

## Financial Toxicity and Patient-Provider Communication About Cancer-Related Cost Among Prostate Cancer Patients and Survivors

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**Background:** With early screening and advances in treatment, prostate cancer (PC) patients are living longer and facing increasingly complex therapeutic decisions alongside significant financial burden related to care (e.g., copays, coinsurance, other out-of-pocket (OOP) costs). Conversations with providers about financial concerns can help patients navigate these decisions, thereby promoting delivery of quality care and improving quality of life. We characterized financial toxicity (FT) and patient-provider communication about cancer-related cost among PC patients and survivors.

**Methods:** 107 PC patients and survivors enrolled in Cancer Support Community's Cancer Experience Registry completed items assessing FT (11-item FACIT-COST measure; range=0-44, lower scores indicate greater FT). Items include ability to meet monthly expenses, financial stress, and cancer/treatment influence on financial situation. Frequencies and correlations between FT, health care team (HCT) communication, and socio-demographics were examined.

**Results:** Participants were 89% non-Hispanic White, 5% Black, 2% Hispanic; mean age was 68 years (SD=7.5). Median time since diagnosis was 3 years; 19% reported experiencing symptoms of PC at the time of diagnosis. 21% were ever metastatic, 22% experienced a recurrence, and 48% reported currently receiving treatment. 29% were employed full- or part-time; 52% spent at least \$100/month on all OOP PC costs, 30% spent \$250 or more, 16% spent \$500 or more. Mean FT score was 28 (SD=11.9). 67% reported members of their HCT did not discuss cost of treatment, 55% did not discuss impact of PC and treatment on work, 77% did not discuss financial distress. While most participants were satisfied with their doctor's explanation of benefits (89%) and risks/side effects (79%) for each treatment option, only 49% were satisfied with how much their HCT discussed financial costs of each option. Greater patient confidence in communicating with doctor about PC was significantly associated with less FT ( $r=.19$ ,  $p<.05$ ), but experiencing more FT was not correlated with a greater likelihood of HCT discussing cost of treatment ( $r=-.05$ ,  $p=.63$ ) or discussing impact of cancer and treatment on work ( $r=.04$ ,  $p=.67$ ).

**Conclusion:** Results indicate that patients with greater financial toxicity report less confidence in communicating with their doctor about PC, however providers are not frequently or systematically initiating discussions around cost and impact on work even among those experiencing the highest levels of financial burden. Findings underscore the critical value of transparency about health care costs and impact, as well as support

for providers in communicating effectively with patients about costs and available resources, to improve patient quality of life and health outcomes.