

Out-of-pocket costs for cancer care keep climbing

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[Cancer](#) patients already have a lot to deal with emotionally and

physically. But research shows that insured patients under 65 are also paying more for their treatments out-of-pocket than ever before.

The study highlights the "growing financial burden for non-elderly patients with [cancer](#) with private health insurance coverage," said senior study author Robin Yabroff, scientific vice president of health services research at the American Cancer Society (ACS).

"Policy initiatives to mitigate [financial hardship](#) should consider cost containment as well as insurance reform, as most Americans will not be able to afford such an unexpected expense," she said in an ACS news release.

Researchers from the ACS and the University of Texas MD Anderson Cancer Center found that as costs of cancer treatments rise, this led to greater out-of-pocket costs for the four most common types of cancer in patients younger than 65 who were privately insured.

Those [out-of-pocket costs](#) went up more than 15% between 2009 and 2016, to more than \$6,000 for those being treated for breast, colon and lung cancers, and to \$4,500 for those receiving treatment for [prostate cancer](#).

To study the issue, researchers analyzed 105,255 breast, 23,571 colon, 11,321 lung, and 59,197 prostate [cancer patients](#) using claims from the Health Care Cost Institute.

The data included cancer-related surgery, intravenous systemic therapy and [radiation](#). The research team calculated associated total and out-of-pocket costs.

The study found that the total mean costs per patient increased from \$109,544 to \$140,732 for [breast cancer patients](#), an increase of 29%.

Costs increased from \$151,751 to \$168,730 for lung cancer treatments, or 11% jump. Those costs grew from \$53,300 to \$55,497 for prostate cancer, about 4%. The increase for colon cancer, went from \$136,652 to \$137,663, which was not considered statistically significant.

"This trend of rising OOP [out of pocket] costs among patients with private insurance is concerning because high-deductible plans are becoming more common in the [private insurance](#) market," said study author Ya Chen Tina Shih, a professor of health services research at MD Anderson.

"The recently passed [Inflation Reduction Act](#) is a step toward addressing this challenge, focusing on reductions in pricing for high-cost Medicare drugs and limiting [out-of-pocket costs](#) for seniors," Shih said in the release.

Researchers found that the use of intravenous systemic therapy and radiation statistically significantly increased, except for lung cancer. Cancer surgery costs increased for breast and colon cancer, while decreasing for prostate cancer.

"High-deductible health plans along with the proliferation of inadequate short-term plans often leave patients responsible for thousands of dollars out of pocket. These costs can then compound as many patients have to reduce their [work hours](#) or some even lose their jobs due to treatment-related side effects," said Lisa Lacasse, president of the American Cancer Society Cancer Action Network. "We need Congress to work together to find solutions that help all cancer patients afford their care."

The findings were published Sept. 13 in the *Journal of the National Cancer Institute*.

More information: The U.S. Centers for Disease Control and

Prevention has more on the [costs of cancer](#).

Ya-Chen Tina Shih et al, Costs Around the First Year of Diagnosis for 4 Common Cancers Among the Privately Insured, *JNCI: Journal of the National Cancer Institute* (2022). [DOI: 10.1093/jnci/djac141](https://doi.org/10.1093/jnci/djac141)

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