

**National Cancer Institute:
Elderly Medicaid Patients Less Likely to Receive Chemotherapy
for Colorectal Cancer**

A study using data from the Michigan Tumor Registry and the Centers for Medicare and Medicaid Services showed that elderly Medicaid-insured patients in the state are less likely to initiate or complete chemotherapy for colorectal cancer compared with Medicare-insured patients. Previous studies have shown that Medicaid-insured patients have worse survival rates for colorectal cancer, but it had not been known if they receive less treatment than patients with other forms of insurance.

Lead Agency:

National Cancer Institute (NCI) /National Institutes of Health (NIH)

Agency Mission:

The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. Specifically, the Institute:

Principal Investigator:

Cathy J. Bradley
Virginia Commonwealth University
1008 East Clay St.
Richmond, VA

General Description:

Elderly Medicaid Patients Less Likely to Receive Chemotherapy for Colorectal Cancer. While major improvements have been made in the collection of epidemiologic data, special populations such as minorities and the medically underserved have been excluded. No accurate epidemiologic information exists on the cancer incidence, diagnosis, and treatment of these populations. The investigators collected data from 4,765 patients aged 65 or older who were diagnosed with colorectal cancer between January 1997 and December 2000 and insured through Medicaid, Medicare, or both. In addition to data on chemotherapy initiation and completion, the investigators compared whether patients were evaluated by an oncologist, subsequently hospitalized, and experienced comorbidities; demographic variables including age, race, sex, household income, and whether patients lived in a metropolitan, urban, or rural area were also studied.

Patients insured through Medicaid were more likely to be African American or of another minority race, female, and to live in a low-income area. For all patients, those with Medicaid insurance were less likely to initiate or complete chemotherapy and less likely

to be evaluated by a medical oncologist. Older patients were also less likely to initiate chemotherapy, even though studies have shown that these patients benefit from adjuvant treatment. Future projects using the data can include the prevention of disease or disability, the restoration or maintenance of health, and interventions for more effective health care.

Excellence: What makes this project exceptional?

This research provides evidence that elderly patients with Medicaid are less likely to initiate or complete chemotherapy for colorectal cancer. Previous studies have shown that Medicaid-insured patients have worse survival rates for colorectal cancer, but it had not been known if they receive less treatment than patients with other forms of insurance.

Significance: How is this research relevant to older persons, populations and/or an aging society?

Between 2001 and 2005 the median age at diagnosis for colorectal cancer was 71, and approximately 66% of those diagnosed were over 65. This research shows that older patients with Medicaid are less likely to initiate chemotherapy, even though studies have shown that these patients benefit from adjuvant treatment.

Effectiveness: What is the impact and/or application of this research to older persons?

Medicaid enrollment is associated with disparate colon cancer treatment, which likely compromises the survival of these patients. Recognizing the deficiencies in the quality of care Medicaid patients with colorectal cancer receive will hopefully encourage the changes in policies and practices needed to reduce this trend.

Innovativeness: Why is this research exciting or newsworthy?

This research demonstrates the substantially disparate treatment uptake and compliance received by Medicaid patients. Ensuring access to appropriate care for Medicaid recipients with colorectal cancer has the potential to greatly improve the quality of life, and life expectancy of these patients, especially if similar trends are seen in other states around the nation.