

Mitigating Financial Toxicity in Breast Cancer From Diagnosis to Treatment and Reconstruction

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Clinical Practice Points

Breast cancer is the most common cancer affecting women in United States with a significant patient and familial financial burden. Limited resources offer financial support to patients in the form of cost support for bills, health insurance payments, childcare, and post-treatment recovery. Financial resources are often limited to patients of certain geographic regions or low socioeconomic status as determined by the federal poverty level, which may systematically exclude patients in need.

Clinical Breast Cancer, Vol. 000, No.xxx, 1–5 © 2022 Elsevier Inc. All rights reserved.

Keywords: Access to healthcare, Breast, Breast reconstruction, Financial, Toxicity

Introduction

Breast cancer is the most prevalent cancer and the second leading cause of cancer-related death among women in the United States.¹ Patients with breast cancer encounter challenges including psychosocial stress, side effects of treatment regimens, fertility issues, postprocedural and/or postoperative pain, and financial toxicity.² Nearly half of the patients receiving a breast cancer diagnosis experience at least moderate financial distress,³ which can be further exacerbated by factors such as low socioeconomic status and racial minority status.⁴ Previous research has demonstrated a correlation between financial toxicity of a cancer diagnosis with a worsened quality of life and increased burden of cancer-related distress.¹

Despite these burdens, there are few systems in place to provide support and resources for patients in these areas. Receiving a diagnosis of breast cancer is life-altering, and we believe that supporting the needs of our patients throughout the trajectory of the disease and treatment process, from diagnosis to post-reconstruction, is of the utmost importance and a worthy cause.

Linking patients to resources that may aid them with covering the expenses of their treatment, as well as expenses of daily living and familial support, may improve health outcomes and decreased cancer-related burden. Despite the apparent need for such resources, a centralized resource of funding opportunities for patients with breast cancer does not currently exist. The aim of the present study was to compile a source of viable, active grants for patients with breast cancer to serve as a reference for clinicians, families, and patients alike.

Discussion

The authors identified twelve, independent, active funding opportunities through web-based searches and foundation websites

(Table 1). Eligibility is dependent on numerous criteria, including geographic location, status of treatment (active cancer vs. survivor/in remission), and income level. Further criteria for eligibility include stage of cancer, the need for childcare assistance, and age at the time of diagnosis. Several foundations determine financial eligibility based on patient-specific criteria and do not publicly disclose the minimum or maximum awarded funding. Of foundations disclosing a numerical value, awards ranged from \$500 to \$3000 USD.

Several foundations listed a maximum limit of duration of funding, Eg, “to not exceed 4 months.” Given the average length of treatment for early-stage active treatment of breast cancer is approximately 3 to 6 months, with an even longer treatment duration for patients with more advanced stage disease,¹⁵ these awards may fail to cover the full duration of the treatment period. Furthermore, following the completion of initial treatment, recovery, postmastectomy breast reconstruction, and potential recurrence are factors that may prolong the need for financial assistance. A 1-time grant of \$3000 USD is likely insufficient to ameliorate the financial burden that exists for patients living with both immediate and long-term financial burdens of breast cancer. Additionally, women have demonstrated an average of \$1000 to \$3300 USD per year in out-of-pocket care expenses for up to 12 years following the initial diagnosis.⁵ A dearth of financial support has been similarly described in other patient populations, such as those undergoing transplant surgery⁶ or cleft and craniofacial surgery.⁷ While the funding mechanisms presented here are surely not the only methods to receive financial support, the lack of targeted funding highlights a welcome opportunity to support our patients.

Additionally, targeted financial support is needed for our patients of lower socioeconomic status, who not only suffer from increased financial toxicity but are generally diagnosed with breast cancer at a later stage of disease progression.⁸ While grants requiring household income below 300 to 500% of the federal poverty level (FPL) may certainly aid patients and families who suffer the greatest financial burden, this criterion may unnecessarily exclude patients with significant financial burdens who fall outside of these determined cutoff values.

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Submitted: Jul 20, 2022; Revised: Sep 12, 2022; Accepted: Sep 26, 2022; Epub: xxx

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Table 1 Scholarships for Breast Cancer Patients and Survivors

Organization	Award Name	Description	Amount	Geographic Eligibility	Other Eligibility	Historical Deadline	Link	Additional Information
Breast Cancer Assistance Fund	National Cancer Assistance Foundation Fund	Provides financial assistance for the nonmedical costs of getting a patient to treatment and other living expenses	Varies; up to 60 calendar d of funding	Residents in all 50 US states except AR, IA, MI, OR	–	Rolling	https://breastcanceraf.org/request-assistance/	
Driving Miss Darby Foundation, Inc.	General Funding	Provides financial support to patients participating in clinical trials for breast cancer	Varies	–	–	Rolling	https://www.drivingmissdarby.org/assistance	
Genevieve's Helping Hands Charity	Genevieve Memorial Breast Cancer Recovery Grant	Offers financial grants to be used by young breast cancer patients to extend recuperation period after cancer-related surgeries and treatment	Varies	–	A mother first diagnosed with breast cancer at age 40 or younger Caring for at least 1 child under the age of 18	Rolling	https://www.genshelpinghands.org/Genevieve-memorial-recovery-grant.html	
Hope Chest for Breast Cancer Foundation	Emergency Assistive Grant	Provides financial assistance for rent, mortgages, car payments, utility bills, daycare costs and provided nutrition	Varies	Minnesota	In active treatment for breast cancer	Rolling	https://hopechest.com/get-help/	
Patient Advocate Foundation	Metastatic Breast Cancer Financial Aid Fund	Provides financial assistance with expenses related to transportation, housing, utilities, food/nutritional needs, and end of life expenses	Varies	–	Stage III and IV breast cancer who are in active treatment or will be in active treatment within the next 60 d	Rolling	https://financialaid.patientadvocate.org/	

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Table 1 (continued)

Organization	Award Name	Description	Amount	Geographic Eligibility	Other Eligibility	Historical Deadline	Link	Additional Information
Sisters Network, Inc.	Karen E. Jackson Breast Cancer Assistance Program	National African-American survivorship organization; helps pay for utilities, rent or mortgage, and medical accessories	Varies	–	Breast cancer survivors	July 15th	http://www.sistersnetworkinc.org/programs.html	
Susan G. Komen	Komen Financial Assistance Program	Funds may be used for daily living expenses such as rent, utilities, food, transportation, childcare	Stage IV: \$750 Stage 0-III: \$500	United States or US Territory	Currently in treatment for breast cancer or living with Stage IV breast cancer Have a current household income below 300% of the FPL	Rolling	https://www.komen.org/treatment-assistance-program/	
The Gift of Hope Breast Cancer Foundation	General Funding	Funds may be used qualifying treatments	Varies; shall not exceed a period of 4 mo	Florida	–	Rolling	https://forthegettofhope.org/apply-now/	
The Miles of Hope Breast Cancer Foundation	Medical Gap Care Fund	Provides funding for patients who experience life emergencies and/or costs not covered by health insurance while they are undergoing treatment for breast cancer	Varies	New York Hudson Valley	–	Rolling	https://milesofhope.org/programs/financial-assistance/	
The Pink Daisy Project	General Funding	Provides help through gift cards for groceries, restaurants, and gas	Varies	–	Women under age 45 who are within 3 mo of treatment for breast cancer or reconstruction	Rolling	https://www.pinkdaisyproject.com/need-help.html	

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Table 1 (continued)

Organization	Award Name	Description	Amount	Geographic Eligibility	Other Eligibility	Historical Deadline	Link	Additional Information
The Pink Fund	General Funding	Provides direct bill payment for utility bills, mortgage or rent, car or car insurance payment, and health insurance premiums	Up to \$3000	–	In active treatment for breast cancer Able to demonstrate a loss of working income due to diagnosis Have a current household income below 500% of the FPL	Rolling	https://pinkfund.org/get-help/	Additional funding available for patients awaiting social security disability if eligible (The Mary Jerczog Fund for Metastatic Breast Cancer)
United Breast Cancer Foundation	Individual Grant	Provides financial assistance for medical procedures, prescription medications, COBRA insurance coverage, housing expenses, utilities, therapeutic treatments, transportation, car insurance, nutrition, and housekeeping	Varies	–	Breast cancer patient or survivor within 3 y remission	Monthly	https://www.ubcf.org/programs-services/individual-grants/	Requires a pay-it-forward contribution of \$25 or \$50

FPL = Federal Poverty Level.

The highly individualized nature of breast cancer treatment can include chemotherapy, radiation, surgery, and hormonal therapies.⁹ Cost differences among treatment plans for breast cancer patients have been attributed to cancer stage at diagnosis and the need for an adjuvant chemotherapy regimen, which may not be considered by eligibility criteria for foundational financial support.¹⁰ For women undergoing mastectomy, breast reconstruction is an increasingly common post-treatment procedure.¹¹ Between 2000 and 2010, the proportion of women undergoing contralateral mastectomy who also underwent breast reconstruction increased from 18.7 to 46.5%.¹¹ Reconstruction may further be characterized as delayed or immediate, with delayed procedures potentially incurring greater financial cost.¹² Several of the grants identified require “active treatment” for breast cancer; however, the definition of “active treatment” varies among granting programs, and thus planned breast reconstruction may not be considered to fit eligibility criteria. No grants were explicitly found to cover breast reconstruction-associated costs; yet, the time to recover from breast reconstruction can impose a significant financial burden on patients.¹³

Patients have demonstrated low levels of financial discussion with their providers—78% of women reported never discussing financial burden of breast cancer care with their cancer team.¹⁴ Thoughtful discussions with health care teams, as well as structured financial counseling and planning at the time of diagnosis may be 1 strategy to ameliorate the financial burden of breast cancer care. Specific information regarding options for financial support should be available in medical offices for patients that may require it.

Conclusions

The present search for sources of financial support for the over 3.8 million women that suffer from breast cancer in the United States¹⁶ has generated only a handful of currently active grants. Breast cancer incurs a great cost to a patient and their care associates; however, there is an apparent lack of resources readily available to assist these patients. Identifying and centralizing the existing financial programs and developing fundraising initiatives that provide more targeted funding is 1 important first step to supporting our breast cancer patients from diagnosis to treatment and remission.

Author Contributions

NR identified the existing funding opportunities, created the table, and constructed the manuscript. DFV conceptualized the

study, assisted in assessing the eligibility of the identified studies, and assisted NR with drafting the manuscript. PJT provided supervision and guidance on all aspects of the research process and assisted NR with manuscript finalization.

Disclosure

DFV is a fellow to Artis Ventures, LP.

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