

P-4

Determinants of Financial Distress in Patients with Neuroendocrine Tumors

Sahithi Sonti, Shailesh Advani, Renuka Iyer.

Department of Medicine, Roswell Park Comprehensive Cancer Center.

BACKGROUND

Neuroendocrine tumors are a rare group of cancers. The median overall survival of these patients is ~10 years, presenting a unique issue of accrued financial distress over a long period of time. We attempted to look at the potential determinants of financial distress in NET patients, focusing on their demographics, comorbidity burden, educational status and tumor symptoms.

METHODS

A total of 155 patients have been enrolled in the Roswell Park NET Biobank database till date. Participants completed a "NET Biobank Questionnaire" that asked patients to self-report their demographics, financial condition, clinical characteristics and impact of NET on their life. Financial distress was defined based on patients' subjective impression about their current household income. Patients were classified as having no financial distress if they responded as "Living comfortably on present income", and were classified as having some form of distress if they responded "Getting by on present income", "Finding it difficult on present income" or "Finding it very difficult on present income". We compared the impact of financial distress on patient characteristics using chi-square tests. Further, multivariable logistic regression models were run to predict factors associated with financial distress among NET patients. These models were adjusted for patient's age, gender, marital status, education level, comorbidity burden and current tumor functional status. $P < 0.05$ was considered to be statistically significant.

RESULTS

Of 150 patients who answered this question, 54 respondents (36%) reported some financial distress. In multivariable logistic regression models, key factors associated with financial distress were patient's age, comorbidity burden, marital status and educational level. Older age (OR=0.94, 95% CI= 0.90 - 0.99), being married (OR= 0.09, 95% CI= 0.02- 0.30) and education level (college level vs others: OR= 0.32, 95% CI= 0.13- 0.75) were associated with lower odds of patients reporting financial distress. In contrast, higher comorbidity burden (3+ comorbidities vs 0-1: OR=7.01, 95% CI=1.32-37.03) was associated with higher odds of self-report of financial distress. In addition, we found that patients reporting financial distress were more likely to rent (vs own) and report lower levels of annual income. Finally, those under distress also expressed having trouble with activities like shopping or cooking.

CONCLUSIONS

Apart from the healthcare costs associated with NET treatment and care, sociodemographic factors and overall health, including comorbidity burden should be considered while assessing financial impact and quality of life in NET patients.