The Construct of Financial Toxicity and Association with Quality of Life in Poor Populations (TH341A)

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Objectives

- Explain three predictors of quality of life for vulnerable populations diagnosed with cancer.
- Illustrate how the construct of financial toxicity may need to be operationalized differently based on the unique needs of vulnerable patient populations.

Original Research Background. There is growing recognition that patient reported outcome (PRO) measures complement traditional biomedical measures in conveying important information for cancer care decision making. With increasing cancer care costs understanding how the cost of medical care affects patient outcomes, particularly for patients in vulnerable populations, is imperative.

Research Objectives. This is a sequential mixed methods study (n=115) that aims to identify financial, psychosocial, and cancer related factors that affect patient outcomes. Our secondary aim was to explore the construct of financial toxicity among the poor and underserved populations diagnosed with cancer.

Methods. Adult (age 18+) patients diagnosed with cancer requiring drug therapy at an infusion center focused on serving uninsured, underinsured and low income patients were enrolled in the PRO study and data was collected at 2 time-points.

Standardized assessment instruments were used including: the Functional Assessment of Cancer Therapy (FACT-G), the CAHPS Cancer Care Survey, the PROMIS NIH (Anxiety, Depression, Fatigue, Pain Interference, and Physical Function), and the Comprehensive Score for Financial Toxicity (COST). Qualitative interviews were conducted to assess the relevance and utility of the COST measure for patient's financial stressors.

Results.

- 61.5% of our study population has a household income less than $25,000 (compared to 21.4% of patients in the national CanCORS II cancer cohort study).
- 20% of our study population had private insurance (compared to 80% of patients in CanCORS II).
- Depression, pain interference, and financial toxicity were found to be consistently significant predictors of quality of life in our study population, controlling for demographics and disease specific variables.

Conclusion. Financial toxicity continues to be a strong predictor of quality of life but qualitative data reveal the specific financial burdens experienced by financially vulnerable populations differ from typical cancer populations reported in the literature.

Implications for Research, Policy, or Practice. Opportunities for future research include creating a validated scale appropriate for poor population.

Caregiver-Reported Concerns and Challenges with Medications: Findings from Structured Interviews with Primary Caregivers of Patients with Cancer (TH341B)

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Objectives

- Describe caregiver-reported challenges to understanding and managing medications when caring for a family member with cancer.
- Recognize and address caregivers' difficulties with integrating and applying information about safe and efficacious medication use.

Original Research Background. For patients with cancer, family caregiver-administered medication is often essential for high-quality care. While previous studies have focused primarily on analgesics, other medication-related issues may pose challenges for caregivers.

Research Objectives. We conducted a qualitative study to elicit caregivers' concerns about medications to inform future interventions.

Methods. From October-December 2017, we audio-recorded semi-structured phone interviews with 35 adults who were primary caregivers for a patient who died with cancer between July-December 2016. Two analysts independently coded transcripts using content analysis and summarized results as major themes.

Results. Most caregivers were white (91%), female (63%), spouses (89%) with a college education (60%). Twenty-seven (77%) had concerns about medications. We identified three major themes. <u>First</u>, *caregiver overload that impeded understanding*: "I am in shock… I didn't ask the questions. Looking back, there were a lot of things I should have asked." <u>Second</u>, *stigma/fear resulting in under-treatment of patient pain*: "I didn't want to take a chance on overdosing him." "My family is drug-resistant, we don't