



# Financial Navigation for Cancer Care in Nigeria

## Interim Findings from the COST-FIN Randomized Control Trial

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### KEY MESSAGE

Structured financial navigation reduced catastrophic spending at early follow-up and substantially improved patient-reported financial well-being.



**156** participants analyzed



**81%** uninsured at enrollment



**75%** stage III/IV disease



**1st** RCT of FN in SSA

## WHY THIS MATTERS

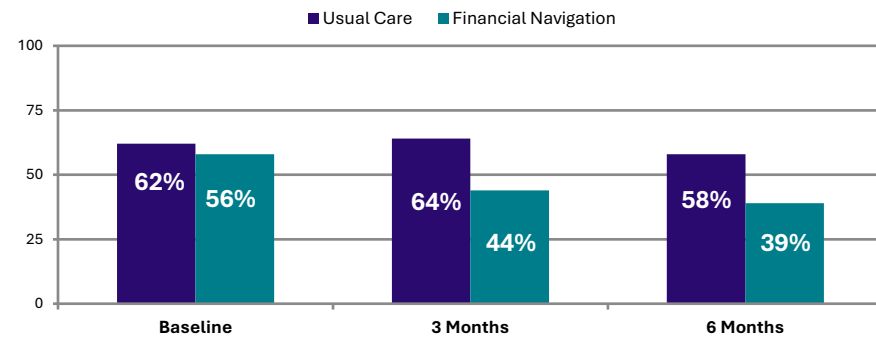
**High OOP costs**  
Cancer care often requires substantial out-of-pocket payment.

**Delays & interruption**  
Financial hardship can delay, interrupt, or stop treatment.

**Navigation support**  
Patients receive cost planning and resource linkage.

**Evidence gap**  
First randomized FN trial in sub-Saharan Africa.

## FINANCIAL CATASTROPHE

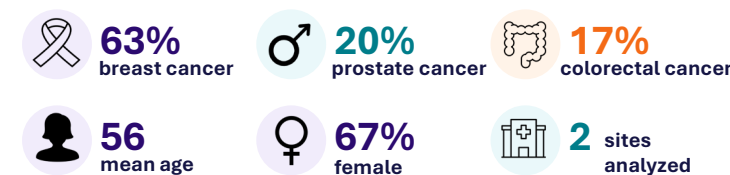


**3** 3-month difference: 64% vs 44%

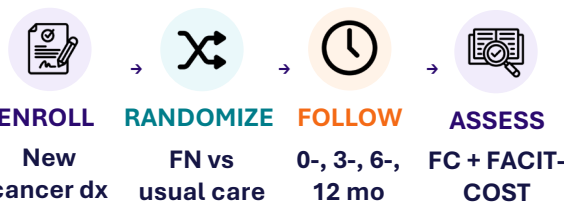
**6** 6-month difference: 58% vs 39%

Financial catastrophe remained common, but was consistently lower with financial navigation during early follow-up.

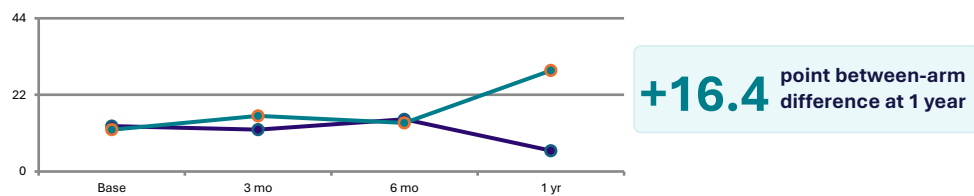
## COHORT AT A GLANCE



## STUDY DESIGN



## FINANCIAL DISTRESS (FACIT-COST)



**+16.4** point between-arm difference at 1 year

Higher FACIT-COST scores = lower financial distress

## KEY FINDINGS

- ✓ High baseline burden: 56–62% experienced financial catastrophe.
- ✓ Financial navigation reduced FC at 3 and 6 months.
- ✓ Cost-related treatment abandonment occurred only in usual care.

## TAKE-HOME MESSAGE

Financial navigation may reduce financial harm and improve equity in resource-constrained oncology settings.

## SENSITIVITY RESULT

25% household expenditure threshold at 3 months **51% vs 28%** usual care vs FN  $p = 0.033$

