

Financial toxicity of cancer treatment 'an underestimated problem'

March 6 2018, by Joost Bruysters

Besides side effects such as hair loss and nausea, a great many cancer patients in the US have to deal with stress and anxiety as a consequence of the high costs of their treatment. Priscilla Carrera of the University of Twente in the Netherlands has carried out the first large-scale literature review of the financial toxicity of cancer treatments, until now a relatively unexplored research area. The study is published in *CA: A Cancer Journal for Clinicians*, the scientific journal with the highest impact factor in the world. Carrera says that the financial toxicity of cancer treatment is an underestimated problem. "Doctors should focus as much on the effectiveness of different treatment options and the patient's personal situation as they are on the disease and the latest technology, if not more."

The development of new, often expensive, treatments for cancer has created a new side effect: financial toxicity. This is related to the financial burden and distress cancer [patients](#) experience due to their treatment. In the worst-case scenario, patients must literally choose between paying co-payment for medicines or paying rent.

The estimates of the numbers of [cancer patients](#) in the US that have to contend with financial toxicity vary considerably since there is, as yet, no sound definition for it and relatively little research has been carried out in this field. However, with estimates between 28 and 48 per cent and 16 and 73 per cent, depending on the way of measurement, it is clear that it is an enormous problem. Those at high risk for financial toxicity cover low income persons, especially the young(er) females, individuals

without (adequate) health insurance and patients who have just started [cancer](#) treatments.

Recommendations

Carrera advocates more attention for, and research into, financial [toxicity](#), which she calls an underestimated problem. In her opinion, the fact that doctors focus primarily on treating diseases and improving the quality of life is proper but, with the ever-rising costs and prices of new treatments, it is becoming increasingly important to look at whether they are actually effective.

"A new treatment is not necessarily better. Newness does not guarantee clinically meaningful improvement which is what distinguishes a treatment as innovative. When we pay for premium prices, as is the case for new technologies in medicine, we rightfully expect better outcomes for the patient rather than, say, a delay in disease progression by a few days."

She also emphasizes that it is advisable to pay attention to patients' personal circumstances because the possibility of embarking on expensive treatments might just cause new problems or added difficulties for some patients. She therefore advises oncologists in the US to be ready to address concerns of patients with the costs of [treatment](#) with new drugs, if not raise the matter of the costs and benefits of new treatments versus existing treatments with them, particularly those in the largest risk groups. "Discussions of this kind may be uncomfortable, if not very difficult, but they are essential. The medical oncologist can also be more alert to signals regarding patients' weak financial positions, based on the records of their patients, and point them in the direction of existing financing possibilities."

Provided by University of Twente

Citation: Financial toxicity of cancer treatment 'an underestimated problem' (2018, March 6)
retrieved 13 May 2024 from <https://medicalxpress.com/news/2018-03-financial-toxicity-cancer-treatment-underestimated.html>

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