New Study Shows Patients Paying More Out-of-Pocket Costs for Cancer Care

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ATLANTA, September 13, 2022 — A new, large study led by researchers at the American Cancer Society (ACS) and The University of Texas MD Anderson Cancer Center shows rising costs of cancer treatments led to increases in total costs of care, and when compounded with greater cost sharing, increased out-of-pocket (OOP) costs for privately insured, patients under 65 years old. The research is one of the first to comprehensively examine trends in the costs of cancer care for privately insured non-elderly adults for the four most common cancers. Researchers discovered OOP costs went up more than 15 percent for all cancers to more than $6000 for breast, colorectal, and lung cancer patients and $4500 for patients with prostate cancer in 2016. The results were published today in the *Journal of the National Cancer Institute* (JNCI).

“Our study provides new evidence of the growing financial burden for nonelderly patients with cancer with private health insurance coverage,” said Dr. Robin Yabroff, scientific vice president, health services research at the American Cancer Society and senior author of the study. “Policy initiatives to mitigate financial hardship should consider cost containment as well as insurance reform, as most Americans will not be able to afford such an unexpected expense.”

For the study, the authors estimated trends in total and OOP costs around the first year of diagnosis for privately insured nonelderly adult cancer patients. Researchers constructed cohorts of 105,255 breast, 23,571 colorectal, 11,321 lung, and 59,197 prostate cancer patients diagnosed between 2009 and 2016 using claims data from the Health Care Cost Institute. They identified cancer-related surgery, intravenous (IV) systemic therapy, and radiation and calculated associated total and OOP costs (in 2020 US dollars).

The study results also showed for patients diagnosed between 2009 and 2016, total mean costs per patient increased from $109,544 to $140,732 for breast (29%), $151,751 to $168,730 for lung (11%) or $53,300 to $55,497 for prostate (4%) cancer were statistically significant. Increase for colorectal cancer (1%, $136,652 to $137,663) was not statistically significant. The use of intravenous (IV) systemic therapy and radiation statistically significantly increased, except for lung cancer. Cancer surgeries statistically significantly increased for breast and colorectal cancer but decreased for prostate cancer. Total costs increased statistically significantly for nearly all treatment modalities, except for IV systemic therapy in colorectal and radiation in prostate cancer.

“This trend of rising OOP costs among patients with private insurance is concerning because high-deductible plans are becoming more common in the private insurance market,” said Ya Chen Tina Shih, Ph.D., professor of Health Services Research at The University of Texas MD Anderson Cancer Center and lead author of the study. “The recently-passed Inflation Reduction Act is a step toward addressing this challenge, focusing on reductions in pricing for high-cost Medicare drugs and limiting out-of-pocket costs for seniors.”

“Unfortunately, as these data show**,** cancer patients are increasingly facing a dual diagnosis of cancer and cancer-related financial toxicity,” said Lisa Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN), ACS’s advocacy affiliate. “High-deductible health plans along with the proliferation of inadequate short-term plans often leave patients responsible for thousands of dollars out of pocket. These costs can then compound as many patients have to reduce their work hours or some even lose their jobs due to treatment-related side effects. We need Congress to work together to find solutions that help all cancer patients afford their care.”

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