High Healthcare Spending and Out-of-Pocket Burden for Working-age Patients Newly Diagnosed With Cancer, Latest Research Suggests

The American Cancer Society led research to be presented at the 2024 ASCO Quality Care Symposium

ASCO Quality Care Symposium Abstract #16 (Poster Board A10)
(Healthcare spending and out-of-pocket burden for working-aged adults after a cancer diagnosis)

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ATLANTA, September 23, 2024 —New findings by researchers at the American Cancer Society (ACS) show total healthcare spending in the six months after a cancer diagnosis is considerable in the working-age population, with high out-of-pocket (OOP) costs for patients with private non-health maintenance organization (HMO) coverage. The study will be presented at the annual American Society of Clinical Oncology (ASCO) Quality Care Symposium in San Francisco, September 27 – 28, 2024.

In the study, led by Dr. Jingxuan Zhao, senior scientist, health services research at the American Cancer Society, researchers used the 2012-2021 Colorado Central Cancer Registry linked to the Colorado All-Payer Claims Database to identify adults aged 22-63 years newly diagnosed with invasive cancer who were consecutively enrolled on the same insurance type for the month of diagnosis and six months after (or until death). Researchers used quantile regression to adjust spending by age and sex and report median insurer reimbursements for medical care and pharmacy costs and OOP spending (copays, deductibles, coinsurance) for the most common insurance and cancer types.

The results showed, that among 31,179 individuals newly diagnosed with cancer, the median total spending six months after diagnosis across all cancers ranged from $59,022 for those insured by private non-HMO plans to $26,887 for those enrolled on Medicaid and $19,152 for those on Medicare Advantage plans. The majority of spending was for medical care. For individuals insured by private non-HMO plans, those with lymphoma had the highest total median spending at $130,408, followed by lung ($94,207), breast ($87,830), and leukemia ($82,445). Although total spending was markedly lower among those insured by Medicaid, among this group, individuals with leukemia ($50,399) and lymphoma ($48,747) experienced the highest median spending. OOP spending was substantially higher for those insured by private non-HMO plans ($3,582 or approximately $511/month) across all cancer types, and highest for lymphomas ($3,966) and lung ($3,455) cancers.

With the cost of cancer care increasing the financial burden on patients, researchers emphasized the need for programs to help alleviate medical expenditures.

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, Twitter, and Instagram.

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