

The Burden of Cost of Cancer Treatment in the United States

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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.

Summary:

Title: Financial Burden of Breast Cancer Surgery: Experiences and Long-Term Outcomes

Introduction: Breast cancer is a common type of cancer in women. The treatment costs can be a significant financial burden. The purpose of this study was to investigate the financial burden experienced by women who underwent breast cancer surgery and its long-term outcomes.

Methods: A cross-sectional study was conducted, and the participants were women who were diagnosed with breast cancer and underwent surgery between 2006 and 2007. Participants completed a survey that included questions about their financial burden related to breast cancer care and its long-term outcomes. Data were analyzed using descriptive statistics and logistic regression.

Results: A total of 607 women participated in the study, with a mean age of 49 years. Of these, 67% reported some financial burden related to their breast cancer care. The most common financial burden reported was related to indirect costs, such as travel, time off work, and childcare expenses. The median debt reported was \$5,000, and 26% of participants reported borrowing money to pay for their care. Women who were younger had lower incomes and were uninsured were more likely to report financial burdens related to their care. However, the magnitude of incurred debt did not differ over time, with women diagnosed \geq

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10 years from survey completion more likely to report no financial burden related to their cancer care (51% vs. 38%).

Discussion: The financial burden reported by participants likely reflects the entire continuum of breast cancer care, including costly imaging and chemotherapy that may contribute more significantly to overall healthcare spending. The study suggests that financial insecurity resulting from decisions for breast cancer surgery has the potential to influence the receipt of adjuvant treatment. Future research is needed to determine the impact of cost transparency on preference-sensitive cancer treatment decisions.

Conclusion: Women who underwent breast cancer surgery reported a significant financial burden related to their care, with indirect costs being the most common burden. The study highlights the need for cost transparency in breast cancer care and the potential impact of the financial burden on cancer outcomes.

Critique and Appraisal:

This study has several strengths. Firstly, it focuses on an important issue in cancer care - the financial burden associated with treatment decisions. Secondly, the study used a large sample size and recruited participants from a diverse range of socio-economic backgrounds. Thirdly, the study used standardized and validated measures to assess the financial burden and surgical decision-making.

The limitations to the study include, Firstly, the study only included women who underwent surgery for breast cancer, and thus the findings may not be generalizable to women who did not undergo surgery or those with other types of cancer. Secondly, the study relied on self-reported data, which may be subject to recall bias and social desirability bias. Thirdly, the

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study did not assess the impact of the financial burden on cancer outcomes, which is an important consideration in cancer care.

In conclusion, the study highlights the importance of considering the financial burden in surgical decision-making among women with breast cancer. The findings suggest that women from disadvantaged backgrounds may be at a higher risk of experiencing financial burdens and may require additional support in making treatment decisions. However, further research is needed to better understand the impact of the financial burden on cancer outcomes and to develop strategies to mitigate its effects.

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>

Summary:

Title: Exploring the financial impact of breast cancer for African American medically underserved women: a qualitative study.

Objective: To explore the financial impact of breast cancer on African American medically underserved women.

Methodology: This qualitative study was conducted with a sample of 36 African American women who were diagnosed with breast cancer and were receiving treatment at a health department. The data was collected through semi-structured interviews and analyzed using content analysis.

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Results: The study found that the financial impact of breast cancer on African American medically underserved women was significant, with themes of financial strain, loss of income, and limited access to resources emerging from the interviews. The participants reported that they were unable to work due to treatment-related side effects and that their medical bills were unaffordable, leading to significant financial stress.

Discussion: The authors conclude that African American medically underserved women with breast cancer face significant financial challenges, which may impact their treatment and overall health outcomes. They suggest that healthcare providers need to be aware of these challenges and provide appropriate support to these women.

Critique And Appraisal:

Research Question: The research question is clearly stated and specific, focusing on the financial impact of breast cancer on African American medically underserved women.

Sample: The sample size of 36 African American women is adequate for a qualitative study and provides rich and detailed data on the experiences of these women.

Data Collection and analysis: The data collection method of semi-structured interviews is appropriate for a qualitative study, and the questions were open-ended and allowed participants to express their experiences in their own words. The data analysis method of content analysis is appropriate for a qualitative study, and the authors provide a clear description of the process they used to identify themes in the data.

Results: The results provide rich and detailed information on the financial impact of breast cancer on African American medically underserved women. The authors use quotes from participants to illustrate the themes that emerged from the data, providing a clear and vivid picture of the experiences of these women.

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The study could have used member checking or peer debriefing to increase the trustworthiness of the findings. However, the authors do provide a detailed description of the data collection and analysis process, which increases the transparency of the study.

Transferability: The study provides a rich description of the experiences of 36 African American medically underserved women with breast cancer. However, the findings may not be transferable to other populations or contexts.

Ethics: The authors describe the steps they took to protect the confidentiality and privacy of the participants, and they obtained informed consent from all participants.

Implications: The study has important implications for healthcare providers, policymakers, and researchers who work with African American medically underserved women with breast cancer. The findings suggest that these women face significant financial challenges, which may impact their treatment and overall health outcomes. Healthcare providers need to be aware of these challenges and provide appropriate support to these women.

Overall, this qualitative study provides rich and detailed information on the financial impact of breast cancer on African American medically underserved women. The sample size and data analysis are adequate, and the findings have important implications for healthcare providers and policymakers. The study could have used member checking or peer debriefing to increase trustworthiness, and the transferability of the findings may be limited.

PICO (T) Question:

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Does participation in support programs aimed at mitigating the financial challenges of breast cancer, in African American medically underserved women diagnosed with breast cancer, as compared to no support programs or standard care, lead to improved financial well-being and better access to healthcare resources over the course of breast cancer treatment and beyond?

Population (P): African American medically underserved women diagnosed with breast cancer.

Intervention (I): Support programs aimed at mitigating the financial challenges of breast cancer

Comparison (C): No support programs or standard care

Outcome (O): Improved financial well-being and better access to healthcare resources

Timeframe (T): Over the course of breast cancer treatment and beyond

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References

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.

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