

**C36**

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**Financial Toxicity and Quality of Life in Breast Cancer Patients at a Safety Net Hospital**

**INTRODUCTION**

Financial toxicity (FT) is the burden faced from out-of-pocket expenses related to cancer care, including treatments, lost income, and travel costs. Increased FT has been associated with decreased quality of life (QOL) and, possibly, worse survival. Patients from potentially marginalized groups may be particularly vulnerable to FT. Maimonides Medical Center (MMC) treats many such patients. We present preliminary data from a prospective, longitudinal study of FT in breast cancer (BC) patients at MMC.

**METHODS**

All patients undergoing curative-intent treatment for BC at MMC were eligible. We collected patient data from medical records. We assessed FT via the Comprehensive Score for Financial Toxicity (COST) version 2 questionnaire and QOL via the EORTC Quality of Life Core-30 questionnaire before treatment initiation. We analyzed data using R (version 4.4.1, R Core Team).

**RESULTS**

37 patients were included. Mean age was 57 (SD: 10). 13 patients did not speak English. 6 patients identified as Asian, 18 as Black, 8 white, and 5 declined to answer. 8 patients reported household yearly incomes greater than \$60k. 14 patients had private insurance, 9 Medicare, and 13 Medicaid. 27 patients had early-stage (DCIS or T1) BC.

Mean COST score was 22 (SD: 10) and mean EORTC summary score was 83 (SD: 17). Better FWB (COST score) positively correlated with better overall QOL (EORTC summary score) ( $p = 0.004$ ). There was a significant association between higher COST score and patients with household incomes  $\geq$  \$60k ( $p = 0.002$ ). Early-stage was associated with higher COST score ( $p = 0.047$ ). There was no difference between the COST scores of patients of differing age, insurance type, language, or ethnicity ( $p \geq 0.05$ ).

**CONCLUSION**

Worse FT is associated with lower QOL in BC patients, underscoring the importance of financial burdens for cancer patients. Patients with lower household incomes and those with more advanced disease experience worse FT even before treatment begins.