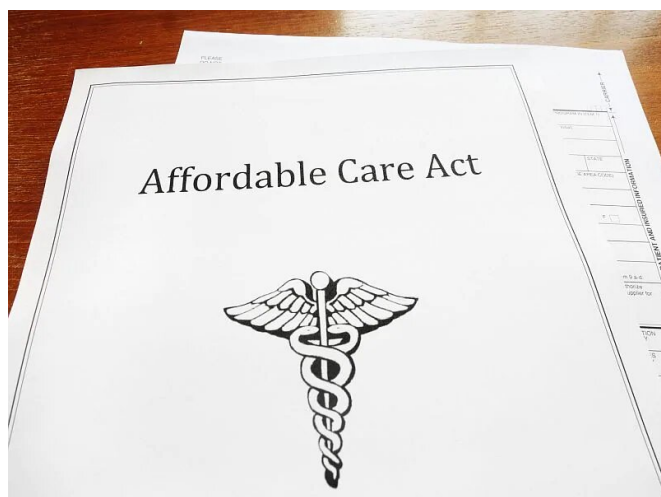


First states to expand medicaid had largest bump in cancer screening

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increased among low-income adults by 8.8 percent in very early expansion states, 2.9 percent in early expansion states, 2.4 percent in late expansion states, and 3.8 percent in nonexpansion states. For past two-year CRC screening, there were increases of 8 percent in very early expansion states and 2.8 percent in nonexpansion states, with an absolute adjusted difference-in-differences (aDD) of 4.9 percent. Up-to-date BC screening increased among low-income women by 5.1, 4.9, and 3.7 percent in very early expansion, early expansion, and nonexpansion states, respectively, from 2012 to 2016, although aDDs were not statistically significant.

"Large-scale improvements in cancer screening may take several years following [expansion](#) in access to care," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—The first states to expand Medicaid under the Affordable Care Act saw the largest increases in colorectal cancer (CRC) screening from 2012 to 2016, according to a study published in the July issue of the *American Journal of Preventive Medicine*.

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Stacey A. Fedewa, Ph.D., of the American Cancer Society in Atlanta, and colleagues examined associations between Medicaid expansion timing and CRC and [breast cancer](#) (BC) screening using 2012, 2014, and 2016 Behavioral Risk Factor Surveillance System data. Respondents (95,400 screened for CRC and 43,279 women screened for BC) were grouped according to timing of Medicaid expansion: very early (six states expanding March 1, 2010, to April 14, 2011), early (21 states expanding Jan. 1, 2014, to Aug. 15, 2014), late (five states expanding Jan. 1, 2015, to July 1, 2016), and nonexpansion states (19 states).

The researchers found that between 2012 and 2016, absolute up-to-date CRC screening

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