

# Young patients, private insurance and risk of death from cancer

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London, April 1 (EurekAlert): Countries that have national health services easily accessible to people of all ages are more likely to have better survival rates for their teenagers and young adults (TYAs) with cancer, than are countries where individuals have to pay for their own medical insurance.

This is the suggestion that arises from new research presented at the 4th International Conference on Teenage and Young Adult Cancer Medicine on Friday, 31 March 2006, in which the health care systems of the United States of America and Australia were compared.

Professor Archie Bleyer told the conference, organised by Teenage Cancer Trust, that Australia's system of health insurance for all, regardless of age, meant that TYAs were more likely to survive cancer in Australia than they were in the USA.

Prof Bleyer, who is medical advisor at the Cancer Treatment Center, St Charles Medical Center, Bend, Oregon, said: "However, both countries have a lower survival rate for their TYAs than for their younger and older patients, proving that TYAs remain the most neglected group of cancer patients across the globe.

"Our previous research has shown that the survival of older teenagers and young adults with cancer in the United States has lagged behind progress in younger and older patients. We found that diagnosis was delayed in TYAs who either lacked health insurance or had inadequate insurance, and therefore this lack of progress might be due to the USA health care system and less expected in countries with national health insurance.

"During the past year we have compared survival of TYAs in the USA with those in Australia, a country similar in many demographics to the USA, but with health insurance provided to all citizens regardless of age.

"From 1982 to 1998, the rate of improvement in the five-year survival from invasive cancer in Australia exceeded that which occurred in the USA, such

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that by the late 1990s, TYAs in Australia had an overall five-year cancer survival that was higher than in the USA. The deficit begins at 16 and ends at 55, the same years that national health insurance is not available in the USA. It ranges from 5 per cent for 18 to 25 year-olds to 12 per cent for those aged 30 to 35. This difference suggests that the health care system in Australia, with universal health insurance, was able to provide better cancer care to its TYAs."

"The advantage for Australian TYAs was not apparent in their children or older adults with cancer. This suggests that the need for private health insurance in the USA is responsible for the worse survival of TYAs, in that children and older adults in the USA are more adequately insured than TYAs."

In the USA the greatest improvement in survival occurred amongst patients aged over 65 for whom national health insurance is provided. Prof Bleyer said: "Both countries, however, had a lower rate of improvement in the five-year cancer survival rate among TYAs than in either younger or older patients, albeit the relative deficit was greater in the USA than in Australia.

"These comparisons indicate that the relative lack of progress in cancer outcome among TYAs in the USA is due, at least in part to the lack of health insurance," he said.

However, he warned that even in countries where there was national health insurance for all, this didn't necessarily guarantee access to good diagnosis and treatment for cancer patients, and particularly not for TYAs.

"Good health care systems make a huge difference in prolonging survival and reducing deaths amongst TYAs with cancer," he said. "The failure to improve survival amongst 15 to 29-year-olds over the last quarter of a century is striking and there are reasons that are common between different countries."

"These include the tendency for adolescents and young adults to wait longer before consulting a doctor about symptoms, lack of a regular and usual source of primary care, delays in diagnosis by doctors not used to seeing young people with cancer, the wide spectrum of cancers contracted by TYAs, physicians poorly trained in caring for TYAs with cancer, and, most importantly, the lack of participation in clinical trials for this age group."

Some countries belatedly were waking up to this problem, he said. In the UK, the National Institute for Health and Clinical Excellence (NICE) issued new guidance for the treatment of under-19s in August 2005.

"In the USA the National Cancer Institute has initiated a major review of the national status of cancer in this age group. Known as a Progress Review Group, the nation's experts will evaluate all available data,

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determine the severity and potential solutions, and provide an official report of recommendations," he said.

"In addition, the President's Cancer Panel is working on a similar report on the survivorship of young Americans with cancer. Both efforts include a review of the role of health insurance and health care delivery systems in the new medical frontier that is TYA oncology."

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