Evaluating Patient Out-of-Pocket (OOP) Costs Associated with Attendance at a Prostate Cancer Supportive Care Program

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BACKGROUND

• Canadian research on the financial hardship faced by prostate cancer (PC) patients suggests that although OOP costs are modest for most, they can represent a substantial burden for lower income patients.

• The Prostate Cancer Supportive Care (PCSC) Program at the Vancouver Prostate Centre provides services, free of charge, which address the physical and psychological needs of men and their partners from the time of PC diagnosis onwards.

OBJECTIVE

To assess patient’s OOP expenditure associated with attending PCSC services, and if OOP costs varies between clinical or sociodemographic groups

METHODS

Subjects:
All PC patients enrolled in the PCSC Program and have attended one or more clinic visits or education sessions between Apr-Sept 2018 were invited to participate.

Measures and Analyses:
• We designed a questionnaire to assess direct (e.g. travel, food, accommodation) and indirect (e.g. income lost) costs associated with a single visit.

• Patients completed one questionnaire at one of their clinic visits/education sessions.

• We computed central tendency and dispersion for demographic, diagnosis, and treatment data, and for direct and indirect OOP expenditures.

• Chi-squared (χ²) tests were used to examine whether OOP expenditures differed by demographic, diagnostic, and treatment characteristics.

RESULTS

Table 1. Participant Characteristics

<table>
<thead>
<tr>
<th>Age at diagnosis (SD) (n=194)</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>64 (6.5)</td>
<td>N/A</td>
</tr>
<tr>
<td>3-4</td>
<td>56</td>
<td>30</td>
</tr>
<tr>
<td>4-7</td>
<td>60</td>
<td>32</td>
</tr>
<tr>
<td>8-10</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>9-10</td>
<td>13</td>
<td>7</td>
</tr>
</tbody>
</table>

Demographics:
• From 279 potential participants, 207 (74%) were recruited and completed the questionnaire.

• Majority of participants were Caucasian (82%), married (70%), had a university undergraduate degree or higher (56%), or were retired (58%).

• Mean age at diagnosis was 64, range: 47-82

• Majority of participants received prostatectomy (72%) as part of their treatment

Travel/Attendance:
• 124/197 (63%) of participants did not attend the PCSC Program with their partner

RESULTS CONT’D

• Figure 1 illustrates the primary mode of transportation. “Other” includes participants that took the ferry (n=8) and the plane (n=3).

• Mean travel time: 72.9 ± 210.6 min (median 45 min), Range: 5 - 2880 min (48 hours).

• Longer travel was associated with higher cost (t=8.30, p<0.0001).

• Interestingly, longer travel appeared to be unrelated to cost burden (F=0.35, p=0.79).

• Interesting, OOP expenditures related to the visit.

CONCLUSIONS & FUTURE DIRECTIONS

• OOP expenditure as well as associated burden is very minimal for the majority of participants.

• Bi-variate results show no relationship with personal income, OOP expenditure and financial burden.

• STUDY LIMITATION: No variation in cost burden based on employment status or partner’s employment status; time away from work; income or partners income.

REFERENCES


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