For Incarcerated People, Gaps Exist in Quality of Cancer Care

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In the United States, the incarcerated population is aging. About 15% of incarcerated adults, or approximately 175,000 people, are now 55 years or older.

As the incarcerated population ages, cancer has become one of the greatest threats to their health. And despite the growing prevalence, cancer outcomes among those incarcerated are worse than for those with no history of incarceration.

In a new study, Yale researchers investigated the quality of cancer care received by people diagnosed with cancer during and immediately after incarceration — and whether differences in access to care might explain some of the mortality gaps. They found that people who had a cancer diagnosed during a period of incarceration, or shortly after their release, were less likely to receive prompt, guideline-recommended cancer care.

The findings are published in the journal JAMA Network Open.

“Incarceration is associated with higher cancer-related mortality,” said Cary Gross, professor of medicine (general medicine) at Yale School of Medicine (YSM) and of epidemiology (chronic diseases) at Yale School of Public Health and senior author of the new study. “Because people who are incarcerated have a constitutional right to care, it is particularly important to understand cancer care that patients are receiving.”

While incarceration has been associated with worse cancer outcomes in previous research, little has been known about quality of cancer care among people with a history of incarceration, the researchers say.

“Most specialized cancer care for people who are incarcerated takes place in outside of correctional health care settings,” said Ilana Richman, an assistant professor at YSM and one of the first authors of the study. “So, it’s important that clinicians and health systems who are providing care to people who are incarcerated recognize and address barriers to high quality, timely care.”

The outsourcing of highly specialized care, including oncologic care, may have complex effects on quality of care. On the one hand, patients could be treated at comprehensive cancer centers and academic centers, which usually have access to newer treatments and have been shown to have better outcomes than other cancer treatment facilities. On the other hand, outsourcing care can come with barriers to delivering high-quality care, from the logistics of scheduling appointments to arranging transport to outside providers. Additionally, because carceral health care is financed by the government, limited budgets could constrain contracts with outside facilities and shape the quality of care in other ways.

For the new study, the researchers evaluated the quality of cancer care received by people diagnosed with cancer during and immediately after incarceration.

Specifically, they examined data from the statewide cancer registry in Connecticut, the Connecticut Tumor Registry, and rosters from the Connecticut Department of Correction (DOC). Within this combined dataset, they identified individuals diagnosed with invasive cancer in the state from 2005 through 2016. They then compared the quality of cancer care received within three distinct groups: individuals diagnosed with cancer while incarcerated, those diagnosed within 12 months after release, and those who had never been incarcerated. They analyzed the sample, which included 690 individuals, between March 2024 and January 2025.

The researchers examined indicators of quality of care, including the amount of time to initiate treatment — including surgery, chemotherapy, and radiation therapy — and receipt of recommended cancer care. They also examined whether treatment was initiated within 60 days following the cancer diagnosis.

Through this work, the researchers discovered that patients diagnosed with cancer during incarceration were less likely to initiate treatment within 60 days or receive recommended treatment-related care. People diagnosed immediately following release were also less likely to receive recommended treatment-related care in a timely manner compared with those with no incarceration history.

“Many of our community members know someone who has a history of criminal justice involvement,” Gross said. “This is a good opportunity to not only advocate for improving health of these individuals but also to consider the health impact of mass incarceration. As we strive to develop new cancer screening tests or treatments, it’s also critical to ensure that we are removing barriers to accessing these breakthroughs.”

The findings, researchers say, suggest that gaps in quality of care may contribute to observed disparities in cancer outcomes among people with a history of incarceration. The team is currently conducting an interview study, asking people who have been diagnosed with cancer while incarcerated about their experiences.

Gross is also the founder and director of YSM’s Cancer Outcomes, Public Policy, and Effectiveness Research (COPPER) Center. Richman is also a COPPER affiliate.

Other YSM-affiliated authors include Lisa Puglisi, associate professor of medicine (general medicine); Rajni Mehta, director of the Rapid Case Ascertainment (RCA) Shared Resource Core of the Yale Cancer Center; Emily Wang, professor of medicine (general medicine) and of public health (social and behavioral sciences) at Yale School of Public Health; Jenerius Aminawung, a project manager and data analyst at COPPER; and M.D. student Jason Weinstein.

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