

CANCER'S HIDDEN PRICE TAG: THE FINANCIAL IMPACT OF CANCER FOR INDIVIDUALS AND THEIR HOUSEHOLDS

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Background

In a challenging economic climate, serious illness is a particular financial concern. Macmillan commissioned the University of Bristol's Personal Finance Research Centre to determine the scale of the financial burden of cancer in particular to patients, seeking to answer the following questions:

- What, if any, are the additional financial costs for individuals and their households that are associated with cancer?
- How and when do these costs arise?
- How do these costs impact on the financial and wider well being of adults with cancer and their households?

Methods

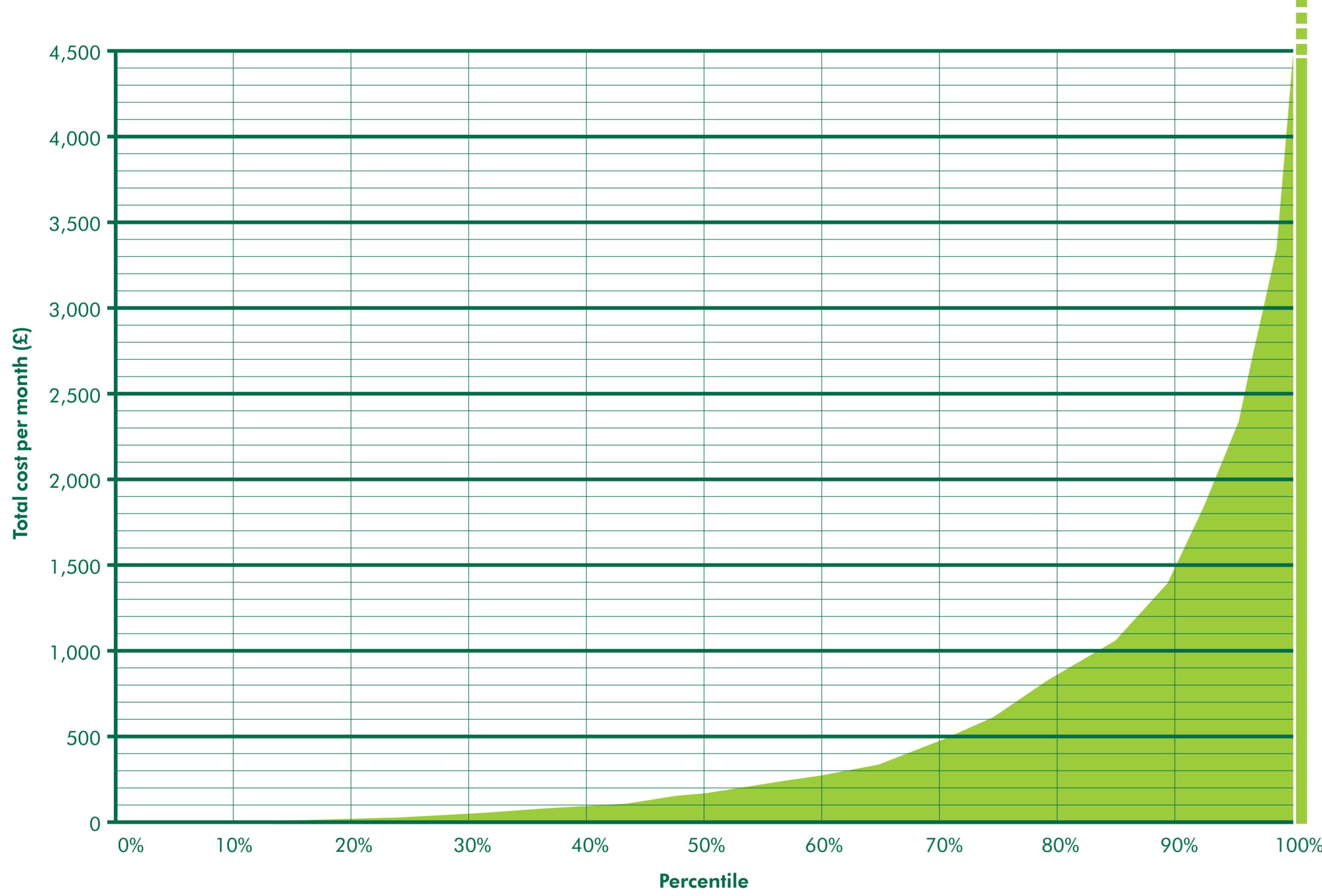
The research involved 24 depth interviews and a UK-wide postal survey of 1,610 adults living with cancer, which ran from 17 August to 21 October 2012. The response rate was 37%. The majority (88%) had been diagnosed in the last five years and most (96%) had received some form of cancer treatment in the last six months. Respondents were from a range of income groups, however, over half (52%) had a household income of less than £16,000 a year. Survey respondents were recruited from Macmillan information centres and support line. The results were weighted to be representative of age, gender, cancer type and nation. Due to the source and voluntary nature of the survey, the sample may contain bias.

The questionnaire captured self-reported expenditure over a six-month period, covering a wide, but not exhaustive, range of costs relating to their cancer diagnosis and treatment (see table 1 for a breakdown of costs). Respondent's income before and after their diagnosis was captured to estimate loss of income as a result of cancer^[1].

Results

Four in five respondents incurred an average cost of £569 a month. The costs reported by individuals ranged widely: large numbers of respondents experienced low costs, while a significant minority incurred much higher costs (see figure 1).

Figure 1: Average total cost per month for each percentile (for those incurring a cost)



Base: All those incurring a cost overall (1,388). Note this excludes 17% of respondents who incurred no cost overall (or made a saving)

The largest components of cost were income loss and outpatient costs, specifically travel costs to and from healthcare appointments. A breakdown of the costs is outlined in table 1.



Table 1: Percentage incurring costs and average monthly costs by category^[2]

	% incurring cost (n*)	Monthly cost (£) among those incurring cost			
		Average (mean)	25th percentile	50th percentile (median)	75th percentile
Total cost	83% (1,388)	£569	£44	£187	£637
Healthcare appointments	71% (1,218)	£203	£13	£37	£109
Inpatient stays	28% (513)	£20	£3	£7	£20
Other healthcare	41% (721)	£41	£4	£10	£33
Clothing, equipment / modifications	37% (744)	£70	£11	£25	£50
Added cost to day-to-day living	54% (938)	£63	£11	£32	£76
Loss of income	30% (639)	£860	£161	£567	£1075

*Unweighted number of respondents

Key factors that influenced the likelihood and size of these costs were age, employment status, current income, cancer type, and treatment. Those under 60, in work, or undergoing surgery or chemotherapy in the last 6 months incurring particularly high total costs, as did those with leukaemia, lymphoma, myeloma or 'other'^[3] cancers. Those on low or medium to high incomes also incurred particularly high costs.

Almost half (47%) of respondents who incurred costs as a result of their diagnosis said their general financial situation had got worse since their diagnosis^[4]. Three in 10 (30%) respondents who incurred costs found it a constant struggle to pay their bills or were falling behind with payments.

Conclusions

This study has implications for a range of audiences including policy makers, the NHS, employers and the financial services industry, to ensure people with cancer can access benefits, support and advice services when they most need it.

One of the most striking findings is the wide variation in financial impact, depending on the nature of the diagnosis, socio-economic characteristics and to a lesser extent demographics, providing valuable information on the type of people who are worst affected. The study also points to the largest components contributing to the costs of cancer and how cost components differ for different groups. However important questions remain as to why these certain characteristics (like age, income, cancer type) result in higher costs.

Data notes:

^[1] The following steps were taken to estimate loss of income attributable to cancer: a) mid-points of income bands were taken as a proxy for point estimates of total household income, this was done for current income and income prior to diagnosis b) respondents rating of the extent to which any difference was due to their cancer diagnosis was used to adjust absolute change in income proportionately.

^[2] Cost categories are as follows: outpatient costs, such as travelling to hospital, GP or other healthcare appointments and car parking, inpatient costs incurred during stays in hospital, a hospice or clinic, other healthcare costs, such as over-the-counter or prescription medicines and home help, clothing, equipment and modifications to the home or car, added day-to-day living costs, such as fuel bills and food.

^[3] 'Other' excludes the following types of cancer that were listed separately: breast; prostate; cervix, ovary or uterus; colorectal; lung, bronchus or trachea; oesophagus, stomach, pancreas or liver; kidney or bladder; and lymphoma, leukaemia or myeloma.

^[4] 47% of survey respondents who incurred a cost said their general financial situation had got worse, 39% said it had stayed the same, 6% said it was too difficult to say, 5% said it had got better and 3% did not state.

Acknowledgements:

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Further information:

Macmillan's report 'Cancer's Hidden Price Tag' can be found on our website www.macmillan.org.uk/hiddenpricetag