It Is Time to Ask About Financial Toxicity

Increasing attention in the oncology community has turned to the problem of financial toxicity, a term coined to reflect the significant negative impact that high medical costs combined with income interruption during treatment may cause (Katz, 2018; Zafar & Abernethy, 2013). Numerous studies have described how widespread the problem is, affecting as many as 73% of patients with cancer (Gordon, Merollini, Lowe, & Chan, 2017), and its association with negative outcomes, such as decreased health-related quality of life, unplanned and unwanted lifestyle changes because of lack of funds, and intentional nonadherence to planned therapy in an attempt to decrease out-of-pocket costs (Zafar, 2015). Several articles describe brief screening tools, such as the Distress Thermometer (National Comprehensive Cancer Network, n.d.), and psychometrically tested assessment instruments, like the Comprehensive Score for Financial Toxicity (de Souza et al., 2014), that are potentially suitable to incorporate into routine clinical practice. However, there are very few tested interventions for financial toxicity, despite the recognized need for evidence-based practice in this area.

The development of this supplement to the *Clinical Journal of Oncology Nursing* was guided by the need to assist the practicing clinical nurse to support patients facing mounting healthcare costs while receiving treatment for cancer. Thomas, Hughes, Mady, and Belcher (2019) review existing knowledge on financial toxicity and propose a conceptual model that incorporates clinical and sociodemographic risk factors; financial and biologic coping responses; and physical, psychosocial, and treatment-related outcomes associated with financial toxicity. Different healthcare roles and models for providing financial support, including the development of the financial navigator specialist position, are described by Sherman and Fessele (2019), and McMullen (2019) provides an excellent overview of patient assistance programs, making the key point that pharmaceutical assistance eligibility criteria exclude older adults with federal insurance, like Medicare, a growing demographic sector in oncology. Two case studies describing challenges and solutions for special populations also are presented: the unique financial challenges of young adults facing fertility preservation issues during and after cancer treatment (Semler & Thom, 2019), and the financial and psychosocial impact of prolonged multimodal treatment among patients with head and neck cancer (Brauer & Morasso, 2019). Finally, Carr and Rosato (2019) discuss practical applications for the clinical nurse to start the financial toxicity assessment process with patients throughout the cancer experience.

Zafar's (2015) commentary in the *Journal of the National Cancer Institute* titled "Financial Toxicity of Cancer Care: It's Time to Intervene" encouraged the oncology community to move beyond descriptive work on financial toxicity toward the design of practical, real-time interventions to relieve financial (and associated psychosocial) suffering. A common theme throughout this supplement is the need for clinical nurses in any role and in any setting to simply start the conversation by asking patients about finances early in the cancer experience. It can be uncomfortable on both sides of the discussion, and many nurses may not feel qualified to engage in talking about finances with patients. These concerns are reminiscent of barriers expressed by clinicians regarding assessment of and interventions for sexual concerns (Katz, 2005; Reese et al., 2017). In both cases, nurses can normalize these concerns by including them as part of a standard, comprehensive assessment and by making support of these problems a component of holistic, truly patient-centered care.

> "Relationships between financial toxicity and psychosocial symptoms, as well as worsened physical symptoms, are starting to be explored."

In fact, the relationships between financial toxicity and psychosocial symptoms, as well as worsened physical symptoms, like pain, in patients with cancer are starting to be explored (Chan et al., 2019). In addition, rigorously designed studies are needed that incorporate the perceptions of clinicians and patients, along with biologic data that explain these relationships and suggest targeted interventions. It is also important to note preliminary data