The Impact of Insurance Status on Adjuvant Chemotherapy Compliance in Early Onset Colon Cancer: A National Cancer Database (NCDB) Analysis

Guidelines recommend adjuvant chemotherapy (AC) for stage III colon cancer. There is little study on compliance with guidelines or the impact of insurance status in this young and theoretically fit population. Our goal was to assess the rates of AC and factors associated with AC compliance in patients under 50 years old with Stage III colon cancer.

NCDB reviewed from 2004-2017, finding 13,897 patients ≦ 50-years underwent surgery for stage III colon cancer



91.2% received AC

8.8% did not receive AC



Medicaid/Medicare and uninsured patients had the worst compliance with AC [OR 0.53 (95%CI 0.45-0.62) *P*<.001; 0.45 (0.38-0.54); *P*<.001], longer wait times to start AC [IRR 1.19 (95%CI 1.18-1.2); *P*<.001; 1.11 (1.1-1.12); *P*<.001] and worse overall survival [HR 1.79 (95%CI 1.63-1.96); *P*<.001; 1.35 (1.19-1.53); *P*<.001) respectively

Other governmental programs were comparable to private payors in compliance with AC, wait times to start AC, and overall survival in this patient group



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