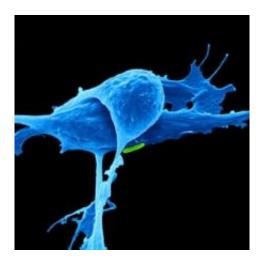


Economic burden of cancer extends into survivorship

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A new study finds the economic burden of cancer extends beyond diagnosis and treatment, and concludes that cancer survivors face thousands of dollars of excess medical expenses every year as well as excess employment disability and loss of production at work. The study abstract is being presented at the upcoming ASCO Annual Meeting and was released online today.

Researchers led by Zhiyuan "Jason" Zheng examined the <u>economic</u> <u>burden</u> among survivors of the three most prevalent cancers (colorectal, female breast, and prostate) in nonelderly and elderly populations in the United States, using 2008 to 2012 Medical Expenditure Panel Survey



data. The study included 540 colorectal, 1,568 breast, and 1,170 prostate cancer survivors, and compared expenditures to more than 100,000 individuals without a cancer history. In addition to medical expenditures, researchers compared productivity loss (defined as employment disability, productivity loss at work measured by missed work days, and productivity loss at home measured by additional days stayed in bed) between cancer survivors and those without a cancer history.

They found the total annual economic burden per nonelderly <u>cancer</u> <u>survivor</u> was \$20,238 for colorectal, \$14,202 for breast, and \$9,278 for prostate cancer. Elderly cancer survivors also bear significant total economic burden (colorectal: \$18,860; breast: \$14,351; prostate: \$16,851).

Among nonelderly cancer survivors, excess medical expenditures accounted for \$8,647 of the total for colorectal, \$5,119 for breast, and \$3,586 for prostate cancer. Moreover, nonelderly colorectal and <u>breast</u> <u>cancer survivors</u> experienced significantly greater excess employment disability (colorectal: 14%; breast: 5%) and productivity loss at work (colorectal: 7 days; breast: 3 days) and at home (colorectal: 5 days; <u>breast</u> : 3 days). Elderly survivors had far less excess medical expenditure than nonelderly cancer survivors, while excess productivity loss among elderly cancer survivors was not significantly different from elderly individuals without a cancer history.

The authors conclude that the economic burden of cancer varies by cancer site and age group, with nonelderly cancer survivors experiencing greater excess economic burden than elderly cancer survivors.

Dr. Zheng commented: "To our knowledge, this is the first study that provides a comprehensive analysis of the economic burden in both nonelderly and elderly populations for the three most prevalent cancers in the U.S. Our results are most up-to-date and nationally representative.



We found that the economic burden varies by cancer site and age. These side-by-side cancer site specific medical expenditures and productivity losses among both non-elderly and <u>elderly</u> cancer survivors are important to better understand the needs of survivors, prioritize <u>cancer</u> survivorship programs, and monitor the impact of public health policies such as the Affordable Care Act."

More information: Abstract #152583: Medical expenditures and productivity loss among colorectal, breast, and prostate cancer survivors in the US.

Provided by American Cancer Society

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