Along with many physical and emotional adverse effects associated with cancer therapy, attention has been directed to defining and identifying interventions to manage financial strain that can occur because of high medical payments and reduced income from employment interruption. Nurses can support patients and families by encouraging open communication during shared treatment decision making and throughout the cancer experience.

AT A GLANCE

- Evidence indicates that even well-insured patients with a stable household income may experience decreases in well-being, health-related quality of life, and overall survival because of financial strain.
- Older adult patients who are covered by Medicare may be at elevated risk for experiencing financial toxicity because of the 20% copay on expensive drugs, such as immune checkpoint inhibitors.
- Nurses can support patients by assessing for financial concerns early in the treatment decision-making process, and by providing referrals to assistance programs and other support systems.

KEYWORDS
quality of life; financial burden; decision making; cancer treatment

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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 spending, defined as allotting 30% or more of household income toward medical expenses (Jan, Kimman, Peters, & Woodward, 2015). Specific to oncology, the term *financial toxicity* was coined to describe the increasingly frequent problems resulting from high medical payments combined with lower income because of job interruption (Zafar & Abernethy, 2013a).

The Extent of the Problem

The body of literature describing the prevalence and impact of financial difficulty facing patients with cancer is growing. For example, investigators at Duke Cancer Institute in Durham, North Carolina, conducted a survey of 300 patients receiving cancer therapy and found that 39% of respondents reported a greater financial burden associated with their care than expected, and 19% felt overwhelmed by financial distress (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