

Shanique Spence

### **Quantitative study:**

Greenup, R. A., Rushing, C., Fish, L., Campbell, B. M., Tolnitch, L., Hyslop, T., ... &

Hwang, E. S. (2019). Financial costs and burden related to decisions for breast cancer surgery. *Journal of oncology practice*, 15(8), e666-e676.

### **Abstract**

**Purpose:** Financial toxicity is a well-recognized adverse effect of cancer care, yet little is known about how women consider treatment costs when facing preference-sensitive decisions for breast cancer surgery or how surgical treatment choice affects financial harm. We sought to determine how financial costs and burden relate to decisions for breast cancer surgery.

**Methods:** Women ( $\geq 18$  years old) with a history of breast cancer were recruited from the Army of Women and Sisters Network to complete an 88-item electronic survey. Descriptive statistics and regression analysis were used to evaluate the impact of costs on surgical decisions and financial harm after breast cancer surgery.

**Results:** A total of 607 women with stage 0 to III breast cancer were included. Most were white (90%), were insured privately (70%) or by Medicare (25%), were college educated (78%), and reported household incomes of more than \$74,000 (56%). Forty-three percent underwent breast-conserving surgery, 25% underwent mastectomy, 32% underwent bilateral mastectomy, and 36% underwent breast reconstruction. Twenty-eight percent reported that costs of treatment influenced their surgical decisions, and at incomes of \$45,000 per year, costs were prioritized over breast preservation or appearance. Overall, 35% reported financial burden as a result of their cancer treatment, and 78% never discussed costs with their cancer team. When compared with breast-conserving surgery, bilateral mastectomy with or without reconstruction was significantly associated with higher incurred debt, significant catastrophic financial burden, treatment-related financial hardship, and altered employment. Among the highest incomes, 65% of women were fiscally unprepared, reporting higher-than-expected (26%) treatment costs.

**Conclusion:** Cancer treatment costs influenced decisions for breast cancer surgery, and comparably effective surgical treatments differed significantly in their risk of patient-reported financial burden, debt, and impact on employment. Cost transparency may inform preference-sensitive surgical decisions and improve patient-centered care.

## **Qualitative Study**

Darby, K., Davis, C., Likes, W., & Bell, J. (2009). Exploring the financial impact of breast cancer for African American medically underserved women: a qualitative study. *Journal of Health Care for the Poor and Underserved*, 20(3), 721-728.

<https://muse.jhu.edu/pub/1/article/270013/summary>

### **Abstract**

In addition to the physical suffering experienced by cancer survivors, there are considerable financial hardships and access barriers to quality health care. The current study explored the financial burden of breast cancer on African American medically underserved women. Four focus groups were conducted in three major cities across Tennessee. Research participants (N=36) were recruited by the staff of cancer support and treatment programs in the area. Findings revealed that participants' lack of insurance or inadequate insurance resulted in missed, delayed, or fewer treatment opportunities. The financial burden of cancer was not limited to the acute treatment phase. The women in the current study reported extreme economic hardship resulting from this disease into long-term survivorship. This exploratory study confirms the importance of providing care across the continuum to address the complex needs of low-income cancer survivors.