**INTRODUCTION**

Cancer represents a burden of disease with an increasing incidence worldwide. About 27% of all deaths occur due to cancer in adults (aged 18+), supplemented by offline recruitment to reach the elderly (aged 65+). Overall, solid tumors (e.g. prostate cancer, uterine cancer) were more prevalent than hemato logical malignancies. Although social inequalities are often associated with higher disease prevalence, the present study showed differences on healthcare use measured by number of traditional HCP visits and number of ER visits and hospitalizations for those with private insurance (PHS). The present study showed how cancer patients in Brazil. Results are consistent with prior studies evaluating healthcare use as measured by number of traditional HCP visits and number of ER visits and hospitalizations, but further research is required to evaluate the inequalities on drug access.

**METHODOLOGY**

Sample Demographics and Health Characteristics

- Those who had private insurance had greater healthcare resource use as measured by number of traditional HCP visits (see Table 1).

- There were no significant differences for HRQoL by insurance type for HCP, PCS, or SF-6D (see Table 3).

**RESULTS**

- Lower healthcare use among those on the PuHS indicates disparities in healthcare access among cancer patients in Brazil. Results are consistent with prior studies evaluating healthcare use as measured by number of traditional HCP visits and number of ER visits and hospitalizations, but further research is required to evaluate the inequalities on drug access.

- HRQoL was not associated with insurance type, which suggests that decrements in quality of life in institutions should be available to patients in PuHS; however, there are only 283 such public institutions to properly assist the cancer population.

**DISCUSSION**

- The present study showed how cancer patients in Brazil. Results are consistent with prior studies evaluating healthcare use as measured by number of traditional HCP visits and number of ER visits and hospitalizations, but further research is required to evaluate the inequalities on drug access.

- HRQoL was not associated with insurance type, which suggests that decrements in quality of life in institutions should be available to patients in PuHS; however, there are only 283 such public institutions to properly assist the cancer population.

**LIMITATIONS**

- Self-reported cannot be verified by patients' medical charts or other objective data.

- Cross-sectional data do not allow for causal explanations to be made. Although a number of respondents indicated they were not aware of other additional variables that were not controlled for, which may have affected the results.

**CONCLUSION**

- Further research is needed to understand why inequality of access is not reflected in HRQoL. Cross-sectional data do not allow for causal explanations to be made. Although a number of respondents indicated they were not aware of other additional variables that were not controlled for, which may have affected the results.

- Along with the differences observed between insurance type and mood disorders and sleep conditions, additional investigation is required to understand the relationship between social inequalities and its impact on prevalence.

- Overall, the present study showed an urgent need to develop health policy strategies to balance the need to meet current health needs of cancer patients while ensuring that other critical areas of need, such as drug access policy, are addressed.