Medical Xpress

# Researchers glimpse into 'real world' of cancer and financial hardship

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Nearly one in five older patients with advanced cancer have financial problems that may cause them to delay treatment to cover food and housing costs, which leads to stress and poor quality of life, according to new Wilmot Cancer Institute research.

The "financial toxicity" study was conducted at several cancer clinics across the country, involving 542 patients ages 70 to 96, said senior author Supriya Mohile, M.D., M.S., a geriatric oncology expert and the Philip and Marilyn Wehrheim Professor at Wilmot.

"Our results are striking and important because it's tapping into a patient population that reflects real world experiences," Mohile said. "The majority of cancer patients are older, often living on restricted budgets, and do not want to be a burden on their children. Their money has to cover not just cancer-related expenses but other health expenses—such as high blood pressure or diabetes medications—and other costs of living. This is a common scenario and as a society we need to pay attention."

Asad Arastu, M.Sc., a University of Rochester School of Medicine and Dentistry student with a background in economics, led the research by slicing out a subset of data from a larger, peer-reviewed study on geriatric assessments that Mohile had conducted in the past. They developed an easy-to-use screening tool for patients comprised of three questions: Have you ever delayed medications due to cost? Have you ever had insufficient income in a typical month for food and housing?

Have you ever had insufficient income in a typical month for other basic needs?

Patients who answered yes to any of the questions were categorized as experiencing financial toxicity, Arastu said. The goal was to create a screening tool for busy oncologists with content that patients could easily and quickly understand.

On average, patients with financial hardships also scored lower on measurements of anxiety, depression, and quality of life—important factors to consider when caring for these patients because they can impact outcomes, Mohile said.

Additionally, the researchers discovered that when patients met the criteria for financial toxicity, oncologists only discussed cost issues with them about 50 percent of the time.

"As a practicing oncologist, I understand this because we're often focused on treatment," Mohile said. "I'm not always going to be aware of financial troubles. But I was really struck by how asking these three basic questions will allow us to improve the patient's quality of life by getting them help."

The American Society of Oncology (ASCO) is highlighting the abstract at its annual Quality Care Symposium on Sept. 28 and 29. The research has not yet been published by a peer-reviewed journal.

The next step is to develop standards for helping older cancer patients solve financial difficulties. A lot of variability exists in clinics across the U.S., requiring the sharing of best practices, Mohile said.

Provided by University of Rochester Medical Center

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