



Alleviating
The Financial
Toxicity of
Breast Cancer

Making Ends Meet

The unseen financial barriers that undermine care for breast cancer patients.

Despite major advances in breast cancer treatment, many patients struggle to access care due to a host of financial pressures.

New data from a survey conducted by Susan G. Komen® explores why breast cancer patients sought financial assistance from its Patient Care Center. Their greatest needs: Rent. Gas for the car. Paying utilities. Food.

Those daily living expenses can pose significant—sometimes, insurmountable—barriers to treatment because patients often choose between medical appointments and medications or paying for the basics, such as keeping the lights on, food on the table or a roof over their head. Delaying or foregoing care threatens their health.

“We work with a lot of single moms and people who don’t have a financial safety net,” says Cati Diamond Stone, Komen’s vice president of community health. “Everyone’s situation is unique, but a common factor is the struggle of juggling high medical costs and the expenses of daily living like transportation, housing and groceries.”

Alleviating some of the monetary stresses breast cancer patients face can improve access to care and treatment outcomes, says Diamond Stone, who oversees Komen’s Patient Care Center. Komen patient navigators work to ease those pressures, which often go unseen by people working in the medical setting.



“Komen gave me the ability to breathe.”

TIFFY CREASY
Komen Grant Recipient

South Carolina resident Tiffy Creasy received \$500 to make ends meet. She was diagnosed in September 2022 with stage 2 triple positive invasive ductal carcinoma.

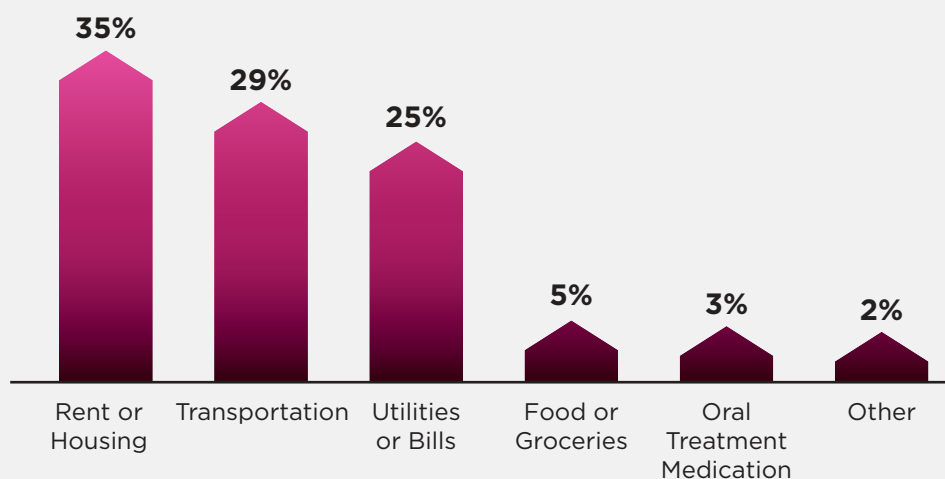
“The money helped me make it to my appointments knowing I had gas in the car to get where I needed to be,” says Creasy, a former fast-food employee who stopped working so she could undergo chemotherapy and radiation treatment.

The grant also went toward medical bills and the purchase of a glucose monitor and personal care items like toilet paper and baby wipes.

“Komen gave me the ability to breathe for just a moment and not worry about the cloud of finances, but rather my own well-being—mentally, emotionally and physically,” Creasy says.

During fiscal year 2023, the Komen Financial Assistance Program distributed \$9,078,750 in grants to more than 16,000 people. Almost all of survey respondents (93%) said they made fewer financial sacrifices to cover their breast cancer care, such as having to choose between groceries or prescriptions. The same percentage felt less anxious and worried less about paying for their treatment.

Top reasons why recipients of Komen financial assistance sought help



In the United States, breast cancer is the most expensive cancer to treat. It often requires multiple treatments, which can include surgery, chemotherapy, radiation therapy, targeted therapy or immunotherapy.

According to the American Cancer Society Cancer Action Network, 61% of patients and survivors find it somewhat or very difficult to afford their care.

Women, who account for 99% of breast cancer cases, are more likely than men to be economically insecure, even before their diagnosis.

Paying for medical care can be a hurdle for people who are underinsured or pay high out-of-pocket costs. Direct medical costs include hospitalizations and pharmaceutical bills, laboratory charges and outpatient expenses, including imaging and specialty care.

The damage inflicted on personal finances by these expenditures is called financial toxicity.

Up to 73% of adult cancer survivors experience it, according to a systematic review of 25 studies on cancer-related financial toxicity. Additionally, almost half of breast cancer patients report that even mild financial toxicity affects treatment choices, quality of life, medication adherence, bankruptcy rates and even mortality.

Molly Guthrie, Komen’s vice president of policy and advocacy says, “Unfortunately, our system is set up for patients to bear an unfair financial burden in order to access the health care they need, whether it be losing a half-day of pay in order to make their regular screening appointment, coming up with the money to afford the additional imaging and biopsy required for a diagnosis, or being forced to skip doses of their medications because they can’t afford the next prescription.”

Guthrie says more attention by policymakers and others should be focused on the added hardship of living on a tight budget, especially for those unable to work during treatment. Non-medical and indirect expenses are not usually covered by insurance, or even by many aid programs, yet they contribute to burdensome out-of-pocket costs.

“The opportunity for policymakers to remove financial barriers to care is now,” Guthrie says. “If we do nothing, we will continue to lose people to this disease simply because of financial barriers that result in unequal access.”

Financial toxicity from cancer treatment is a growing concern that hits some people particularly hard: young women, marginalized racial and ethnic minorities, and those with low incomes or lacking health or prescription drug coverage. Others at great risk for financial harm include patients with advanced or metastatic disease, non-English speakers and those without financial reserves.

Patients in these groups represent a high percentage of the people that Komen serves.

A study published in 2018 found that 1 in 20 Black or Latina breast cancer patients lost their home, and nearly half of Black patients and more than one-third of Latina patients cut spending on food due to treatment costs. Another study found that more than half of Black women reported adverse financial consequences associated with their cancer, including higher rates of job and income loss, compared to white women.

Komen's Patient Care Center, staffed by patient navigators, helps connect patients nationwide to an array of resources, including financial assistance for those in treatment or living with metastatic breast cancer. Komen operates the largest breast cancer-specific financial assistance program in the country.

Applicants for financial assistance must live in the United States or a U.S. territory and earn an annual household income at or below 300% of the federal poverty level, which in 2023 is \$90,000 for a family of four living in the 48 contiguous states.

A mounting body of research has found that direct cash grants to low-income people facing a wide range of challenges can make a meaningful difference in their lives.

Komen allows individuals to reapply for assistance once every 12 months, and unlike many financial support programs, funds go directly to the patient. The \$500 and \$750 grants—the amount given depends on the stage of disease—can be used for everyday expenses, such as rent, food, childcare, utilities, transportation and other expenses.

In Komen's fiscal year 2023, which ran April 1, 2022, to March 31, 2023, 58% of the barriers to care faced by people served by Komen navigators were economic, Diamond Stone says.

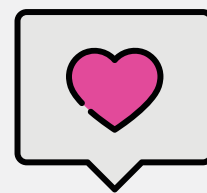
For people facing multiple barriers, "Komen can provide a variety of resources and stay with them as long as they need us," Diamond Stone says.

Cash Assistance Offers a Lifeline

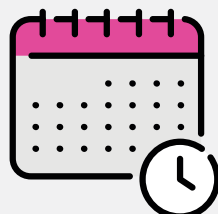
Susan G. Komen asked individuals who received financial assistance about the impact the program had on their breast cancer experience.



93%
Respondents made fewer financial sacrifices after receiving assistance.



93%
Respondents felt less anxious and worried less about paying for breast cancer treatment.



67%
The assistance helped them avoid skipping or delaying breast cancer appointments.



62%
The assistance helped them avoid skipping medications.



COLLEEN LUCK-JONES
Komen Grant Recipient

“It took a huge weight off of me.”

COLLEEN LUCK-JONES
Komen Grant Recipient

Colleen Luck-Jones was diagnosed with stage 1 breast cancer in 2022 after her first mammogram. She works a minimum-wage job at a fast-food restaurant in semi-rural Oregon, with her medical care paid for by Medicaid.

Like many Americans, she and her husband live paycheck to paycheck.

“I had to take time off to do the surgery, and I wasn’t sure if I would need to take time off for the radiation treatment,” Luck-Jones says. “I needed assistance to help me out. I live with my husband who’s on disability, but he can only pay for so much.”

The grant money covered necessities after she took two weeks off from her job because it involves heavy lifting. Without the assistance, “we probably would have gone without food or the telephone,” says Luck-Jones, who will undergo hormone therapy for five years.

“It took a huge weight off of me and really lessened the amount of stress I had while undergoing surgery and treatment,” she says. “Without this grant, I would have had to take less time off work to heal from surgery in order to keep my bills paid. I don’t know how I could have afforded to miss work without the help I received. I work fast-food and have no benefits.”



»»»»»»»» How to fight financial toxicity

- **GAIN SUPPORT** from policymakers and government leaders for expanded health care coverage and funding for transportation, childcare and other essential social services.
- **DESIGN AND TEST** new interventions that aim to ease financial pressures on breast cancer patients.
- **HELP PATIENTS** identify additional resources for financial assistance.
- **FUND INITIATIVES** like Komen Financial Assistance Program, which gives cash directly to income-eligible applicants allowing them the flexibility to use it as needed.
- **RECOGNIZE AND ADDRESS** the unique needs of specific groups, including young women, people of color, low-income workers and those living with metastatic breast cancer, the most advanced stage of breast cancer.
- **ENCOURAGE USE** of trained staff to provide financial navigation as a routine part of high-quality cancer care.

“There was nowhere else for me to turn.”

HELEN JEAN SCOTT
Komen Grant Recipient

Even though a person may appear to be financially secure, they might not be, says Helen Jean Scott, who lives in a small city near Cleveland. Scott is enrolled in Medicare and is helping to raise three grandchildren whose mother died in December 2022.

“Sometimes people do need help,” says Scott, who was diagnosed with triple negative breast cancer and underwent a lumpectomy, chemotherapy and radiation. “It could be temporary, just to pull them through until they can make it on their own.”

She was worried about the electricity getting turned off: “I needed money to help me because there was nowhere else for me to turn.”

Creasy, the former fast-food worker in South Carolina, lives with her grandmother, who was recently diagnosed with breast cancer. Even though both women have received a breast cancer diagnosis, genetic tests indicated that the disease is not hereditary in their bi-racial family.

With two members of the family now undergoing treatment, pressures on the household budget loom.

The ripple effect of support programs can flow to both individuals and families.

Being able to manage her bills while undergoing treatment made it possible for Scott to be in good health to care for her grandchildren at a time when they needed her most.

“I’m here for my grandchildren,” she says. “I don’t know where they would have been if I hadn’t been here for them.”



HELEN JEAN SCOTT
Komen Grant Recipient



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