

## RESEARCH BRIEF

# A Brief Screening Tool for Assessment of Financial Toxicity

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**OBJECTIVES:** To explore the utility of brief financial screening items to facilitate the implementation of routine financial toxicity screening.

**SAMPLE & SETTING:** 50 women with breast cancer completed a one-time survey that included the Comprehensive Score for Financial Toxicity (COST): A FACIT Measure of Financial Toxicity, a visual analog scale, and a brief sociodemographic questionnaire.

**METHODS & VARIABLES:** Survey responses were examined to assess the psychometric properties of individual COST items and the visual analog scale by calculating Cronbach's alpha and Pearson's correlation coefficients.

**RESULTS:** The mean COST was 21.4, and 27 respondents met criteria for financial toxicity (a COST lower than 22). As expected, all items correlated strongly to the overall COST, but four items (items 3, 6, 8, and 10) performed strongest ( $r > 0.8$ ).

**IMPLICATIONS FOR NURSING:** This study provides evidence for individual COST items to be used as brief screening items. Future research should test the utility of these items in larger sample sizes with a more diverse representation of patients by age, race, ethnicity, and tumor type and stage.

**KEYWORDS** financial toxicity; Comprehensive Score for Financial Toxicity; screening tools

**ONF, 51(1), 17-23.**

**DOI** 10.1188/24.ONF.17-23

**F**inancial toxicity (Zafar et al., 2013) is the negative personal financial impact of cancer care and involves concrete or material burden, psychological impact, and coping behaviors in response to the impact of these costs (Tucker-Seeley & Thorpe, 2019). It is a prevalent and devastating adverse effect of cancer care and is associated with earlier mortality and poor quality of life (Ramsey et al., 2016). Interventions such as financial navigation and financial education may reduce or mitigate financial toxicity (Watabayashi et al., 2020). As interventions are being developed, accurate measurement and identification of financial toxicity is imperative to effectively evaluate the impact of such interventions. To date, most patients with cancer are at risk for financial toxicity during treatment and into survivorship (Banegas et al., 2016; Smith et al., 2019). Therefore, intermittent and standardized screenings, paired with appropriate follow-up and interventions, are critical to financial toxicity mitigation.

The Comprehensive Score for Financial Toxicity (COST): A FACIT Measure of Financial Toxicity is a reliable and valid patient-reported outcome measure of financial toxicity for adult patients with cancer (de Souza et al., 2014, 2017). Since its inception, it has been used as an outcome measure in research studies (de Souza et al., 2016; Pangestu & Rencz, 2023), but there are limited data to support thresholds for financial interventions or to establish an abbreviated version that clinicians perceive as feasible to implement in a clinical setting (Beauchemin et al., 2023). Routine screening for financial toxicity is recommended in pediatric and adult oncology settings (Meropol et al., 2009; Pelletier & Bona, 2015) because it may help to identify patients at risk for a financial crisis, such as bankruptcy or an inability to afford food or medication. Similar to other guideline-recommended screening measures that have been implemented