Bankruptcy Linked to Early Mortality in Patients With Cancer

Financial distress in patients with cancer is linked to early mortality, according to a new study (J Clin Oncol. 2016;34:980-986).

This finding expands on the body of research regarding financial toxicity, a term being used now in recognition of the high cost of cancer care and the resultant patient distress. In a previous study, researchers from the Fred Hutchinson Cancer Research Center in Seattle, Washington, found that patients with cancer were 2.5 times more likely to file for bankruptcy than those without cancer. Their newest study investigates whether financial toxicity was a risk factor for early mortality in patients with cancer.

“Our findings support the hypothesis that patients who experience extreme financial distress may be at risk for poorer survival compared to those who do not,” says Scott Ramsey, MD, PhD, lead author and director of the Hutchinson Institute for Cancer Outcomes Research.

Key Points
- Financial distress is common in patients with cancer.
- Filing for bankruptcy is a risk factor for early mortality in patients with cancer.
- Policy interventions are needed to protect patients, and practitioners need to discuss the financial aspects of care with their patients.

Study Details
Dr. Ramsey and his colleagues used a population cancer registry for western Washington State linked with federal bankruptcy records to compare the mortality risk for patients with cancer who filed for bankruptcy versus those who did not. Between 1995 and 2009, there were 231,596 individuals aged older than 21 years who were diagnosed with cancer in the cancer registry who met the study criteria, 4728 of whom filed for bankruptcy. Those with nonmelanoma skin cancer, in situ cancer, or a separate cancer diagnosed before the study period and those whose cancer was diagnosed at the time of death were excluded.

The participants who filed for bankruptcy were more likely to be younger, female, and nonwhite; to have local or regional disease as opposed to advanced disease; and to have received treatment as opposed to those who did not. Propensity score matching was performed to minimize bias and balance the baseline characteristics of the group who filed for bankruptcy and those patients who did not, leaving 3841 patients in each group for comparative analysis.

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The overall risk of mortality was significantly higher in the group that filed for bankruptcy, with an adjusted hazard ratio of 1.79, which was a 79% greater mortality risk compared with those not filing for bankruptcy.

The association between mortality and bankruptcy varied between cancers, reaching statistical significance in breast, colon, prostate, and lung cancers.

- Bankruptcy conferred the highest hazard ratio among patients with colorectal cancer, with nearly 2.5 times the mortality risk reported in those filing for bankruptcy compared with those who did not.
- The risk of mortality was nearly doubled in patients with prostate cancer who filed for bankruptcy compared with those who did not.
- Patients with lung and breast cancer filing for bankruptcy had approximately 1.5 times the mortality risk of those who did not file.

Restricting the analysis to patients with early-stage cancers and to bankruptcy filings made within 1 year of cancer diagnosis did not change the findings.

The authors concluded that a positive association between bankruptcy filing and earlier mortality was present, which supports the hypothesis that financial insolvency after a cancer diagnosis is a risk factor for poor outcomes. “However, our study just shows a signal,” says Dr. Ramsey. “We need more research to better understand what happens that is leading to poorer outcomes: is it gaps in care, stress, or other factors? We also need to test ways to keep cancer patients from falling into severe financial difficulty so that bankruptcy is less common.”

Experts are increasingly concerned about the issue of financial toxicity. One such individual, S. Yousuf Zafar, MD, MHS (who was not an author on this study), wrote a commentary on this topic in the Journal of the National Cancer Institute that examined the problem thoroughly and offered future directions (J Natl Cancer Inst. 2015;108 pii: djv370). He found the current study results striking because the study is among the first to demonstrate a link between extreme financial distress and greater mortality.

“The findings beg the question as to why this occurs,” says Dr. Zafar, of the Duke Cancer Institute in Durham, North Carolina. “It is likely due to the impact of cancer-related expenses on patient well-being, health-related quality of life, and adherence to therapy,” he says.

Limitations of the study include the possibility that there were differences in unmeasured factors between the groups that also affected survival such as smoking, other high-risk behaviors, or comorbidities. To address this limitation, the authors performed a sensitivity analysis that suggested any unmeasured confounders would have to have been severe to render the results nonsignificant. In addition, the financial state of the patients prior to diagnosis was not considered and causation between early mortality and bankruptcy filing cannot be determined.

However, this study does have broad implications and the results justify more research, and potentially a shift in practice and policy. Interventions to reduce financial distress are needed. It has been shown in previous studies that lesser financial hardship than bankruptcy can affect behavior, with high out-of-pocket expenses increasing the risk of nonadherence to treatment. In addition, quality of life may be affected from any degree of financial toxicity. At this point, an intervention could potentially stop patients from heading down the road toward poorer survival.

“This is a multifaceted problem,” says Dr. Ramsey. “We may need to consider policies that reduce out-of-pocket costs, preserve insurance, and protect job security for persons with cancer.”

Oncology practitioners likely will have to consider financial implications when formulating treatment plans. This is not currently the common practice.

“Practitioners need to be willing to discuss financial issues with their patients,” adds Dr. Ramsey. “We cannot ignore the patient cost burden of cancer care any longer.”

“Long-term solutions must include policy shifts involving how we set prices, negotiate prices, and insure patients. But for immediate solutions, interventions should focus on the oncologist and patient. To reduce financial toxicity, we should intervene today,” says Dr. Zafar.

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