

# Out-of-Pocket Costs and Financial Hardship Among Participants of the BMT CTN 1102 Study

## WHAT?



The Blood and Marrow Transplant Clinical Trials Network (BMT CTN) 1102 clinical trial studied outcomes for older patients with intermediate- to high-risk myelodysplastic syndromes (MDS). It compared patients who had an allogeneic blood or marrow transplant (BMT) using an available, well-matched family member or unrelated donor to patients that had treatment other than BMT.

At the same time, the investigators conducted an economic evaluation to understand the financial impact of the treatment the patient received on the trial. Patients could opt-in to the financial study when they enrolled on BMT CTN 1102. The financial study gave insights into out-of-pocket (OOP) costs and financial hardship.

## WHY?



- Patients who need allogeneic BMT have many OOP costs—from copays for medical services and prescription medicines to housing close to the transplant center. However, the difference in costs between patients who receive BMT and those who receive a treatment other than BMT for the same disease was not well understood.
- The BMT CTN 1102 clinical trial offered an opportunity for the research team to conduct the financial study with patients with MDS alongside the clinical trial. The financial survey captured detail on OOP costs for outpatient services, prescription medicines, and accommodations, like hotel stays, made for health care purposes. It also asked questions about financial hardship, such as using reserve funds, like savings, stocks or selling real estate; borrowing money to pay for care; and developing debt due to care.
- Understanding OOP costs for BMT and other treatments can help health care organizations develop appropriate financial navigation and financial assistance programs for patients.

## WHEN?



- Patients could opt-in to the financial study when they enrolled on the BMT CTN 1102 clinical trial. Participants completed a cost diary survey at 1, 7 and 19 months after enrollment.

## WHO?



- Older patients (50 to 75 years old) with intermediate- to high-risk MDS who were enrolled on BMT CTN 1102 and opted-in to the financial study; 138 participants completed at least one survey.

## RESULTS



- Patients with MDS who received transplant had more OOP costs overall compared to patients on the clinical trial who didn't receive transplant.
- Total OOP costs for patients who had BMT were significantly higher at 1 month and 7 months after enrollment (average OOP costs over past 30 days, 1 month: \$889 vs. \$217,  $p=0.046$ ; 7 months: \$678 vs. \$349,  $p=0.03$ ; 19 months: \$328 vs. \$103,  $p=0.15$ ). Accommodation costs were especially high for patients who had BMT, with an average of \$1,084 spent at 1 month and \$1,007 spent at 7 months compared to \$0 for those who did not have BMT.
- Patients who received BMT were more likely to develop financial hardships. They were significantly more likely to experience at least one of the financial hardships at 7 months (42% vs. 13%;  $p=0.04$ ).

Read the study abstract published in Blood: <https://doi.org/10.1182/blood-2023-187218>

## IMPACT



- The findings show substantial BMT-related OOP expenses for patients with intermediate- and high-risk MDS. These expenses can lead to financial hardships.
- Implementing programs to provide financial navigation and assistance to patients considering transplant could help address the issue.
- Additional evaluation with a larger number of transplant patients can validate these findings and assess programs to address this potential barrier to transplant.

## FROM THE EXPERTS



"As patients undergo allogeneic transplant (alloHCT), the medical team should constantly consider out-of-pocket costs borne by the patients, including drug and visit copayments, accommodation and travel. In our analysis of 138 patients with MDS aged 50–75, patients who underwent alloHCT consistently paid high out-of-pocket costs, averaging over \$5,000 annually even more than 1 year after transplant. More than half of the patients who underwent alloHCT reported financial hardship after one year, with some taking on significant debt to pay for their medical care. It is imperative that we support our patients through the transplant process, screening for financial toxicity at regular intervals and connecting patients to financial navigation when warranted. Superior clinical outcomes through alloHCT ought not to come at the price of patients suffering financially."



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