Financial Toxicity
Management as an adverse effect of cancer treatment

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Even when successfully treated, major illnesses, such as cancer, can have a tremendous negative financial impact on a patient and family. In addition to the direct costs of care, like hospital and provider charges, most families also face significant indirect costs, like parking and hotel stays, over-the-counter medicines and supplies, child care while receiving treatments, and loss of income from inability to work (Zafar & Abernethy, 2013a). Other terms used to describe this topic have included financial distress, hardship, burden, or catastrophic financial strain (Chino et al., 2017). A systematic review (Gordon, Merollini, Lowe, & Chan, 2017) of the frequency of financial toxicity among cancer survivors in the past three years of global literature estimated that, despite a lack of standardization in the use of measures to quantify the problem, 28%–73% of patients reported this problem. The authors also reported that female patients, those recently diagnosed or of younger age, those receiving adjuvant therapy, or those with a low income before the cancer diagnosis were at higher risk for experiencing financial toxicity.

Financial strain also is reported among insured patients in the United States. According to the results of a study conducted by the Kaiser Family Foundation analyzing data from 6,015 households, many families in the United States reported difficulties affording the annual deductible expenses associated with current health plans (Claxton, Rae, & Panchal, 2015). Where a midrange plan's annual deductible may be $2,400 for the family, only 53% of survey participants reported having sufficient household income to meet that amount. Only 45% reported the ability to meet a high-range annual family deductible of $5,000, which has been estimated to be a common annual out-of-pocket amount for patients receiving treatment for cancer (Bernard, Farr, & Fang, 2011; Davidoff et al., 2013).

The oncology community is becoming particularly attuned to this issue for several reasons (Zafar & Abernethy, 2013b). The older adult population, a large constituency among people diagnosed with cancer, is growing rapidly. The increasing availability of targeted therapies with more tolerable toxicity profiles is a welcome development, and they may be prescribed more readily to older adults (Elias, Karantanos, & Hartshorn, 2017). However, targeted therapies, including...