

Incarceration associated with higher cancer mortality, study shows

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New research from Yale Cancer Center reveals a higher risk of cancer mortality in incarcerated adults, as well as among those diagnosed with cancer in the first year after release from prison.

The findings are published in the journal *PLOS ONE*.

"Cancer is the leading cause of [death](#) among people in prison, accounting for about 30% of all deaths, and yet the complex relationship between incarceration and [cancer survival](#) had not been thoroughly evaluated," said Dr. Emily Wang, professor of medicine (General Medicine) and of [public health](#) (Social and Behavioral Sciences) and senior author of the study. She is also director of the SEICHE Center for Health and Justice at Yale.

The study compared data using a statewide link between tumor registry and correctional system data for adults in Connecticut diagnosed with invasive cancer from 2005 through 2016.

After accounting for demographics and cancer characteristics, including stage of diagnosis, the

risk for cancer-related death at five years was significantly higher among those diagnosed while incarcerated and those recently released compared to the remainder of the population.

"This is a call to action," said co-author Dr. Cary Gross, professor of medicine (General Medicine) and of epidemiology (Chronic Diseases), and founding director of the Cancer Outcomes, Public Policy and Effectiveness Research (COPPER) Center at Yale School of Medicine. "Cancer prevention and treatment efforts should target people while in prison and identify why incarceration is associated with worse outcomes."

Those diagnosed with invasive cancer while incarcerated and within one year after release were also more likely to be younger, male, and non-Hispanic Black or Hispanic. Cancers originating from the gastrointestinal system were the most common cancers in this population, followed by lung and [prostate cancer](#), and leukemia and lymphoma.

"Possible reasons for the high risk of death include having limited access to high quality cancer care, access to palliative care, and attention to patients' social determinants of health, including social support and food," said Wang.

While prior studies have identified the association between incarceration and cancer survival time, this study illuminates the immediate post-release period as a particularly high-risk period.

"Our findings highlight the value and importance of transition centers for individuals released from carceral settings, the significant barriers associated with [cancer care](#) include screening, timely primary care, housing and food security, employment and other structural barriers faced by those re-integrating into society," said lead author Dr. Oluwadamilola Oladeru, an assistant professor of radiation oncology at the University of Florida.

Oladeru is also the co-clinical leader of the University of Florida Breast Center.

"Primary care for people recently released from correctional systems should include screening for treatable cancers, evaluation of symptoms, and addressing social determinants to mitigate these disparities in cancer related deaths," said Gross. "Our findings may also be pertinent to other state prison systems as the national data reveal that [cancer](#) is now the leading cause of death among incarcerated individuals."

Provided by Yale University

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