

Background:

Pancreatic ductal adenocarcinoma (PDAC) is the third leading cause of cancer-related deaths and access to multidisciplinary care is crucial. State-based Medicaid expansions have been associated with increased insurance coverage and access to care. The aim of the study was to assess the impact of the 2016 Louisiana Medicaid expansion on disparities in PDAC patients in Louisiana.

Methods:

Data was collected from the Louisiana Tumor Registry (LTR) for the years 2013-2020. Multivariable logistic regression was performed, and average estimated treatment effects were computed from the predicted probabilities of each outcome. Multivariable Cox regression was performed to assess if Medicaid expansion impacted survival.

Results:

A total of 5,926 patients with PDAC were included in the study. A higher proportion of Medicaid patients (7.2% vs. 10.7%, $p < .001$) and a lower proportion of uninsured patients (4.2% vs. 1.5%, $p < .001$) were observed. Rates of neoadjuvant therapy and systemic therapy were increased for all patients (17.5% vs. 30%, $p < .001$ and 49.6% vs. 52.7%, $p = .017$). There was no longer a disparity in the receipt of treatment between Black and White patients post-expansion ($p = .36$). White patients had a decreased risk of mortality both before and after the expansion when compared to Black patients; however, the risk of mortality among Black patients demonstrated a decline after Medicaid expansion.

Conclusion:

The disparity in the receipt of treatment between Black and White PDAC patients diminished after the Medicaid expansion. The findings in this study are instrumental in advocating for policy change and further Medicaid expansion to improve access to cancer care and outcomes.