

Cancer Survivors Forgo Care Because of Cost

BY PATRICE WENDLING
Chicago Bureau

Slightly more than 2 million cancer survivors in the United States forego necessary medical care because of cost concerns, and Hispanics and African Americans are twice as likely to do so, new research suggests.

Using the annual National Health Interview Survey database for 2003-2006, investigators identified 6,602 adult cancer survivors and 104,364 individuals with no history of cancer. During the survey, individuals were specifically asked if, during the past 12 months, there was a time when they needed medical care but did not get it because they could not afford it.

The overall prevalence of forgoing care because of cost among cancer survivors was 8% for general medical care, 10% for prescription medication, 11% for dental care, and 3% for mental health care, lead author Kathryn E. Weaver, Ph.D., and associates reported at the American Association for Cancer Research conference on the science of health care disparities.

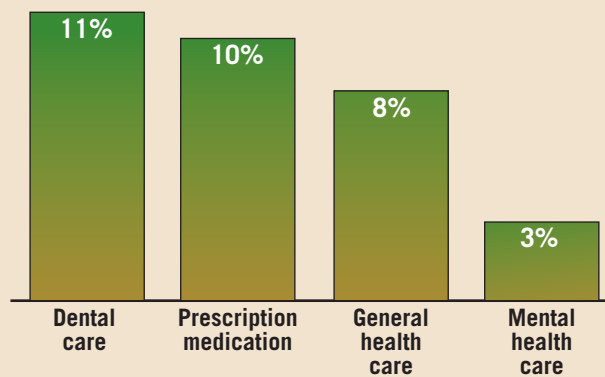
Based on this analysis, "slightly more than 2 million cancer survivors did not

get the medical care that they needed because of cost," Dr. Weaver, a cancer prevention fellow at the National Cancer Institute, said in an interview. There are 12 million cancer survivors in the United States, according to the most recent NCI Surveillance, Epidemiology, and End Results (SEER) data through 2007.

"Access to medical care is vitally important to this population, and we need to find ways of increasing their access to needed medical services," she said. "Short of that, physicians should be aware that a significant number of cancer survivors are not getting care, and should make efforts to hook them up with free or low-cost services."

When compared with white survivors, Hispanic survivors were more likely to forgo medical care (odds ratio, 1.55), prescription medications (OR, 2.14) and dental care (OR, 2.31). African American survivors were more likely than white

Percentage of Cancer Survivors Forgoing Care Because of Cost



Note: Based on data from 6,602 adult cancer survivors.
Source: Dr. Weaver

Weaver said. Some suggest that Hispanics in the general population are less likely to forgo health care services because of the "healthy immigrant effect." This hypothesis has been suggested as an explanation for lower rates of many chronic diseases—including breast, cervical, and ovarian cancers—in recent immigrants, although this health advantage seems to disappear as time residing in the United States increases, she said.

Dr. Weaver acknowledged that the number of ethnic minority survivors

in the sample was small, but said it is possible to extrapolate the findings to American cancer survivors because the population-based National Health Interview Survey is representative of the general population at large, and it oversamples the number of blacks and Hispanics.

The study was limited by a lack of information on the survivors' treatment status, she said. What was known is that 59% of survivors were more than 5 years post diagnosis at the time of the survey, 36% were 1-5 years post diagnosis, and 5% were less than 1 year since diagnosis.

The time since diagnosis was not significantly related to the forgoing of medical care, but should be studied further because of the potential for cancer recurrence and chemotherapy side effects (such as heart failure) to emerge over time.

"We need more research to look at cancer survivors who are at different points in the survival trajectory to understand what the financial barriers to care are at each of these points, because they might differ," Dr. Weaver said. "Something we're extremely concerned about in the [NCI's] Office of Cancer Survivorship is the occurrence of late effects of cancer and its treatment. That could be one explanation for why survivors are in need of care years after their diagnosis."

The study was supported by the NCI. The investigators disclosed no conflicts of interest.

After adjusting the data for health insurance status, education, and non-cancer related comorbidities, none of the interactions between cancer history and ethnicity was significant in the 3,461 survivors aged 65 years and older—a population almost entirely covered by the national Medicare program.

After adjustment, Hispanics aged younger than 65 years without a history of cancer were significantly less likely than their white counterparts to forgo medications (OR, 0.76) and dental care (OR, 0.74), but this pattern reversed for cancer survivors, Dr. Weaver said. Younger Hispanic cancer survivors were significantly more likely to forgo prescriptions (OR, 1.19) and dental care (OR, 1.31), compared with young white survivors.

Younger Hispanic cancer survivors may perceive such services, which are typically paid out of pocket, as being less important than seeing a physician, Dr.

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