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LETTER TO THE EDITOR

Reply to: Letter on "Objective and subjective financial burden and health-related quality of life among lung cancer patients" by Joohyun Park

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To the editor:

We appreciate Joohyun Park's interest in our recently published article, "Objective and subjective financial burden and its associations with health-related quality of life (HRQOL) among lung cancer patients." Park has expressed concerns regarding the explanation of findings and provided suggestion for future study.

First, Park raised questions on the subjects recruited from the inpatient unit. We believe that a contextualized understanding of the treatment setting for cancer patients in Mainland China would help in responding to the question. In Mainland China, lung cancer patients are generally treated in the hospital inpatient setting [1]. In contrast to countries such as the USA, few clinical treatment options for cancer patients are delivered in community healthcare settings in Mainland China. Physical examination and therapies (e.g., chemotherapy and radiotherapy) are included in routine inpatient care for lung cancer [1]. Therefore, we suggest that the cancer patients from the inpatient unit in the current study could vary in the severity of their disease.

Second, we agree that healthcare spending tends to be higher in treating lung cancer compared with other types of cancer. In addition, it is not surprising that the proportion of patients who experienced high cancer-related financial burdens in excess of 40% of family income is much higher in the current study using samples from Shanghai, China, compared with Park and Look's study [2] using samples from the USA. According to statistics from the World Health Organization, the ratio of out-of-pocket health expenditures to total healthcare expenditure in 2014 was approximately 11% in the USA, which was smaller than that in Mainland China (33%) [3]. The ratio of out-of-pocket health expenditures to total healthcare expenditure may be even higher for lung cancer. For example, a study conducted in one of the largest cities (Beijing) in China reported that lung cancer patients had paid 42.6 to 53.3% of the total healthcare expenditure [4]. The current study examined the association between financial burden and HRQOL and identified the financial burden as a risk factor for poor HRQOL in lung cancer patients in Mainland China. Nevertheless, we agree that whether the findings can be generalized to other types of cancer or other countries should be investigated in further study.

Third, regarding the HRQOL measurement, the Functional Assessment of Cancer Therapy-Lung (FACT-L) is composed of FACT-General (FACT-G) and Lung Cancer Subscale (LCS). FACT-G was developed to measure quality of life in cancer patients receiving therapy and is widely used across diverse cancer patient populations [5]. The LCS measures disease-related symptoms in lung cancer, including shortness of breath, cough, tightness in chest, and pain. Patients with small cell lung cancer may experience these symptoms [6], which can be captured by the LCS. Because of this, we consider FACT-L is applicable for measuring HRQOL in patients with small cell lung cancer.

Lastly, we appreciate Park's suggestions for further study. The discrepancy between objective and subjective financial burdens could be an interesting research topic. Further study might use interviews to better understand this discrepancy and examine the impact of the discrepancy on HRQOL in patients with lung cancer.

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Compliance with ethical standards

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