

Breast cancer patients prefer knowing costs prior to starting treatment

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Micrograph showing a lymph node invaded by ductal breast carcinoma, with extension of the tumour beyond the lymph node. Credit: Nephron/Wikipedia

Even when they had good health insurance coverage, women with breast cancer reported having financial worries related to their care, and the vast majority said they preferred to know about treatment costs at the time of diagnosis.

The findings from a study by Duke Cancer Institute researchers highlight the importance of considering [medical costs](#) as women face [breast cancer](#) treatment decisions.

"Overwhelmingly, women cared about the cost of their breast cancer care and almost half reported considering costs when making treatment decisions," said Rachel Greenup, M.D., who is presenting the findings Sept. 29 at the ASCO Quality Care Symposium in Phoenix. "Despite this, 79 percent reported never discussing costs with their medical team."

The vast majority of women—eight out of 10—said they preferred knowing the costs of treatment prior to embarking on cancer care. And 40 percent preferred that doctors consider costs when making treatment recommendations.

"Doctors and patients should be open to discussing the financial implications of treatment," Greenup said.

In their study, the Duke team surveyed more than 750 women after breast cancer from the Army of Women and Sisters Network, national organizations of women after breast cancer. All were women with a median age of about 50. Most had either private health insurance or Medicare, and had annual household income of more than \$74,000.

Even within this group—financially better off than many cancer patients—nearly 16 percent reported significant to catastrophic financial burden.

Median reported out-of-pocket costs were \$3,500, although 5 percent of [women](#) faced out-of-pocket costs over \$30,000.

"Cost transparency could improve the quality of [treatment decisions](#) patients make and has the potential to reduce the risk of financial harm," Greenup said.

Provided by Duke University

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