Cancer Care Creates Substantial Costs for US Patients

US patients paid an estimated $16.2 billion in out-of-pocket cancer care costs and lost nearly $5 billion in time costs in 2019, according to an annual report from researchers at the CDC, National Cancer Institute, American Cancer Society, and the North American Association of Central Cancer Registries.

Analyses in the report show that during the first year after a cancer diagnosis, patients aged 65 years or older shoulder an average of $2700 in both out-of-pocket and lost time costs. Younger patients face a higher burden, with an average $5900 in out-of-pocket and lost time costs in the first year after their diagnosis. Previous studies have suggested that high-deductible insurance plans without health savings accounts contribute to higher costs among younger patients than among those with Medicare coverage.

Cancer care costs for both younger and older patients followed a U-shaped curve with the highest costs in the early and end-of-life phases of care. For example, patients aged 65 years or older faced annual combined medical service and drug costs during the initial treatment period of $2443 compared with $593 during the maintenance period and $4271 at the end of life. Costs also varied by cancer site. For example, patients aged 65 years or older with chronic myeloid leukemia had initial out-of-pocket costs of more than $4000 and ongoing annual costs exceeding $3000, while similarly aged patients with breast cancer had initial out-of-pocket costs of $2400 and $550 in ongoing costs.

“As the costs of cancer treatment continue to rise, greater attention to addressing patient medical financial hardship, including difficulty paying medical bills, high levels of financial distress, and delaying care or foregoing care altogether because of cost, is warranted,” Karen Knudsen, MBA, PhD, chief executive officer of the American Cancer Society, said in a statement.

Delta Variant Wasn’t Linked With More Severe Disease

Although COVID-19–related hospitalizations rose in the US after the SARS-CoV-2 B.1.617.2 (Delta) variant emerged this past summer, a recent analysis reported that the variant wasn’t linked with more severe disease among hospitalized patients.

Studies in Scotland and Canada have suggested that the Delta variant is associated with a higher risk of hospitalization, but it’s not certain whether the variant causes more severe disease in adults. To address that question, the CDC’s COVID-19–Associated Hospitalization Surveillance Network analyzed trends in disease severity among 7615 patients hospitalized with COVID-19 from January 1 through August 2021. The analysis found no difference in intensive care unit admissions, the need for invasive mechanical ventilation, or deaths in July and August compared with previous months when the Delta variant wasn’t the predominant strain.

However, the demographics of hospitalized patients did change. Almost three-quarters of people hospitalized during July and August were unvaccinated adults. The proportion of unvaccinated hospitalized patients aged 18 through 49 years increased from about 27% during the first 6 months of the year to about 44% in July and August. Fully vaccinated adults in this age group made up about 11% of patients hospitalized with COVID-19 during both periods.

The authors suggest that the growing share of younger hospitalized patients after the Delta variant emerged likely reflect lower vaccination rates in this age group than among older adults. As of late August, approximately 82% of US adults aged 65 years or older were fully vaccinated against SARS-CoV-2 compared with nearly 59% of those aged 18 through 64 years.

“COVID-19 vaccination is critical for all eligible adults, including those aged less than 50 years who have relatively low vaccination rates compared with older adults,” the authors wrote. – Bridget M. Kuehn, MSJ

Note: Source references are available through embedded links in the article text online.