Medical Debt Linked to Worse Survival Among Patients Newly Diagnosed With Cancer

Patients in counties with the highest medical debt had a 17% higher risk of death than those in counties with the least debt.

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A new study from researchers at the American Cancer Society (ACS) found that county-level medical debt was strongly associated with worse survival among individuals newly diagnosed with cancer, consistent across socioeconomic and clinical subgroups. These findings will be presented at the annual American Society of Clinical Oncology (ASCO) Quality Care Symposium in San Francisco, September 27-28, 2024.

In the study, led by Dr. Xuesong Han, lead author of the study and scientific director of health services research at the American Cancer Society, researchers identified individuals aged 18 years and older with newly diagnosed first primary cancer in 2011-2019 from the National Cancer Database, which was linked with the Urban Institute credit bureau panel data on county-level percentage of adults with medical debt in collections based on patients' year of diagnosis.

Patients were followed from diagnosis through December 31, 2019. Hazard Ratios (HR) were derived from models to estimate the associations of county-level medical debt quartiles with overall survival, adjusting for year of diagnosis, age, sex, race and ethnicity, insurance status, comorbidity score, metropolitan status, county-level social deprivation index and medically underserved area designation, and state of residency. Stratified analyses were conducted by cancer type and sociodemographic and clinical factors.

A total of 7,558,658 individuals newly diagnosed with cancer were identified, with a median county-level medical debt of 18%, ranging from 0% to 56%. County-level medical debt decreased since 2015. The highest percentage of county-level medical debts was found among patients racialized as non-Hispanic Black, uninsured, and living in medically underserved areas.

In adjusted analyses, patients living in counties with the highest quartile of medical debt had 17% increased risk of death compared with those living in counties with the lowest quartile of medical debt (HR=1.17, 95%CI=1.16-1.18), with a statistically significant dose-response relationship for the higher quartiles (P-trend<.0001). The pattern was consistently seen across cancer types as well as socioeconomic and clinical groups.

Researchers suggest policies preventing and relieving medical debt may be effective ways to improve cancer outcomes at the population level.

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