A targeted survey of Belong.life Advanced Breast Cancer (ABC) patients (pts), focusing on patient's reported outcomes (PROs), real world evidence (RWE) and insights in reducing the burden of financial toxicity (FT).

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INTRODUCTION

In medicine, financial toxicity (FT) is a term used to describe economic problems a patient has related to the cost of medical care FT is an emerging and growing concern for many cancer patients Patients diagnosed with cancer are at a high risk of experiencing significant financial burden, and more likely off being unable to work or miss workdays.

FT is known to be a risk factor for nonadherence to treatment contributing to poorer outcomes and quality of life.

There is no clear consensus on the best way to measure financial distress in cancer patients, which might vary according to the cancer type, stage and treatment.

METHODS

189 ABC pts, active Belong.life users, the world largest, anonymous and free social media for cancer pts and caregivers, replied to a targeted survey on patient's unique financial burden experienced during their diagnosis and treatment cancer journeys. They provided in-depth information and real world evidence, sharing tips in how to ease the effects of financial toxicity. The data received was analyzed by scientists using Artificial intelligence (AI) and machine learning (ML) engines to determine the prevalence characteristics on the real-world occurrence of FT in ABC pts

RWE & PRO data sources in BELONG



Figure 1. Data sources from BELONG's PPN

Data sources for patients' journeys on BELONG's platform:

- Patient profile (self reporting)
- Chats patients with patients
- Chats patients with physicians
- Documents (uploaded by patients)
- Treatment task manager
- Surveys and DPRO (Digital PRO)

RESULTS

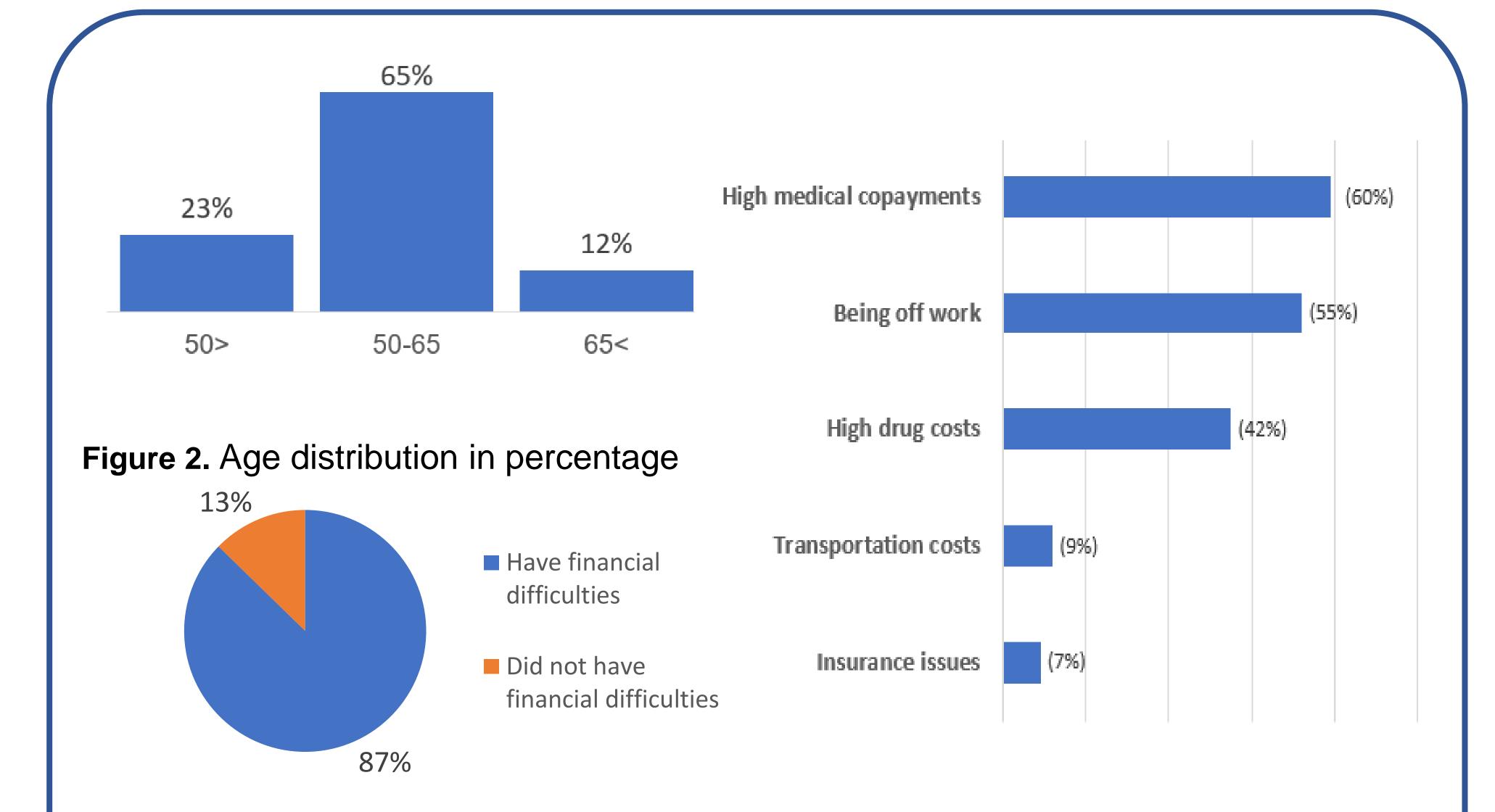


Figure 3. Percentage of Financial difficulties experienced

Figure 4. Percentage of FD reasons

189 female pts replied to the survey. 43 pts (23%) were less than 50 years (yrs.), 123 (65%) between 50-65 yrs (fig 2). 165 pts (87%) replied that they experienced financial difficulties during their cancer journeys (fig 3), 40 pts (24%) were <50 yrs and 106 (64%) were in the >50 yrs groups. 79 pts (60%) reported financial burden due to high medical copayments(fig 4).

CONCLUSIONS

Pts with ABC may experience considerable FT compared to those with early breast cancer or other cancers. Most of the current published data is focused from the perspectives of the providers, pharma and medical insurances. In this unique survey of Belong.life users, we documented RWE of high FT in the majority (87%) of ABC pts, with North America pts claiming high medical copayments as the main contributor to their FT (3.32 times higher than the rest of the world pts). Responders to the survey also shared relevant insights in how to cope with the widespread reality of economic burdens affecting them. Physicians and medical staff should become aware of their patient's possible risks for FT and similarly to other well know treatment side effects, proactive measures should include detailed disease and treatments costs information. This should be conveyed to all ABC patients but with an emphasis in the <65 years of age group as in our survey they experienced the highest incidence of FT. Once informed, patients should incorporate preventive steps and mitigation strategies to avoid the addition of financial distress and its possible detrimental effect on outcomes and quality of life.