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## Background

Financial toxicity is increasingly recognized as a common consequence of a cancer diagnosis. We aimed to measure the prevalence of financial hardship among cancer survivors in Wisconsin and to examine whether frequency varied between rural and urban residents.

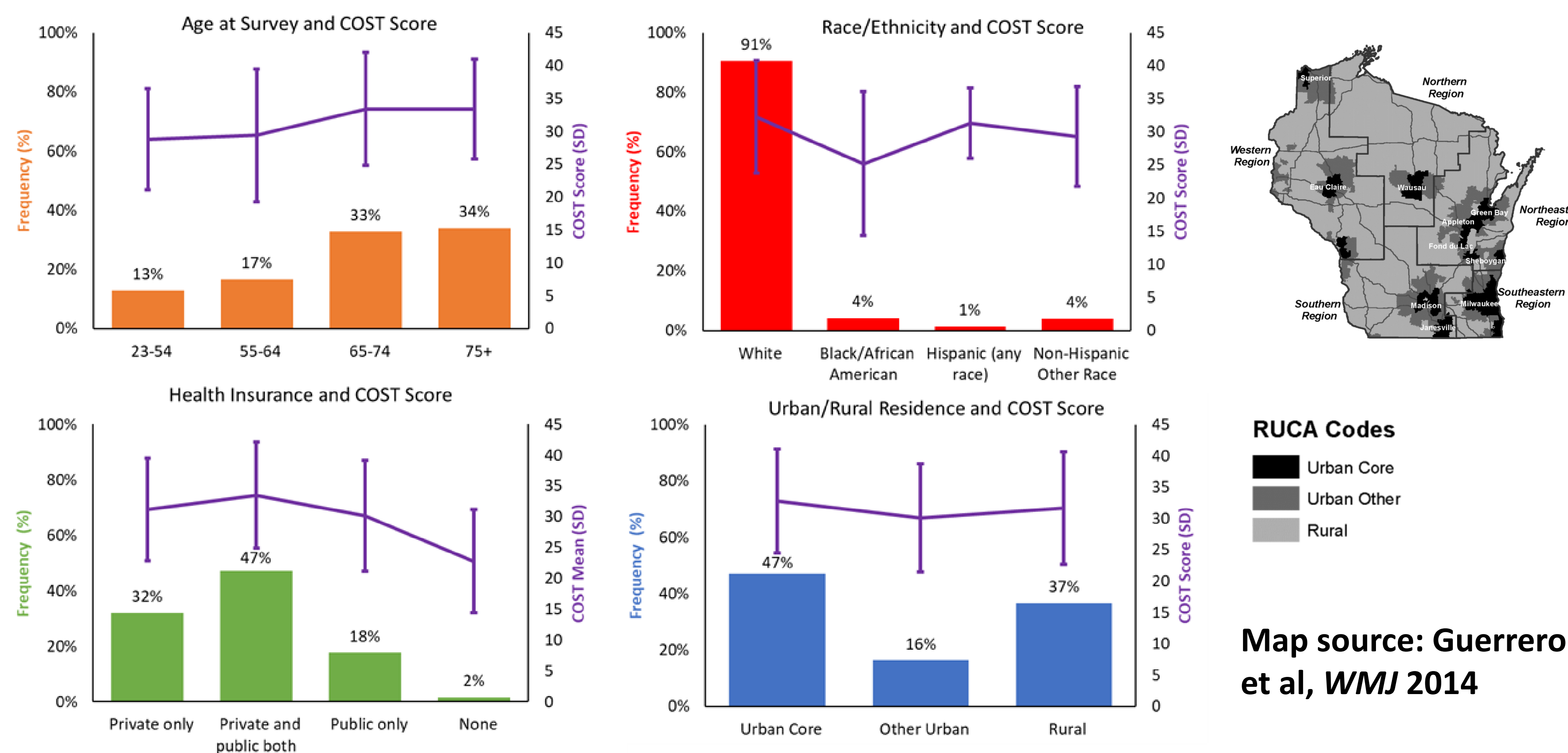
## Methods

Participants in the Survey of the Health of Wisconsin (SHOW), a comprehensive ongoing annual health survey gathering data on health and a wide range of health determinants across the state of Wisconsin, who previously reported a cancer diagnosis received a mailed survey with questions regarding their cancer experience including the Comprehensive Score for financial Toxicity (COST) measure. Following the recommended scoring approach, COST measures were calculated from 11 questions, with lower scores reflecting greater financial hardship. RUCA codes based on census block groups were used to define urban and rural residence into 3 categories (core urban, other urban, rural).

## Acknowledgements

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Even in this highly insured sample of cancer survivors, financial hardship is common especially among population subgroups recognized as experiencing cancer health disparities.



## Future Work

This descriptive work is the basis for developing interventions to test whether financial navigation can effectively reduce financial toxicity in cancer survivors.

## Results

- A total of 414 cancer survivors were approached in October 2019 to complete the cancer survivorship survey. As of February 2020, 337 (81%) completed the survey. 306 reported data on financial hardship.
- Survivors were mostly white (91%) and aged  $\geq 65$  (67%); 59% were female, 37% resided in rural areas, and 98% had health insurance.
- Of all survivors, 7% borrowed money or went into debt as a result of cancer or its treatment, and 6% did not receive medical care, tests or treatment that was necessary as a result of costs.
  - 9% of rural survivors and 6% of urban survivors borrowed money or went into debt
  - 4% of rural, 11% of non-core urban, and 6% of urban core residents did not receive care due to costs
- Overall, the mean ( $\pm$  standard deviation) COST scores for survivors was 31.9 ( $\pm 8.6$ ) with minimum 10 and maximum 44.
- COST scores were lower, reflecting greater financial hardship, for:
  - other/non-core urban residents ( $30.1 \pm 9.7$ ) compared with urban core ( $32.8 \pm 8.5$ ) and rural ( $31.7 \pm 7.6$ ) residents
  - Black/African American ( $25.2 \pm 10.9$ ), Hispanic ( $31.3 \pm 5.3$ ), and other survivors ( $29.3 \pm 7.5$ ) compared with white ( $32.3 \pm 8.5$ ) survivors
  - younger (23-54:  $28.8 \pm 7.7$ ; 55-64:  $29.4 \pm 10.1$ ) compared with older survivors (65-74:  $33.4 \pm 8.6$ ; 75+:  $33.4 \pm 7.6$ )
  - survivors with no insurance ( $22.8 \pm 8.4$ ), public only ( $30.2 \pm 9.0$ ), and private insurance only ( $31.2 \pm 8.3$ ) compared with survivors with both public and private insurance ( $33.5 \pm 8.6$ )