Prior Authorization Places Burden on Cancer Patients, Delays Care

3 out of 4 patients went through a recent prior authorization, with half personally taking on tasks such as making phone calls or filing paperwork.

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Prior authorization—requiring approval from an insurance company before a doctor provides a specific service or medication—places a substantial burden on people with cancer, according to a study presented at the 2025 American Society of Clinical Oncology (ASCO) Quality Care Symposium.

The researchers found that three out of four people with cancer had to go through at least one recent prior authorization process between 2022 and 2024. What's more, in half those cases, the patients or their families had to actively get involved on top of their doctors' efforts, resulting in more treatment delays, financial difficulty and stress due to insurance problems.

"This study makes clear what many of us in oncology have suspected: Prior authorization isn't just an administrative hurdle for clinicians, it's a hidden second job for patients," ASCO expert Marcin Chwistek, MD, director of the Supportive Oncology and Palliative Care Program at Fox Chase Cancer Center, said in a news release. "This study found that patients with cancer, particularly younger patients and those with advanced disease, often have to personally navigate the authorization process, leading to delays in treatment and financial and emotional strain."

Alexandra Katherine Zaleta, PhD, of CancerCare, and colleagues recruited more than 1,000 adults with cancer nationwide to complete a survey about their prior authorization experience. Eligibility for the study included being at least 26 years old, having employer or Medicare insurance coverage and receiving treatment for cancer in the past 12 months.

Among the 1,201 eligible respondents who completed the survey, 890 (74%) had gone through at least one prior authorization process. Of these, 444 people (50%) reported direct involvement, such as making phone calls or filing paperwork, by themselves or a family member, while the remainder reported that prior authorization was fully handled by their health care team. Among those directly involved, 50% spent up to one business day (eight hours), 29% spent up to three business days (24 hours) and 12% spent a full business week or more (at least 41 hours) on a single prior authorization.

Involvement differed for specific types of treatment, including targeted therapy (73% personally involved versus 27% handled fully by the health care team), supportive medications (64% versus 36%), radiation therapy (40% versus 60%) and imaging (40% versus 60%).

Certain patients were more likely to require their own or a family member's direct involvement, including people under age 65 with employer-provided insurance (3.7 times greater odds) or on Medicare (2.06 times greater odds) compared to people 65 or older on Medicare. Men were over two times more likely than women to report direct involvement, as were people with advanced disease compared to those with nonmetastatic cancer.

Direct personal or family involvement in the prior authorization process was also more likely among those who had delays in diagnosis or treatment, those who reported more cost-related medication scrimping and those who experienced more negative insurance-related impacts, such as worse physical, emotional or financial wellbeing.

"This study highlights how cancer patients and their families are being pulled into the insurance prior authorization process at the expense of their time, health and wellbeing," Zaleta said. "While doctors and care teams often take the lead, half of patients told us they also had to roll up their sleeves by personally making calls, filing paperwork or chasing down approvals. Many lost days, and some lost a full week or more, just to a single instance of trying to get approval for the care their doctors had already prescribed. By documenting the scale of this hidden burden, our research shows that prior authorization is not just an administrative step—it's a serious barrier to quality care."

Another study at the meeting also looked the growing burden of prior authorization.

"Our study found that prior authorization often delays cancer treatment, with over 90% of surveyed radiation oncologists reporting delays—more than half lasting five days or longer," said lead author, Jayden Gracie, MD, of Vanderbilt University Medical Center. "These delays had serious consequences, with 30% reporting major complications, 7% linking prior authorization to patient deaths and 58% forced to deviate from treatments supported by national guidelines."

"These findings show the urgent need to make prior authorization processes faster, clearer and less disruptive so patients can get the treatments they need without harmful delays," she continued. "Fixing these inefficiencies would reduce preventable complications, improve access to evidence-based care and make the cancer treatment process less stressful. In the long term, reforming prior authorization would mean better outcomes for patients and more time for oncology teams to focus on patient-facing care."

This report is adapted from a news release published by the American Society of Clinical Oncology on October 6, 2025.
