

2nd Global Summit on

ONCOLOGY & CANCER

March 12-14, 2018 Singapore

Health insurance status and outcomes among adults with mycosis fungoides in the United States

Theodore D Zaki¹, Kevin A Nguyen¹, Arjun Venkatesh^{1,2} and Jason P Lott³¹Yale School of Medicine, USA²Yale New Haven Hospital, USA³Cornell Scott-Hill Health Center, USA

Introduction & Aim: Previous studies examining the association between insurance status and outcomes in various cancers have demonstrated delayed care and poorer outcomes for Medicaid patients. Early recognition and treatment in MF is essential for survival, highlighting the importance of quality access to care. Studies evaluating insurance status and survival outcomes in Mycosis Fungoides (MF) are limited. We examined the association between health insurance status and survival in MF.

Methods: This was a population-based cross-sectional analysis of 2,153 patients with MF using the surveillance, epidemiology and end results (SEER) database. Adult patients between the ages of 18 and 65 with a diagnosis of MF and known insurance status were included. The outcomes recorded were overall survival and cause-specific survival. The survival differences of patients with Medicaid insurance and private insurance were assessed by Kaplan-Meier analysis and log-rank test. Multivariate Cox analyses were performed to analyze the effect of insurance status on overall and cancer-specific mortality. Propensity score matching was performed to reduce the potential selection bias.

Results: In multivariate analysis, patients with Medicaid insurance were more likely to die of any cause [hazard ratio (HR): 2.17, 95% confidence interval (CI): 1.20-3.68; p=0.012] and MF [HR: 3.21, 95% CI: 1.60-6.00; p=0.002] than patients with non-Medicaid insurance. In propensity score matched analysis, controlling for clinicopathologic and sociodemographic characteristics, this difference remained for overall survival (p=0.026) and MF-specific survival (p=0.0015).

Conclusion: Patients insured by Medicaid were more likely to experience reduced overall survival and MF-specific survival even after accounting for clinical and sociodemographic factors. Addressing barriers to care may help improve outcomes and reduce disparities among MF patients.

theodore.zaki@yale.edu