

Two Case Reports on Financial Toxicity and Healthcare Transitions in Adolescent and Young Adult Cancer Survivors

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A team conducted semistructured interviews and developed case reports about financial toxicity (FT) and healthcare transitions (HCTs) with two adolescent and young adult (AYA) cancer survivors. These reports found poor HCTs from pediatric specialty care to adult primary care. Nurses can address FT and facilitate smooth HCTs by screening AYA survivors and caregivers for financial stressors, engaging in cost-of-care conversations and inter-professional care coordination, and supporting access to navigation services.

AT A GLANCE

- AYAs are vulnerable to FT and challenges with HCTs and access to care throughout the cancer care continuum.
- Income loss, limited assets, restrictions on eligibility for financial aid, caregiver dependence, and limited support from providers contribute to FT in AYAs with cancer.
- Nurses can support AYA cancer survivors by coordinating care among providers and facilitating access to financial, legal, and social services.

KEYWORDS

adolescent and young adult; case report; financial toxicity; healthcare transitions

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Adolescent and young adult (AYA) cancer survivors (diagnosed between ages 15 and 39 years) are vulnerable to experiencing financial toxicity (FT) because of developmental life stages that coincide with active treatment (Salsman et al., 2019). Entering higher education and/or workforce settings, experiencing the late and long-term effects of cancer treatment, and transitioning from pediatric and/or specialty oncology care to adult and/or primary care can affect AYAs across their life span, making them particularly vulnerable to FT (Bellizzi et al., 2012; Kirchhoff et al., 2014).

More than 50% of AYA cancer survivors do not engage in cancer-related follow-up care despite significant medical needs related to the late and long-term effects of the original cancer (Nathan et al., 2008). Poor healthcare transitions (HCTs) from pediatric oncology to adult primary healthcare settings can lead to harmful medical, psychological, and financial consequences, including decreased treatment adherence, undertreatment, reduced healthcare utilization, increased rates of hospitalization, and greater risk of death (Otth et al., 2021). HCTs may be complicated for AYA cancer survivors because of myriad patient- (e.g., psychosocial functioning challenges, financial barriers, lack of knowledge, poor self-efficacy), provider- (e.g., lack of knowledge and training), and system-related reasons (e.g., lack of appointment coordination or navigation assistance) (Quillen et al., 2017; Rosenberg-Yunger et al., 2013; Schwartz et al., 2011; Sharma et al., 2014). These multifaceted factors make AYA cancer survivors a vital target population for interventions that promote successful HCTs, sustained engagement in adult/primary healthcare systems, and improved overall quality of life. However, little is known about the relationship between FT and HCTs in AYA cancer survivors.

This article presents case reports from key informant interviews conducted with two AYA cancer survivors. The Social-ecological Model of AYA Readiness for Transition (SMART) (Schwartz et al., 2011), which differentiates between preexisting objective characteristics (e.g., sociodemographic or cultural factors, access to care) and modifiable subjective variables (e.g., knowledge, skills, self-efficacy, psychosocial functioning) of patients, caregivers, and providers, guided the semistructured interviews and qualitative data analysis. The interview team applied this model to analyze interviews