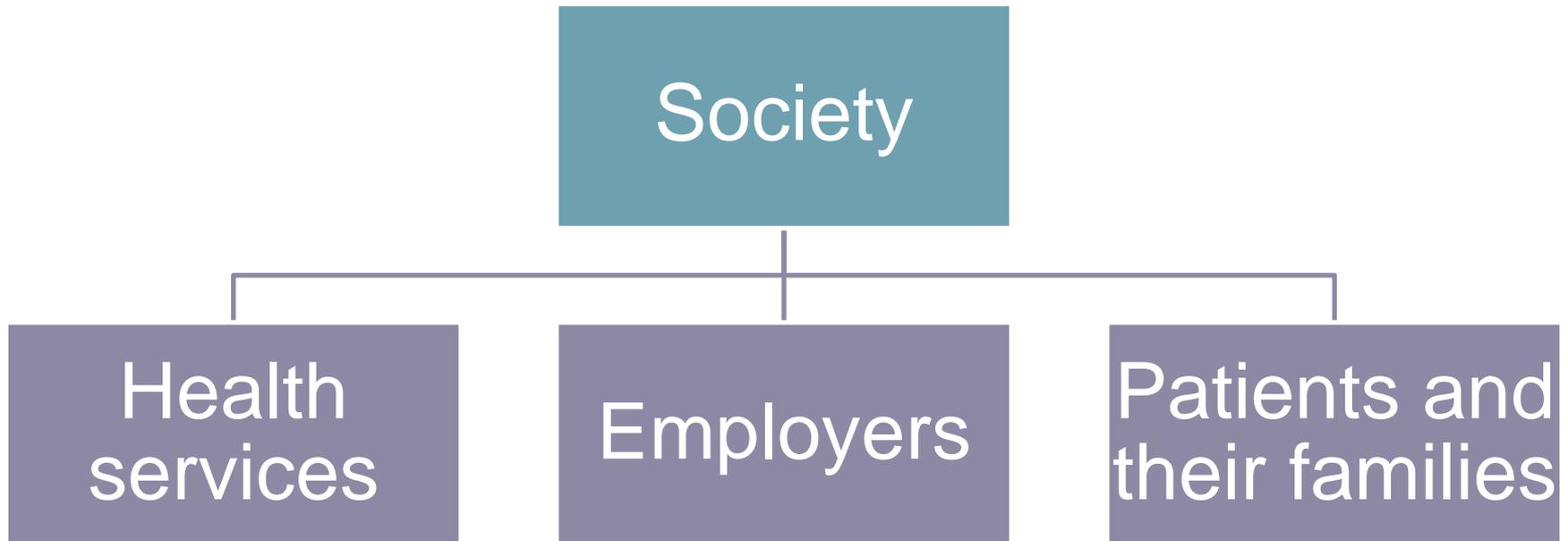


Economics of cancer from the patient (and family) perspective

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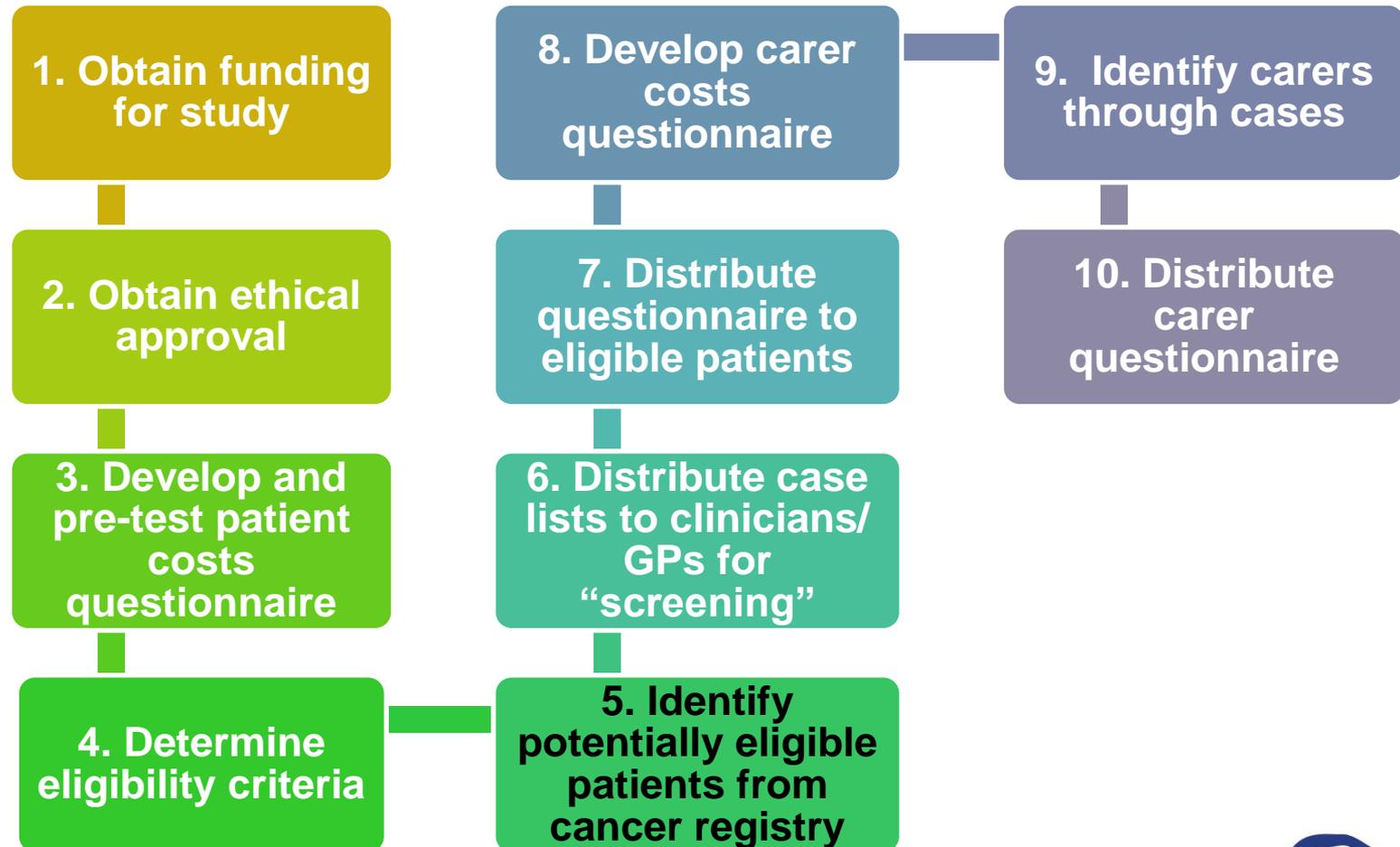
Where the costs of cancer fall



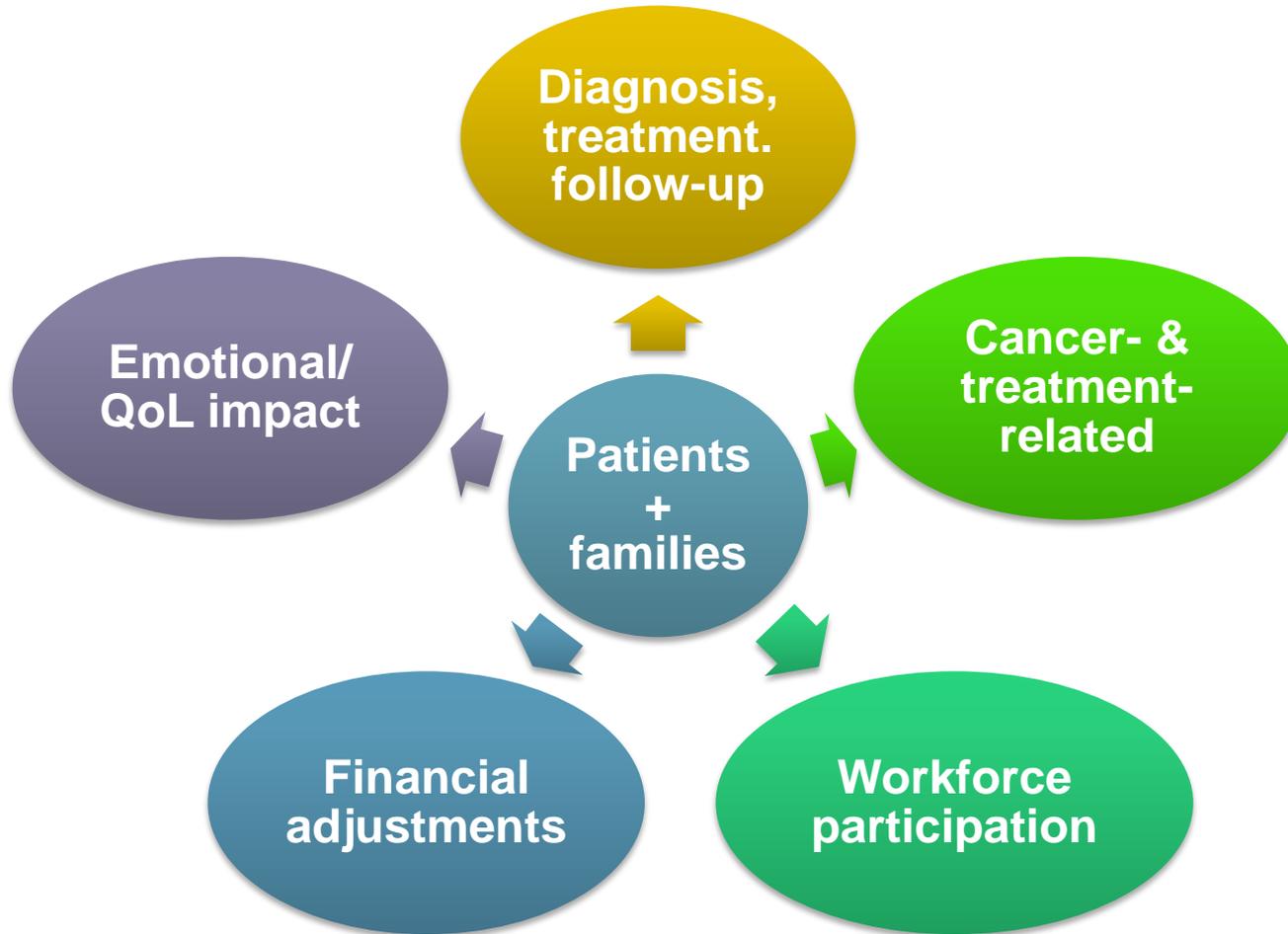
NCRI studies of the economic and financial impact of cancer on patients and families

	Cancer (s)	Methods
1	Breast, prostate, lung	<ol style="list-style-type: none">1. In-depth interviews with key informants (Oncology Social Workers)2. In-depth interviews with patients3. Cross-sectional postal survey of patients (3-24 months post diagnosis; n=754 participated (54%))
2	Colorectal	<ol style="list-style-type: none">1. Focus group with key informants (bowel cancer support group)2. In-depth interviews with patients (+/- main carer)3. Cross-sectional postal survey of patients (6-30 months post-diagnosis; n=495 participated (39%))4. Cross-sectional postal survey of carers (n=154 participated (68%))

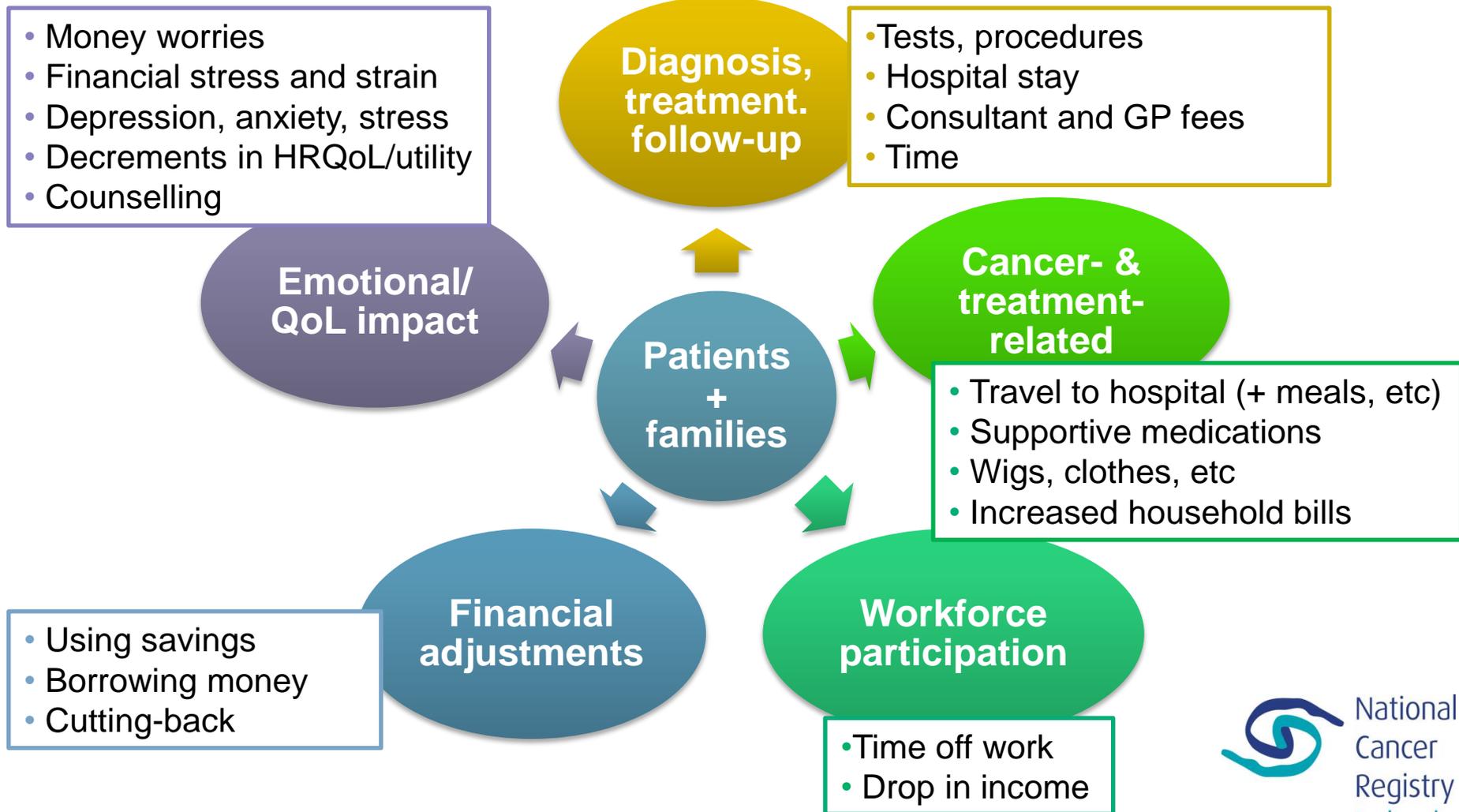
Economic and financial outcomes of cancer: study flow



Economic and financial consequences of cancer



Economic and financial consequences of cancer



Results: Initial treatment-related time & travel costs (colorectal cancer)

		Mean cost incurred (€2008)
Overall		€11,055
<i>By site</i>	Colon	€10,561
	Rectum	€11,860
<i>By treatment type</i>	Surgery	€7,104
	Chemotherapy	€3,629
	Radiotherapy	€5,301
<i>By stage</i>	I	€6,719
	II	€8,257
	III	€11,677
	IV	€10,380

Results: Out-of-pocket expenses (breast, prostate and lung cancer)

	<i>% of respondents who paid for</i>	<i>median amount (€2007-2008)</i>
counselling	6%	€360
physiotherapy	9%	€320
other therapies (e.g. occupational)	2%	€400
complementary therapies	15%	€300
prescription medications	29%	€300
over-the-counter medications	39%	€100
dietary supplements	13%	€200
wigs/hairpieces	40%*	€400
lymph drainage	5%*	€140
travel/parking (for hospital appts)	79%	€425
increased household bills	59%	-#

* of women with breast cancer; # amount not assessed

Results: Workforce participation after cancer diagnosis (breast and prostate)

Continued working: 18% of those working at diagnosis

Factors significantly associated with increased likelihood of continuing working post-diagnosis

self-employed

prostate cancer

did not have surgery

lower pre-diagnosis income

52% of those working at diagnosis experienced a drop in income

Time off work post-diagnosis: 82%

Received any sick pay: 53%

Permanently left workforce: 18%

Resumed working: 66%

Planned to resume working: 16%

Average absence: 30 weeks

Average reduction in working hours: 8 pw

Results: Health-related QoL (colorectal cancer)

Mean EQ5D utility score by patient characteristics, with p values from anova tests

Factor		Mean score	p value
Sex	Male	0.81	0.651
	Female	0.82	
Site	Colon	0.83	<0.001
	Rectum	0.76	
Time since diagnosis	6-12 months	0.80	0.374
	12-23 months	0.81	
	24-30 months	0.85	
Stage at diagnosis	I/II	0.82	0.511
	III/IV	0.81	
	unknown	0.79	
Stoma	Yes	0.73	<0.001
	No	0.84	

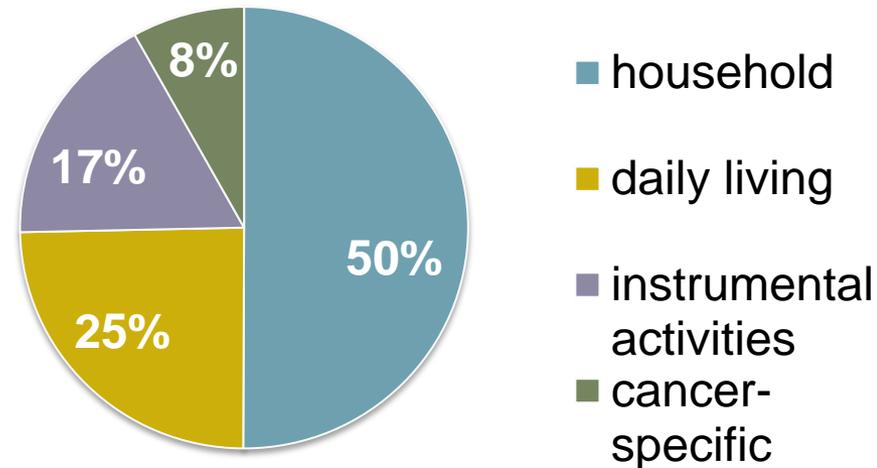
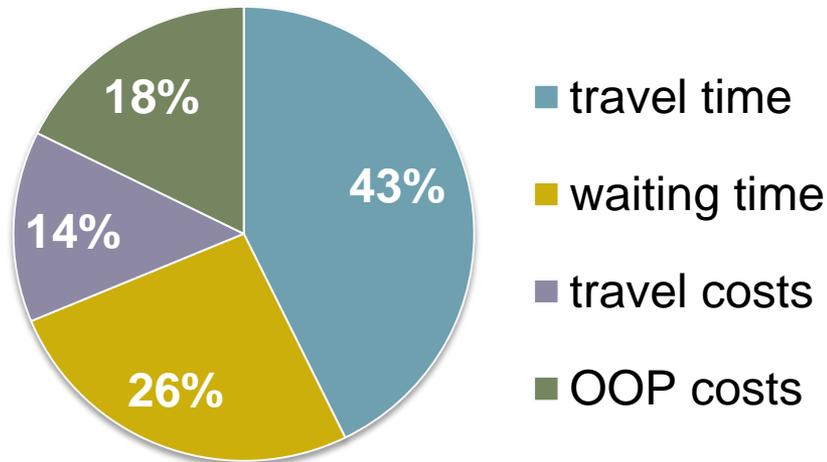
Results: Costs of informal care (colorectal cancer)

Diagnosis and initial treatment:
mean carer costs
(€2008)

Overall	€5,227	range €0-€19,169
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Extra activities: mean carer time
costs in first 3 months post-diagnosis
(€2008)

Overall	€7,339	range €0-€24,179
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Conclusion

- Cancer imposes a significant financial and economic burden on patients and their families.
- By providing a sampling frame, cancer registries can facilitate the conduct of population-based studies of the economic and financial impact of cancer on patients and their families.
- The data collected in these studies can also contribute to the estimation of cancer costs from other perspectives (e.g. health services, employers, society).

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Collaborators

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Anthony Staines, Dublin City University

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