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Targeting Provider Wellness
FOR EXCEPTIONAL PATIENT CARE

Self-Reported Financial Toxicity among Rural Cancer Patients Treated with Radiotherapy

Authors: M. ROSE[1], R. YEN[2], Y. DESHMUKH[2], S. SHA[3], A. VAN CITTERS[2], N. KAPADIA[1,2]

1 Dartmouth Cancer Center, Lebanon, New Hampshire, USA
2 Geisel School of Medicine, Dartmouth College, Hanover, New Hampshire USA
3 Memorial Sloan Kettering Cancer Center, New York City, New York, USA

Dartmouth Health
1797 GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

PURPOSE / OBJECTIVES

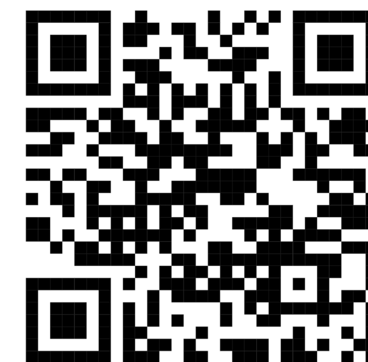
Financial toxicity (FT) represents the direct and indirect expenses that cause additional burden on patients within healthcare that affects their wellbeing. FT in cancer has been linked to decreased treatment compliance and worse outcomes. FT has not been studied in rural cancer populations undergoing therapy.

Our objective was to further understand and characterize FT in rural cancer patients by conducting a feasibility study to assess our ability to complete data collection and identify initial trend for target interventions and mitigations strategies.

MATERIAL & METHODS

We surveyed radiotherapy patients at a satellite clinic linked to a tertiary academic medical center. Surveys were provided at the time of simulation to collect baseline data, during weekly on treatment visits, and during any scheduled follow-up for six months post-completion of RT.

Data elements included demographics, weekly incomes, expenses, travel logistics, COmprehensive Scores for financial Toxicity (COST), perceptions of financial assistance, and a summary measure to report the least meaningful sum of money that would improve their financial situation in the past week.



RESULTS

27 participants consented from 9/2022 to 02/2023. One participant withdrew after baseline survey data was collected. Overall, 93% of weekly surveys contained complete responses. Baseline demographics of the cohort consisted mostly of older (mean 68 years), white (n=27/27), men (n-26/27) with prostate cancer (n=18/27). The plurality of patients (44%) reported yearly income less that $48000;48% received a high-school education of less. COST scores remained largely stable during weekly treatments (median 9, IRQ 3-21, range 0-42.9) and slightly decreased during follow-up (median 4, IQR 0-9, range 0-38). Ten patients (37%) reported that they or family member missed work to provide transportation to the cancer center. Expenses that were reported to be decreased on the survey included transportation/gas (n=7), entertainment (n=7), and food (n=6). One participant sold assets to covers costs of cancer treatment, On a 5-point Likert scale participants reported that their providers cared slightly more about patients' finances than they understood about their finances (3.1 [IQR 2.6-4] vs 2.7 [1.8-3.4]). At baseline, the median sum of money which would make a meaningful difference in respondents' past week was $211. This number did not appreciably change during the course of treatment, though only 55% of follow-up surveys included responses to this question.

Financial toxicity survey data collection among rural cancer populations is feasible with high fidelity.

RESULTS

Figure 1: Completion of weekly surveys by participant

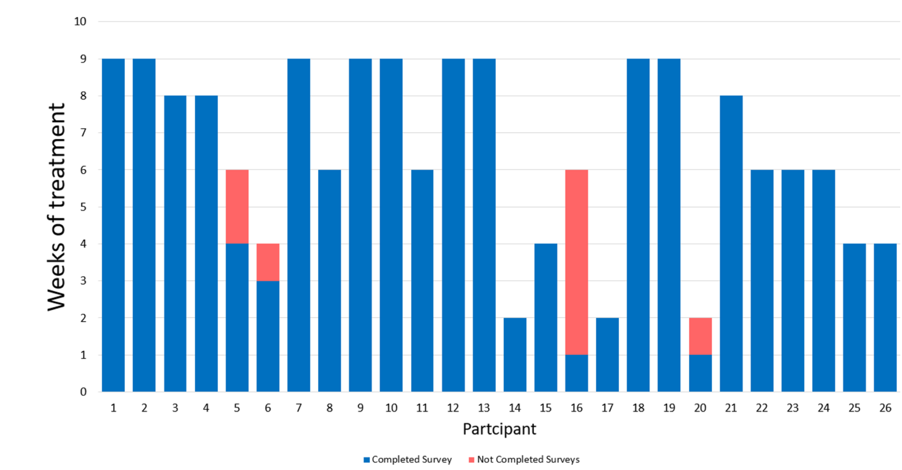


Figure 2: COST scores over each treatment week

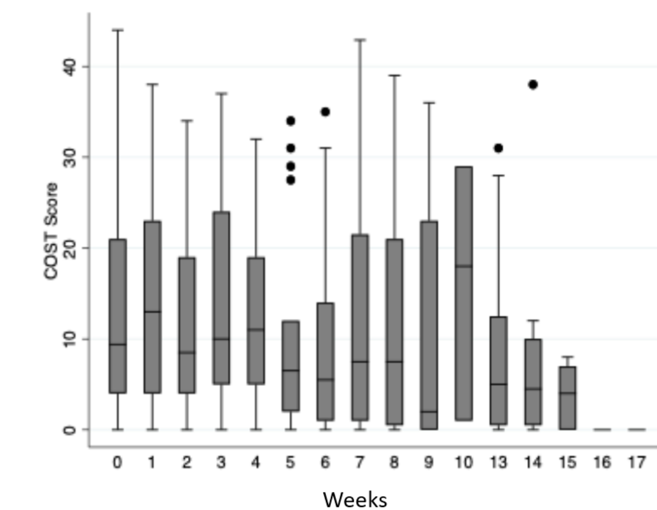
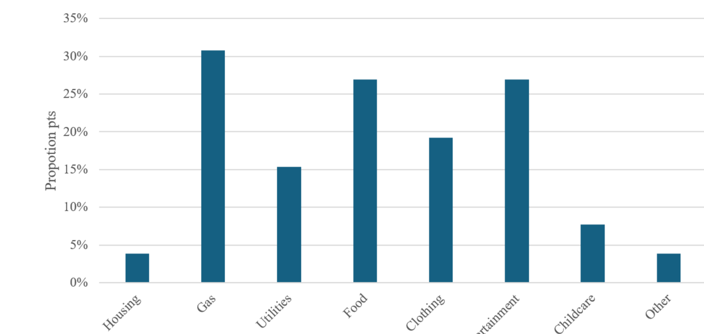


Figure 3: Categories in which patients reduced expenses



SUMMARY / CONCLUSION

FT surveys among a rural radiotherapy population is feasible with high fidelity of data collection. Though the mean COST scores in this pilot cohort did not appreciably change throughout treatment, patients reported significant hardship as evidence by selling assets, forgoing essential expenses, and reporting relatively modest sums that would change their financial standing.

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