

# Financial Toxicity of Breast Cancer Care:

## What It Is, Who Is Impacted, and Should I Care About It?

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# Key Takeaway Points

1

Financial Toxicity is **prevalent** and has **unfavorable** impact on health outcomes, including **survival**

2

System-appropriate **screening** for financial issues is **essential**

3

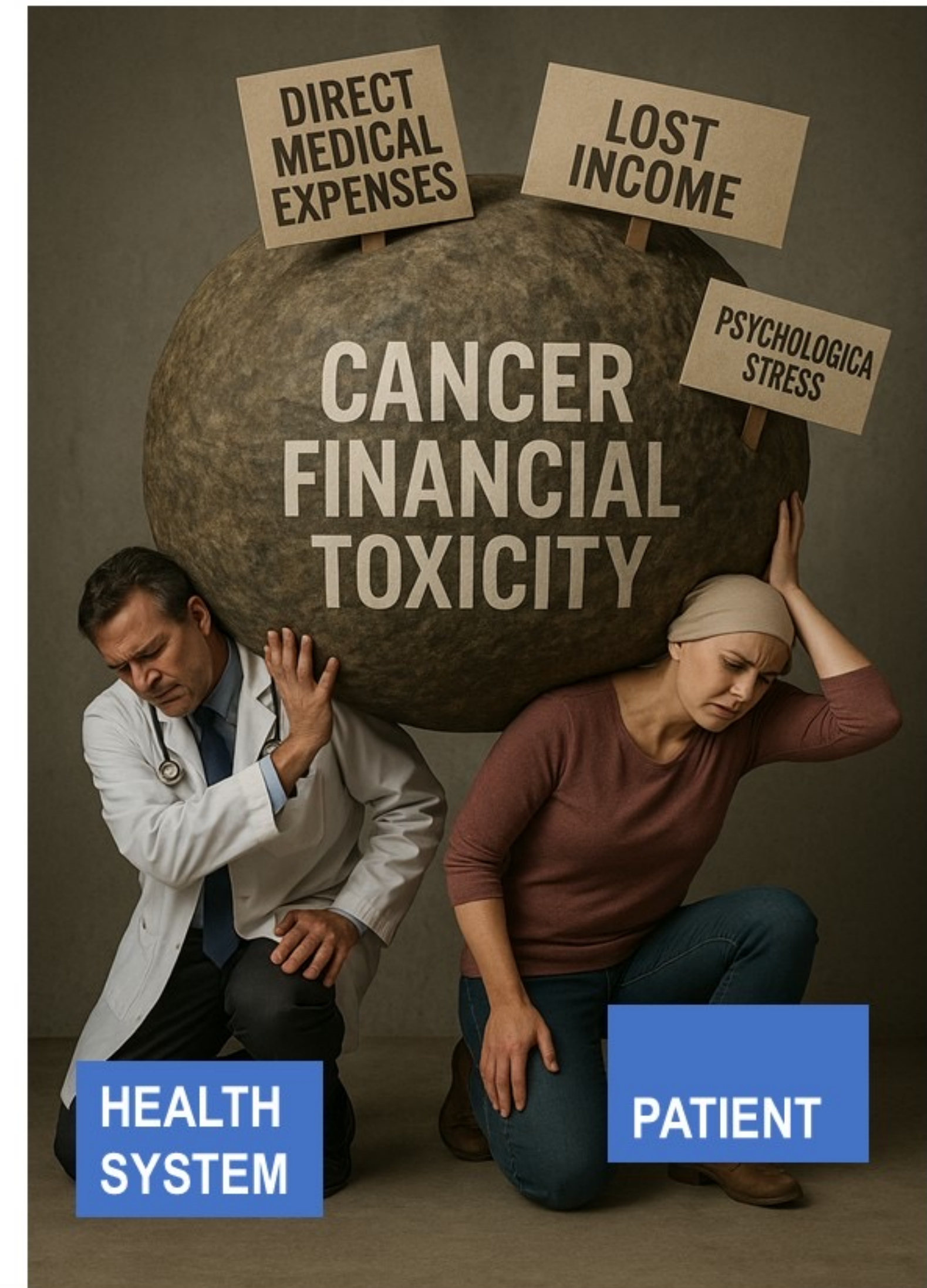
As cancer professionals, we should **master the financial aspects** to better advise our patients and **act responsibly**

# What is financial toxicity?

**OBJECTIVE FINANCIAL BURDEN**  
+  
**SUBJECTIVE FINANCIAL DISTRESS**  
due to  
**COST OF CANCER CARE**

- Includes
  - **direct medical expenses** (e.g. drugs, hospital stays)
  - **indirect costs** (e.g. travel, lost income)
  - **psychological stress** related to financial strain

# Who is Impacted ?



# Financial toxicity deconstructed

Consider these elements from both the patient and the health system perspective !



# Economic Burden of Cancer-Who pays?

## Direct costs

- Medication
- Hospitalization
- Supportive care
- Imaging
- OTC meds
- Lab tests, genetics, NGS
- Multidisciplinary
- (Plastic) surgery
- Fertility preservation
- ...

## Direct Non-Medical Costs

- Transportation
- Parking
- Food and Lodging
- Childcare
- Survivorship care
- ...

## Indirect Costs

- Loss of income ( time off work)
- Job loss /change ( tox...)
- Using savings, retirement plans
- Difficulty paying for rent/mortgage with debt consequences
- Skipping medication
- Missing appointments
- ....

# Breast Cancer: Specificities of Financial Toxicity

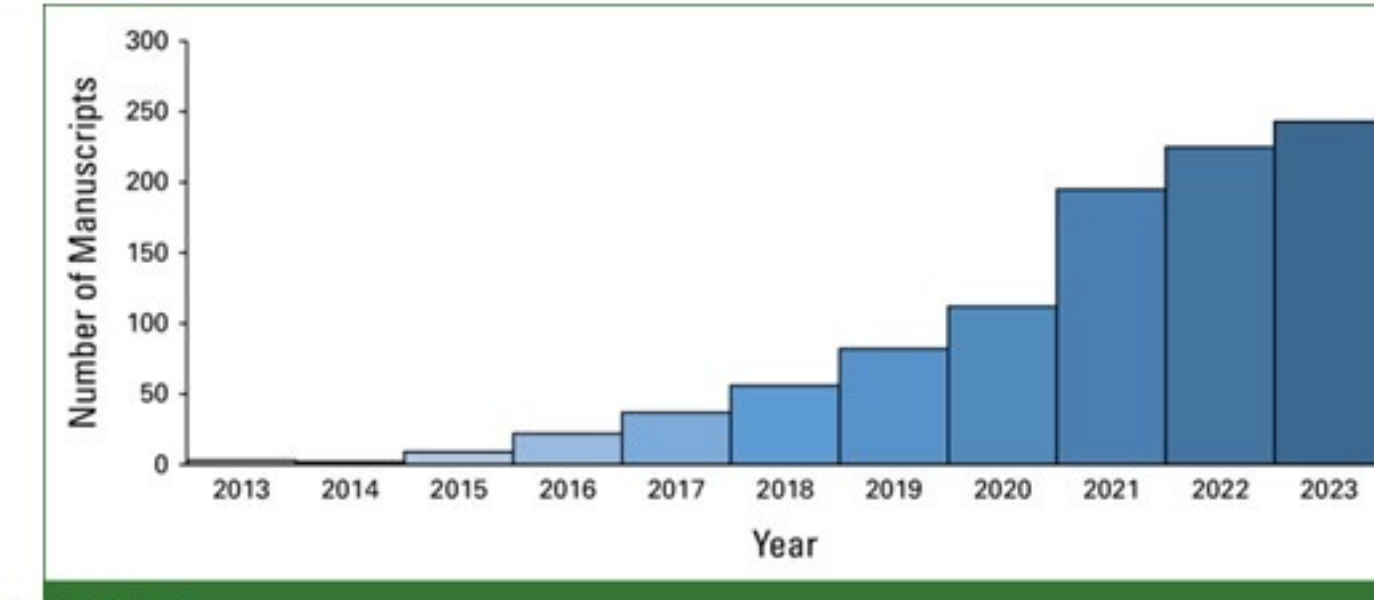
**Patients with breast cancer are particularly at risk due to intrinsic factors:**

- **being female**
  - higher caregiver burden
  - lower income than men
- **multimodal treatments**
  - care coordination (surgery, radiation, systemic, and/or hormonal therapies)
  - frequent appointments
- **prolonged period of ( adjuvant...) treatment and longitudinal follow-up**
- **extreme age ( young or elderly patients) at higher risk**
- **ethnic minorities**

# Financial Toxicity in the US

Zafar et al coined the term “ financial toxicity “ in 2013...

Some facts : ( JCO Oncology Practice, January 2025)



- **62%** of survivors have incurred **cancer-related medical debt**
- survivors are more than **twice as likely to declare bankruptcy**
- over **70%** of patients have had experienced **financial toxicity**
  - problems of paying high out-of-pocket costs,
  - worry about medical bills
  - delays in medical care because
- **increase in mortality** among those who declare bankruptcy ( Ramsey, 2013)

# Prevalence of Financial Toxicity Globally

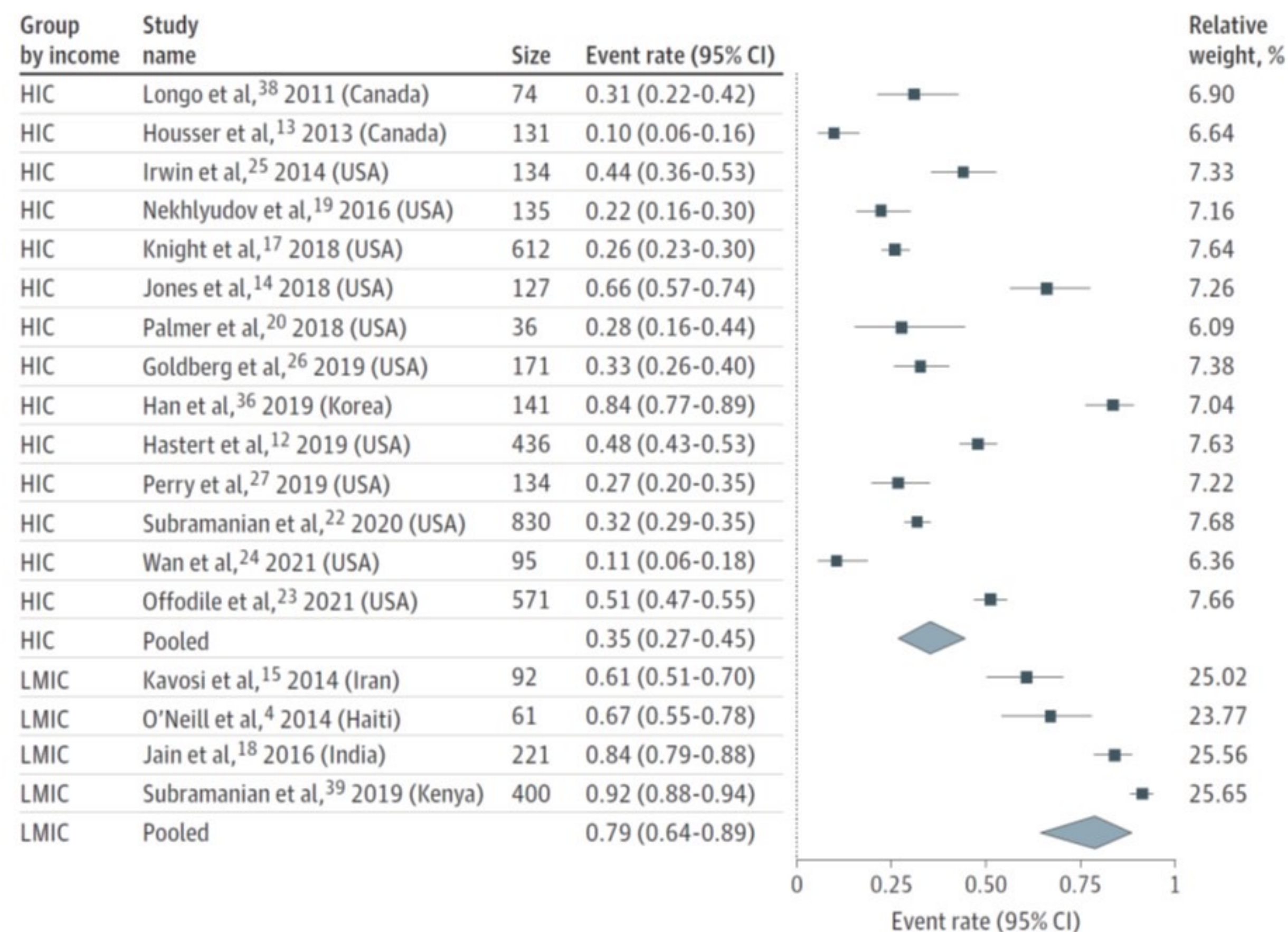
## Financial Toxicity Among Patients With Breast Cancer Worldwide A Systematic Review and Meta-analysis

**Most widely used metric of FT**  
=medical cost greater than 40% of total household nonfood expenditure

**Pooled rate of FT for breast cancer patients**

- 78.8% in LMIC
- **35.3% HIC** (essentially US & Canada)

Figure 2. Forest Plot for Financial Toxicity Rate, Subgrouped by High-Income Countries (HICs) and Low-to-Middle Income Countries (LMICs)



Ehsan et al JAMA Network Open. 2023;6(2):e2255388

# Measuring and Screening for Financial Toxicity

**TABLE 1.** Components of the Full and Abbreviated Two-Item COST Screening Tools

Survey Item	Included in Abbreviated Tool (Y or N)
Q1: I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment	N
Q2: My out-of-pocket medical expenses are more than I thought they would be	N
Q3: I worry about the financial problems I will have in the future as a result of my illness or treatment	Y
Q4: I feel I have no choice about the amount of money I spend on care	N
Q5: I am frustrated that I cannot work or contribute as much as I usually do	N
Q6: I am satisfied with my current financial situation	Y
Q7: I am able to meet my monthly expenses	N
Q8: I feel financially stressed	N
Q9: I am concerned about keeping my job and income, including paid work at home	N
Q10: My cancer or treatment has reduced my satisfaction with my present financial situation	N
Q11: I feel in control of my financial situation	N
Q12: My illness has been a financial hardship to my family and me	N

## Abbreviated COST

- Q3 *“I worry about the financial problems I will have in the future as a result of my illness or treatment”*
- Q6 *“I am satisfied with my current financial situation”*
  - correlation of 0.922 with the full instrument score

**You can ask these questions to your patient!**

Thom et al. JCO Oncol Pract 21, 12-19(2025).

Financial Toxicity; ENRICH, Economic Strain and Resilience in Cancer; FIT, Financial Index of Fighting Financial Toxicity; SFDQ, Subjective Financial Distress Questionnaire.

Lee et al , Am Soc Clin Oncol Educ Book 45, e473450(2025)

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2025 ASCO ANNUAL MEETING

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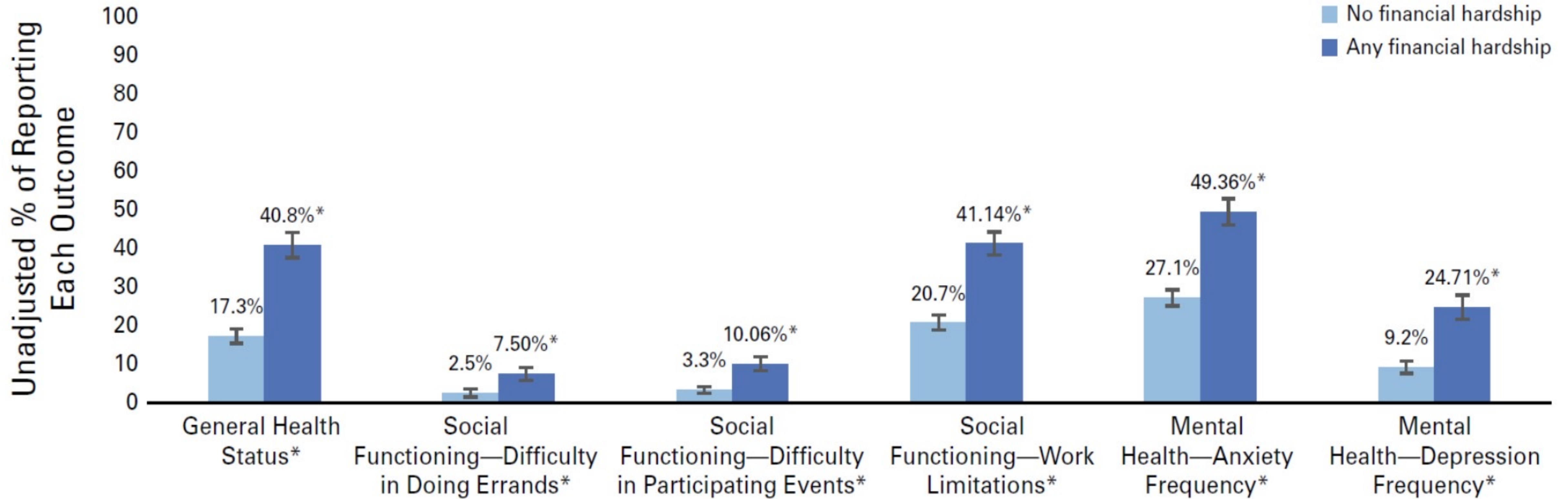
ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER

# Associations of Financial Hardship and Health Status, Social Functioning, and Mental Health Among Cancer Survivors in the United States: Findings From a Nationally Representative Study

## Why does it matter?

N= 9,148 cancer survivors

Financial Hardship and Health Measures, 18-64 Years



Chen et al, JCO Oncol Pract 21, 78-88 (2025)



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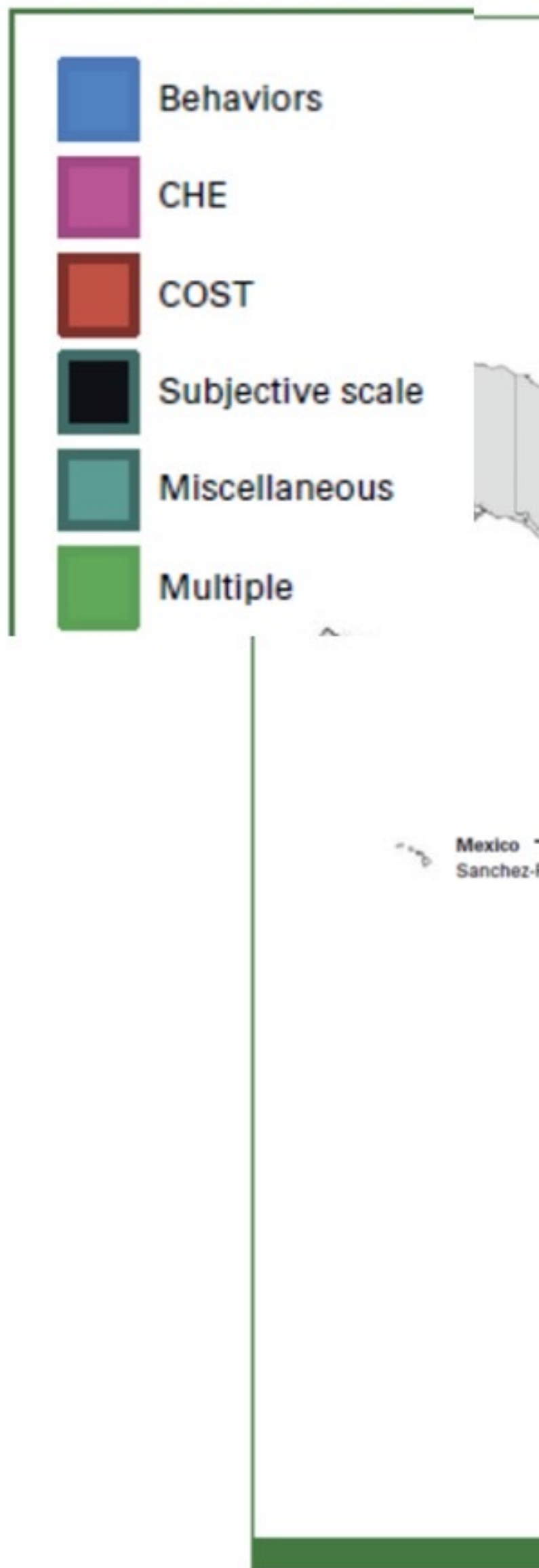
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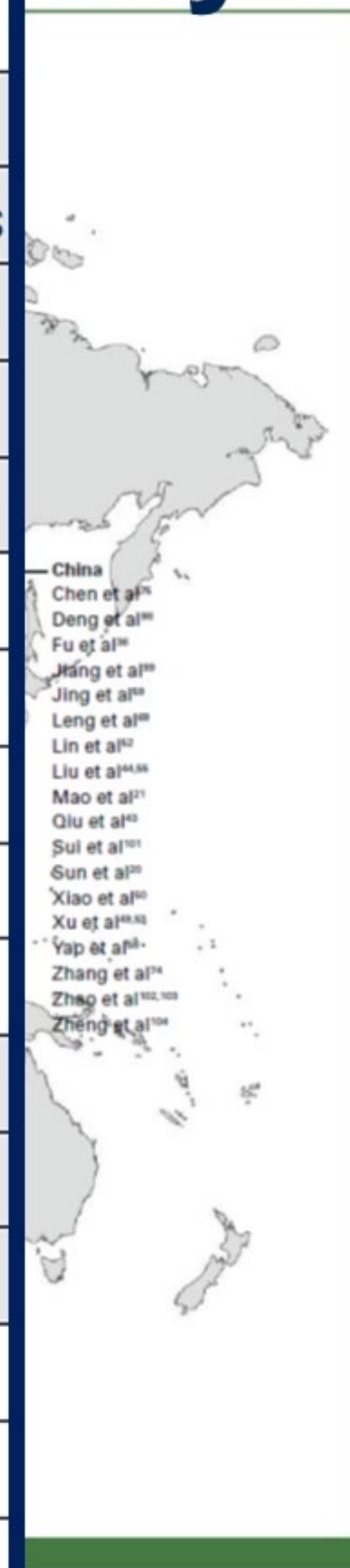
# Defining a

# city in LMIC



**TABLE 3.** Defining FT on the Basis of Coping Strategies and

Definition
Obtaining financial assistance from outside sources
Borrowing money with interest via bank loans or money lenders
Receiving monetary support from relatives
Accepting donations from charity
Selling assets (not limited to property, livestock, etc)
Impact on adherence
Stopping treatment
Reducing treatment
Delaying treatment
Poor adherence to treatment
Reduced spending
On basic health services
On leisure activities
Impact on household bills
Inability to pay mortgage or rent
Inability to pay utility bills



# Economic Burden of Cancer-Who pays?

## Direct costs

- Medication
- Hospitalization
- Supportive care

**CONSIDER IT YOUR DUTY TOO!**

**INFORM THE PATIENT!**  
**DISCUSS OPTIONS BASED ON COVERAGE!**  
**AVOID WASTE!**

- **Partially** covered by insurance / Universal health Coverage
- High premiums /deductibles/ Out-of Pocket Expenses

## Direct Non-Medical Costs

- Transportation
- Parking
- Food and Lodging

**INFORM THE PATIENT!**  
**DISCUSS OPTIONS BASED ON COVERAGE!**  
**AVOID WASTE!**

- **Rarely/Never** covered by insurance / Universal health Coverage

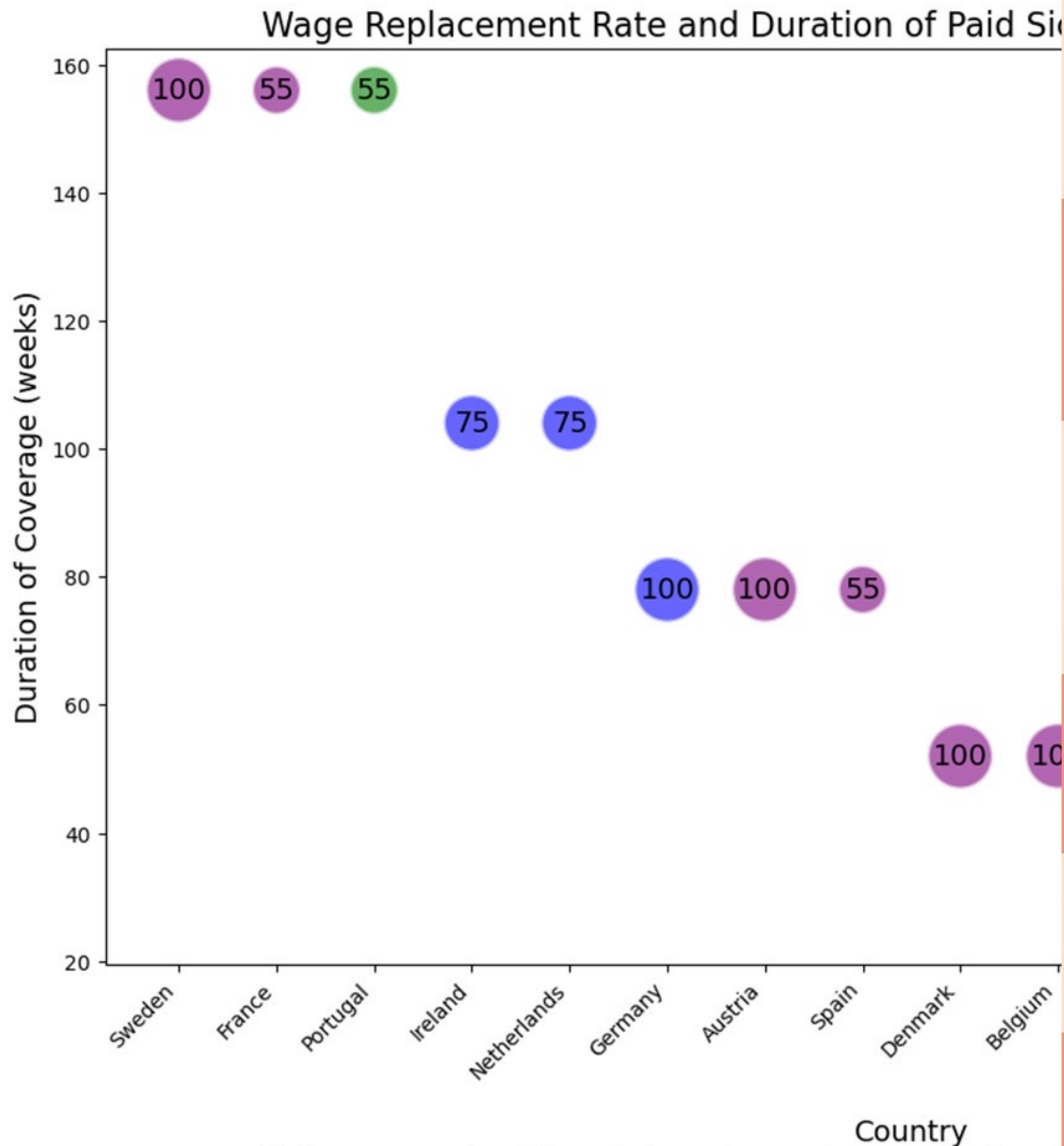
## Indirect Costs

- Loss of income ( time off work)
- Job loss /change ( tox...)

**INFORM THE PATIENT!**  
**SOCIAL SERVICES ADVICE**

• ....

- **Social Protection** ( in EU under UHC, other countries...?)
- **Temporary Sick Leave**
- **Disability Benefits**
- **Financial Assistance Programs**
- **"Right to be Forgotten" for Cancer Survivors**



# PAID SICK LEAVE FOR CANCER PATIENTS ACROSS THE UNITED STATES



## FEDERAL PROTECTION

### FAMILY AND MEDICAL LEAVE ACT (FMLA)

Entitles qualifying employees to up to 12 weeks of unpaid, job-protected leave within a 12-month period

## EMPLOYER-PROVIDED BENEFITS

**Paid Sick Leave** Typically covers short-term illnesses lasting less than twice



**Short-Term Disability (STD)** Provides partial wage replacement for up to 6 weeks up to 6 months or for extended period



## STATE-LEVEL PROTECTIONS

Some states provide additional coverage including paid family and medical leave programs and paid sick leave requirements



## OTHER SUPPORT OPTIONS

Patients may have access to supplemental income through use of vacation time or to available paid leave benefits vary by employer

## From the cancer patient perspective

These are solutions you can access for paid sick leave. Consult your employer's human resources department and review state-specific regulations to understand your rights and benefits

Data summarised from internet reports, adapted and



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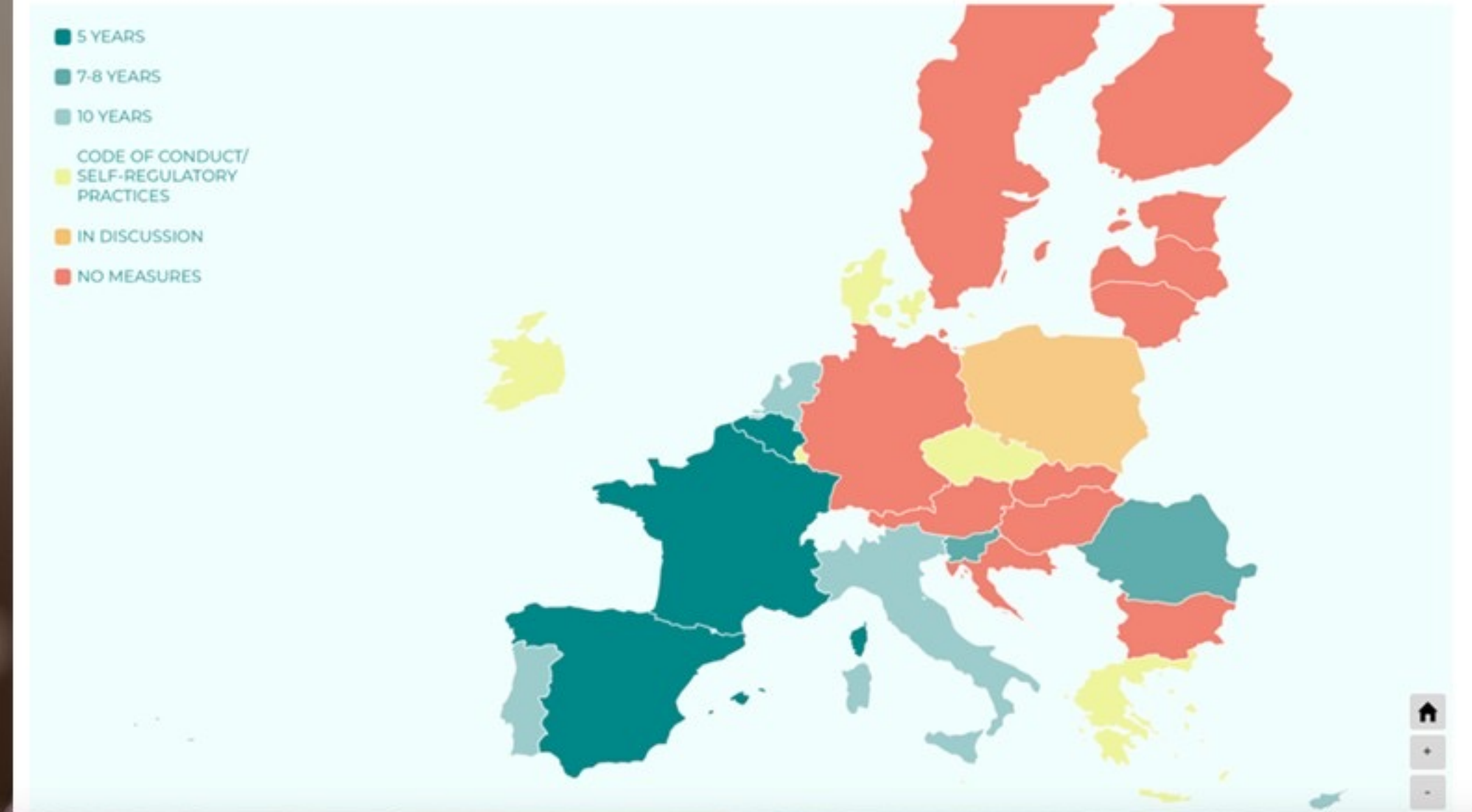
# “ The right to be forgotten”

## Ending discrimination against cancer survivors

Through the Right to be Forgotten

MEASURES IN PLACE IN THE EU

- 5 YEARS
- 7-8 YEARS
- 10 YEARS
- CODE OF CONDUCT/ SELF-REGULATORY PRACTICES
- IN DISCUSSION
- NO MEASURES



This initiative, known as *Ending Financial Discrimination against Cancer Survivors through the Right to be Forgotten*, is dedicated to raising awareness of the discrimination that cancer survivors face when trying to access financial services such as insurance, mortgage or a loan.

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As cancer professionals, we should **master the financial aspects** to better advise our patients and **act responsibly**