Title: Experience of Financial Burden and Distress Among People with Ovarian Cancer

Branlyn W. DeRosa, PhD\textsuperscript{1}, Alexandra K. Zaleta, PhD\textsuperscript{1}, Angela J. Johnson, BS\textsuperscript{1}, Kelly A. Clark, MA\textsuperscript{1}, Jemeille Ackourey, MPH\textsuperscript{1}, Sarah DeFeo, MPA\textsuperscript{2}, Marcia Donziger, BA\textsuperscript{3}, Sue Friedman, DVM\textsuperscript{4}, Shannon La Cava, PsyD\textsuperscript{5}, Nita K. Lee, MD, MPH\textsuperscript{6}, Ritu Salani, MD, MBA\textsuperscript{7}, Alexi A. Wright, MD, MPH\textsuperscript{8}

\textsuperscript{1}Cancer Support Community, Research and Training Institute, Philadelphia, PA
\textsuperscript{2}Ovarian Cancer Research Alliance, New York, NY
\textsuperscript{3}Cancer Support Community, Washington, DC
\textsuperscript{4}FORCE-Facing our Risk of Cancer Empowered, Tampa, FL
\textsuperscript{5}Cancer Support Community Los Angeles, Los Angeles, CA
\textsuperscript{6}The University of Chicago, Department of Gynecologic Oncology, Chicago, IL
\textsuperscript{7}The Ohio State University, Division of Gynecologic Oncology, James Cancer Hospital, Columbus, OH
\textsuperscript{8}Dana-Farber Cancer Institute, Boston, MA

Objectives: The impact of ovarian cancer (OC) is wide-reaching; this study explored cancer-related financial burden related to cost of care in people ever diagnosed with OC.

Methods: 64 OC patients enrolled in Cancer Support Community’s Cancer Experience Registry\textsuperscript{a}. Participants provided demographic and clinical history, and completed 1) CancerSupportSource\textsuperscript{a}, a validated 25-item tool with anxiety and depression risk subscales, and 2) the 11-item COnprehensive Score for financial Toxicity (COST). Descriptive statistics were calculated for responses; Pearson/Spearman correlations and one-way ANOVA (Tukey post-hoc) were used to explore bivariate associations between financial burden, depression/anxiety risk, and demographic/clinical variables.

Results: Participants were 91% non-Hispanic White, mean age=57 years, SD=15. 55% were currently receiving treatment (47% chemotherapy); 33% ever experienced metastatic disease. 22% reported annual income of ≤$40,000; 19% were not-employed due to disability. 13% spent $500+/month on out-of-pocket costs; 63% reported that a health care team member did not discuss cost of care with them. 36% did not know if they had enough assets to cover cancer treatment costs; 1 in 10 (11%) reported they could not meet monthly expenses. 1 in 3 reported (“quite a bit” to “very much”) worry about future financial problems resulting from illness/treatment (39%) and frustration that they cannot work or contribute as much as usual (34%). Greater financial burden was associated with lower income ($= .40, p=.001), greater out-of-pocket costs ($=.24, p=.03), and not working due to disability $F(5,58)=3.84, p=.01$. Among respondents, 38% were at risk for clinical depression; 44% for anxiety; greater financial burden was related to depression risk ($r = .51, p<.001$) and anxiety risk ($r=.32, p=.012$).

Conclusions: Financial burden affects many people with ovarian cancer and is associated with poorer psychosocial outcomes. Ovarian cancer patients and survivors can benefit from access to comprehensive supportive care resources, including financial counseling. Cancer Support
Community offers resources that may help, including a toll-free Helpline with a dedicated financial counselor. Future work will examine multivariate predictors of financial burden in ovarian cancer.