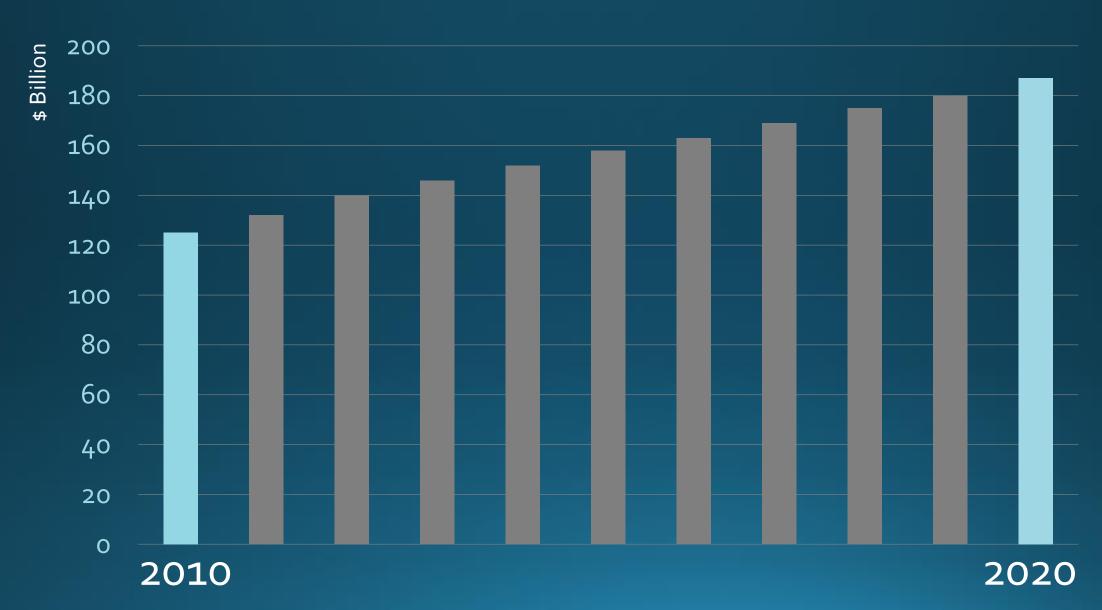
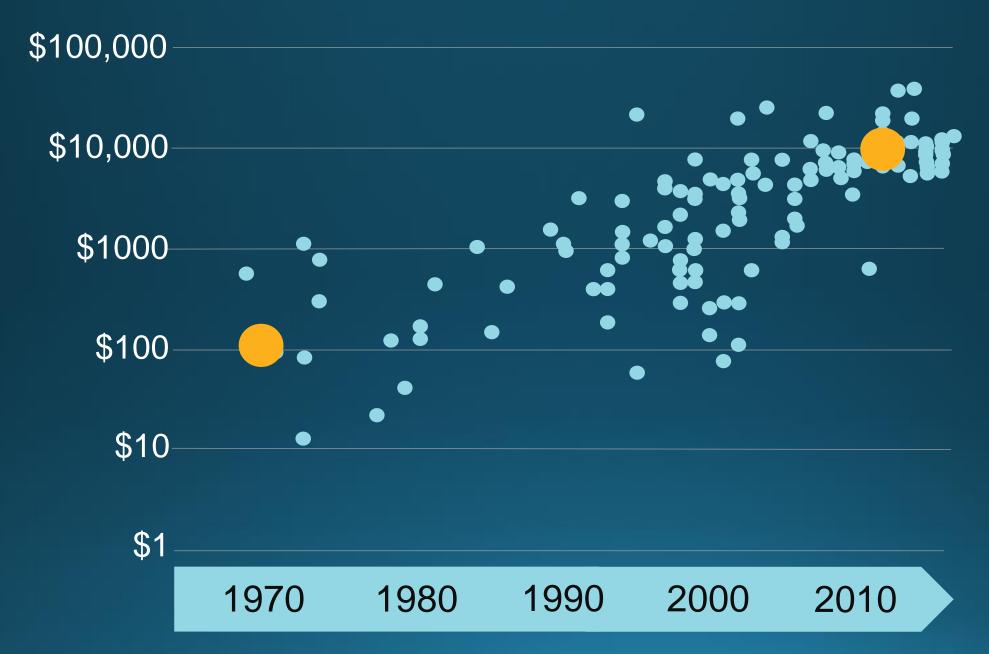
# FINANCIAL TOXICITY OF CANCER CARE

Yousuf Zafar, MD, MHS Associate Professor of Medicine and Public Policy Duke Cancer Institute



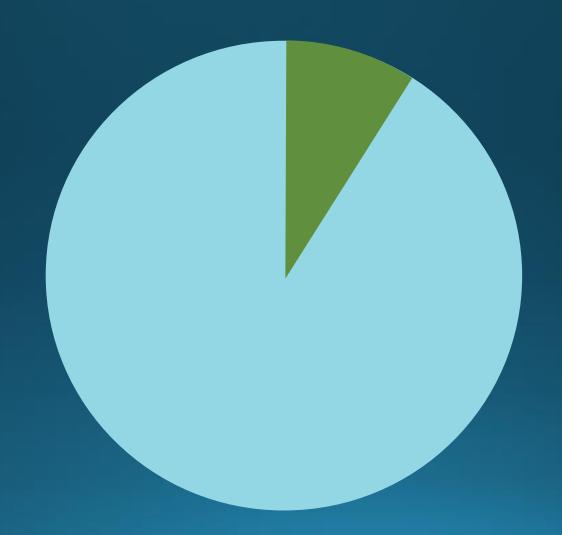
#### **HOW MUCH DOES CANCER COST?**





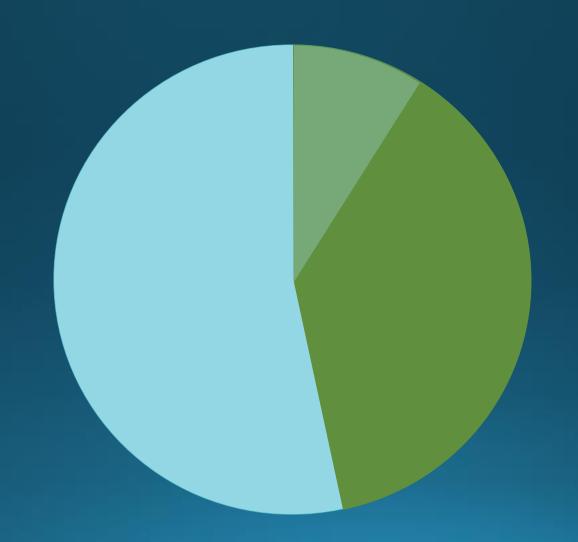
# BIOLOGICS

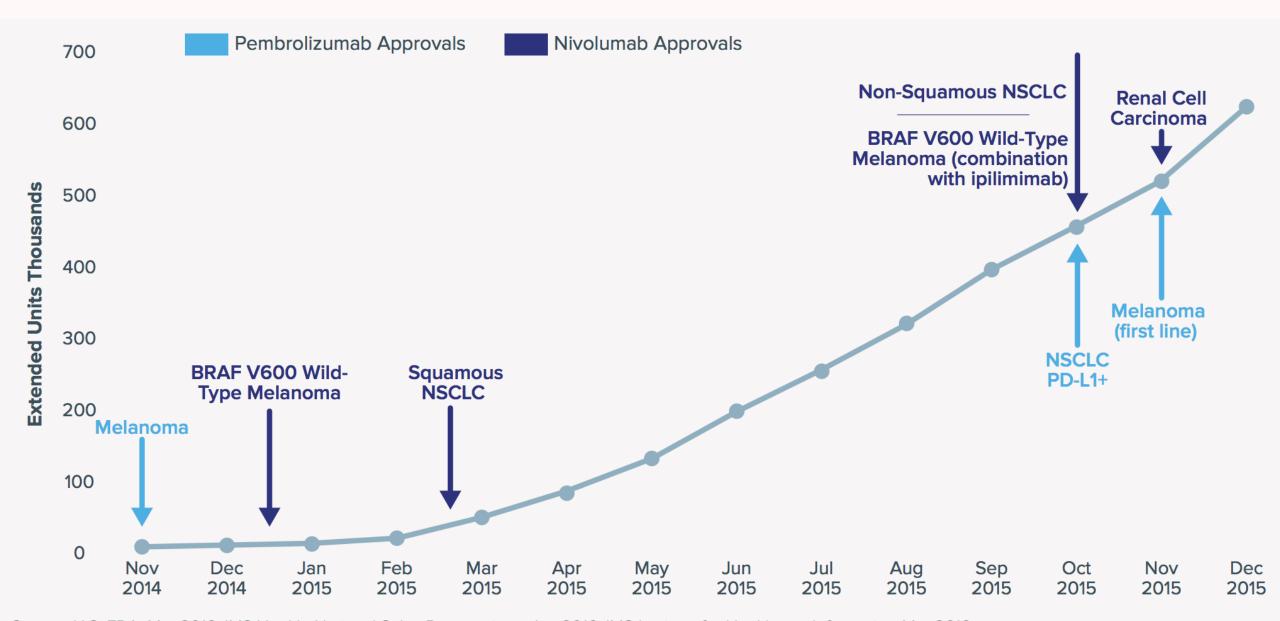
2003



# BIOLOGICS

2013

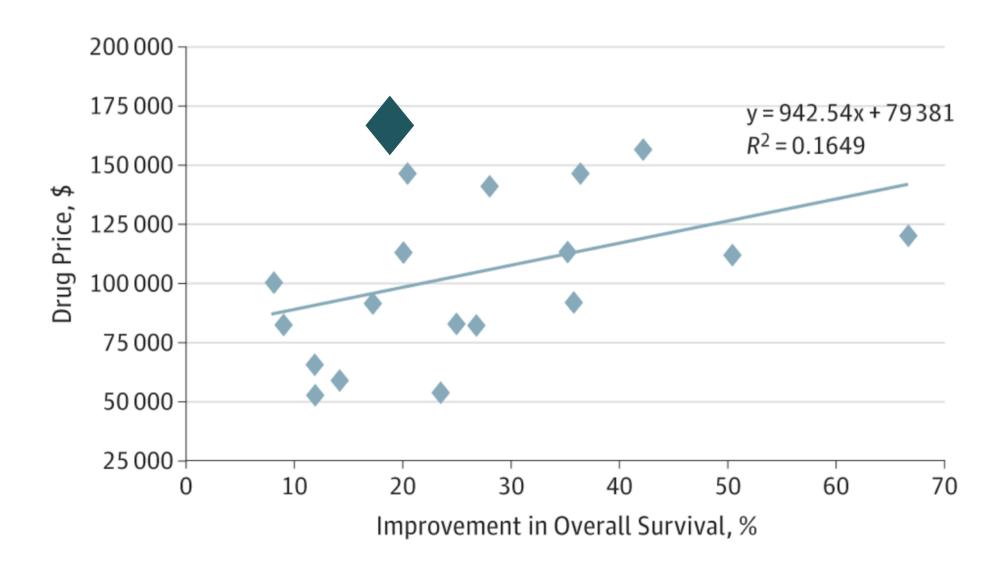




Source: U.S. FDA, Mar 2016; IMS Health, National Sales Perspectives, Jan 2016; IMS Institute for Healthcare Informatics, Mar 2016



#### **COST VERSUS BENEFIT**



"Our results suggest that current pricing models are not rational but simply reflect what the market will bear."

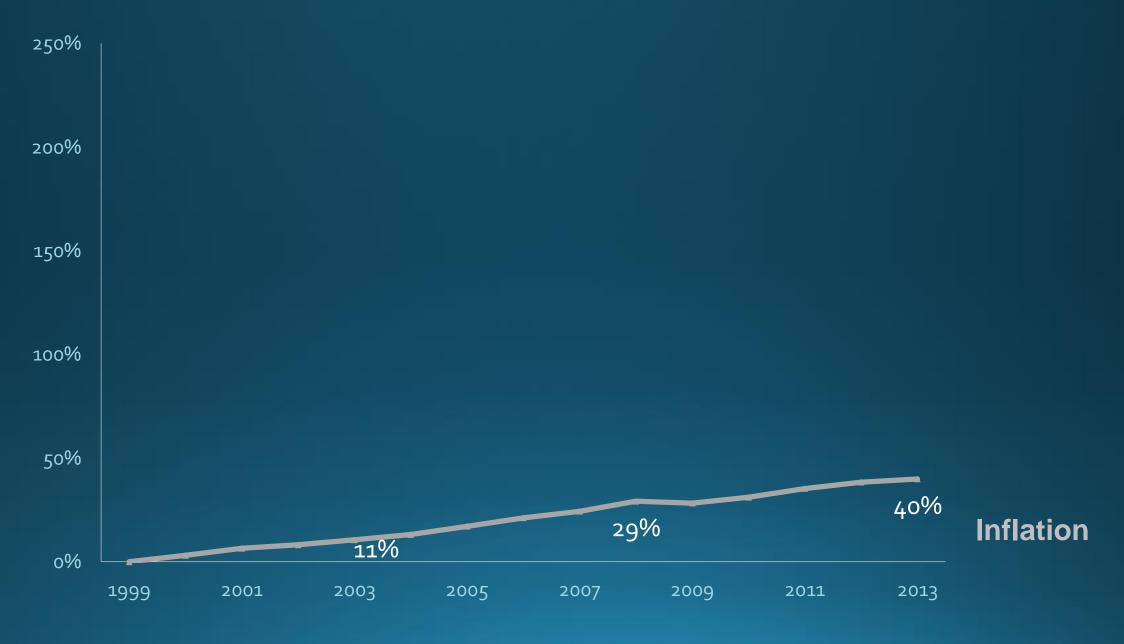
## "ACCEPTABLE"

\$50,000 - \$200,000 per year of life in perfect health

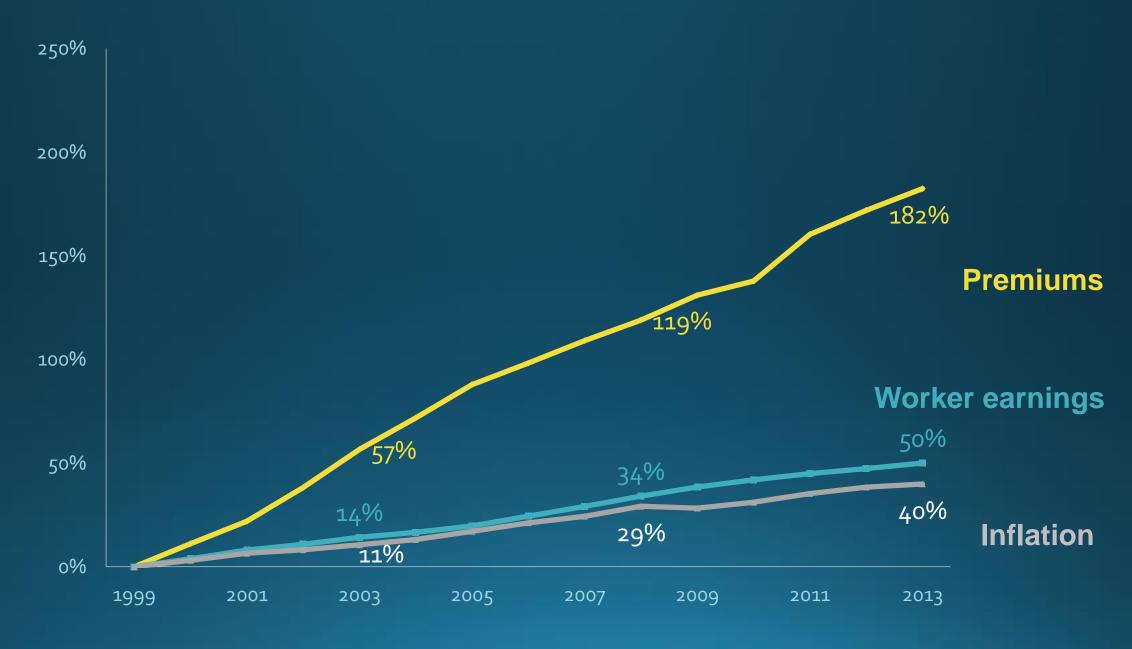
## REGORAFENIB

1 year of life in perfect health:

\$975,954

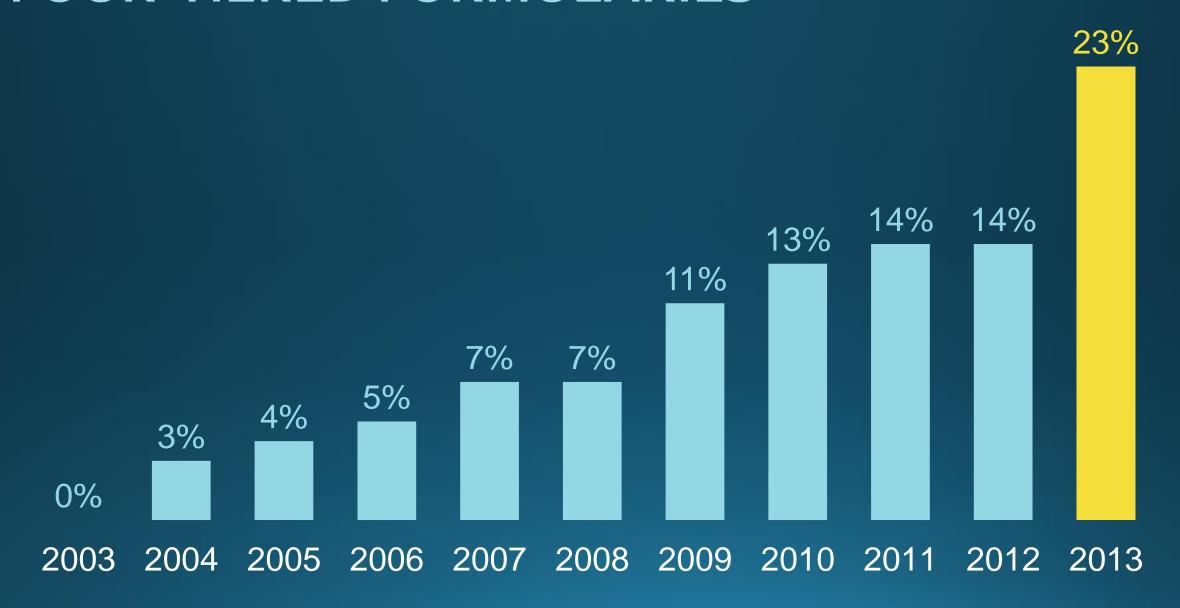








#### FOUR-TIERED FORMULARIES



## Patient costs, 2014

\$8,000

\$7,000

\$6,000

\$5,000

\$4,000

\$3,000

\$2,000

\$1,000

\$0

\$3,033

Orals

\$7,040

IVs

# 2.65x RISK OF BANKRUPTCY

# 7,570 matched patients

79% greater mortality risk

HR 1.79 (1.64, 1.96)

Extreme financial distress

Greater risk of mortality

**Extreme** financial distress

Well-being

Greater risk of mortality

#### Foregone vacations

68%

Cut grocery expenses

46%

Depleted savings

46%

n=254

50% willing to declare bankruptcy

39% willing to sell their home

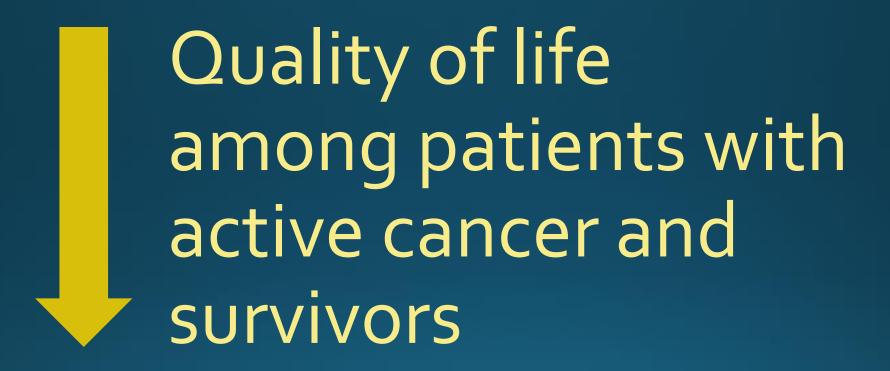
73% willing to spend less on food/clothing

**Extreme** financial distress

# Health related quality of life

Greater risk of mortality

# High financial burden:



adjusted beta 0.06 EQ-5D unit per financial burden category; p<.001

**Extreme** financial distress

Quality of care

Greater risk of mortality



45% WERE NON-ADHERENT Extreme financial distress

Well-being Health-related quality of life Quality of care

Greater risk of mortality

Buying less clothing

**Financial distress** 

**Buying less food** 

Working longer hours

Spread out chemotherapy appointments

Cutting out vacations

Missed appointments

Bankruptcy

Using credit

Declining tests

**Spending savings** 

Taking fewer medications

Using other people's medications

**Selling property** 

Borrowing from friends or family

Replaced prescriptions with over the counter medications

Non-adherence

Delaying care

Buying less clothing

#### **Buying less food**

**Financial distress** 

Working longer hours

Spread out chemotherapy appointments

Cutting out vacations

Missed appointments

# THE DIFFERENCE BY AND WELL BY SERVER STREET

Using other people's medications

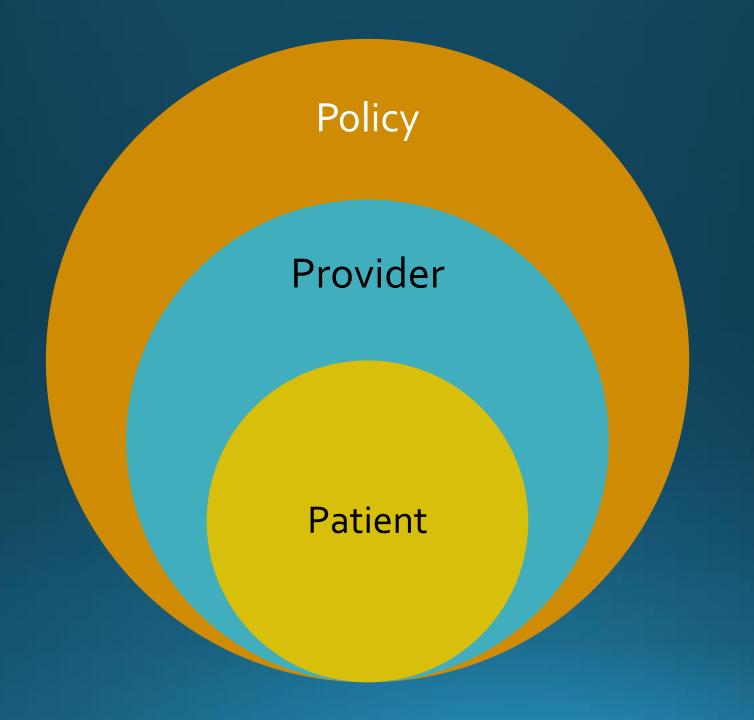
Selling property

Borrowing from friends or family

Replaced prescriptions with over the counter medications

Non-adherence

Delaying care



#### MANUFACTURERS

GOVERNMENT

INSURERS

HEALTH SYSTEMS

### MANUFACTURERS

GOVERNMENT

INSURERS

HEALTH SYSTEMS

### MANUFACTURERS

GOVERNMENT

INSURERS

HEALTH SYSTEMS

GOVERNMENT

INSURERS

In order to promote competition... the Secretary [of HHS]:

- may not interfere with the negotiations between drug manufacturers and pharmacies and PDP sponsors; and
- may not require a particular formulary or institute a price structure for the reimbursement of covered part D drugs.

**Individuals & Families** 

**Small Businesses** 

Español

Log in

**Get Coverage** 

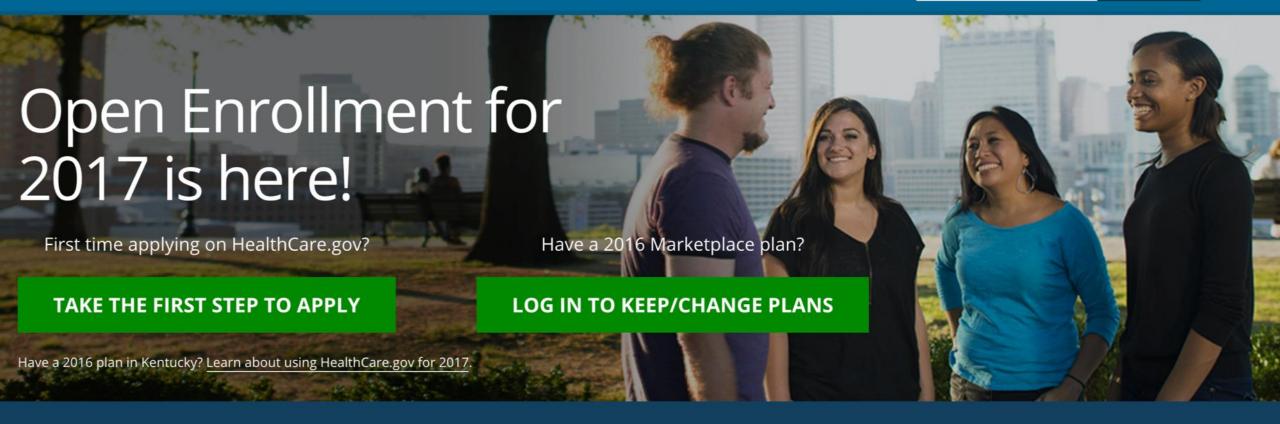
**Keep or Update Your Plan** 

See Topics ▼

**Get Answers** 

Search

**SEARCH** 





**DATES & DEADLINES** 



**STILL NEED '16 PLAN?** 



**WILL YOU SAVE?** 



FIND LOCAL HELP

**SEE NOW** 

**SEE IF YOU CAN ENROLL** 

**FIND OUT FAST** 

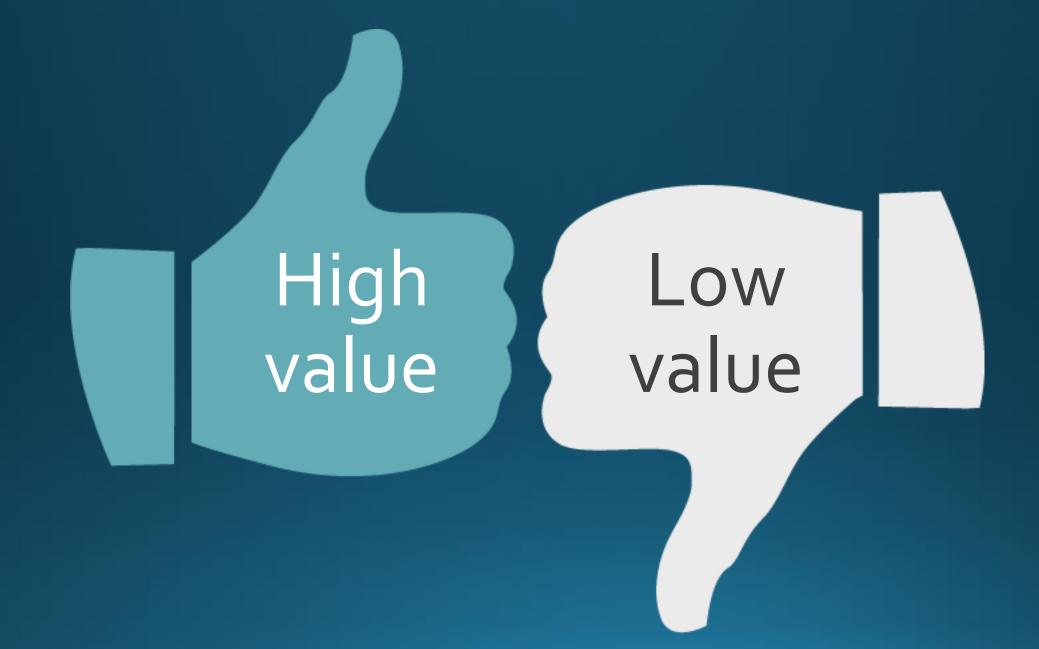
**SEARCH NOW** 

GOVERNMENT

INSURERS

GOVERNMENT

INSURERS



Bevacizumab for pancreatic cancer

Imatinib for CML

Bevacizumab for pancreatic cancer

Imatinib for CML

Bevacizumab for pancreatic cancer

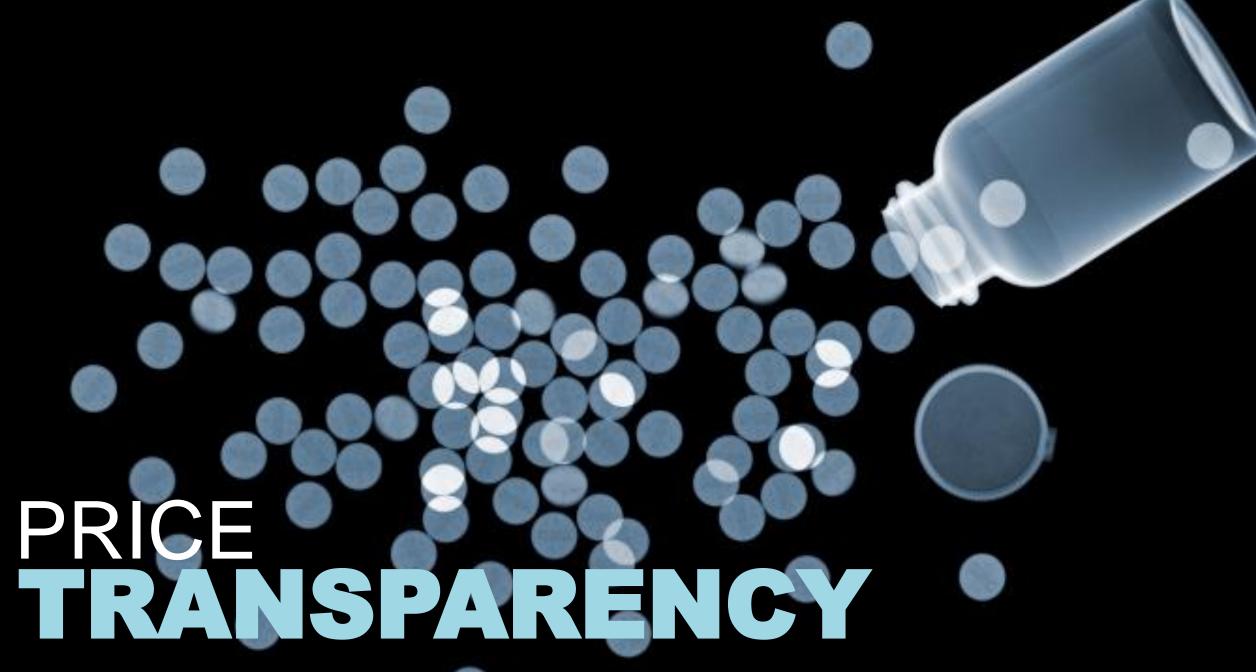
Imatinib for CML

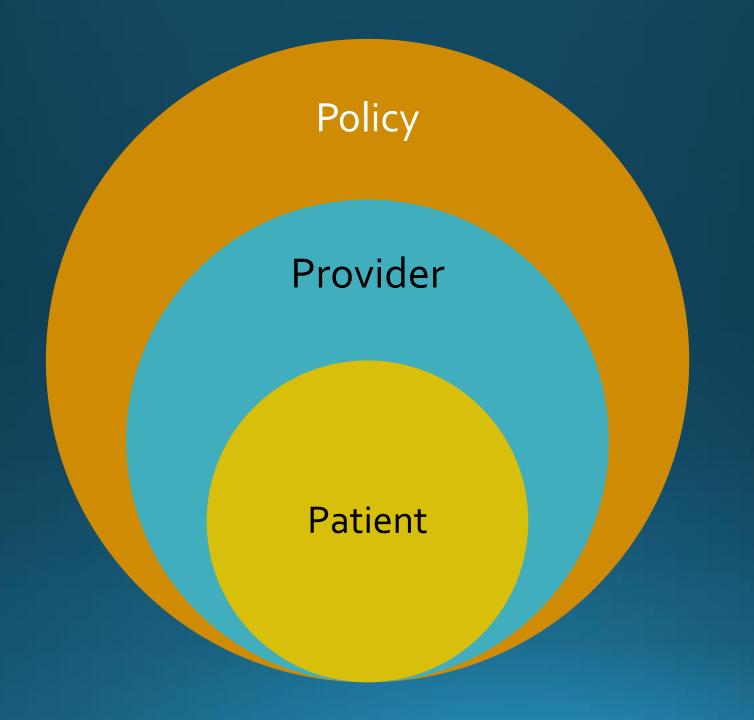
GOVERNMENT

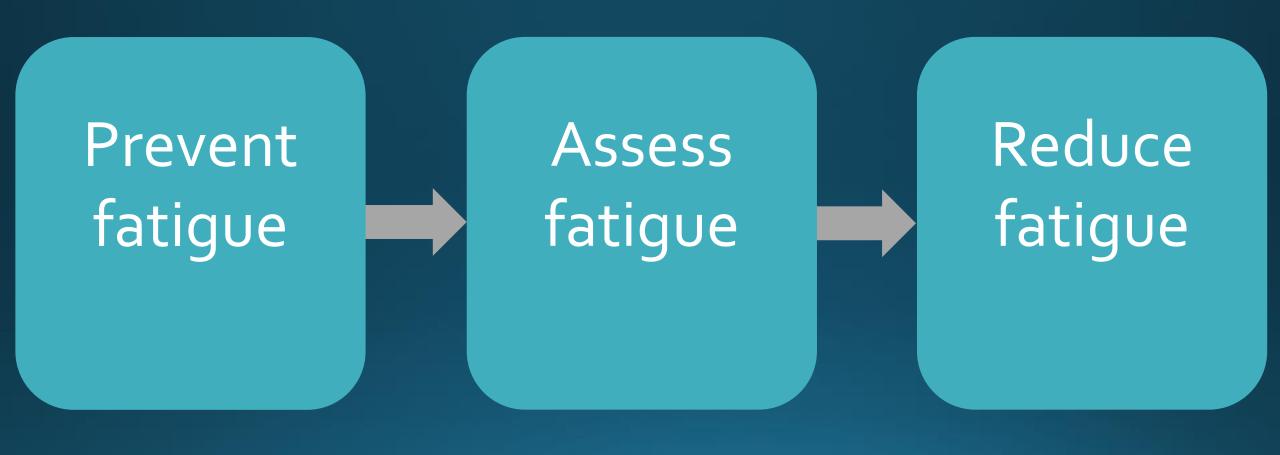
INSURERS

GOVERNMENT

INSURERS







Prevent financial toxicity

Assess financial toxicity

Reduce financial toxicity



Assess financial toxicity



# Focus on high-value interventions

# Choosing 5 E Wisely

An initiative of the ABIM Foundation

# Don't use cancer-directed therapy for solid tumor patients with:

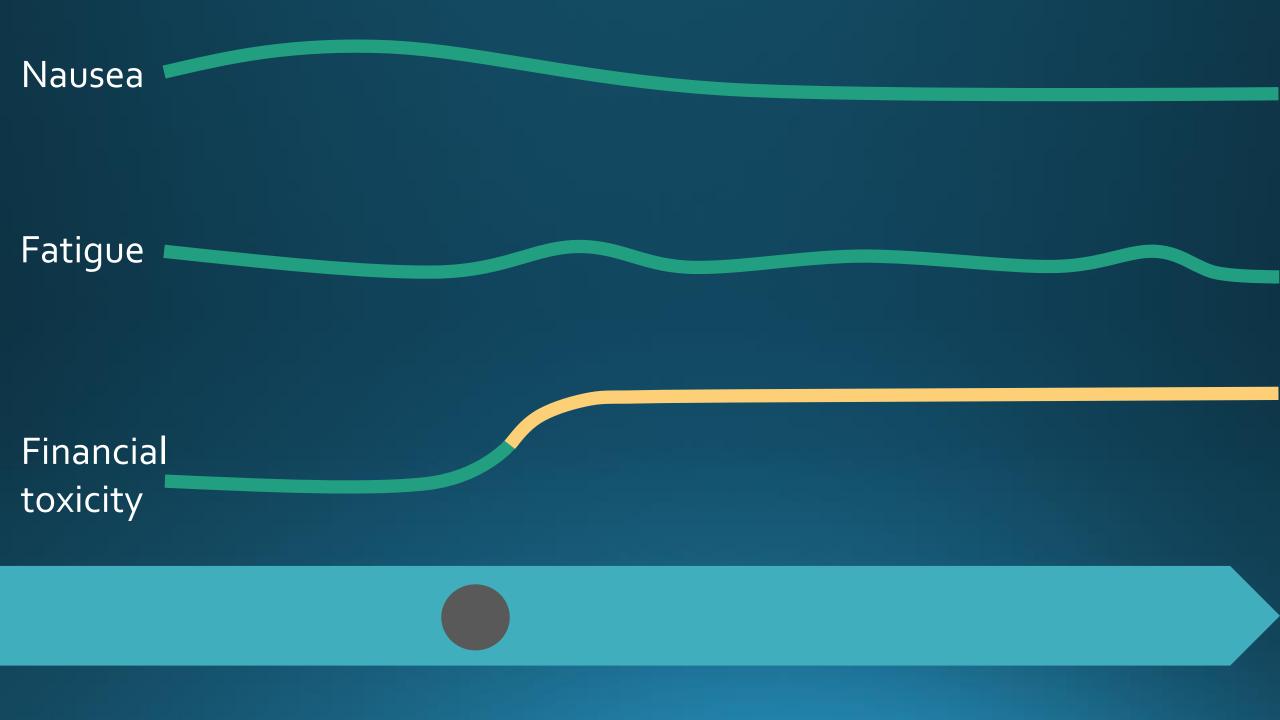
- low performance status (3 or 4)
- no benefit from prior evidence-based interventions
- not eligible for a clinical trial
- no strong evidence supporting the clinical value of further anti-cancer treatment.

# Goals of care

Prevent financial toxicity

Assess financial toxicity

Reduce financial toxicity



Prevent financial toxicity

Assess financial toxicity

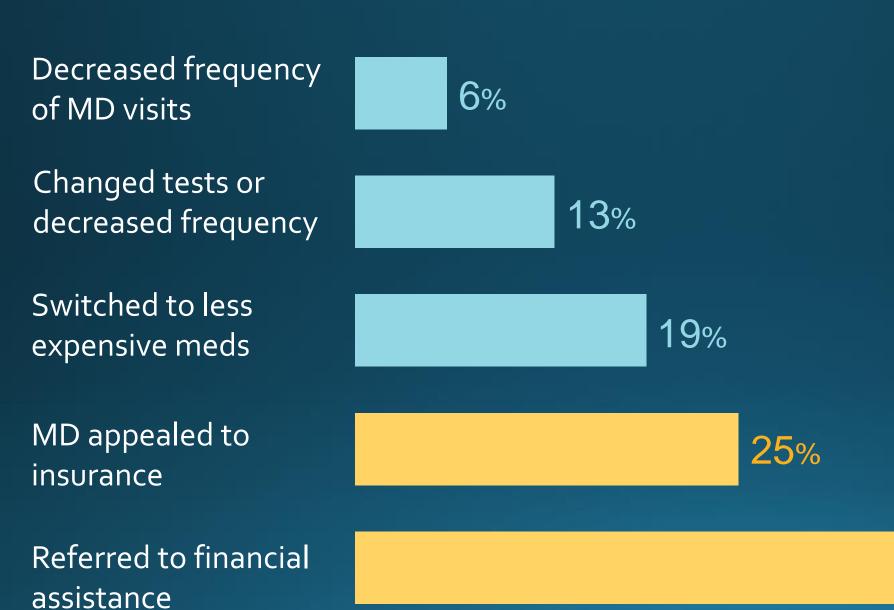
Reduce financial toxicity

## Do patients want to discuss costs?

52% desire a cost discussion with oncologists

1 90/0 actually have a cost discussion

### How were costs decreased?



53%



FINANCIAL ASSISTANCE, NAVIGATION, COMMUNICATION, AND EDUCATION

HOME SECTIONS

TIONS ABOUT





