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COLA is nonprofit, physician-directed organization promoting quality and excellence in medicine and patient care through programs of voluntary education, achievement, and accreditation.

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Study Links Insurance Status To Prostate Cancer Disease Severity

Finding Likely Reflects Lower Access to Care

ATLANTA — A new study from American Cancer Society researchers finds insurance status is strongly associated with disease severity among prostate cancer patients. The study, which appears Online First in Cancer Epidemiology Biomarkers and Prevention, finds that men who were uninsured or Medicaid-insured at the time of diagnosis had significantly higher PSA levels, Clinical T stage, and Gleason scores than men with private insurance. The report says greater disease severity among men who are uninsured or Medicaid insured likely reflects lower access to medical care and utilization of PSA testing and a higher proportion of non screen-detected cancers.

Prostate cancer is the most frequently diagnosed cancer among men in the United States, with an estimated 217,730 new cases and 32,050 deaths in 2010. Prognosis is strongly related to stage, with a 5-year relative survival rate of 100% among patients diagnosed with localized or regional disease and 30.6% among men diagnosed at advanced stage.

Researchers led by American Cancer Society epidemiologist Stacey A. Fedewa, MPH, analyzed data from 312,339 prostate cancer patients diagnosed between 2004 and 2006 in the National Cancer Database (NCDB), a hospital-based cancer registry jointly sponsored by the American Cancer Society and the American College of Surgeons, to explore the association between insurance status and severity of disease at diagnosis. A prior investigation of prostate cancer patients in the NCDB reported associations between race/ethnicity and insurance status and overall stage of disease among patients. The current study expanded on that work by including additional measures of disease severity (PSA level, Gleason score, Clinical T Stage) and by adjusting for other conditions (comorbidity).

The study found uninsured and Medicaid-insured patients'

PSA levels were approximately 4 ng/mL higher than those of privately insured patients, after adjusting for age, race, comorbidity and area level socioeconomic status. Men who were uninsured or Medicaid insured were also more likely to have the highest Gleason score (OR=1.97, 95% CI 1.82-2.12 and OR=1.67, 95% CI 1.55-1.79, respectively). Finally, the uninsured and Medicaid insured were more likely to be diagnosed with advanced disease (OR=1.85, 95% CI 1.69-2.03 and OR=1.49, 95% CI 1.35-1.63, respectively).

"Strong associations between insurance and disease severity are likely to be related to lack of access to preventive services such as PSA screening and barriers to timely medical evaluation of urologic symptoms," write the authors. "Although there are unresolved questions about risks and benefits of PSA screening, it is important that all men have the opportunity to be informed about this option as well as access to other preventative health services and primary care. In addition, it highlights the importance of continued research to reduce uncertainties about the prevention and early detection of prostate cancer, prognostic factors and improved treatment."

Currently, many low income cancer patients do not qualify for Medicaid coverage until their disease has been diagnosed. After implementation of the Affordable Care Act in 2014, many of the uninsured will have uninterrupted coverage through Medicaid or the state benefit exchanges. As a result, they will have access to regular physician visits where they can benefit from preventive care as well as prompt investigation of symptoms that may be related to cancer.

Article: "Association of insurance and race/ethnicity with disease severity among men diagnosed with prostate cancer, National Cancer Database 2004-2006," Stacey A. Fedewa, I. Ruth Etzioni, W. Dana Flanders, Ahmedin Jamal and Elizabeth M. Ward. Published Online First August 12, 2010 (doi: 10.1158/1055-9965.EPI-10-0299).

Cancers Common To Children And Teenagers

Second only to accidents, cancer is a leading cause of death in children and teenagers.

While most people tend to think of cancer as affecting the elderly or middle-aged adults, cancer does not discriminate based on age. Though childhood cancer deaths have declined consistently, there are certain cancers that continue to plague youngsters, notably leukemia, lymphoma, and brain and central nervous system cancers.

There are differences between the cancers that affect adults and those that affect children, both in their site of origin and their behavior. In general, cancers in adults are carcinomas, or malignant tumors that develop in tissues and glands that line the organs of the body. In children, cancers tend to be hematopoietic, or of the blood and lymphatic system. Carcinomas are very rare in children.

Because few people like to envision a sick child or teenager -- especially one battling such an aggressive disease -- cancer is often not even considered a possibility when a child is feeling ill. Parents can educate themselves about the most common cancers affecting youth.

Leukemia

Leukemia is a broad term covering a spectrum of diseases. It is part of the even broader group of diseases called hematological neoplasms.

Leukemia is a cancer of the blood. In acute leukemia, there is a rapid increase of immature white blood cells. In turn, these immature cells crowd blood marrow and prevent the marrow from producing healthy blood cells. If not treated promptly, the malignant cells can overflow into the blood stream and affect other organs of the body. Acute leukemia is the most common form of leukemia in children.

Chronic leukemia is similar, but the white blood cells that play a role in the disease are mature, but still not properly formed. This form of leukemia is slower to progress, so urgent treatment isn't generally necessary.

Displacing normal blood cells in bone marrow can result in a lack of blood platelets. Therefore, children with leukemia may not have proper clotting factors, bruise easily, and bleed excessively if injured. Additionally, since white blood cells are essential to the immune system, someone with leukemia may not be able to fend off foreign invaders in the body and experience frequent infections.

Because leukemia can often mimic other illnesses, a medical blood test is needed to properly diagnose the cancer. Most



leukemias are treated with medication, chemotherapy, and in some cases, a bone marrow transplant.

Lymphoma (Hodgkin's Disease or Non-Hodgkin's Lymphoma)

Another common childhood cancer is lymphoma, or cancer that develops in the lymphatic system. The lymphatic system includes the lymph nodes, thymus, spleen, adenoids, tonsils, and bone marrow. Its purpose in the body is to fight off germs that cause infections and illness.

Hodgkin's disease can occur in adolescents and young adults. It produces enlarged lymph nodes in the neck, armpits, chest, or other places. Hodgkin's disease is also identified by large, unusual cells called Reed-Sternberg cells.

Non-Hodgkin's Lymphoma (NHL) is similar to leukemia in that abnormal white blood cells, or lymphocytes, are found present in lymph nodes.

Treatment often includes chemotherapy, and individuals who complete treatment have an excellent chance for a full recovery.

Brain and Central Nervous System Tumors

Cancers of the central nervous system are the second most common form of cancer in children apart from blood and lymphatic disorders, and the most common type of solid tumor.

Some experts surmise that these tumors that form on the spinal cord or brain are the result of exposure to some sort of chemical. Some environmental agents that have been suggested as contributing to this type of cancer include pesticides, solvents, and certain compounds called N nitroso compounds that are found in cured meats such as bacon, ham, and

Pediatric Cancer Fast Facts

Though no parent ever wants to imagine their child suffering from cancer, according to the Pediatric Cancer Foundation each year witnesses more than 10,000 new diagnoses of cancer among children under the age of 15. Fortunately, 80 percent of such cases have a survival rate of 5 years or more. To understand the scope of pediatric cancer, consider the following facts and figures courtesy of the Pediatric Cancer Foundation.

- For children between the ages of 1 to 19 years, cancer is the fourth leading cause of the death, and the leading cause of disease-related death. In fact, more children between the ages of 1 to 19 will die from cancer than will diabetes, asthma, cystic fibrosis and AIDS combined.

- The incidence of melanoma, a typically malignant tumor associated with skin cancer, is increasing among children at a rate of 1.5 to 3 percent per year.

- The overall survival from pediatric cancer is estimated to be 75 to 80 percent, the majority of which are considered to be cured. On the contrary, in the 1950s less than 10 percent of pediatric cancer patients survived.

- The most common childhood cancers include leukemia, tumors of the brain and nervous system, cancer of the kidneys, bones and muscles, and cancers of the lymphatic system.

- Estimates suggest 1 in every 450 adults is a childhood cancer survivor.

To learn more about pediatric cancer, visit the Pediatric Cancer Foundation Web site at www.pcfweb.org.

sausages.

There may be other causes of central nervous system cancers. The embryonic nature of some tumors suggests that cancers may result from changes in early developmental processes and stages, including a mother's exposure to something harmful while pregnant. Also, the rapid cellular growth that occurs in

children leaves cells vulnerable and, therefore, alterable. However, the exact cause of the tumor is largely unexplained.

If you know a child who is experiencing unexplained symptoms, talk to a doctor about the possibility of cancer testing.

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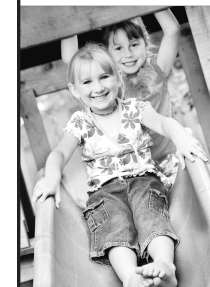
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