



The Cost of Care: Describing the Financial Needs and Preferences of Patients with Advanced Gynecologic Cancer

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ABSTRACT



Background: Financial burden in cancer care is increasingly shown to impact patient outcomes, with studies indicating that financial burden is associated with lower quality of life and higher mortality. Ovarian cancer typically requires intensive treatment with high objective and subjective financial cost. Without a clear understanding of financial burden among patients with ovarian cancer, interventions to alleviate financial burden will inadequately address this multi-faceted problem.

Purpose: To explore the experiences of financial burden experienced by patients receiving care for ovarian cancer along with the predictors and outcomes associated with this burden. We hypothesized that financial burden is associated with severity of the cancer and patient socioeconomic, racial, and ethnic status.

Theoretical Background: We adapted Ramsey et al.'s financial burden model to incorporate concepts of patient navigation and patient self-advocacy. This model explains how medical and non-medical costs associated with an illness create financial burden which, in turn, leads to poor health outcomes including poor medication adherence, high symptom burden, low quality of life, low self-advocacy, and high distress.

Study Design & Methods: This is a descriptive observational assessment of financial burden. Eligibility criteria included: (1) ≥ 18 years old, (2) diagnosis of Stage II, III, or IV ovarian cancer, (3) currently receiving treatment for ovarian cancer, and (4) English literacy. Measures assessed patients' financial burden (Comprehensive Score of Financial Toxicity), medication adherence (Morisky Medication Adherence Scale), symptom burden (MD Anderson Symptom Inventory), health related quality of life (Functional Assessment of Cancer Therapy – General), self-advocacy (Female Self-Advocacy in Cancer Survivorship Scale), and distress (Distress Thermometer). We conducted descriptive, exploratory, correlational regression analyses to describe patients' financial burden and its association with patient-reported outcome measures and socio-demographic variables.

Results: Sixteen participants completed all data collection. Half (50.0%) of participants had Stage III or IV ovarian cancer, all were actively receiving chemotherapy regimens, and four (25.0%) reported a second primary cancer concomitant to the ovarian cancer. Ten participants (71.4%) reported White race, and two (13.3%) were Latina. Six (37.5%) reported an annual household income $< \$60,000$. Overall, participants' financial burden was high with 73.3% indicating it was difficult to pay for their basic needs, 46.7% reporting high levels of financial distress, and 40.0%

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indicating they cannot meet their monthly expenses. Financial burden was associated with high levels of symptom severity ($r = -0.79$, $p = 0.004$), symptom interference ($r = -0.72$, $p = 0.003$), quality of life ($r = 0.65$, $p = 0.01$), and overall distress ($r = 0.94$, $p < 0.001$). Financial burden was not associated with self-advocacy or medication adherence. In regression analyses, distress had the most significant impact on financial burden ($F = 13.11$ ($df = 3$), $p = 0.015$). Income was the only sociodemographic variable significantly associated with financial burden ($t = -2.2$ ($df = 11$), $p = 0.05$).

Conclusion & Implications: Our results indicate that women receiving treatment for ovarian cancer have significant financial burden especially when they have high distress, high symptom burden, and low quality of life. Future research will identify profiles of patients at risk for financial burden and specific areas in which the costs of treatment are most burdensome so that financial navigation services can be provided.

COMPETING INTERESTS

The author has no competing interests to declare.

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