

Public Insurance Linked to Higher Death Risk for People With Breast Cancer

Those with Medicare or Medicaid fared worse than those with private insurance.

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People with breast cancer have a higher risk of dying if they have Medicare or Medicaid coverage rather than private insurance. Additionally, publicly insured people with the malignancy are less likely to enter clinical trials, according to a presentation at the recent San Antonio Breast Cancer Symposium.

Researchers in the ECOG-ACRIN Cancer Research Group conducted an analysis of insurance status among nearly 3,800 women who participated in two large clinical trials of chemotherapy treatments. Study E1199 enrolled women between 1999 and 2002, and study E5103 enrolled participants between 2007 and 2011.

The new analysis was funded by the National Cancer Institute, which is a part of the National Institutes of Health.

About 13% of the participants in each of the two trials had Medicaid or Medicare coverage. Eighty-six percent of those in the E199 trial and 82% of those in the E5103 trial were privately insured.

After adjusting the data to control for differences among the participants in disease severity, age and other characteristics, the study authors found that in the E1199 trial, one in four of those with government insurance did not complete their breast cancer treatment, compared with one in seven of those with private insurance. In the E5103 trial, about half of those with Medicaid or Medicare did not complete their treatment, compared with one in three of the privately insured women.

Compared with their privately insured counterparts, the women in E199 and E5103 were approximately 50% and 33% more likely to die during the study's follow-up period, respectively.

The study found no association between participants' neighborhood socioeconomic status and their treatment completion or survival.

“Insurance appears to be a powerful determinant of clinical trial outcomes,” the study’s lead researcher, Samilia Obeng-Gyasi, MD, a breast surgical oncologist at Ohio State University, said in a press release. “With continued changes to insurance at the federal and state levels, physicians and policy makers would benefit from having more data such as what we produced in our study. Right now, most clinical trials do not collect data on social determinants of health. If they did, the information could lead us to better understand the interaction of insurance status and many other factors on the clinical outcomes of clinical trial participants.”

To read the study abstract, [click here](#).

To read a press release about the study, [click here](#).

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