



# FAST FACTS – CANCER SURVIVORSHIP CHALLENGES

## Financial Roadblocks, Comorbidities and Age Affect Cancer Survivorship Rates

Cancer health disparities are defined as adverse and significant differences in cancer incidence, cancer prevalence, cancer death, cancer survivorship, and the burden of cancer or related health conditions that exist among specific population groups.<sup>1</sup>

Financial challenges, such as out-of-pocket (OOP) expenses among cancer survivors prevail and heavily impact the lives of populations with lower socioeconomic status (SES) characteristics further contributing to cancer health disparities. Annual OOP burden is measured as the percentage of medical expenses relative to family income.<sup>4</sup>

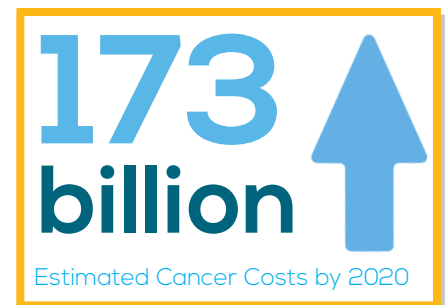


Nearly 1/3 of cancer survivors face physical, mental, social, job, or financial challenges related to their cancer experience.<sup>2</sup>

## Financial Challenges Among Cancer Survivors

The total cost of cancer care is projected to continue increasing in the initial and last year of life by 2% each year, equating to \$173 billion dollars spent on cancer care by 2020 and a 39% increase from 2010 costs.<sup>3</sup>

Among cancer survivors, a correlation exists between experiencing higher cost-sharing amounts relative to household income and forgoing or delaying medical care.<sup>4</sup>



Reduced access to care among cancer survivors may affect timely follow-up and treatment for disease recurrence, screening for additional cancers, and other aspects associated with cancer survivorship.

High annual OOP burden is associated with cancer survivors with a lower annual income, as well as those with public insurance, uninsured or unemployed.<sup>4</sup>



The higher out-of-pocket cost burden from cancer-related healthcare including:

- co-insurance amounts
- co-payment amounts
- annual deductibles



Cancer-related expenses for patients with low SES characteristics, specifically those with:

- limited income
- inadequate or inconsistent employment
- limited health insurance coverage

have been shown to dramatically reduce adherence to cancer treatment.<sup>4</sup>

## Impact of Comorbidities

Comorbidities occur when a patient has more than one disease that exist concurrently.

Access to continuous healthcare is particularly important for cancer survivors, given their increased risk of developing additional chronic conditions.

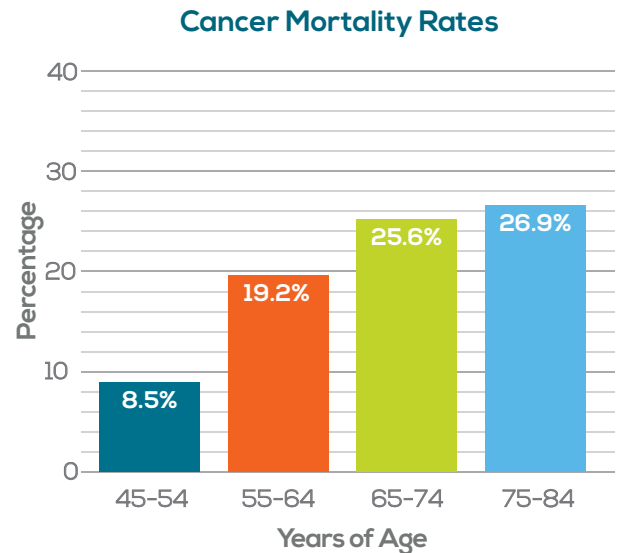
Having multiple health problems and health-related expenses may pose challenges and increased difficulty for patients to pay close attention to the specific treatment plan of each condition, regardless of how demanding each particular treatment is or is not.

Healthcare professionals may consider low SES populations with competing health conditions unable to withstand treatment or abide by post-treatment requirements.<sup>5</sup>

The coexistence of cancer and other chronic conditions has substantial implications for treatment decisions and treatment outcomes, as well as corresponding financial challenges due to cancer and the additional chronic disease.<sup>6</sup>

## Mortality in Middle-Aged & Elderly Populations

Overall, cancer mortality rates in the nation are higher among the middle-aged and elderly populations.



Cancer is most frequently diagnosed among people aged 65-74, with median age at diagnosis being 65 years old.<sup>7</sup> Cancer mortality rates rise significantly after age 55.

Populations with multiple diagnoses and late diagnosis are at greater risk for lower survival rates as well as higher healthcare costs.



## What Can Be Done?

Establishing system-wide strategies and policies in community, work site and healthcare environments that minimize financial barriers throughout the continuum of care among cancer survivors, can reduce delayed detection of advanced cancers as well as lower avoidable cancer-related costs. These strategies are particularly promising for improving outcomes for those who are low-income, uninsured, underinsured, or unemployed.

## References

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- 2-CDC, *Improving Health and Quality of Life After Cancer*, [www.cdc.gov/cancer/dpcp/resources/features/cancer-survivorship](http://www.cdc.gov/cancer/dpcp/resources/features/cancer-survivorship)
- 3-Mariotto A, Yabroff K, Shao Y., Feuer E., & Brown M. (2011), *Projections of the Cost of Cancer Care in the U.S.: 2010-2020*, *Journal of National Cancer Institute*.
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- 5-Gerend M. & Pai M. (2008), *Social Determinants of Black-White Disparities in Breast Cancer Mortality: A Review*, *Cancer Epidemiology Biomarkers and Prevention*, 17(11) pp 2913-2923 [cebp.aacrjournals.org/content/17/11/2913.full.html](http://cebp.aacrjournals.org/content/17/11/2913.full.html)
- 6-Sarfati D., Koczwara B. & Jackson, C. (2016), *The impact of comorbidity on cancer and its treatment*, *CA: A Cancer Journal for Clinicians*, doi: 10.3322/caac.21342.
- 7-NCI, *SEER Cancer Statistics Factsheets: Cancer of Any Site*, [www.seer.cancer.gov/statfacts/html/all.html](http://www.seer.cancer.gov/statfacts/html/all.html)

## Additional Resources

- ✓ CDC, *Cancer Survivorship: Support Programs and Services*, [cdc.gov/cancer/survivorship/links.htm](http://cdc.gov/cancer/survivorship/links.htm)
- ✓ Association of Community Cancer Centers, *2016 Patient Assistance and Reimbursement Guide*, [accc-cancer.org/publications/PatientAssistanceGuide.asp](http://accc-cancer.org/publications/PatientAssistanceGuide.asp)
- ✓ American College of Radiology, *Accredited Facility Search*, [accreditation.org/accredited-facility-search](http://accreditation.org/accredited-facility-search)
- ✓ CMS, *From Coverage to Care Initiative: Partner Toolkit*, [cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html](http://cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html)
- ✓ National Colorectal Cancer Roundtable, *Tools and Resources-80% by 2018*, [nccr.org/tools/80-percent-by-2018](http://nccr.org/tools/80-percent-by-2018)
- ✓ National Council on Aging, *Chronic Disease Self-Management Program*, [ncoa.org/healthy-aging/chronic-disease/chronic-disease-self-management-program](http://ncoa.org/healthy-aging/chronic-disease/chronic-disease-self-management-program)
- ✓ Stanford, *Cancer: Thriving and Surviving (CTS) Program*, [patienteducation.stanford.edu/programs/cts.html](http://patienteducation.stanford.edu/programs/cts.html)



Contact us to learn more and find out how you can become involved in reducing tobacco and cancer-related disparities among vulnerable, underserved and low-resourced populations with low SES characteristics.

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