Survival Disparities Increase for Cancer Patients Without Health Insurance

American Cancer Society researchers stress expanding access to coverage and making new treatments more affordable.

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In a new study led by the American Cancer Society (ACS), researchers found that the introduction of immune checkpoint inhibitors (ICIs) following FDA approval was associated with a widening survival disparity between people without health insurance and those with private insurance, newly diagnosed with advanced stage melanoma, non-small cell lung cancer (NSCLC), or renal cell carcinoma (kidney cancer). ICIs are a type of advanced immunotherapy and work by helping the immune system better find and attack cancer cells in the body. While offering promising outcomes for many patients, ICIs are also among the highest-cost cancer drugs. The study is published today in the Journal of the American Medical Association (JAMA) Network Open.

“These findings are concerning, especially as ICIs are being used more frequently in treating people with both early and late-stage cancers,” said Dr. Jingxuan Zhao, senior scientist, health services research at the American Cancer Society, and lead author of the study. “ICIs can be lifesaving; however, cancer patients without health insurance coverage may be unable to afford them due to their high costs.”

For the study, researchers identified individuals 18-64 years old, newly diagnosed with stage IV melanoma, NSCLC, or renal cell carcinoma using the National Cancer Database. For each cancer, scientists examined the changes in two-year survival before and after ICI introduction following FDA approval among individuals without insurance or with Medicaid, compared to those with private insurance at the time of cancer diagnosis.

Among individuals newly diagnosed with melanoma, two-year overall survival rates increased post-ICI approval among the uninsured (from 16.2% to 28.3%) and with private insurance (from 28.7% to 46.0%), resulting in a widening disparity of 6.1 percentage points (ppt) after adjusting for sociodemographic characteristics. Similarly, the survival disparity between people without insurance to people with private insurance also widened among people diagnosed with NSCLC and renal cell carcinoma. Of note, the study found similar survival improvements following ICI approval among individuals with Medicaid and private insurance.

“Health policies expanding access to insurance coverage options and making new treatments

more affordable are needed. Expanding Medicaid to individuals without health insurance coverage may improve their access to effective cancer treatments that are also costly, such as ICIs," Zhao added.

"Having comprehensive, affordable health insurance is a major determining factor in surviving cancer, especially as promising new – but also costly – treatments, like ICIs, become available. That's why ACS CAN has long advocated for increased access to quality, affordable health coverage – made increasingly urgent with recent Congressional action that significantly cuts Medicaid funding and makes affordable health insurance coverage unattainable for millions nationwide," said Lisa A. Lacasse, president of ACS's advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN).

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