

Insurance status mediates racial, ethnic inequities in cervical cancer, finds study

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Insurance status mediates racial and ethnic inequities in advanced-stage

cervical cancer diagnosis, according to a study published online March 10 in *JAMA Network Open*.

Hunter K. Holt, M.D., from the University of Illinois at Chicago, and colleagues examined the extent to which racial and [ethnic differences](#) in the diagnosis of advanced-stage cervical cancer are mediated by [insurance status](#) in a cohort of 23,942 women aged 21 to 64 years (59.4 percent had private or Medicare insurance).

The researchers found that patients of all other racial and [ethnic groups](#) had a lower proportion with a diagnosis of early-stage cervical cancer compared with White women (48.7, 49.9, 41.7, 51.6, and 53.3 percent for American Indian or Alaska Native, Asian or Pacific Islander, Black, Hispanic or Latina, and White, respectively). Compared with women with Medicaid or uninsured women, a larger proportion of women with private or Medicare insurance received a diagnosis of early-stage cancer (57.8 versus 41.1 percent). Compared with White women, Black women had higher odds of receiving a diagnosis of advanced-stage cervical cancer in models adjusting for confounders (odds ratio, 1.18). Health insurance mediated more than half of the racial and ethnic inequities in the diagnosis of advanced-stage cervical cancer across all racial and ethnic-minority groups compared with White women (ranging from 51.3 percent for Black women to 55.1 percent for Hispanic or Latina women).

"This study suggests that insurance is a modifiable risk factor that plays an important role in the racial and ethnic inequities observed in the diagnosis of advanced-stage [cervical cancer](#)," the authors write.

Two authors disclosed financial ties to Flatiron Health, an independent subsidiary of Roche.

More information: Hunter K. Holt et al, Mediation of Racial and

Ethnic Inequities in the Diagnosis of Advanced-Stage Cervical Cancer by Insurance Status, *JAMA Network Open* (2023). DOI: [10.1001/jamanetworkopen.2023.2985](https://doi.org/10.1001/jamanetworkopen.2023.2985)

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