

## Money ills add to cancer struggle

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One in five cancer patients could be experiencing financial difficulties because of their care needs, according to new research published in the *Journal of Cancer Survivorship*.

Lead researcher Dr. Alison Pearce from the Centre for Health Economics Research and Evaluation at the University of Technology



Sydney (UTS), says <u>financial difficulty</u> or 'toxicity' adds to the distress <u>cancer patients</u> experience, so it is important to find ways to reduce this.

Overall, more than 20 per cent of people with <u>cancer</u> in the new study reported financial difficulty as a result of their cancer care. For the unemployed the rate of financial difficulties was 27 per cent, compared to 16 per cent for those in work.

Dr. Pearce says this link between employment status and financial difficulty means helping people remain in work is important.

"Cancer diagnosis and treatment can interfere with a patient's ability to work and only 60 per cent of people, on average, return to work after their <u>cancer diagnosis</u> and treatment," she says.

"Our study shows there is a strong link between employment status and financial dfficulties. So if we can help patients maintain employment, or provide return-to-work programs for survivors, this might help prevent or reduce this stress."

Nearly 3000 participants ranging in age from 18 to 65 with diverse cancer types were included in the study, which used data from the Netherlands and involved an international group of researchers. Nearly half of the participants were employed at the time of the survey.

The research group came from the University of Technology Sydney (UTS) and Flinders University in Australia, along with the Netherlands Comprehensive Cancer Organisation, the University Medical Center Groningen, and Tilburg University in The Netherlands.

The study also found that financial difficulties due to cancer were more common for men, young people, those who were unmarried, and those who had lower education or socio-economic status.



Financial reserves and flexibility can be limited for many of these groups. For example, <u>young people</u> may not have had time to save money, or those working casual jobs might have a lower income as well as less access to sick leave.

Professor Lonneke van de Poll-Franse from the PROFILES registry that provided the data for the study says while the Netherlands, like Australia, has a good social security system to pay for cancer treatment and disability, people still experience financial difficulties.

"More attention should be paid to the potential origins of this problem, for example maintaining employment, getting a mortgage or insurance, or missing out on work-related financial bonuses," says Professor van de Poll-Franse.

The researchers also found that some types of cancer were more likely to result in financial difficulties.

People who had blood cancer or colorectal cancer were more likely to have financial difficulties due to the costs of cancer, while people with a type of skin cancer called Basal Cell Carcinoma were less likely to experience financial strain.

"This may reflect the duration and complexity of treatment for different cancers," Dr. Pearce says.

Just as the physical side effects of treatment reduce after stopping treatment, the chances of financial difficulties also reduced over time.

"This is probably related to people going back to work. However, we know financial difficulties reduce quality of life so it would be better if we could help people to avoid or minimise financial problems, rather than just waiting for them to go away," Dr. Pearce says.



Other studies have shown that multidisciplinary teams involving <u>physical</u> <u>therapy</u>, psychological support and workplace specific training have been effective in helping people return to work.

**More information:** Alison Pearce et al, Financial toxicity is more than costs of care: the relationship between employment and financial toxicity in long-term cancer survivors, *Journal of Cancer Survivorship* (2018). DOI: 10.1007/s11764-018-0723-7

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