

Impact of Income on Physical Concerns and Help-Seeking of Adult Cancer Survivors

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Introduction

- It is estimated there will be more than 20 million cancer survivors worldwide by 2025.
- Cancer treatment can leave individuals with physical, emotional, and practical consequences which may have profound impacts on daily living.
- Financial burden or distress has been reported by 28% to 48% of cancer survivors. Difficulties arise because of increased costs and reduced income and savings.
- Accessing relevant assistance after the completion of primary cancer treatment can be problematic for various reasons, one of which may financial.
- Although studies of financial impact during screening, diagnosis and treatment have been reported, little work has been undertaken to explore the experiences of survivors regarding this challenge.
- This study sought to understand the impact of income on survivors’ experiences finding help related to physical changes following cancer treatment.

Methods

- A Canadian national survey was conducted with cancer survivors to explore their experiences with follow-up care one to three years after completion of primary treatment(1).
- Questionnaires were distributed to a random sample of 40,790 survivors, selected through ten provincial cancer registries, who were most likely to be followed in the community.
- Survivors were asked about the level of concern regarding physical changes following cancer treatment, whether they sought help for their concerns, and whether they received help.
- A trend analysis was performed describing associations between income levels and cancer survivors’ concerns related to physical changes they experienced after treatment and help-seeking for those concerns.
- Participants between 18 and 64 were the focus of the analysis given the expectation these individuals were in working age group

Results

Sample (selected demographics)

Overall response rate: 33% (n=12,929)
5,283 respondents between 18 and 64 years

Of that number, 4,264 indicated annual household income:
11.7% = <\$25,000
20.3% = \$25,000 - <\$50,000
21.2% = \$50,000 - <\$75,000
46.7% = >\$75,000

Female: 61.2% (n=2,608)
Male: 39.6% (n= 1,645)

Married/Partnered: 75.5% (n=3,219)

Post-Secondary/university completed; 31.8% (n=1354)

Physical changes	Respondents indicating concern about the change (small, moderate or big)				
	<25K	25-50K	50-75K	75+K	P
Fatigue/ tiredness	388 (81%) N=479	621 (75%) N=833	661 (75%) N=883	1,373 (71%) N=1,944	<0.001
Changes in sexual activities/ function	204 (43%) N=477	418 (50%) N=832	472 (53%) N=883	1,018 (52%) N=1,948	0.001
Changes in concentration/ memory	260 (55%) N=473	414 (50%) N=824	445 (51%) N=879	937 (48%) N=1,937	0.02
Nerve problems	253 (54%) N=472	373 (45%) N=824	422 (48%) N=880	806 (42%) N=1,933	<0.001
Long-term pain	260 (55%) N=474	349 (42%) N=823	402 (46%) N=877	676 (35%) N=1,933	<0.001
Hormonal, menopause or fertility	200 (43%) N=470	313 (38%) N=818	332 (38%) N=874	698 (36%) N=1,935	0.01
Gastrointestinal problems	216 (46%) N=474	324 (39%) N=825	318 (36%) N=880	602 (31%) N=1,933	<0.001
Bladder or urinary problems	146 (31%) N=472	243 (30%) N=822	255 (29%) N=882	479 (25%) N=1,936	<0.001
Lymphedema	157 (33%) N=469	225 (27%) N=821	252 (29%) N=873	441 (23%) N=1,926	<0.001

Figure 1: Trends in expressions of concerns about physical changes following completion of cancer treatment associated with household income level in cancer survivors.

Physical change	Those with concern about a change (small, moderate, big) who sought help					Those who sought help for their concern that experienced difficulty (hard or very hard to find help/no help obtained)				
	<25K	25-50K	50-75K	75+K	P*	<25K	25-50K	50-75K	75+K	P*
Fatigue/ tiredness	191 (51%) N=372	287 (47%) N=611	283 (43%) N=652	553 (41%) N=1,360	<0.001	74 (39%) N=190	122 (43%) N=284	119 (43%) N=279	197 (36%) N=551	0.14
Changes in sexual activities/ function	66 (34%) N=197	154 (38%) N=410	186 (40%) N=464	430 (43%) N=1,008	0.01	25 (38%) N=65	57 (37%) N=153	68 (37%) N=186	137 (32%) N=429	0.13
Changes in concentrati on/ memory	101 (40%) N=253	134 (33%) N=403	128 (29%) N=439	255 (28%) N=923	<0.001	56 (55%) N=101	72 (54%) N=133	55 (44%) N=126	113 (44%) N=254	0.02
Nerve problems	145 (59%) N=246	214 (58%) N=369	239 (58%) N=414	427 (53%) N=800	0.06	63 (43%) N=145	83 (39%) N=213	80 (34%) N=238	160 (38%) N=423	0.27
Long-term pain	176 (70%) N=252	232 (68%) N=342	254 (65%) N=393	404 (60%) N=671	0.002	60 (34%) N=175	89 (39%) N=230	97 (38%) N=252	152 (38%) N=401	0.55
Hormonal, menopause or fertility	108 (57%) N=190	186 (61%) N=306	180 (55%) N=325	394 (57%) N=691	0.60	35 (33%) N=107	72 (39%) N=186	64 (36%) N=179	116 (30%) N=393	0.11
Gastrointes tinal problems	141 (67%) N=210	206 (65%) N=318	192 (62%) N=310	358 (60%) N=597	0.04	35 (25%) N=141	50 (25%) N=204	55 (29%) N=191	92 (26%) N=357	0.71
Bladder or urinary problems	77 (55%) N=141	131 (56%) N=233	130 (52%) N=250	265 (57%) N=469	0.76	19 (25%) N=77	29 (22%) N=129	30 (23%) N=129	53 (20%) N=263	0.38
Lymphede ma	93 (63%) N=148	137 (61%) N=224	174 (70%) N=247	280 (64%) N=438	0.55	27 (29%) N=93	27 (20%) N=136	42 (24%) N=173	66 (24%) N=278	0.70

Figure 2:
Trends in seeking help for physical concerns following completion of cancer treatment and trends in experienced difficulty in obtaining the desired assistance.

Reasons for not seeking help:

Told it was normal and thought nothing could be done	25.1%
Did not want to ask	7.9%
Did not think services were available	6.4%
Did not know where to go	6.1%

Discussion

Cancer survivors can experience various on-going physical challenges following treatment. Physical changes following treatment can be particularly distressing and interfere with daily living and activities.

Significant proportions of individuals between 18 and 54 years reported being concerned about the physical changes following completion of treatment.

Larger proportions of those in the lower income levels expressed more concerns about the physical changes which they were experiencing and high levels of concern (e.g., moderate or high). Higher proportions also sought help for their concerns compared to those in higher income groups.

Difficulty obtaining relevant help, however, occurred across all income groups.

Assessment of risk for financial toxicity is recommended early in the course of the cancer experience with tailored follow-up for those at greatest risk.

References

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