

# Metastatic breast cancer patients report high level of financial impact

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A national survey of more than 1,000 women with metastatic breast cancer led by University of North Carolina Lineberger Comprehensive Cancer Center researchers found that nearly one-third of women had no insurance, and many felt significant or catastrophic financial effects from cancer.

The study investigated the extent and severity of negative financial effects of [cancer](#) among [women](#) with breast cancer that has spread in the body. The preliminary results were presented at the American Society of Clinical Oncology's Quality Care Symposium, held Sept. 28-29 in Phoenix.

"We need additional interventions within our health care system to try to prevent and mitigate financial toxicity, including trained financial navigators who can identify patients' financial needs and help them determine eligibility for, and gain access to, assistance programs," said UNC Lineberger's Stephanie Wheeler, Ph.D., associate professor in the UNC Gillings School of Global Public Health.

For the study, researchers partnered with the Metastatic Breast Cancer Network to survey [metastatic breast cancer](#) patients, who were offered a \$10 Amazon gift card to complete an online questionnaire about their background and their financial burden after treatment.

Of 1,054 study participants, nearly 70 percent reported being worried about financial problems as a result of cancer. About one-third were

uninsured. Uninsured women were more likely to report refusing or delaying treatment due to cost, skipping non-medical bills, stopping work after diagnosis, or being contacted by a collections agency. But insured women were more likely than uninsured women to report being financially stressed or worried, caught off-guard by their out-of-pocket expenses, and distressed by not knowing what their cancer care cost would be.

"We were somewhat surprised to find that the uninsured/self-pay cancer patients who have the greatest material burden, in terms of inability to pay for medical and non-medical services, report lower overall distress and worry about their cancer costs relative to insured patients, although both groups report high levels of financial worry overall," Wheeler said.

"This may reflect insured cancer patients being more caught off-guard by the high out-of-pocket cost of their cancer care if they expected that their insurance would more adequately cover expenses, when, ultimately, that was not the case," Wheeler added. "It could also be true that insured patients, who tend to have higher socioeconomic status, have more assets to lose to cancer than do uninsured patients, leading to greater worry about one's financial legacy and the effects of lost assets on the household."

Either way, the results suggest that health insurance is an important, but insufficient, protective factor against financial toxicity and that strategies to proactively identify and monitor multiple aspects of financial risk are needed in order to intervene appropriately.

Wheeler said the extent and severity of financial problems after breast cancer reached unprecedented levels among women with metastatic disease.

"This is likely due to a few things that make metastatic patients unique:

greater financial vulnerability at baseline, given the association between low socioeconomic status and advanced stage diagnosis, complex and rapidly changing treatments, and the added psychological burden of living with advanced disease," Wheeler said. "As such, providers should be especially attentive to the financial issues metastatic [patients](#) face and where possible, prioritize offering affordable and high-value treatments."

Provided by UNC Lineberger Comprehensive Cancer Center

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