The Financial Burdens of Cancer

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This article is written by Ethan Handa, who is a 2017 graduate of Emory College of Arts and Sciences. Ethan will be pursuing a masters in health policy at Yale School of Public Health in the fall of 2017 and will continue to contribute here at Cancerquest.

“It was all so new” exclaimed Julie, who is a former cervical cancer patient and current volunteer at the Winship Cancer Center of Emory University. “I’d never been sick before besides a cold here and there.” For many, this is a familiar scenario, a diagnosis of cancer comes as a complete shock. The diagnosis is very emotional for both the patient and their family. In addition, the financial challenges that often come along with the diagnosis create a dual burden. The American Society of Clinical Oncology estimates that newly approved cancer drugs have an average out-of-pocket cost of $10,000 per month, with some topping $30,000.1 This helps demonstrate how one of the most substantial impediments to quality, affordable treatment in America is the astronomical cost of healthcare. Oftentimes, this spending fails to produce high quality outcomes, as demonstrated by the Bloomberg Healthcare Efficiency Index (BHEI). This index ranks countries based on factors including life expectancy and infant mortality rate, while factoring in the country’s overall healthcare expenditures. In 2014 America ranked 50th out of the 55 countries assessed by the BHEI.2 The failure of our healthcare system is also seen in US life expectancy, which according to the World Health Organization (WHO), is ranked 31st in the world, well below many other developed nations.3 According to the Public Broadcasting Service (PBS), U.S. healthcare expenditures surpassed $3.35 trillion in 2015-2016, or over $10,000 per U.S. citizen. This is more than twice the amount spent by the majority of developed nations.4 Taken together, the data indicate that America is easily spending the most on healthcare (over 17% of total GDP), while failing to provide what we can discern to be the best healthcare in the world.5

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The immense amount of overall spending is also often misunderstood, as about 5% of the population (the most ill) represents almost **half** of all healthcare expenditures.4 Despite a recent decrease in the nationwide uninsured rate, this extremely vulnerable population may find that their insurance coverage is not enough to fully cover their treatment. As such, many patients are faced with very hard decisions regarding their health and financial stability. Patients in this predicament are frequently forced to delay, alter or altogether refuse the recommended course of treatment. According to a 2013 study in *The Oncologist*, approximately one in four cancer patients chose not to fill a prescription because of the cost.6 Despite being enrolled in Medicare; many patients are also forced to acquire supplemental insurance plans or pay steep out-of-pocket costs for their cancer treatment. Some elderly patients spend as much as 60 percent of their total income on out-of-pocket treatment costs.7

A cancer diagnosis can bring a variety of expenses, including doctors’ visits, hospital stays, travel costs and insurance fees. The major expense, however, is often the cost of the cancer treatments themselves, including drugs and radiation. The reasons why drug costs are so high are often unclear. One possible factor is that, unlike the governments of most developed countries, the US government has little input into how drugs are priced in the open market. The US congress has tried, on several occasions, to pressure manufacturers into lowering drug prices, but often fail to create any change.8 According to a CNN article, the biggest drivers of price are pharmaceutical’s ambition to make profits, and costing based on the value of the drug to patients.9 One way to lower costs is expansion of the use of generic drugs, which helps foster competition and promotes price adjustments. One challenge to this practice is the lengthy review process performed by the FDA to ensure the quality of generic medications. A NY Times article from September 2015 details how Turing pharmaceuticals was able to sell a lifesaving drug at $750 per pill because of a large backlog of applications to the FDA for approval of generics. The backup directly impacts patient finances, and potentially, their health.10

In the absence of generics there are alternative forms of cancer treatment to patients with severe financial issues or failing traditional treatments, which include clinical trials and use of integrative oncology. Clinical trials are

designed in order to test new cancer prevention treatment and methods, which may give patients some access to affordable, experimental treatments. These treatments inform the design of new treatments and may benefit both current and future patients. Unfortunately, only a subset of patients will qualify for these trials. In cases in which traditional cancer treatment is unavailable or unaffordable, patients may consider integrative oncology therapies as an alternative to standard cancer treatments. These treatments include a variety of alternatives, however most of them lack significant scientific evidence to support their effectiveness in treating cancer or its symptoms.

To learn more about Clinical Trials, visit: https://www.cancerquest.org/patients/clinical-trials

To learn more about Integrative Oncology treatments, visit: https://www.cancerquest.org/patients/integrative-oncology

Presently the future of federally supported American healthcare uncertain. The current administration has proposed several cuts to government healthcare spending. They are also seeking to eliminate the coverage of preexisting conditions in Obamacare. This could severely impact cancer patients and cancer treatment.[11]

Because treatment of advance cancer frequently involves more intensive and costly treatments, early detection is a critical way to reduce costs and improve outcomes. There are a variety of medical tests, including mammograms and colonoscopies, which have been shown to detect cancer early. Of course, NOT getting cancer in the first place is the ideal. Preventive measures, include eating a plant-rich diet and remaining active. According to the National Cancer Institute, consuming a large variety of nutrients is better for long-term health than any single one item, which is why a focus on lifestyle choices is so important.[12]

Overall, the future of costs for cancer treatment is uncertain. However, there is room for optimism, as cancer care and treatment is improving every day. To learn more about the latest advancements in cancer visit the Cancerquest Newsroom: https://www.cancerquest.org/newsroom/listing

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1 http://www.asco.org/research-progress/reports-studies/cancer-care-america-2016#/executive-summary-0
2 https://www.bloomberg.com/news/articles/2016-09-29/u-s-health-care-system-ranks-as-one-of-the-least-efficient
3 http://www.who.int/mediacentre/news/releases/2016/health-inequalities-persist/en/
4 [ab] http://www.pbs.org/newshour/rundown/new-peak-us-health-care-spending-10345-per-person/
5 http://www.who.int/gho/health_financing/total_expenditure/en/
6 https://www.ncbi.nlm.nih.gov/pubmed/23442307
7 https://www.ncbi.nlm.nih.gov/pubmed/27893028
8 http://www.dailynews.com/health/20161116/drug-prices-dont-budge-even-after-pressure-from-congress
9 http://www.cnn.com/2015/09/10/health/expensive-medications-value/
10 https://oversight.house.gov/hearing/developments-in-the-prescription-drug-market-oversight/
11 http://www.nbcnews.com/politics/congress/republican-health-care-vote-everything-you-need-know-n737336
12 https://www.ncbi.nlm.nih.gov/pubmed/16800779?dopt=Abstract