




Financial Toxicity



Memorial Sloan Kettering
Cancer Center

Fumiko Chino, MD
December 10, 2022



No relevant financial relationships to disclose.

Cancer's Financial and Access Challenges

Just as many Americans are worried about **cancer's financial impact** as about **dying of cancer**



Financial
Burden



Death



61%

of **caregivers** say they or a loved one have taken at least one onerous step to **pay for cancer care** including:

35% dipped into **savings account**

23% worked **extra hours**

14% postponed **retirement**

13% took on an **additional job**

43%

of **cancer patients** experienced barriers to accessing the best possible care due to **health insurance coverage**



n=4,016



Perspective

Full Disclosure — Out-of-Pocket Costs as Side Effects

Peter A. Ubel, M.D., Amy P. Abernethy, M.D., Ph.D., and S. Yousuf Zafar, M.D., M.H.S.

Article

Figures/Media

Metrics

5 References 80 Citing Articles

October 17, 2013

N Engl J Med 2013; 369:1484-1486

DOI: 10.1056/NEJMp1306826

FEW PHYSICIANS WOULD prescribe treatments to their patients without first discussing important side effects. When a chemotherapy regimen prolongs survival, for example, but also causes serious side effects such as

immunosuppression or hair loss, physicians are typically thorough about informing patients about those effects, allowing them to decide whether the benefits outweigh the risks. Nevertheless, many patients in the United States experience substantial harm from medical interventions whose risks have not been fully discussed. The undisclosed toxicity? High cost, which can cause considerable financial strain.

Audio Interview



Interview with Dr. Peter Ubel on a new focus on informing patients about the likely out-of-pocket costs of care. (7:30)

↓ Download

Soaring costs force cancer patients to skip drugs, treatment

Liz Szabo, Kaiser Health News

Published 2:51 p.m. ET March 15, 2017



(Photo: Robert Durell for Kaiser Health News)



John Krahn received alarming news from his doctor last December. His brain tumors were stable, but his lung tumors had grown noticeably larger.

The doctor recommended a drug called Alecensa, which sells for more than \$159,000 a year. Medicare would charge Krahn a \$3,200 co-pay in December, then another \$3,200 in January, as a new year of coverage kicked in.

For the first time since being diagnosed 10 years ago, Krahn, now 65, decided to delay filling his prescription, hoping that his cancer wouldn't take advantage of the lapse and wreak further havoc on his body.

DISCLOSURES:
Well...



Widowed Early, A Cancer Doctor Writes About The Harm Of Medical Debt

August 10, 2017 · 11:45 AM ET

Heard on All Things Considered



Andrew Ladd and Fumiko Chino at their wedding in 2005, after his cancer diagnosis. Ladd died the following year, leaving behind hundreds of thousands of dollars in medical debt.

Courtesy of Dr. Fumiko Chino

Ten years ago, Fumiko Chino was the art director at a television production company in Houston, engaged to be married to a young Ph.D. candidate.

Financial Toxicity

- “A new name for a growing problem”

What is Financial Toxicity?

Financial Toxicity:

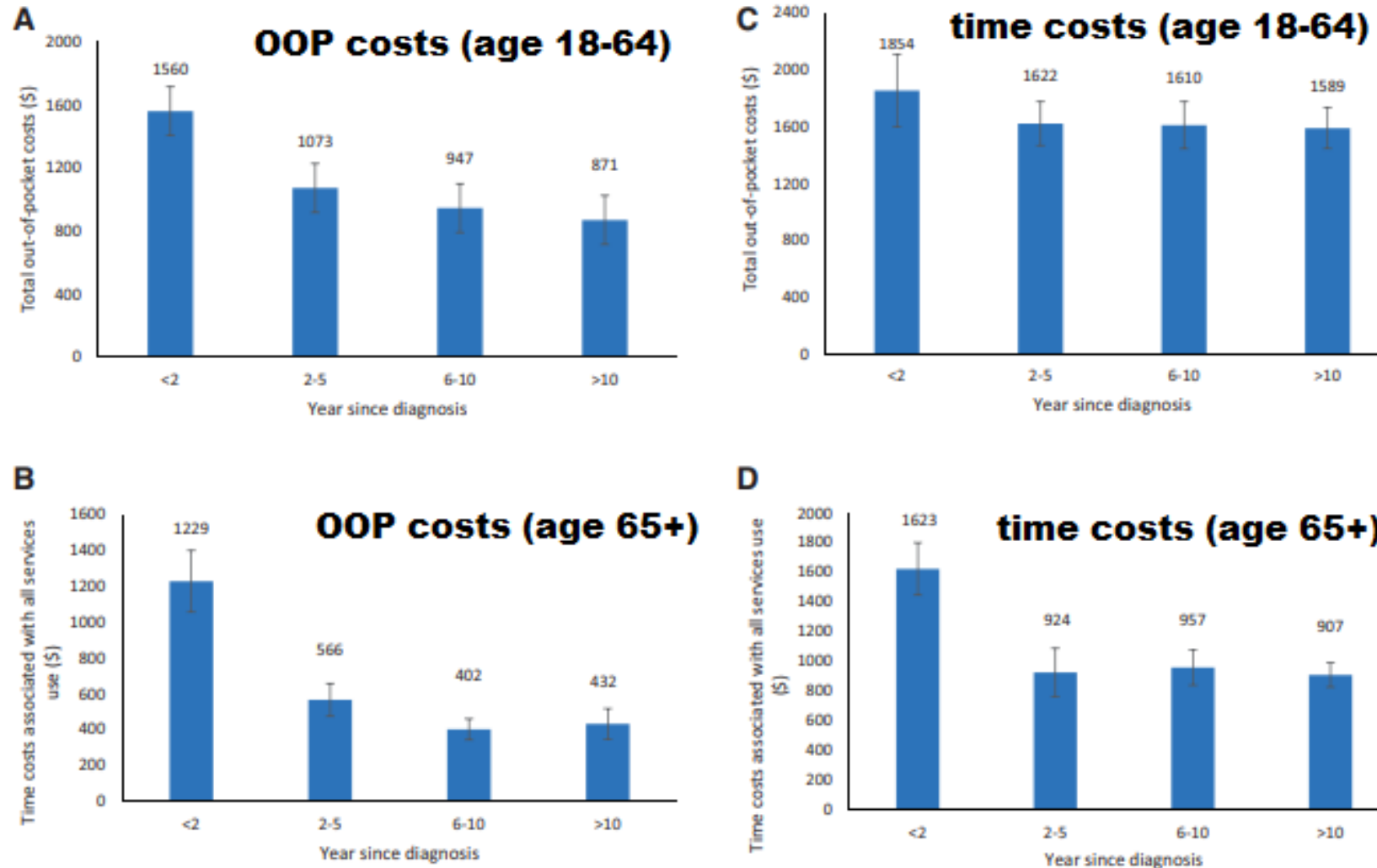
Problems a patient has related to the cost of medical care. Cancer patients are more likely to have financial toxicity than people without cancer.

-National Cancer Institute

“Even with health insurance, the high costs of cancer care are leaving some vulnerable American families adrift in debt. [...] Out-of-pocket costs can have real effects on quality of life and quality of care.”

-Chino, *JAMA Oncology*, 2018

Yearly national patient economic burden including out-of-pocket & time costs is ~\$21.1 BILLION



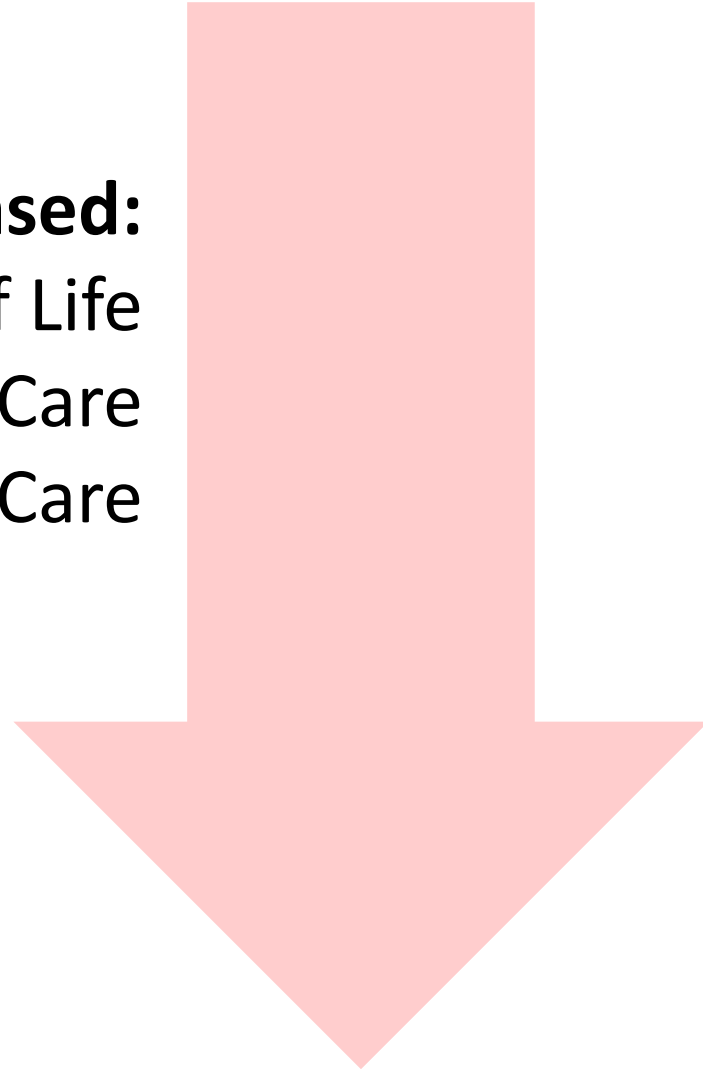
Why does Financial Toxicity Matter?

Decreased:

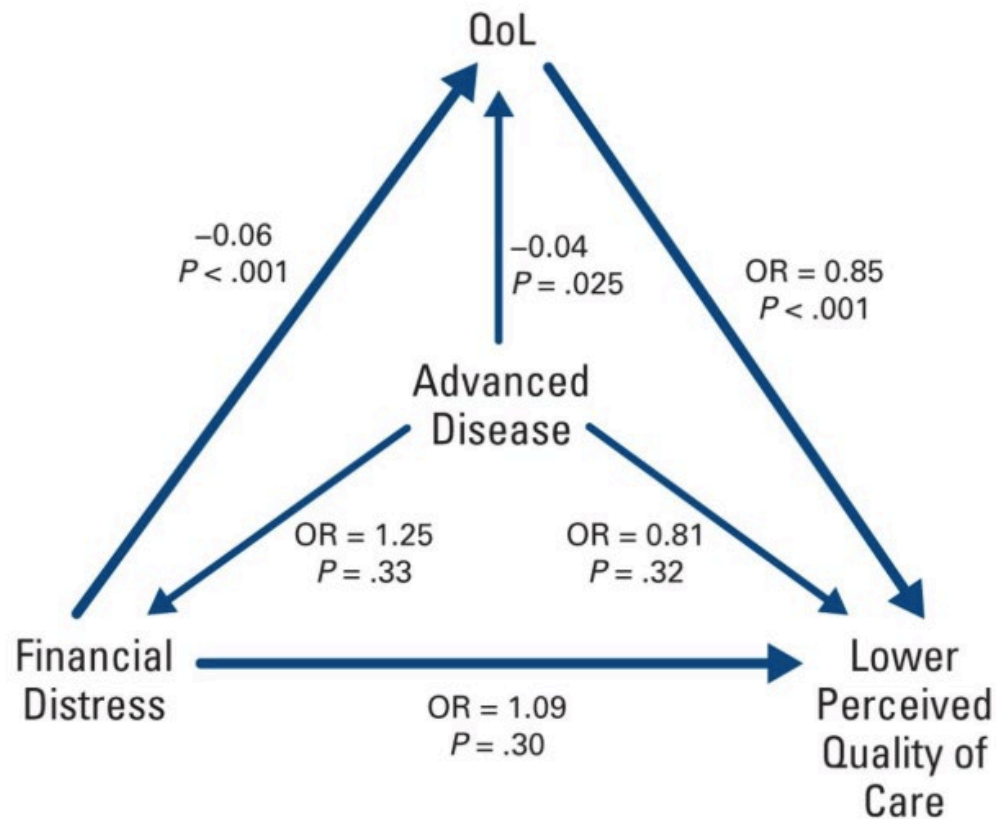
Quality of Life

Satisfaction with Care

Quality of Care



Decreased Quality of Life



Patients with “a lot” of financial problems were much less likely to rate their QoL as good (OR 0.24)

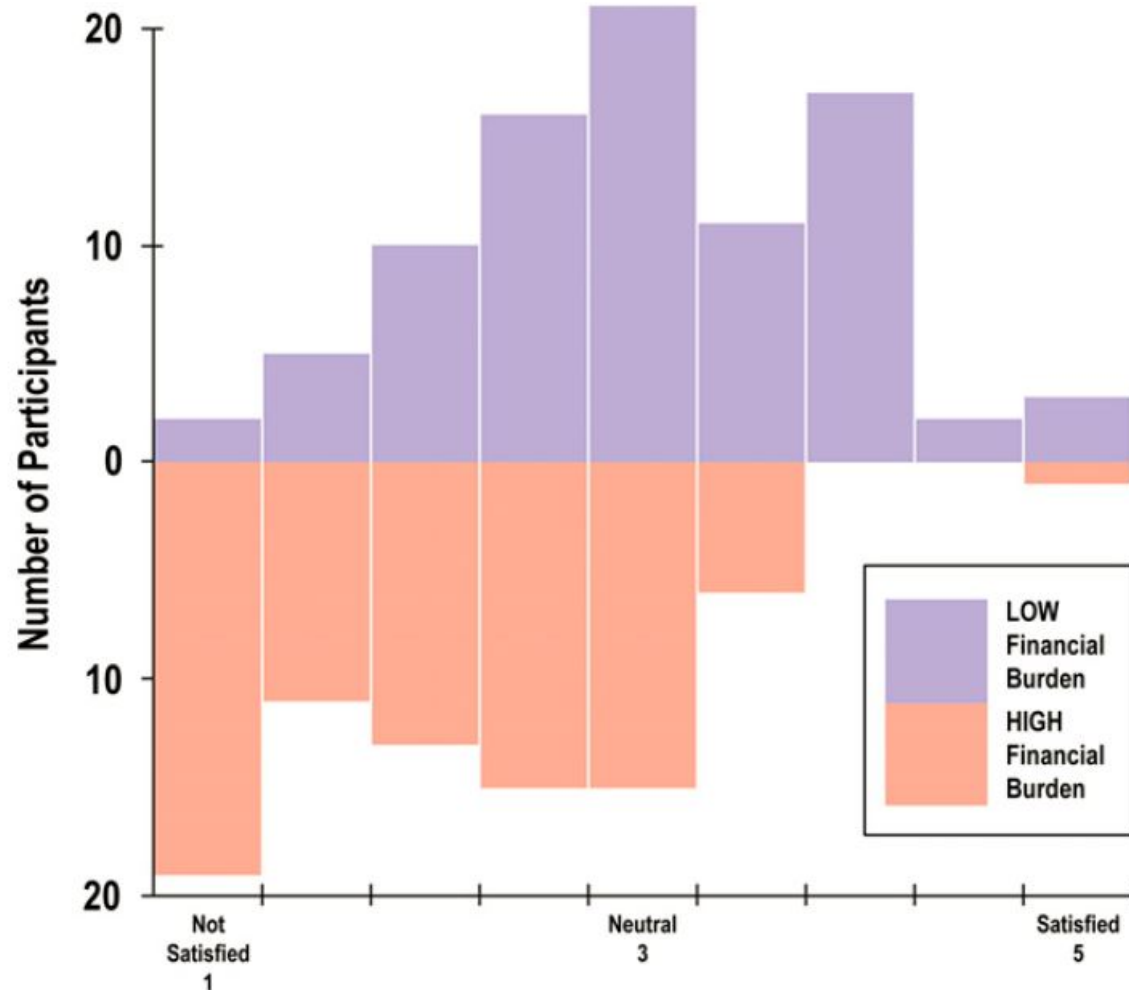
Greater financial toxicity was associated with higher patient-reported anxiety and fatigue, and lower social functioning and patient-reported physical functioning

Zafar, *JOP* 2015

Fenn, *JOP* 2014

Ver Hoeve, *Supportive Care in Cancer*, 2021

Decreased Satisfaction with Care



High financial burden decreases:

- General satisfaction with health care
(coefficient: -0.29; lower to upper bound: -0.57 to -0.01; p=0.04)
- Satisfaction with financial aspects of care
(coefficient: -0.62; lower to upper bound: -.94 to -.31; p < .01)
- Satisfaction with technical quality of care
(coefficient: -0.26; lower to upper bound: -0.48 to -0.03; p=0.03)
 - “Sometimes doctors make me wonder if their diagnosis is correct.”
 - “I have some doubts about the ability of the doctors who treat me.”

Decreased Quality of Care



Medication nonadherence = 27%

This included:

- 22% who didn't fill Rx due to cost
- 14% who skipped doses to make meds last longer
- 5% who skipped, took less, or didn't fill their chemotherapy prescriptions

Why does Financial Toxicity Matter?



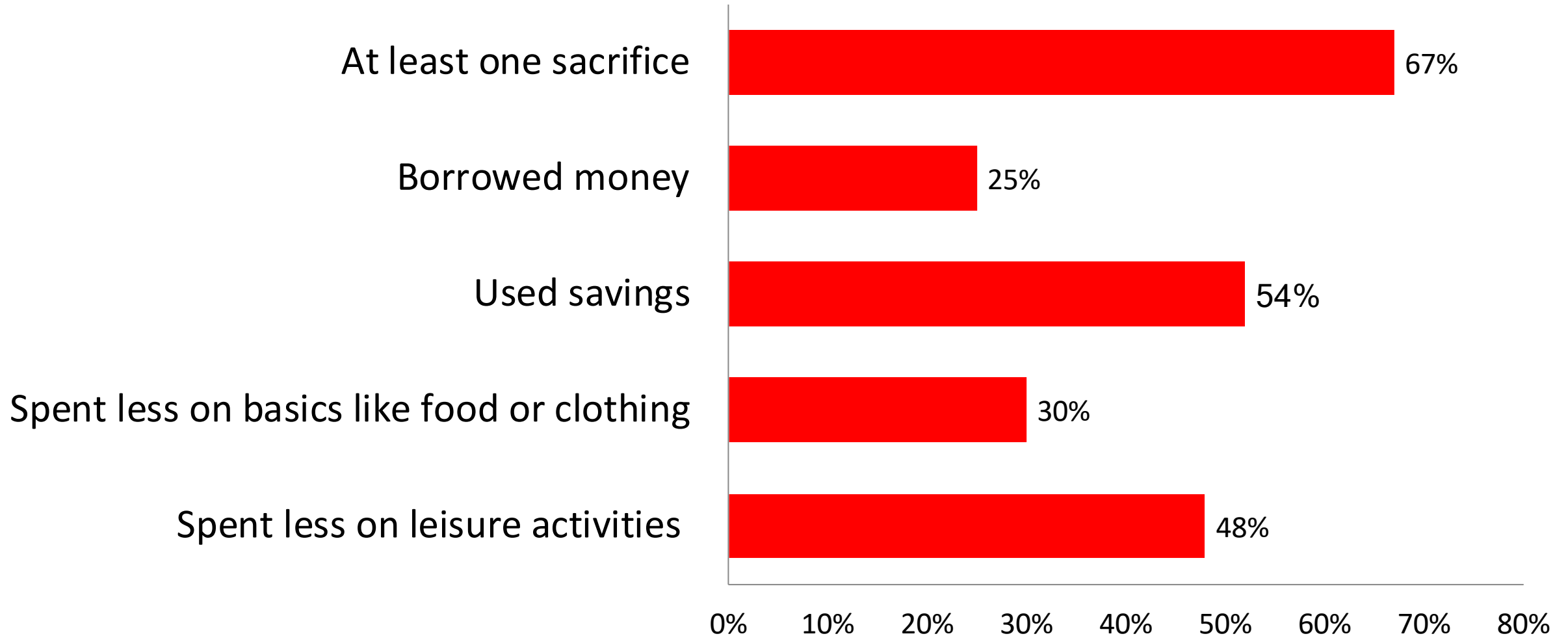
Increased:

Personal/Family Burden

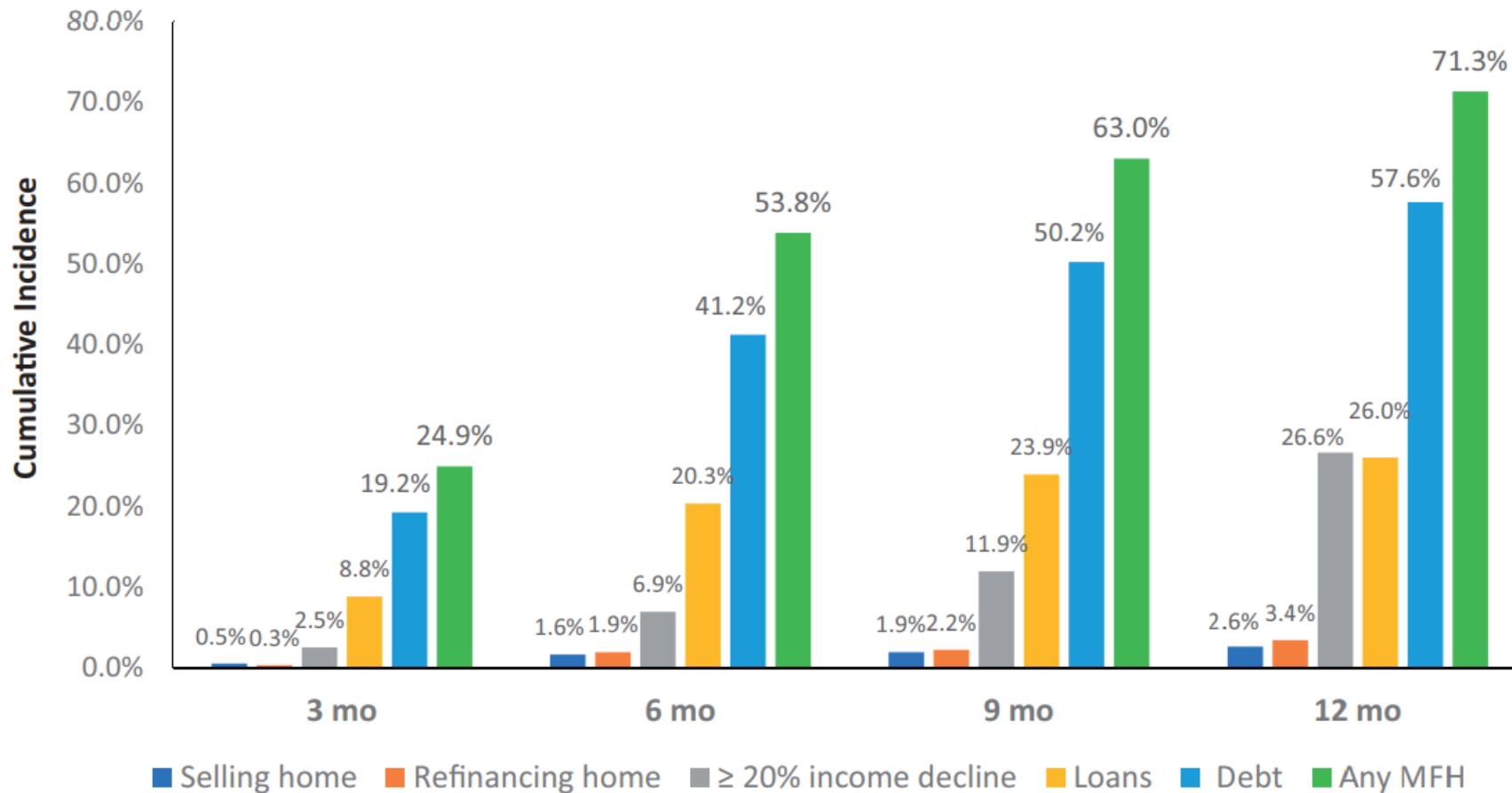
Risk of Bankruptcy

Risk of Mortality

Increased Personal/Family Burden



This Burden Increases with Time



At one year, ~3 out of 4 patients experienced major financial hardship (MFH) despite access to health insurance

MFH at 3 months was associated with decreased social functioning and quality of life at 6 months

Increased Risk of Bankruptcy



In a study of 197,840 citizens,
4,408 had declared bankruptcy

2.65x

Risk of bankruptcy with
Cancer Diagnosis

Increased Risk of Death



In a study of 7,570 matched patients,
bankruptcy after a cancer diagnosis
was associated with

79%

increased mortality risk

HR 1.79 (1.64-1.96)

Disparities drive Financial Toxicity
and
Financial Toxicity drives Disparities

Worse Financial Impact

In models adjusted for age, stage at diagnosis, and treatment received, Black women were more likely to report:



- adverse financial impact of cancer
- health care–related financial barriers
- health care–related transportation barriers
- loss of health insurance

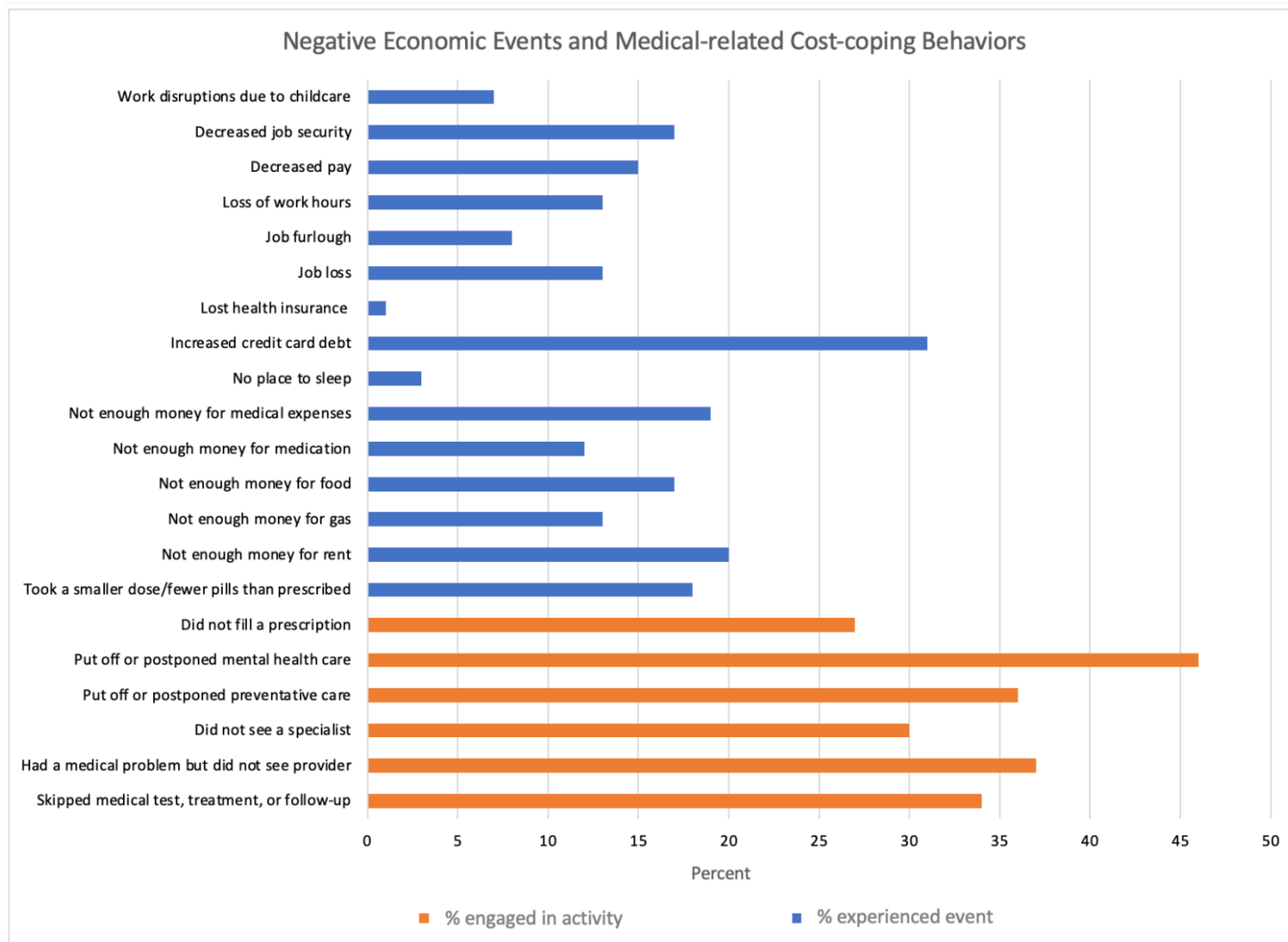
Risk of Homelessness



1 in 20* Black or Latina women with early stage breast cancer **lost their home** due to the financial impact of their cancer treatment

*4.7% of black, 6.0% of Latinas

Increased Burden due to COVID-19



2/3 AYA survivors experienced a negative economic event **as a result of the COVID-19 pandemic:**

- 19% lost their job or were furloughed
- 17% experienced decreased job security
- 21% did not have enough money to pay rent/mortgage
- 19% did not have enough money for medical expenses

Where do we go from here?

Ongoing
need for
treatment
and/or
surveillance

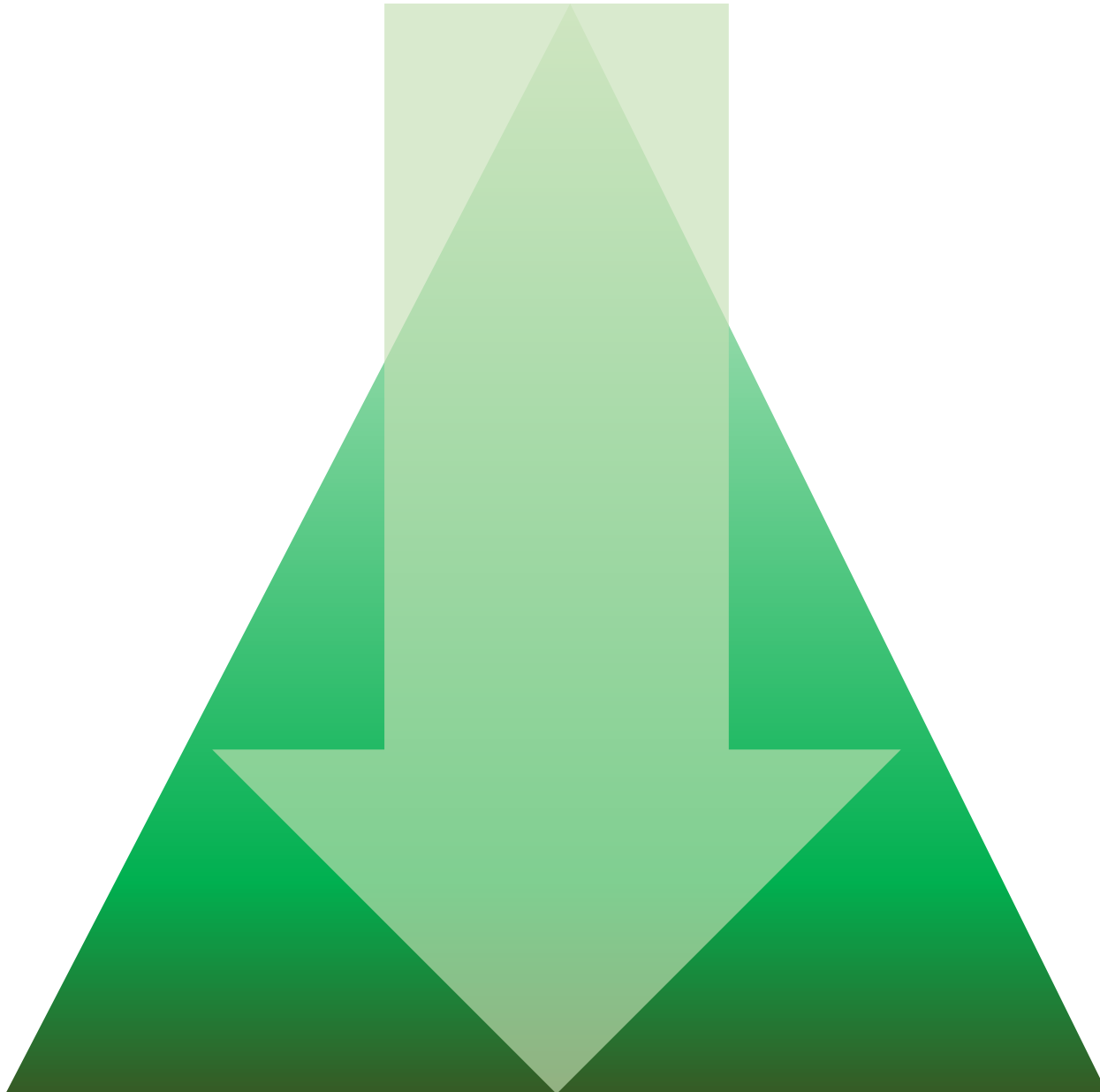
Inadequate
health
insurance
and “job
lock”

Treatment
disruption to
work
affecting
career path
or forcing
early
retirement

Chronic side
effects
causing
debility/
requiring a
caregiver

Limited
assets and/or
depleted
savings

Factors contributing to financial toxicity in cancer survivors



1° Prevention:

Prevent disease or injury before it ever occurs (vaccine)

2° Prevention:

Reduce impact by detecting and treating disease or injury as soon as possible (rapid test)

3° Prevention:

Soften the impact of an ongoing illness or injury that has lasting effects (paxlovid)

Prevent Financial Toxicity from Forming

Patient Level:

- Education
- Optimize Insurance (Financial Navigators)
- Optimize Financial Assistance (proactive not reactive)
- Improve Access (maintain work, health insurance)



Provider Level:

- Education
- Encourage High Value Care and Eliminate Low Value Care (cost aware prescribing patterns)
- Streamlined clinics/Telehealth
- Advocacy at cancer center level for practical solutions

Patient Education: Financial Counseling

Randomized up front meeting with Financial Care Counselors who provided:

- an estimation of patient OOP
- Definitions and details of specific insurance benefits
- contact numbers for patient services and billing for future questions

88%

said talking with a financial counselor helped them understand their out-of-pocket costs better

(But no significant changes in financial distress)

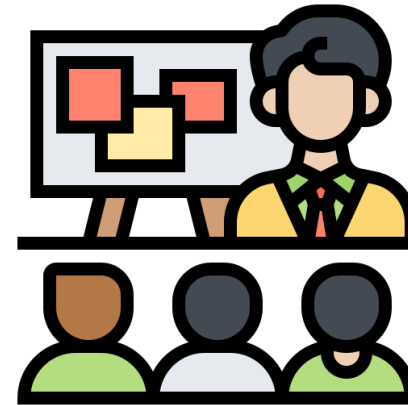
Improve Medical Education



96.3%

of surveyed recent graduates

Have met someone who **could not afford** their care at some point during their life



87.8%

of surveyed recent graduates

Feel their education about **value, affordability, and costs** during medical school were *marginal to insufficient*

Simple, practical solutions to improve affordability



KHN.ORG

'Kicking You When You're Down': Many Cancer Patients Pay Dearly for Parking

What could help improve cancer affordability?

27% said access to free food during or around appointments

41% said access to metrocards or free rides to and from appointments

35% said minimizing wait time associated with appointments "that keeps me away from work"

Parking can be a big expense! 1/3 of NCI-CC charge patients on radiation for daily parking

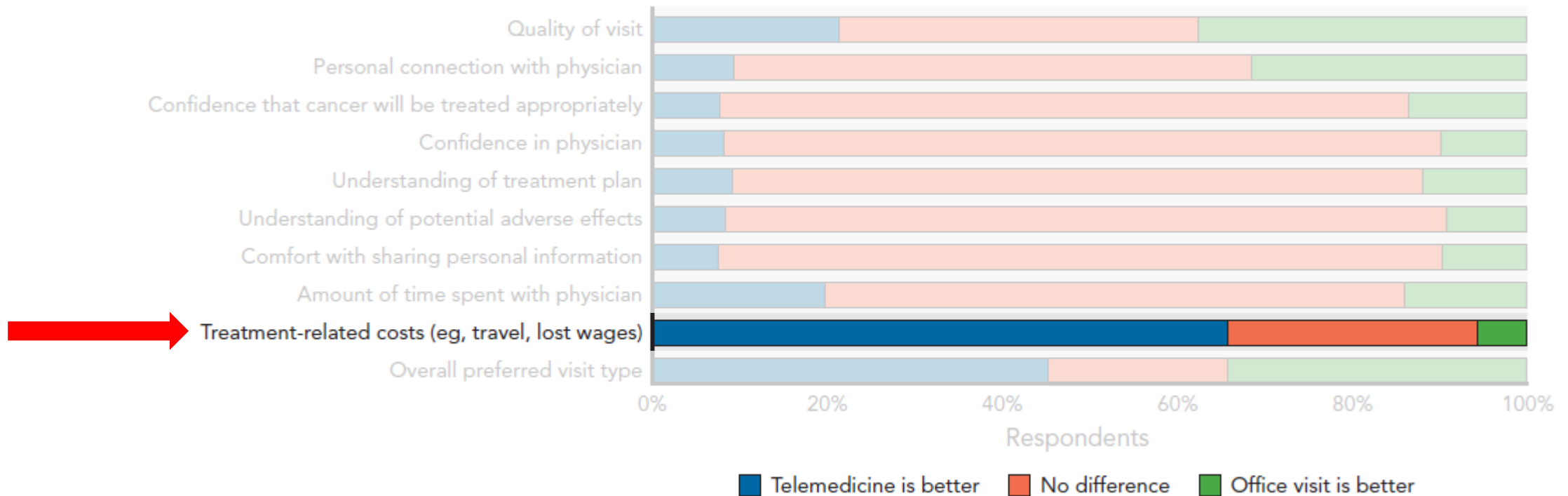
Hourly rates up to \$19

Daily rates up to \$40

Aviki, JSCC, 2021

Lee...Chino. JAMA Onc 2020

Telemedicine helps lower costs

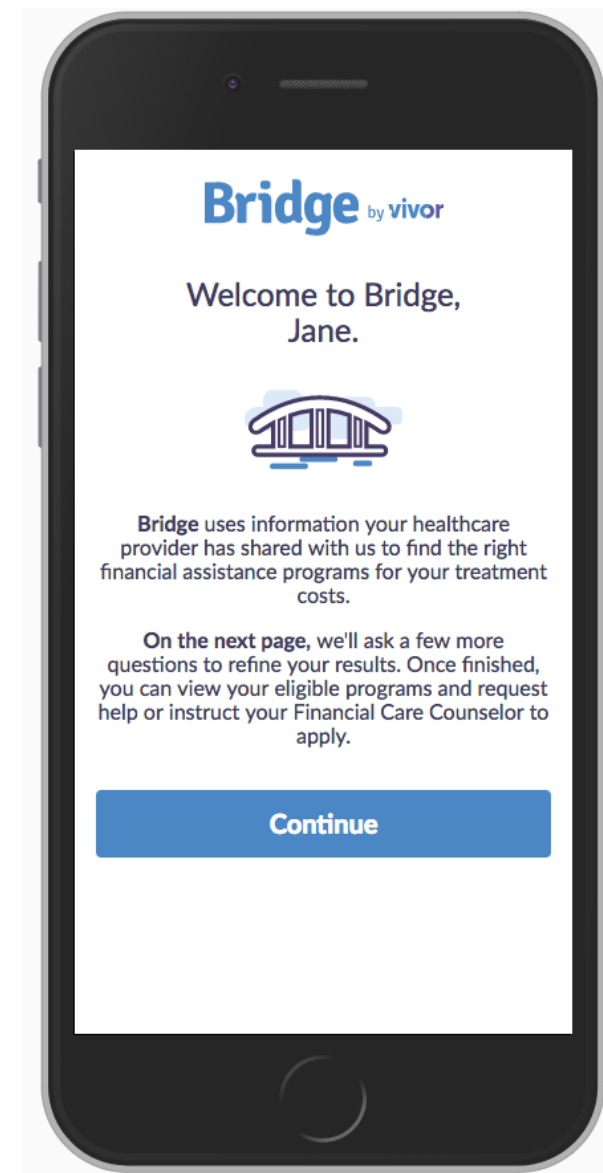
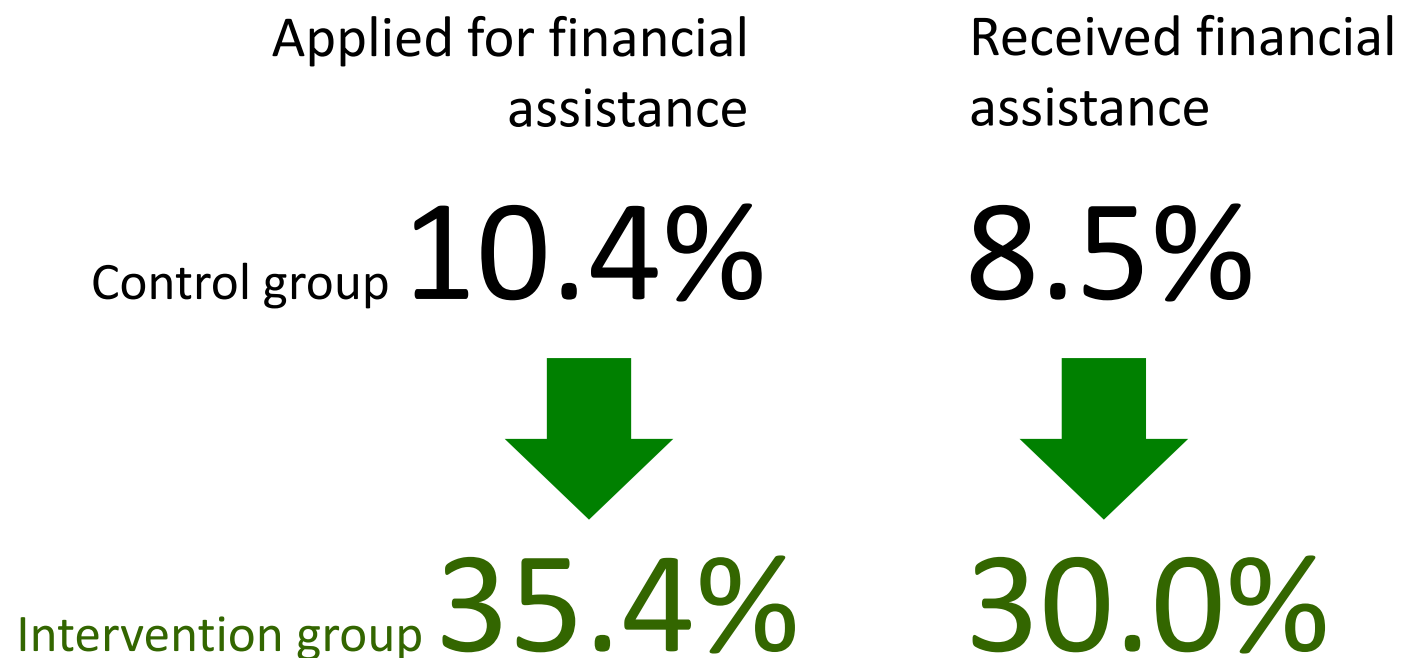


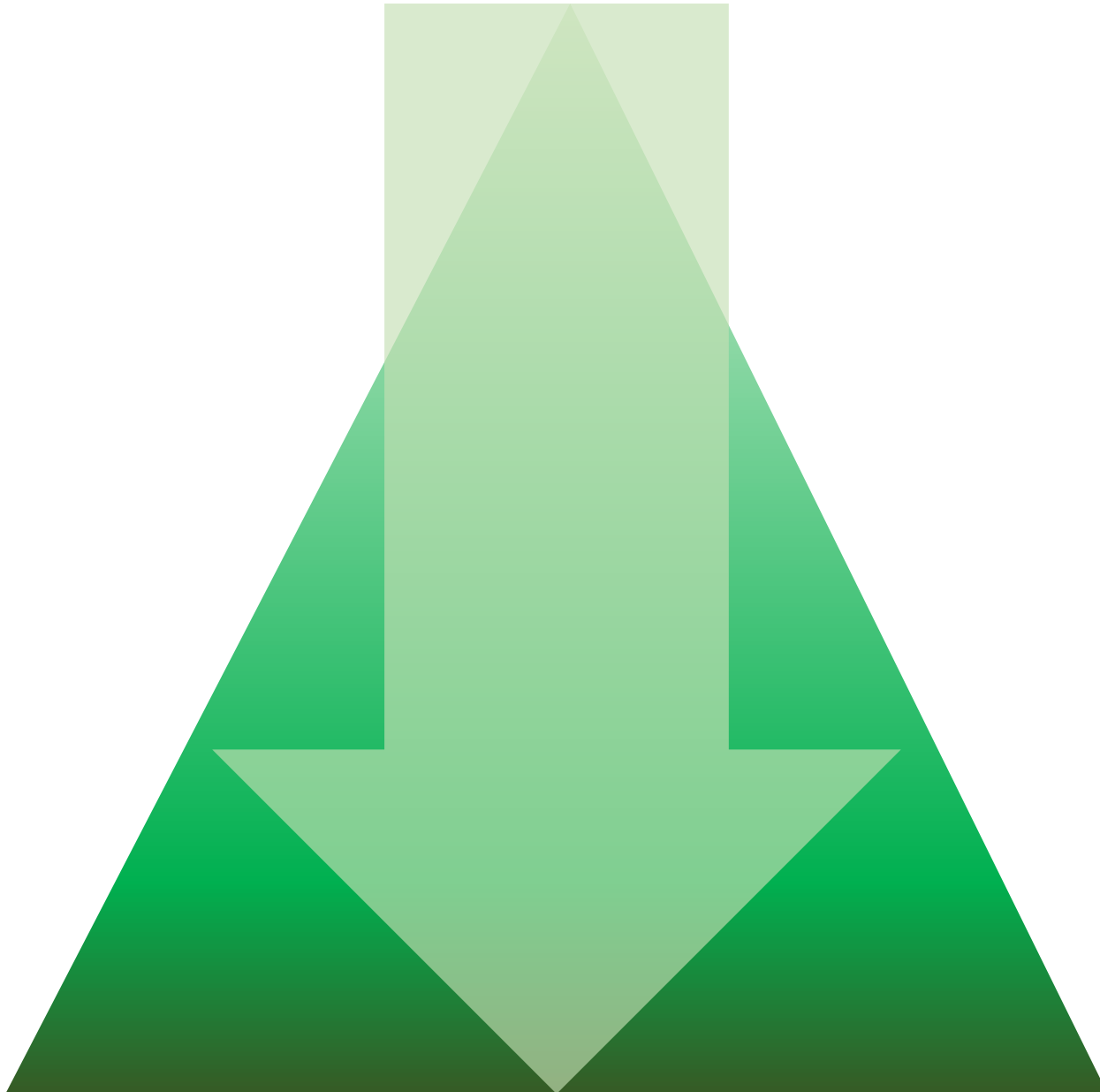
66% of patients said that Telemedicine was better than an office visit in terms of **treatment related costs** (including travel, time off work)

App Based Financial Navigation

Randomized trial of a mobile app to identify eligible financial assistance programs and initiate contact with financial counselors

- Did not meet **primary or secondary outcomes** (OOP costs, financial distress)





1° Prevention:

Prevent disease or injury before it ever occurs

2° Prevention:

Reduce impact by detecting and treating disease or injury as soon as possible

3° Prevention:

Soften the impact of an ongoing illness or injury that has lasting effects

Screen for Financial Toxicity Early and Often

PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today.

Be sure to check YES or NO for each.

YES NO Practical Problems YES NO Physical Problems

- | | | | | | |
|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care | <input type="checkbox"/> | <input type="checkbox"/> | Appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing | <input type="checkbox"/> | <input type="checkbox"/> | Bathing/dressing |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance/financial | <input type="checkbox"/> | <input type="checkbox"/> | Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination |
| <input type="checkbox"/> | <input type="checkbox"/> | Work/school | <input type="checkbox"/> | <input type="checkbox"/> | Constipation |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment decisions | | | |

Family Problems

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with children | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with partner | <input type="checkbox"/> | <input type="checkbox"/> | Memory/concentration |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to have children | <input type="checkbox"/> | <input type="checkbox"/> | Mouth sores |
| <input type="checkbox"/> | <input type="checkbox"/> | Family health issues | <input type="checkbox"/> | <input type="checkbox"/> | Nausea/vomiting |

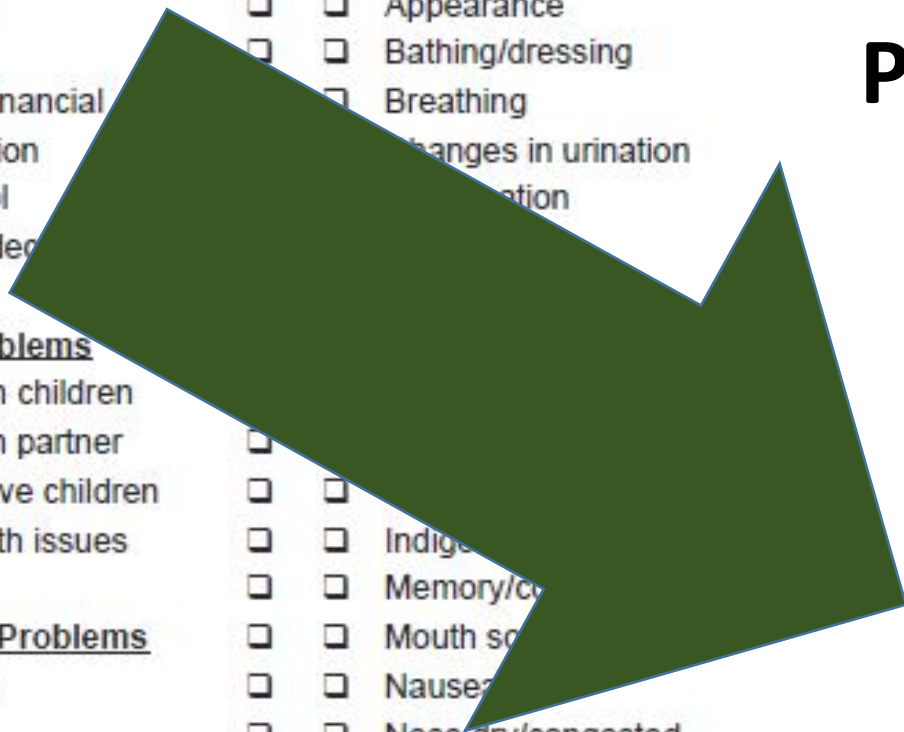
Emotional Problems

- | | | | | | |
|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry/congested |
| <input type="checkbox"/> | <input type="checkbox"/> | Fears | <input type="checkbox"/> | <input type="checkbox"/> | Pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness | <input type="checkbox"/> | <input type="checkbox"/> | Sexual problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Sadness | <input type="checkbox"/> | <input type="checkbox"/> | Skin problems |

National Comprehensive Cancer Network (NCCN) Problem List

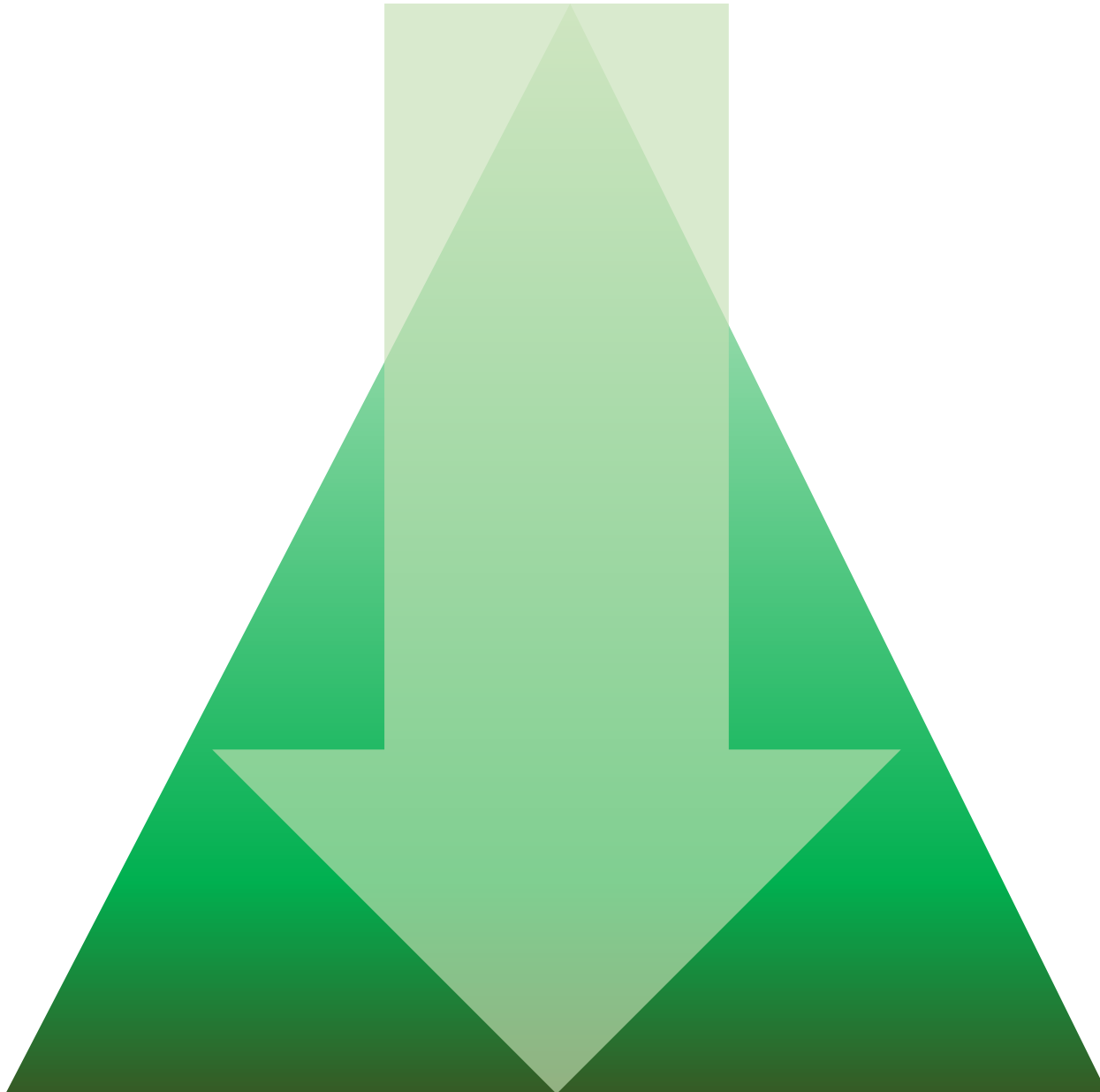
YES NO Practical Problems

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance/financial |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Work/school |



The COmprehensive Score for Financial Toxicity (COST)

	Not at all	A little bit	Some-what	Quite a bit	Very much
I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment	0	1	2	3	4
My out-of-pocket medical expenses are more than I thought they would be	0	1	2	3	4
I worry about the financial problems I will have in the future as a result of my illness or treatment	0	1	2	3	4
I feel I have no choice about the amount of money I spend on care	0	1	2	3	4
I am frustrated that I cannot work or contribute as much as I usually do	0	1	2	3	4
I am satisfied with my current financial situation	0	1	2	3	4
I am able to meet my monthly expenses	0	1	2	3	4
I feel financially stressed	0	1	2	3	4
I am concerned about keeping my job and income, including work at home	0	1	2	3	4
My cancer or treatment has reduced my satisfaction with my present financial situation	0	1	2	3	4
I feel in control of my financial situation	0	1	2	3	4
My illness has been a financial hardship to my family and me	0	1	2	3	4



1° Prevention:

Prevent disease or injury before it ever occurs

2° Prevention:

Reduce impact by detecting and treating disease or injury as soon as possible

3° Prevention:

Soften the impact of an ongoing illness or injury that has lasting effects

Cost Conversations



50-80% cancer patients desire a cost conversation with oncologist

But only **19%** actually talked to their doctor

And only **28%** talked to ANY health care professional



\$

**Over
50%**

of those who discussed
their costs reduced them



\$

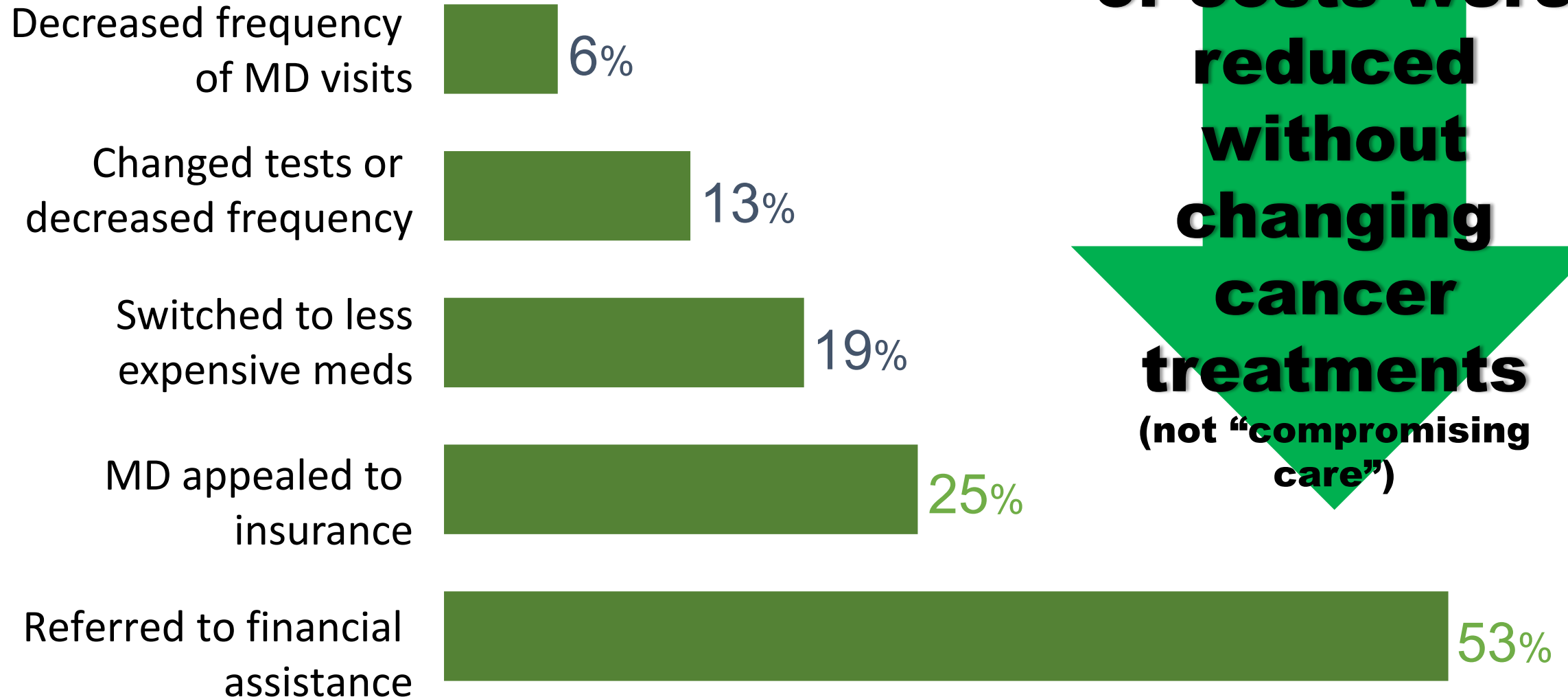


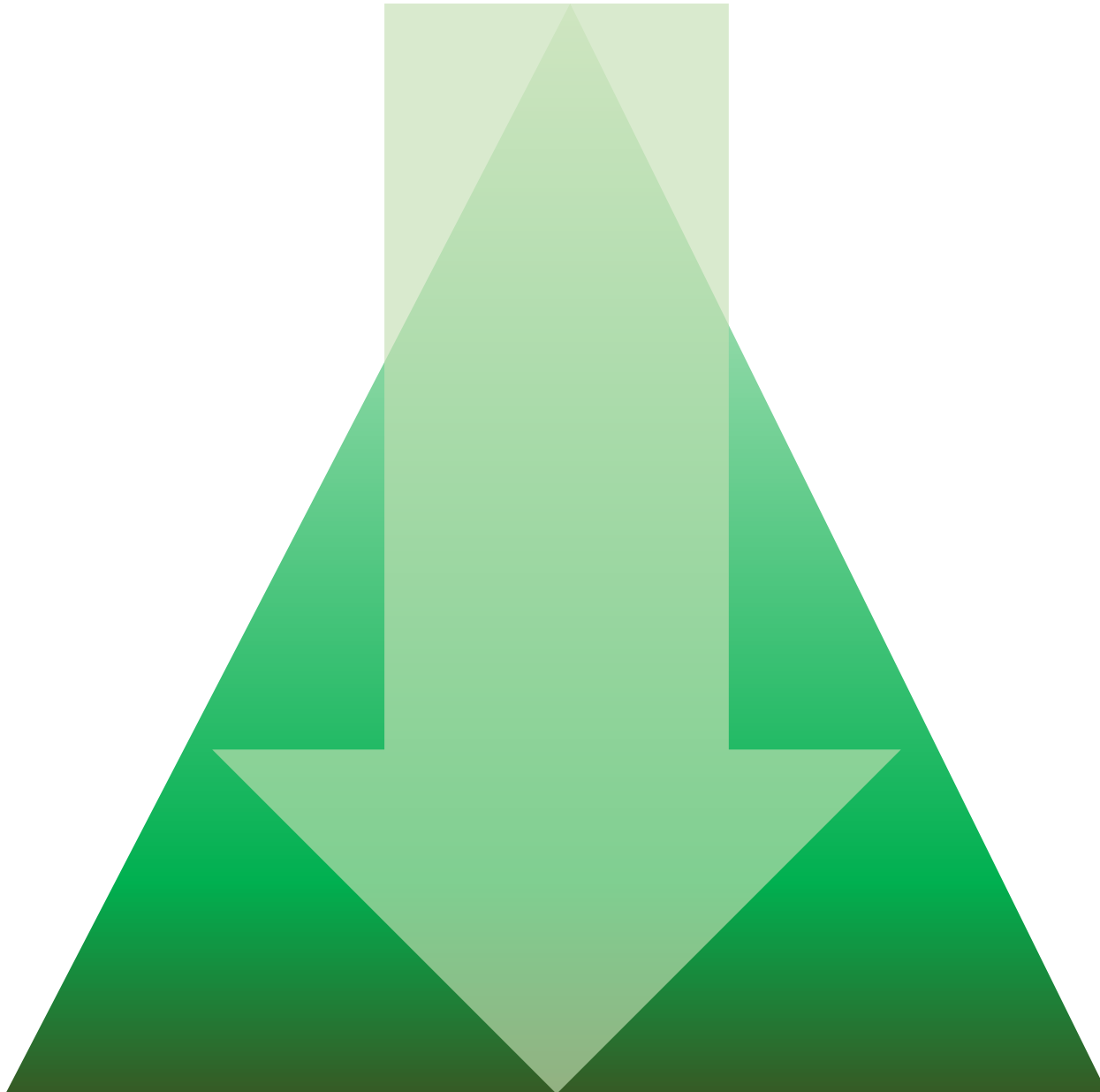
\$



\$

How did cost conversations help?





1° Prevention:

Education, financial navigation,
eliminate low value care

2° Prevention:

Diagnose early by screening often

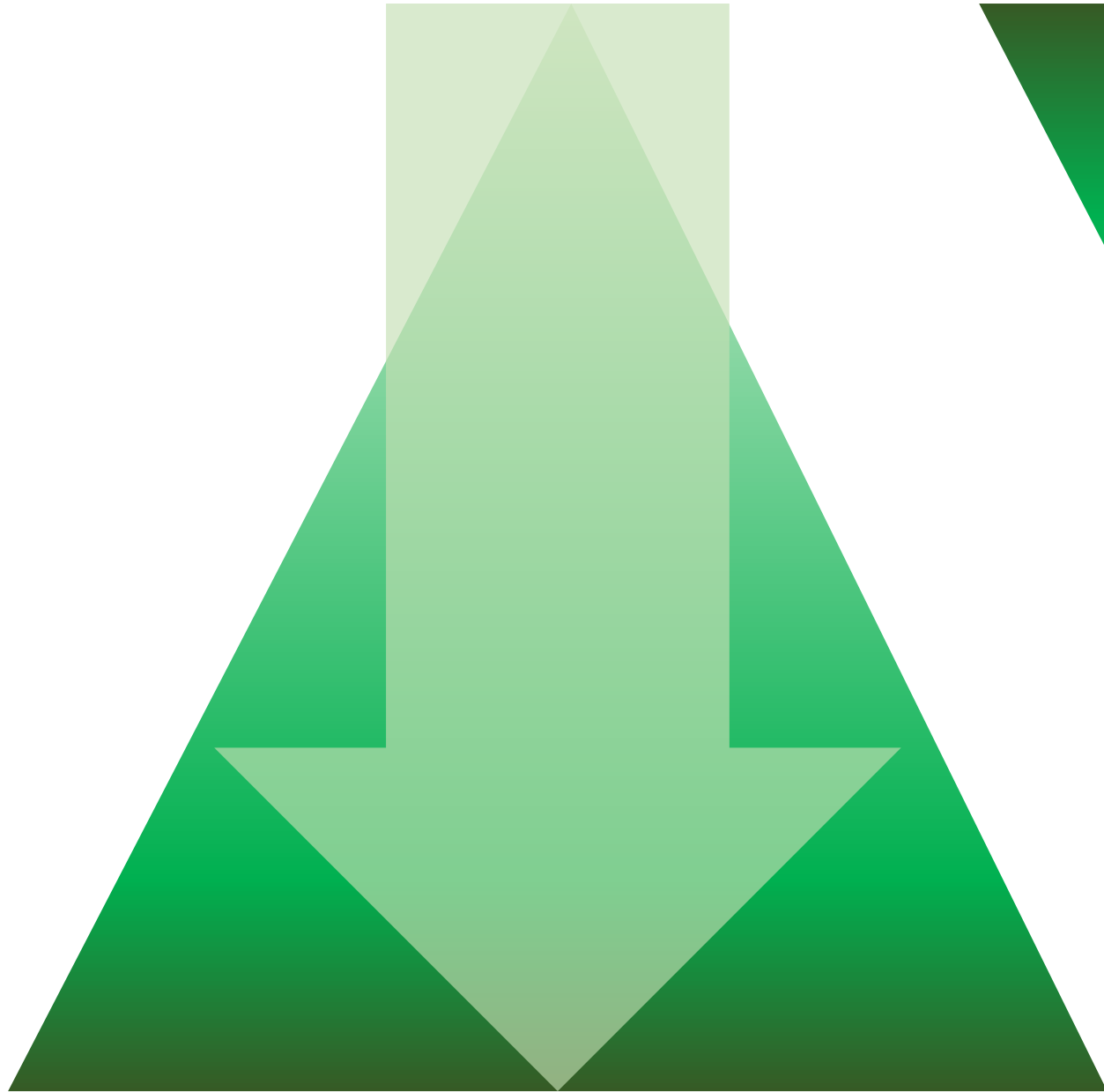
3° Prevention:

Normalize cost conversations
and shared decision making,
refer for assistance when
appropriate

Mitigating Financial Toxicity *is Possible*

... but Financial Toxicity *is Growing* in the US

... and Cancer Outcomes are *at Risk*



Amid the terror of life-threatening illness, such sacrifices seem like the only viable option in a cruel game that forces you to choose between bankruptcy and death.



But now I know that at the end of the day



...there are many roads that lead to both.



Thank you.

