

Baseline Economic Hardships and Financial Distress Among Cancer Patients in Nigeria: Results from the COST-FIN Trial

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Background

- By 2030, low- and middle-income countries (LMICs) like Nigeria are expected to account for **75% of new cancer cases and 65% of cancer deaths**
- A disproportionate cancer burden amplifies financial hardship, which can worsen treatment outcomes and quality of life
- COST-FIN is a randomized controlled trial in Nigeria that assesses the impact of a financial navigation program (FNP) on newly diagnosed cancer patients
- Understanding the baseline prevalence of economic hardship and its relationship with financial distress is critical to designing effective support strategies

Objective

- To evaluate the association between economic hardships and financial distress in patients enrolled in the COST-FIN trial at baseline

Methods

- Adults (≥18 years) within six weeks of breast, colorectal, or prostate cancer diagnosis at two tertiary centers completed an 11-item economic hardship checklist (unable to pay for food, transport, medical costs, etc.; 12-month recall) and the 11-item COST-FACIT (score 0–44, higher = less financial distress)
- Hardship was measured as any hardship (yes/no) and hardship count (0–11)
- Associations with COST-FACIT were explored using Welch t-tests (any vs none) and multivariable linear regression of COST-FACIT on hardship count, adjusting for age, sex, cancer type, stage, trial arm, and site

Figure 1: Economic Hardships in the Last 12 Months

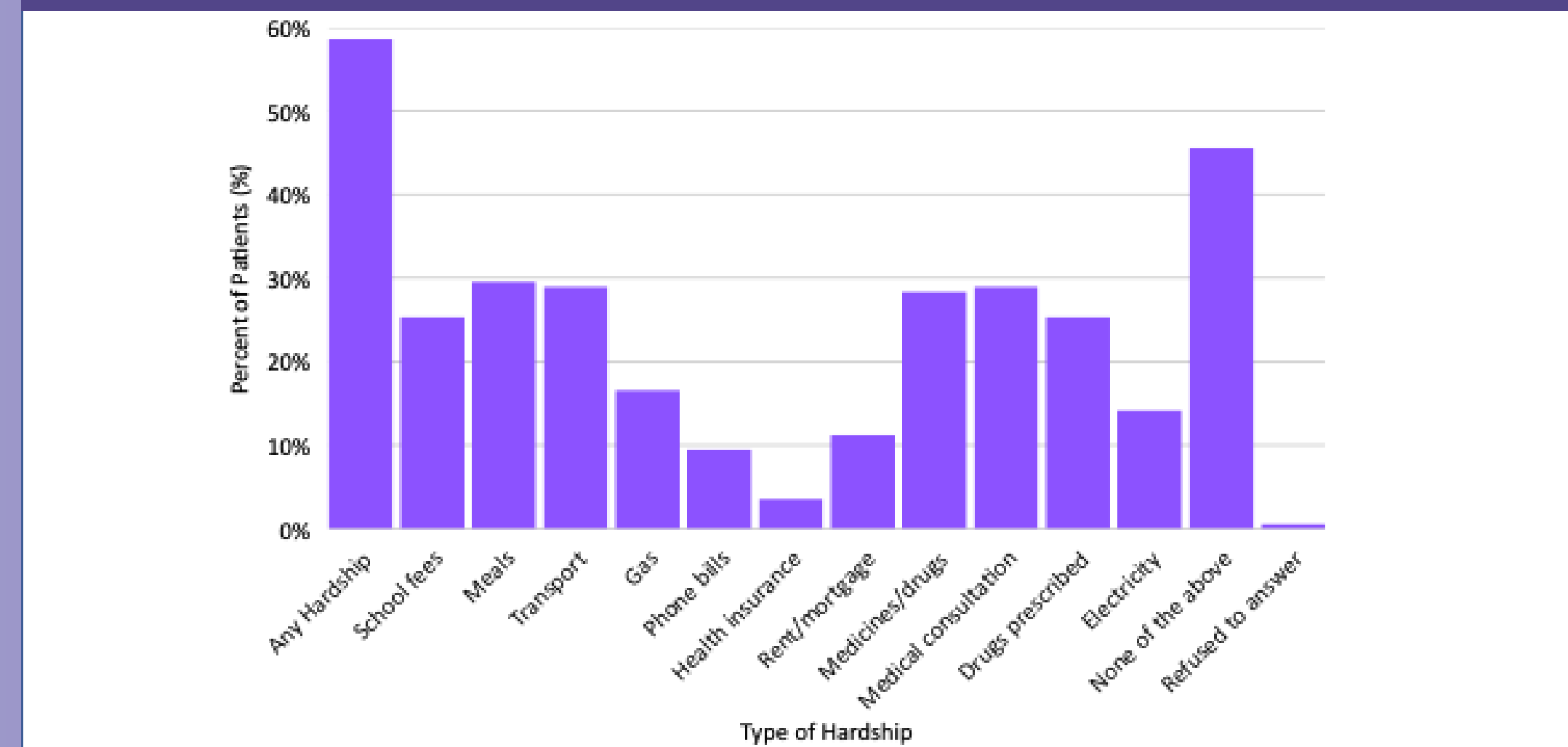


Figure 2: COST-FACIT vs Hardship Count

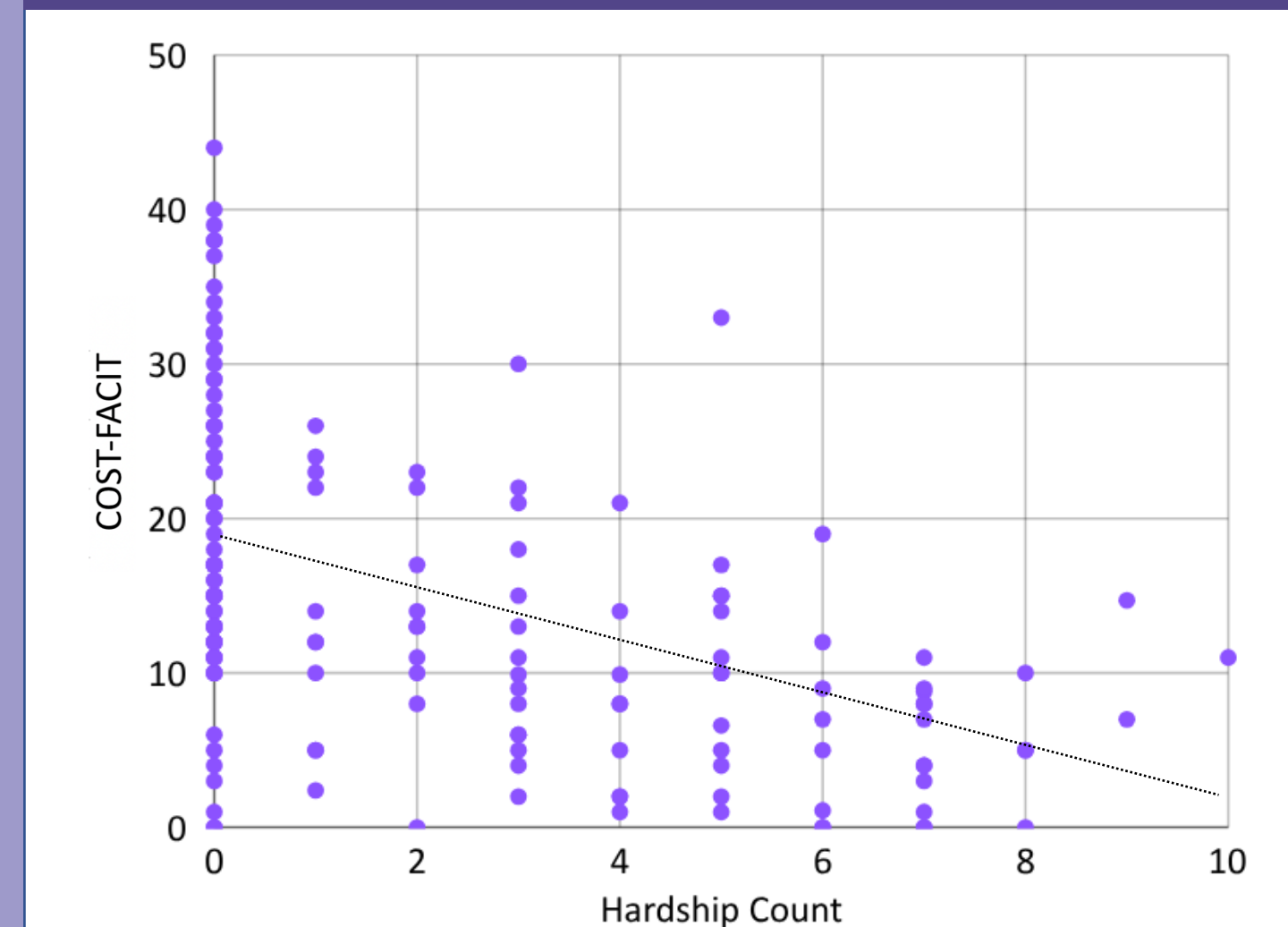
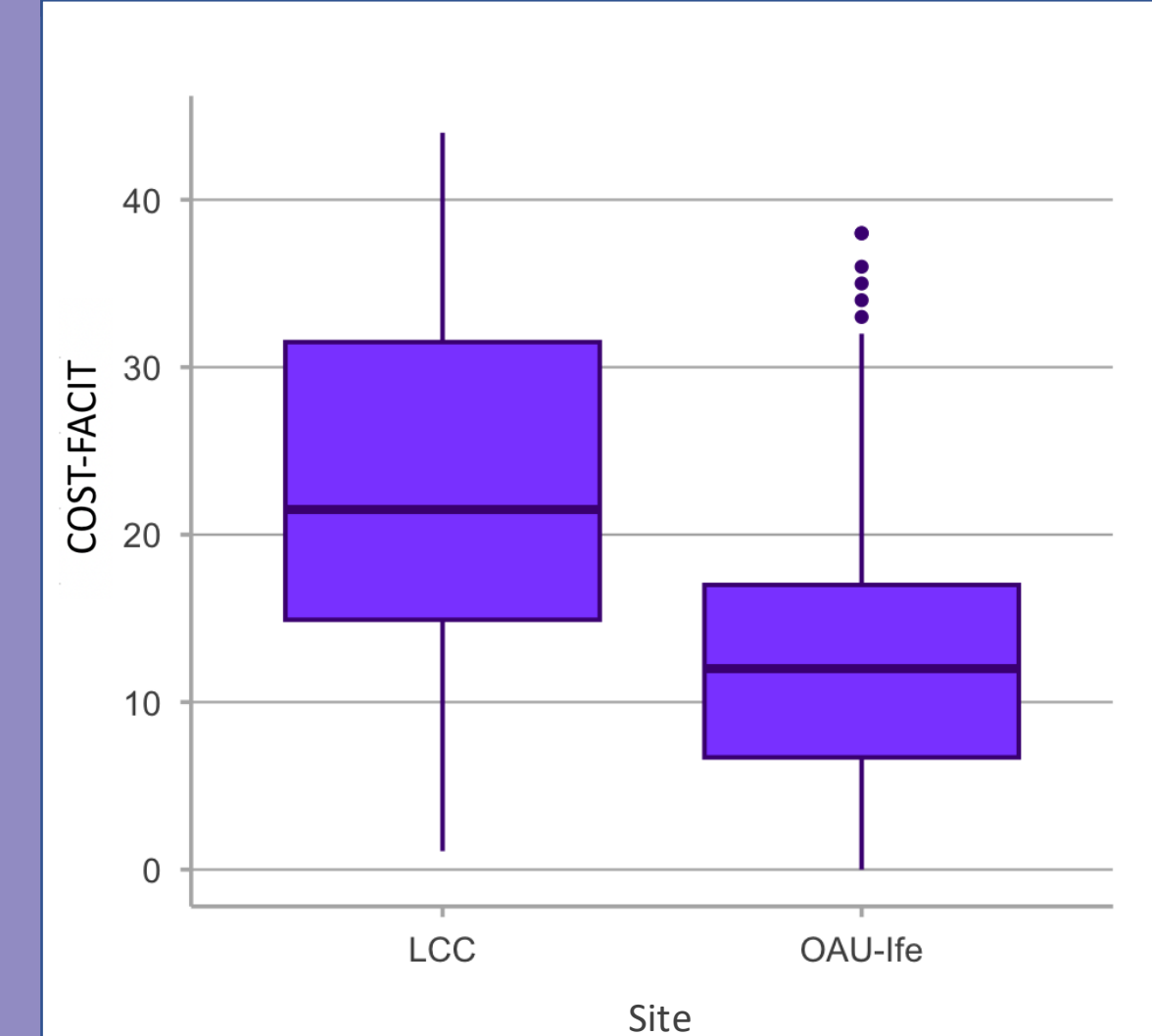


Figure 3: FACIT-COST by Site



Results

- Of 155 randomized patients, **61% reported ≥1 unmet expense**
- Most common were meals (32%), transport (30%), and consultation fees (30%); inability to pay health insurance premiums was rare (4%)
- Mean COST-FACIT was 15.0 ± 10.0, indicating higher financial distress
- Patients with ≥1 hardship scored lower than those without [median (IQR) 10 (5, 15) vs. 17 (13,27)]
- Each additional hardship item was associated with a 1.8-point decrement in COST-FACIT** ($\beta = -1.78$, $p < 0.001$)
- Patients from the public hospital site had lower COST-FACIT scores than the private site [median (IQR) = 12 (7,18) vs. 22 (15,32), $p < 0.001$]
- Trial arm, cancer stage, and baseline exposures were not significant

Conclusions/Future Directions

- There is a high prevalence of economic hardship among COST-FIN trial participants, with **each additional hardship corresponding to increased financial distress** at baseline
- Addressing basic unmet needs through interventions like FNPs is critical to alleviating financial toxicity and improving cancer care outcomes in LMICs
- Differences in public vs private sites suggest that structural factors contribute meaningfully to financial toxicity in this setting
- Evaluating how financial distress evolves through intervention implementation can inform future public health strategies

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