

Health Disparities in Melanoma Patients: Understanding the influence of comorbidities on overall survival among our poorest patient populations

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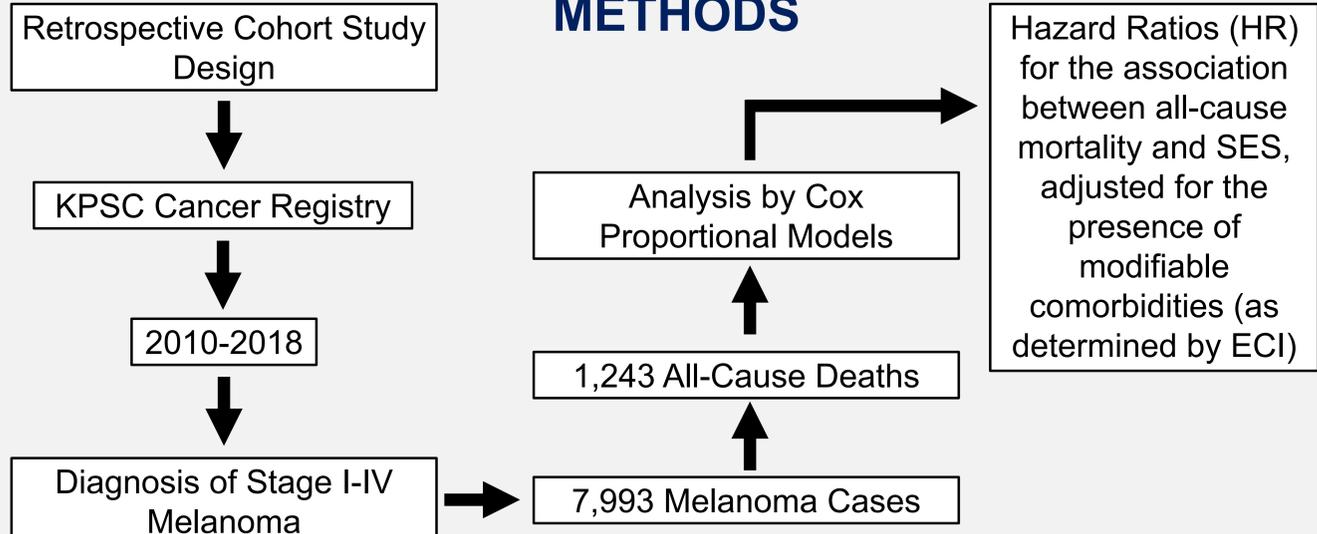
SYNOPSIS

- The incidence and prevalence of modifiable comorbidities is known to vary by measures of socioeconomic status (SES), with an excess burden appreciated among lower socioeconomic groups.^{1,2}
- It is established that both lower SES and an increased comorbidity burden result in poorer health outcomes.³
- We hypothesized and demonstrated that both lower SES and higher numbers of modifiable comorbidities, as defined by the Elixhauser Comorbidity Index (ECI), negatively influences all-cause mortality in patients diagnosed with melanoma.
- Specifically, we find that the survival disparity appreciated among melanoma patients of lower SES is persistent, albeit attenuated, even when adjusting for the presence of comorbidities, as defined by the ECI.

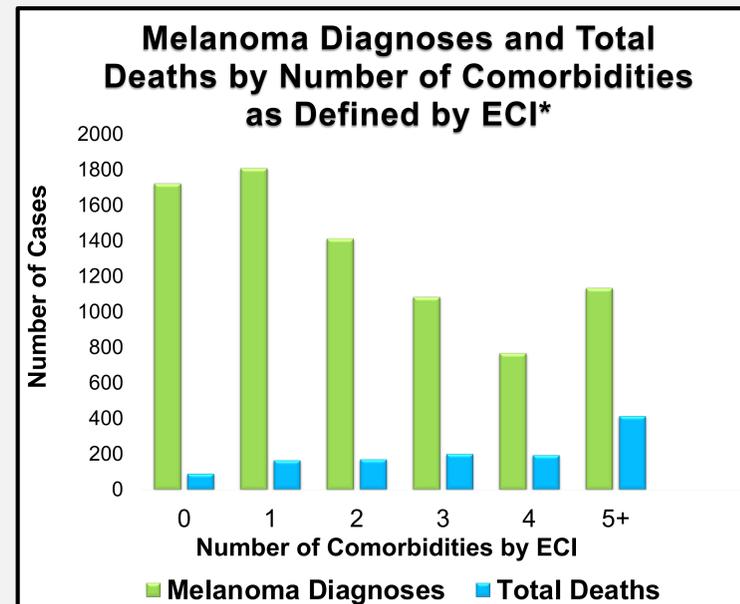
OBJECTIVE

To evaluate the influence of SES on all-cause mortality in a population of insured melanoma patients within Kaiser Permanente Southern California's (KPSC) integrated healthcare system, while adjusting for the presence of comorbid conditions.

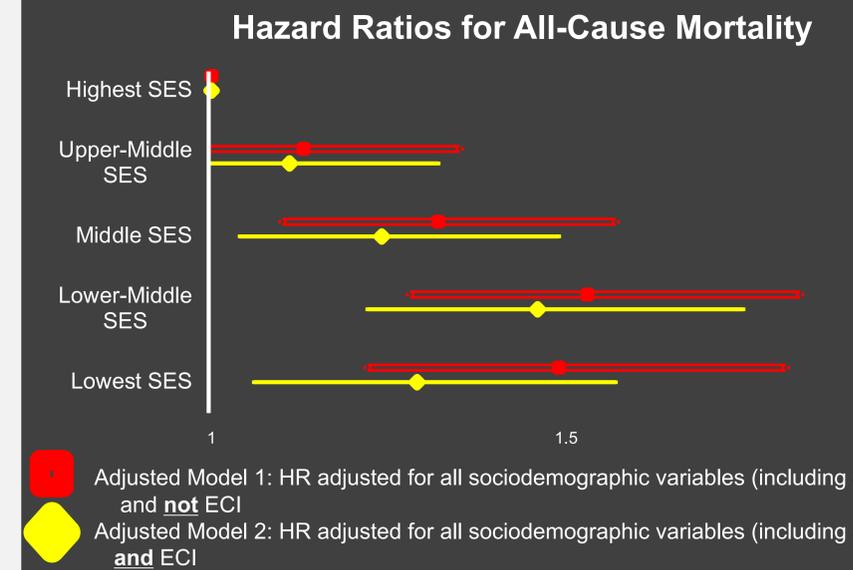
METHODS



RESULTS



*ECI: Elixhauser Comorbidity Index



CONCLUSION

- We demonstrate an 18% increased risk of death among our poorest melanoma patients that cannot be explained by an increased comorbidity burden.
- Given that all patients included in this analysis had health insurance coverage within the same vertically integrated healthcare system, in which barriers to care are minimized, we must identify the other factors influencing mortality risk among our poorest melanoma patients.
- Some possible, modifiable behaviors that we hope to explore in the future include lack of follow up and surveillance allowing for close monitoring, as well as implicit bias and cultural preferences guiding treatment options offered, accepted, and utilized.

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