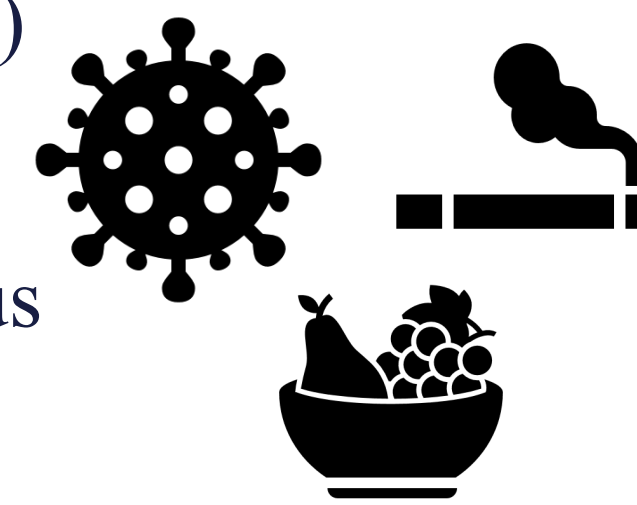


Background

Head and Neck Cancer (HNC) Epidemiology:

- Sixth most common cancer worldwide (4% of U.S. cancers)
- Median age of survivors between 50 and 60
- **Social and environmental etiology** (human papilloma virus (HPV), smoking, alcohol, nutrition)
- **Social disparities** exist from diagnosis through survivorship
- Pervasive population level problem requiring **public health solutions** and widespread institutional awareness



HNC Intensive Treatment:

- Multimodal with various combinations of chemotherapy, radiotherapy, and reconstructive surgery



HNC Financial Toxicity (FT):

- **One-third** of HNC survivors experience FT
- **Financial toxicity** is described as the burden from financial costs directly or indirectly related to treatment or disease challenges
- Socioeconomic factors increase risk (e.g., lower income, younger age, less education, identifying as nonwhite)



Methods

Design, Setting, Participants: Longitudinal prospective dyadic cohort study of treatment-naïve HNC patients and their primary informal caregivers performed from October 2019-December 2020 at a single, tertiary academic center. Survivors were followed from diagnosis to end-of-treatment (6-months) and recruited at the end of treatment to participate in semi-structured, qualitative interviews using a convenience sampling method. Caretakers if present, were included in the semi-structured interviews.

Eligibility

- No other cancer diagnosis, English speaking,

Data Collection

- 41 semi-structured interviews

Analysis

- Team used NVivo for thematic coding, narrative summaries, and quote selection

Results

A range of experiences were reported, with **most describing high out-of-pocket expenses (OOPE) and challenges from indirect costs**. When discussing direct OOPE, participants focused on costs related to insurance denial of dental care. Confusion surrounding billing and OOPE, parking charges, and impact on employment were cited as challenges related to indirect expenses. Impact on work was mostly related to frequent treatments or physical symptoms. Survivors and caretakers were forced to take work accommodations such as reduced schedules or limited physical labor. Others relied on leave through disability benefits or were laid off. Financial strain related to medical bills led to forgoing recommended rehabilitation or essential medications. Impacts of FT on non-medical lives included cutbacks in home maintenance and reduction in hobbies.

MAJOR THEMES

Direct Care Costs

Indirect Care Costs

Effects on Medical Services

Effects on Life Activities

“In dealing with the costs, it has just about wiped out my savings. My share of the costs”

“The removal of his teeth was medically necessary, but they're (insurers are) not seeing it that way.”

“For seven weeks, we had to travel there every day. So yeah, he just-- he wasn't able to work.”

“I had to quit my job to take care of him. So yeah, it was a surprise.”

“I don't have time to look through all this stuff and go through it. I'm tired.”

“(Deciding to forgo rehab services that included) almost all of them. I'm poor.”

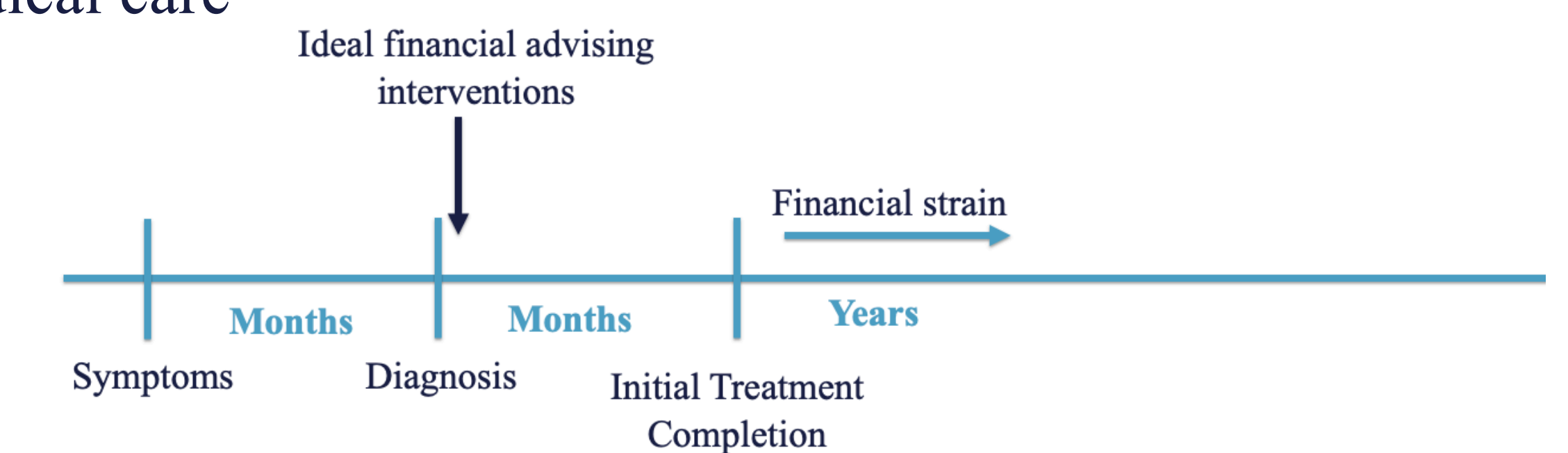
“Don't have the money to do anything. So as far as recreational stuff, we just don't do anything?”

Discussion

Narratives from survivors and their caregivers provide insight into mechanisms by which the **direct and indirect costs of cancer care** impact HNC patient employment, financial coping behaviors, and ultimately **quality of care**

Our findings highlight the need for:

- **Population level** awareness, FT screening across HNC clinics, and institutional support for multidisciplinary treatment approaches
- Patient-identified needs that may be targeted for interventions aimed at reducing FT such as **early financial navigation from the time of diagnosis**, turning the abundant evidence into actionable steps
- Increased coverage of necessary treatment-related services such as **dental care and essential medications**
- **Identification of patients at highest risk** for negative coping behaviors including, but not limited to, the forgoing of necessary medical care



Strengths and Limitations

Strengths:

- Novel perspective elucidating the mechanisms by which financial toxicity impacts quality of life and outcomes
- Design and analytics team led by qualitative healthcare research experts and methodology informed by leading literature practices

Limitations:

- Lack of insight into HNC financial toxicity for those without insurance and those without English proficiency
- Single institution

Acknowledgements

Thank you to mentors Dr. Leila Mady, Dr. Kristin Rising, Dr. Rosie Frasso, and Dr. John McAna.

References QR code

