The Cost of Cure: Understanding Financial Toxicity in Head and Neck Cancer Survivors

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BACKGROUND

1. **Financial Toxicity (FT)** is defined as the **objective** and **subjective** patient-level impact of the costs of cancer care.
2. It can affect individuals even those with health insurance - from any socioeconomic background.1,2
3. Compared to individuals with other chronic illnesses, cancer survivors have been shown to have higher out-of-pocket expenses (OOP) which may persist years after initial diagnosis.3,4
4. Several large-scale studies have suggested a link between cancer-related financial strain and decreased health-related quality of life (HRQOL).4-6
5. For patients with advanced or potentially curable cancer, discussion of treatment options vis-à-vis length of life, quality of life, and financial burden is at the crux of shared decision-making.
6. Rapid translation of breakthroughs in cancer biology into new therapies has led to increasing complexity in treatment choices, which often vary little in clinical effectiveness and toxicity, but have wide disparities in cost.7
7. Following treatment, up to 48% of head and neck cancer (HNC) survivors reduced work, among whom 33% ceased employment.8
8. Inability to return to work may result in earnings or employment-based health insurance options, thereby exacerbating FT and influencing treatment choices and resources for medical care.

The purpose of our study is to understand HNC survivors' treatment-related FT.

MATERIALS AND METHODS

![Patient selection Venn diagram](image)

RESULTS

![Figure 2: Average Per-Member OPE (N=71) by Insurance Type (A) and by Treatment Length (B)](image)

![Figure 3. Income Change from Diagnosis to Enrollment by FT (N=27)](image)

CONCLUSIONS

- OPE vary widely across different insurance plans and continue to rise as treatment length increases, highlighting the importance of shared-decision making prior to establishing a treatment plan and discussing costs of cancer treatment with patients prior to initiating treatment.
- Subgroup analysis shows a great number of patients with negative income change from diagnosis and/or a gross income reduction of $60,000 at survey with a significant proportion exhibiting subjective FT by FDQ.
- Medicaid patients displayed low objective FT (by OPE) but the highest subjective FT (by COST, data not shown). The former may be explained by the comprehensive coverage programs like Medicaid offer while the latter may reflect the non-medical socioeconomic conditions patients may be experiencing.