FINANCIAL TOXICITY AMONG PATIENTS RECEIVING TREATMENT FOR ORAL CANCER IN A PUBLIC HOSPITAL IN INDIA: A CROSS-SECTIONAL STUDY

Parth Sharma¹, M. M. Singh¹, Amod L. Borle¹, Anurita Srivastava², Ravi Meher³

1 Department of Community Medicine, 2 Department of Radiation Therapy, 3 Department of E.N.T Maulana Azad Medical College, Delhi, India

Introduction

According to GLOBOCAN, oral cancer is the eleventh most common cancer in Asia and the second-leading cancer in India.¹ In low-and-middle-income countries, financial toxicity (FT) of cancer is high when seeking care in private hospitals.²

However, FT when seeking care in public centers remains unexplored. We aimed to understand the FT of the disease on families of patients receiving treatment for oral cancer in a public hospital in Delhi, India.

Methods

After obtaining approval from the institutional ethics committee, data was collected from 50 patients using a pretested interview schedule. Patients above 18 years who were undergoing treatment for all stages of oral cancer were included. The FT of the disease was assessed using the validated FACIT-COST questionnaire. Univariate analysis using Chi-square test was done to assess factors associated with FT and p value of less than 0.05 was considered significant.

Results

The mean age of the population was **48 years** (SD = 11 years), **88% were males**, **28% were illiterate** and only 36% were educated above middle school. **64% families had a dependency ratio of more than 0** and 2 families had members with nobody to depend on in the 15-65 years age group.

Figure 1 – Stage of disease at presentation.

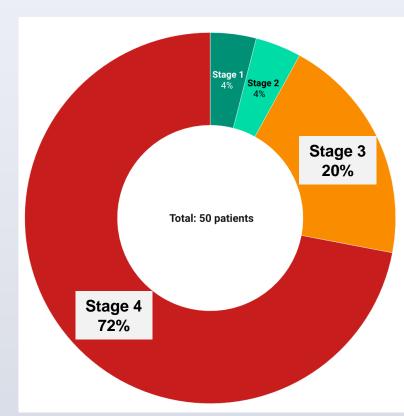
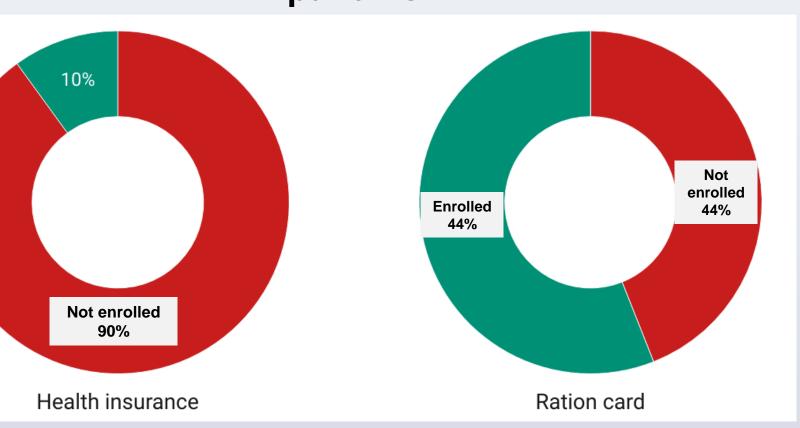


Figure 2 – Socio-economic security of patients



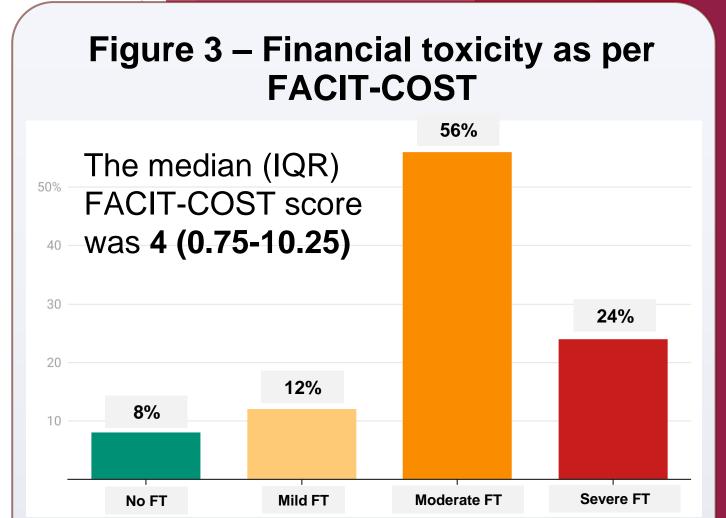
The median (IQR) monthly per capita income was 23 (1,40) USD.

Sole earners of family	Lost job or stopped working	Families with no source of income
38%	70%	24%

Savings of less than 60 USD per annum	Incurred debt due to disease	Median debt	Strongly agreed that disease caused FT
92%	72%	600 USD*	88%

*Range 84-4816 USD





Female gender, Muslim religion, people with debt and people without health insurance were more likely to suffer from moderate or severe FT.

Conclusion

The vast majority of Indian patients with oral cancer treated at a public hospital experienced moderate or severe FT. Future studies should assess the association of demographic factors with the severity of FT, as well as strategies to mitigate it.

References

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