

1577P Financial burden and financial toxicity in patients with colorectal, gastro-oesophageal, and pancreaticobiliary cancers: A UK study

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Background: How cancer affects a patient (pt) in the UK financially and how this changes throughout treatment is unknown. We aimed to assess financial burden (FB) at baseline and financial toxicity (FT) throughout treatment of pts with upper GI (UGI), pancreaticobiliary (PB) and colorectal (CR) cancers.

Methods: Pts with UGI, CR and PB cancer enrolled in 5 clinical trials (REAL-3, RAINFALL, ESPAC-4, QoL BIL and CAPITAL) at the Christie, Manchester, were identified. FB at baseline and FT throughout treatment were defined according to answers to the EORTC QLQ-C30 questionnaire (EQ) Q28 to which pts score financial difficulty relating to disease or treatment from 1 (not at all) to 4 (very much).

Results: 141 pts were included, 58 (41.1%) received adjuvant and 83 (58%) palliative treatment. 96 (68.1%) were men; median age was 62 yrs (range 39-84). 15 (10.6%) pts had CR, 85 (60.3%) PB and 41 (29.1%) UGI cancer. 87 (61.7%) had no FB (scored 1 on EQ), 35 (24.8%) scored 2, 12 (8.5%) scored 3 and 7 (5%) scored 4. 97 (68.8%) answered ≥ 2 EQs. Median EQ follow up was 6.3 months (range 0.5-63.1). 63.5% experienced no FT, 19.8% worse FT and 16.7% improving FT. The median index of multiple deprivation (IMD) (the measure of relative deprivation of English regions) was 16,083 (range 3-32,041). Multiple regression analysis showed that younger age, lower IMD and tumor type were independent predictors of FB. Significant covariates included IMD below vs. above median (OR 2.64, 95%CI 1.13-6.15, $p = 0.024$) and age below vs. above median (OR 7.83, 95%CI 3.23-18.94, $P < 0.001$). Of these, no factor predicted FT. Pts who experienced FT were significantly younger compared to those who did not (median age 55 vs. 69, $p < 0.001$) and had significantly lower IMD (median 9,483.5 vs. 19,277, $p = 0.002$). IMD in our series did not show significant interaction with age ($p = 0.270$). Palliative treatment and lower IMD were independent predictors of worse overall survival.

Conclusions: We report the first study of FB and FT in pts with UGI, PB and CR cancers living in UK, identifying independent baseline parameters predicting FB and the prognostic role of IMD. Younger pts and those of lower IMD are at significantly higher risk and should be offered additional support.

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