By Mike Fillon

Medicaid expansion increases survival for patients with cancer

"Lack of health insurance coverage underlies many of the observed disparities in cancer screening, diagnosis, treatment, survival, and mortality."

—K. Robin Yabroff, PhD, MBA

Two recent studies have found that Medicaid expansion under the ACA improves overall cancer survival among all racial and ethnic groups and reduces racial disparities in cancer survival.

Both articles review previously documented benefits of expanded eligibility, such as fewer patients without insurance coverage, improved racial and ethnic equity in insurance coverage, a shift to less advanced cancer stages at diagnosis, and better adherence to quality-of-care indicators. However, because of the time necessary for registries to collect survival data, very little is known about the impact of Medicaid expansion on survival after a cancer diagnosis.

The first study, which compares the survival rates of patients with de novo stage IV breast cancer 4 years prior to the Medicaid expansion and 3 years afterward, appears in *JAMA Oncology* (doi:10.1001/jamaoncol.2022.0159). A second new study, appearing in the *Journal of the National Cancer Institute* (*JNCI*), compares survival trends for all cancer types, individually and combined, among patients with a cancer diagnosis residing in states that expanded Medicaid access and those residing in states that did not (doi:10.1093/jnci/djac077).

Breast cancer study

The authors of the *JAMA Oncology* study, who are from The University of Texas MD Anderson Cancer Center in Houston, used data from the hospital-based National Cancer Database, a registry jointly sponsored by the American College of Surgeons and the American Cancer Society (ACS). They analyzed records from 9322 patients residing in 19 states that expanded Medicaid eligibility in January 2014 who had been diagnosed with de novo stage IV breast cancer and were between the ages of 40 and 64 years (patients aged 65 years or older were excluded because they were age-eligible for Medicare).

The *JAMA Oncology* study found that survival improved for non-Hispanic Whites and for members of racial or ethnic minority groups. However, there was a greater improvement in survival in the latter group that equalized survival rates during the postexpansion period. The 2-year overall survival (OS) for White patients before the expansion was considerably higher than that for patients of racial and ethnic minority groups (64% vs. 56%, respectively; $p < .001$). After the expansion, however, there was no significant difference between the OS rates of the two groups (71.0% vs. 71.8%, respectively). Similarly, in multivariable Cox proportional hazards models adjusted for several patient-related and facility-related variables, the mortality risk was significantly elevated in the minority group before expansion (adjusted hazard ratio, 1.22; $p < .001$) but not afterward (adjusted hazard ratio, 0.96). The researchers also report similar changes in subset analyses of 1510 patients who were in the lowest income quartile. They found a significant ($p < .001$) decrease in the proportion of uninsured patients (from 6.7% before expansion to 3.6% after expansion) and an increase in the proportion with Medicaid coverage.

"Our work ... demonstrates that increasing access to care has an impact on reducing mortality among breast cancer patients and helps reduce disparities," says *JAMA Oncology* study coauthor Mariana Chavez-MacGregor, MD, MSc, an associate professor in

KEY ISSUES

- In the United States, health insurance is a major predictor of better access to health care and better outcomes.
- Medicaid expansion under the Patient Protection and Affordable Care Act (ACA) is associated with longer survival after a cancer diagnosis.
- Medicaid expansion extends survival for patients in all racial and ethnic groups but has the greatest survival benefit for those in medically underserved minority groups.

the Department of Health Services Research of the Division of Cancer Prevention and Population Sciences at The University of Texas MD Anderson Cancer Center. "For years we have known that patients belonging to racial and ethnic minorities have worse breast cancer outcomes, and while this phenomenon is likely multifactorial, we were able to demonstrate that by providing access, disparities can be reduced."

Dr Chavez-MacGregor says that it is important to "continue to conduct research addressing cancer disparities and cancer care delivery … [and] to provide scientific evidence that demonstrates the impact of policies aimed at increasing access."

Study of all cancer sites

The *JNCI* study used the Cancer Incidence in North America Survival data set compiled by the North American Association of Central Cancer Registries. The researchers included patients aged 18–62 years from cancer registries of 42 states who were diagnosed before Medicaid expansion between the years 2010 and 2012 or after expansion between the years 2014 and 2016. A total of 2,555,302 patients who were diagnosed with cancer of any site were included. The researchers reported that the 2-year OS for all cancer types combined increased from 80.58% before the ACA to 82.23% after the ACA in expansion states and from 78.71% to 80.04% in nonexpansion states—a net increase of 0.44 percentage points (ppt) (95% confidence interval [CI], 0.24–0.64 ppt) in expansion states. The authors attribute these improvements to a combination of earlier detection at a more favorable stage and better treatment. This net increase was larger among non-Hispanic Black patients (0.72 ppt; 95% CI, 0.12–1.31 ppt) and patients in rural areas (1.48 ppt; 95% CI, −0.26 to 3.23 ppt).

K. Robin Yabroff, PhD, MBA, a coauthor of the *JNCI* study and scientific vice president of Health Services Research at the ACS in Kennesaw, Georgia, says that decades of research have demonstrated that health insurance coverage is one of the strongest predictors of better access to health care and better health outcomes in the United States. "Lack of health insurance coverage underlies many of the observed disparities in cancer screening, diagnosis, treatment, survival, and mortality, with the highest cancer mortality rates among socioeconomically disadvantaged and uninsured populations."

Patients in expansion states who were diagnosed with 15 of the 19 cancer types examined in this study had a net improvement in prognosis (relative to those in nonexpansion states), although this improvement was statistically significant in multivariable adjusted models for only four types: lung and bronchus cancers, non-Hodgkin lymphoma, liver and bile duct cancers, and pancreatic cancers. Dr Yabroff adds that these data are the most recently available from the population-based cancer registries; future research is needed to examine the association of Medicaid expansion and long-term survival following a cancer diagnosis. "This will be especially important for cancers with better overall prognosis, where improvements in access to care may take more time to affect long-term survival."

Dr Yabroff notes that the *JAMA Oncology* and *JNCI* studies add to the accumulating evidence about the benefits of Medicaid expansion in improving survival for patients with cancer. "Both studies found that Medicaid expansion was associated with improved survival and reductions in racial disparities in survival," she says. "Also, the *JNCI* study found that Medicaid expansion was associated with greater improvements in survival among patients residing in rural areas, reducing some geographic disparities."

The ACA contains many provisions that are relevant to cancer screening, diagnosis, treatment, and survival, adds Dr Yabroff, including but not limited to the elimination of preexisting condition exclusions and cost sharing for preventive services and the introduction of the Marketplace and subsidies for coverage purchase. She says that resources are also available on the ACS website (cancer.org/latest-news/aca-effect-on-access-to-cancer-screening-care.html) and on the ACS Cancer Action Network website (fightcancer.org/what-we-do/increased-access-medicaid).

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