The Impact of Health Insurance Status on the Presentation, Local Management, and Outcomes of Patients with Head and Neck Cancer in the United States

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Purpose/Methods

• To evaluate the impact of health insurance status on patients with head and neck cancer

• NCI Survival, Epidemiology, and End Results (SEER) registry study
  • ~25% of United States represented
  • Patient demographic, tumor, and treatment characteristics recorded

• 53,848 patients with head and neck cancer of the oral cavity, pharynx, or larynx

• Insurance status: Insured (80%), Medicaid (15%), or Uninsured (5%)
Cancer stage among head and neck cancer patients according to health insurance status

- **Insured**
  - Stage 1: 43% (4 patients)
  - Stage 2: 26% (2 patients)
  - Stage 3: 14% (3 patients)
  - Stage 4: 17% (2 patients)

- **Medicaid**
  - Stage 1: 14% (1 patient)
  - Stage 2: 13% (2 patients)
  - Stage 3: 17% (3 patients)
  - Stage 4: 56% (4 patients)

- **Uninsured**
  - Stage 1: 14% (1 patient)
  - Stage 2: 11% (2 patients)
  - Stage 3: 16% (3 patients)
  - Stage 4: 59% (4 patients)
Treatment trends

• Patients with Medicaid and uninsured status were less likely to undergo external beam radiation therapy
  • 23% less likely for Medicaid (p < 0.001)
  • 32% less likely for Uninsured (p < 0.001)

• Uninsured patients were 23% less likely to receive cancer directed surgery (p < 0.001)

• Adjusted for tumor site, disease stage, patient age, race, location, education, and income
Conclusions

• Important disparities among Medicaid and uninsured patients with head and neck cancer exist in the United States

• Lack of access to dental providers and primary care

• Similarity between Medicaid and uninsured cancer specific survival is concerning

• Further study is necessary to determine which patient, provider, and health care system factors contribute to these differences