

Issue Statement: Cancer treatment evaluation needs to include the objective and subjective financial burdens of a given therapy as well as the clinical safety and benefits. These considerations should be part of the shared decision making process.

The combination of objective and subjective financial burdens of cancer therapy has been termed “financial toxicity”. There is a growing body of literature that cancer patients are facing increased out of pocket expenses and this include patients with private as well as government sponsored insurance such as Medicare. One out of three families with a new diagnosis report a significant financial burden related to the cancer diagnosis and its treatment. Almost fifty percent more cancer patients than those with other chronic medical conditions report a “high objective financial burden”, most commonly related to prescription drugs, followed by outpatient treatment and then inpatient care. Medical debt remains a significant cause of personal bankruptcy, and patients with a new cancer diagnosis are nearly 3 times more likely to file for bankruptcy than their age-matched peers.

High risk groups for increased financial stress include younger, less well educated, lower income patients, minorities. Geographical differences, marital status, type of insurance, and type of cancer also play a role.

Subjective financial distress is also common in cancer patients and is associated with reported lower health-related quality of life and sense of well being. This can also translate into poorer drug compliance and recently a reported higher mortality rate in those that were financial distressed. Patients on oral agents are particularly vulnerable and may abandon therapy due to high shared costs.

The net effect of financial toxicity is impaired health-related quality of life, poorer sense of well being, higher mortality and subpar cancer treatment.

Gaps

Eighty percent of Medical Oncologists consider cost when recommending treatment options but only 30% change the recommendation based on cost.

Some validated measures of financial toxicity are available but are not used with any significant frequency

Physicians are not adequately trained to discuss financial toxicity.

Data for the financial toxicity of various therapies are not readily available and are increasingly needed due to the extraordinary cost of new treatments

Policy/Strategy/Environment:

Treatment Workgroup Subgroup: Value

Cancer treatment options must include discussion of the cost of care that includes not only disability, loss of income but also impact on health related quality of life as part of the shared decision making.

Improved data reporting is necessary on the impact the cost of treatment modalities have on treatment adherence, bankruptcy, subjective financial stress, or other financial measures. One online registry currently exists (www.costofcancercare.org) Encourage access and use of this or similar registries to report and share data.

Incorporate specific training in Oncology fellowship regarding awareness and discussion of financial toxicity

Alignment:

University of Chicago website www.costofcancercare.org

ASCO

ABIM Foundation “Choosing Wisely” program (70 participating sponsors including ASCO, Commission on Cancer)

MDH, Medicare promote Value Based Care

References:

www.costofcancercare.org

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