACS), researchers found that patients with non-small cell lung cancer (NSCLC) who received federal housing assistance had higher rates of guideline-concordant surgery and overall guideline-concordant treatment. The findings [were] presented at the annual American Society of Clinical Oncology (ASCO) Quality Care Symposium in Chicago, October 10-11, 2025.

Researchers, led by Dr. Qinjin Fan at the American Cancer Society, analyzed data of 3,327 patients with housing assistance and 9,981 matched controls without housing assistance, aged 66-95 years, who were newly diagnosed with NSCLC between 2007 and 2019 and survived at least 3 months after diagnosis, using linked SEER-Medicare Housing and Urban Development data. Housing assistance was defined as continuous enrollment in any federal housing program from six months prior to diagnosis to three months after diagnosis. Medicare claims data were used to identify receipt of surgery, radiation, and chemotherapy within 3 months of diagnosis. Scientists then evaluated receipt of treatment and guideline-concordant treatment overall and by stage.

Study results showed small variations in treatment patterns between patients with and without housing assistance were observed across treatment types and stage, although differences were not statistically significant. Among patients with Stage I disease, approximately one-third received surgery (41.4% with housing assistance vs. 36.6% without), and about 10% received chemotherapy (10.8% vs. 10.3%) within 3 months of diagnosis. For those with Stage III/IV, less than 7% underwent surgery, while approximately 45% received chemotherapy. Radiation therapy use ranged from approximately 28% in Stage I to more than 36% in Stage III, with minimal differences by housing assistance status. Receipt of initial guideline-concordant treatment differed modestly between patients with and without housing assistance, and this pattern was observed across housing program types. Rates were higher among patients with any housing assistance for guideline-concordant surgery (34.57% vs 30.50%) and for overall GCT (66.47% vs 64.16%); both differences were statistically significant. Median time to first treatment initiation ranged from

approximately 48 days for patients with Stage II disease to 44 days for patients with Stage IV disease, and was similar by housing assistance status.

Researchers emphasized that future studies are warranted to examine the associations of federal housing assistance with survival outcomes.

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