

Role of Family Conditions and Cancer Type in Influencing the Financial Burden, Particularly Debt Among Cancer Patients

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Objective: Financial toxicity for cancer patients has been a growing concern in the United States and previous research has shown that there is a link between financial toxicity and health outcomes in cancer patients. Financial stress increases in a family when it faces the new shock of higher recurring expenses associated with treatment and lifestyle costs for a cancer patient and family members. Caregivers and/or family members may have to reduce their work hours due to caregiving responsibilities to cancer patients in the family.

Significance: This project will further investigate the gaps on how family environment influence's the financial burden debt may play in the extent of financial among cancer patients.

Method: This study will utilize data collected from cancer patients in the 22 counties served by the UF Health Cancer Center. The sample includes 300 patients and survivors. Our dependent variable is the Comprehensive Score for Financial Toxicity (CoST). Our primary variable of interest is the level of debt the family took on to meet their diseases associated expenses. An ANOVA was run to look at the mean value of CoST by level of debt. Our model controls for marital status, age, race, gender, unpaid time from work or reduced hours, and family income. We regress the independent variable and controls on the CoST score using SPSS.

Results: Based on the ANOVA findings, it can be said that the mean value of CoST varies by the level of debt. Further our regression shows that controlling for other factors, those without debt, have higher CoST score. This would indicate that those with debt, have lower scores and thus have greater financial toxicity than those with debt.

We found that having unpaid time off from work for patient or caregiver has been significantly associated to our CoST variable ($p=0.001$). Given the small sample we also consider that financial toxicity increases with age ($p < 0.065$) and whites had lower levels of financial toxicity than non-whites ($p < 0.06$).

Conclusion: Cancer patients with debt had greater financial toxicity, than those without. Our data suggest that unpaid leave from work for both patient and caregiver were positively related financial toxicity. The descriptive pattern showed that overall, CoST was higher with higher levels of debt. Our data does not have information as to the length of the debt agreement, however debt in this study was debt taken on to address the cost of the disease. Further studies should explore types of debt and the role other treatment financing strategies may have on financial toxicity.

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