# Impact of Financial Toxicity and Communication Behavior on the Affect of Advanced Breast Cancer Dyads

William Riley[1], Alice Ahn[1], Juliet Kroll[2], Morgan Jones[3], Mariana Chavez Mac Gregor[4], Kathrin Milbury[1]

[1]Department of Behavioral Science, University of Texas MD Anderson Cancer Center
[2] Department of Palliative, Rehabilitation and Integrative Medicine, University of Texas MD Anderson Cancer Center
[3]Department of Psychology, Georgia State University
[4]Department of Health Services Research, University of Texas MD Anderson Cancer Center

*This work was supported by NIH/NCI R25CA056452 (Alice Ahn, B.S., Shine Chang, Ph.D., Principal Investigator).*
*AA is a graduate MD Anderson CATALYST trainee.*

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

## Introduction

- **Financial toxicity** refers to the **financial distress** cancer patients and their families experience due to medical costs related to cancer diagnosis and treatment[1]
- Financial toxicity is associated with Greater anxiety & depression[2,3] and poorer physical and mental health-related quality of life[2,4]
- Open communication behavior has been associated with better adjustment to life after cancer[5], but its association with financial toxicity has not been explored

This study examined:

1. Differences in the reported financial concerns between patients and their spouses
2. Changes in the dyad's affect after discussing financial concerns
3. Correlations between financial toxicity and other self-report measures

## Methods

- Data was from a longitudinal study examining the psychological and behavioral impact of financial stress on patient-spouse dyad
- Patients with stage III-IV breast cancer and their spouses completed an online survey before & after a 20-minute spousal interaction task
- Completed following measures:
  - Financial Toxicity (COST)
  - Relationship wellbeing (DAS-7)
  - Depression & Anxiety (CES-D & GAD-7)
  - Perceived Social Support (SPS)
  - Financial Concerns (Financial Concern Inventory)
  - Positive & Negative Affect (PANAS)
  - Changes in perception of partner and usefulness of the discussion

**Spousal caregivers' negative affect improved after discussing financial concerns, even when the couple avoided discussing more pressing concerns**

Figure 1. Pre and Post Discussion Affect

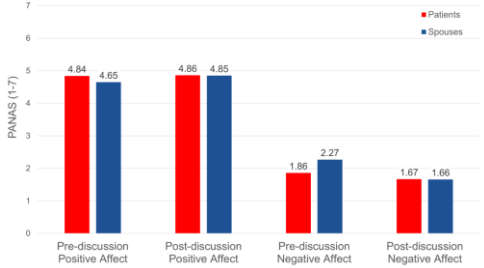
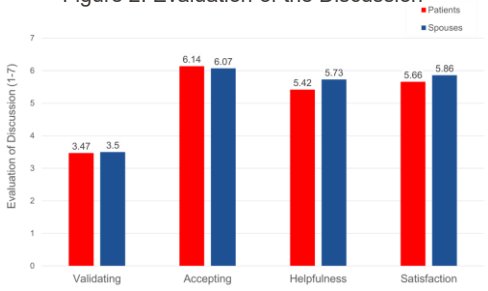



Figure 2. Evaluation of the Discussion




## Results

- No significant differences were found between patients' and caregivers' financial concerns
- Couples tended to avoid selecting some of the most pressing financial concern for as a discussion for the interaction task
  - Concerns about maintaining a steady income
  - Burdening partner by discussing financial concerns
- Spousal caregivers reported significant reduction in negative affect ($p <$ .001) after the discussion while patients' affect remained consistent.
- Perceived social support was positively correlated with financial toxicity among patients ($r$= .297, $p$ <.01), but not for spouses.

| Scales | 1. | 2. | 3. | 4. | 5. |
|---|---|---|---|---|---|
| 1. COST | .432*** | .258* | .22 | -.531*** | -.556** |
| 2. DAS-7 | .261* | .562*** | .564*** | -.229* | -.242* |
| 3. SPS | .297** | .702*** | .538*** | -.083 | -.165 |
| 4. GAD-7 | -.457*** | -.310** | -.354** | .173 | .867*** |
| 5. CES-D | -.566*** | -.337** | -.332** | .758*** | .341** |

*Table 2. Correlations between self-report measures*

*Note.* Patient correlations are presented below the diagonal. Partial correlations are presented on the diagonal in dark gray. Spouse correlations are presented above the diagonal.

*$p$ <.05. **$p$ ≤ .01. ***$p$ ≤.001.

**References**

## Conclusion

- Patients and their spousal caregivers shared similar types of financial concerns
- Among the issues rated as most frequently concerning, couples tended to avoid discussing some of the more pressing concerns possibly due to perceived lack of control or avoidant coping
- Healthcare professionals should consider encouraging couples to discuss financial concerns to improve the couple's psychological wellbeing