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Proceedings from the SIU B2B Uro-Oncology: GU Cancers Triad Virtual Meeting

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GU Cancers Talk: Financial Toxicity



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B2B: GU Cancers Talk: Financial Toxicity Summary

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The 4th Bench-to-Bedside Uro-Oncology: GU Cancers Triad Meeting, organized in conjunction with the 42nd Annual Congress of the Société Internationale d'Urologie, was held on November 11th, 2022, at the Palais des congrès de Montréal in Canada, and transmitted live on the *SIU@U* virtual platform. The afternoon programme started with a presentation on financial toxicity in the genitourinary malignancy space led by Dr. Sarah P. Psutka (United States).

Coined in 2013, the term *financial toxicity* refers to patient-faced challenges that are related to the cost of treatment and have profound, lasting effects on quality of life. These include both direct out-of-pocket costs for medical products and services, as well as indirect costs, such as loss of productivity and child care[1]. While this session was primarily focused on the United States, similar issues arise globally.

Among patients with cancer living in the United States, 48% to 68% report financial hardship, with past-due medical debt more commonly affecting patients who are Black (28%) and Hispanic (22%) than those who are White (17%) or Asian (10%)[2]. In addition, > 40% of patients with cancer in the United States have depleted their life savings within 2 years of diagnosis[3]. In fact, financial toxicity remains one of the most common hardships reported by cancer survivors in the United States, more prevalent than both material and psychological hardship[4] and affecting patients with and without insurance[5]. On average, total out-of-pocket costs for US-based cancer patients is \$456/month[6]. Among those who are under- or uninsured, it can be more than threefold higher, and may represent up to 63% of total household income[7]. This can be a particular problem among patients taking novel therapeutics, which are expensive and not well covered by insurance[8].

Financial toxicity is influenced by health insurance status, health insurance literacy, financial literacy, employment changes (including whether patients

are able to continue to work during treatment), and life changes, such as divorce[9]. Among patients with cancer, financial toxicity is independently associated with decreased survival, poor quality of life, psychological toxicities such as anxiety and distress, increased disease-related physical symptoms, and increased psychological symptoms[9]. Some of the coping strategies among patients facing financial toxicity directly impact treatment efficacy, including skipping medications and physician visits[6,9] or delaying or foregoing recommended testing and interventions[10]. Patients may also try to replace prescription drugs with less expensive over-the-counter medications, take less than the recommended medication dose, forego basic life necessities such as food and housing, request or try to extend inpatient hospital stays to extend medical coverage, or incur considerable debt, which can ultimately lead to bankruptcy[6]. Patient may give up leisure activities and work more hours, as well as expand such demands to other family members, in efforts to offset the cost of treatment[6].

A survey of oncologists revealed a profound lack of training on how to help patients manage financial toxicity[11]. Dr. Psutka therefore provided insights on how oncologists can help patients address this issue. Strategies include encouraging patients who can afford adequate medical insurance to purchase it and to verify that they understand the fine print, particularly with respect to deductibles, co-pays, co-insurance, and prescription drug coverage. Providers should encourage and help patients to utilize in-network



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providers and to strategize ways to take advantage of out-of-pocket maximums. Resources on choosing and navigating insurance are available at <https://triacancer.org/animatedvideos>.

When insurance is denied, patients should be informed about avenues for appeal, an option of which many patients are unaware. Information on how to navigate the appeals process in the United States is available at <https://www.healthcare.gov/appeal-insurance-company-decision/external-review/>.

Clinicians should discuss financial concerns with patients soon after diagnosis. Clinicians must also be honest with patients about treatments costs, treatment duration, and whether those treatments are covered in the patient's insurance network.

For patients with limited ability to pay for medical care, hospital social workers and navigators, in collaboration with case managers, can help patients access ability-to-pay programmes. Consider selecting the least expensive among the available and appropriate treatment options. Batch laboratory testing to minimize costs and shop around for the least expensive options. Group follow-up appointments to minimize the amount of time patients and their caregivers must travel long distances, miss work, or pay for childcare or eldercare. Telemedicine can also be very helpful in this context.

There are several financial assistance options at the community, local, state, and country levels. Patients may also find support from cancer organizations, as well as from private programmes such as Patient Services, Inc. and the HealthWell Foundation, as well as programmes available through specific cancer centres. To address the costs of pharmaceuticals, clinicians should explore pharmaceutical and specialty pharmacy assistance programmes. For example, some mail order pharmacies have substantially lower costs.

Organizations that provide information on mitigating financial toxicity in the cancer setting include Triage Cancer, the American Cancer Society, the Cancer Financial Assistance Coalition, the Association of Community Cancer Centers Financial Advocacy Network, CancerCare, and American Life Fund Cancer Financial Assistance.

Specifically in the setting of the COVID-19 pandemic, programmes have arisen for those seeking health care that focus on mortgage relief/protection, eviction moratoriums, food assistance, funeral assistance, internet/cell phone services, and student loans.

Some patients opt to use social media-based crowdfunding to address medical costs. It is important to educate these patients about potential consequences, such as publicly revealing personal medical information or the loss of eligibility for publicly funded assistance options, such as Medicaid, Supplemental Security Income (SSI), and StudentAid.

During a Q&A session, Dr. Psutka highlighted that there is a growing specialty in the case management field for addressing financial toxicity. Nurse navigators also help patients get to their appointments and navigate the hospital system. Simply having clinicians acknowledge financial challenges can provide some reassurance to patients. Dr. Psutka acknowledged the lack of transparency in how much various medical services cost, and she recommended putting patients in touch with the hospital financial office to help forecast costs of medical care. Forecasting the number of hospital visits is also helpful. Surgeons should also be aware that every piece of equipment opened in the operating room is charged to the patients, and they should therefore endeavor to minimize surgical waste.



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