

The Costs of Breast Cancer



Cancer takes a huge physical toll on people facing the disease and comes with many costs. This fact sheet explores the costs of breast cancer – the most common cancer among women in the U.S. Note that the data analyses below include data regarding women only. While people of other genders do receive breast cancer diagnoses, the incidence of breast cancer in non-women is too small to analyze at this time.

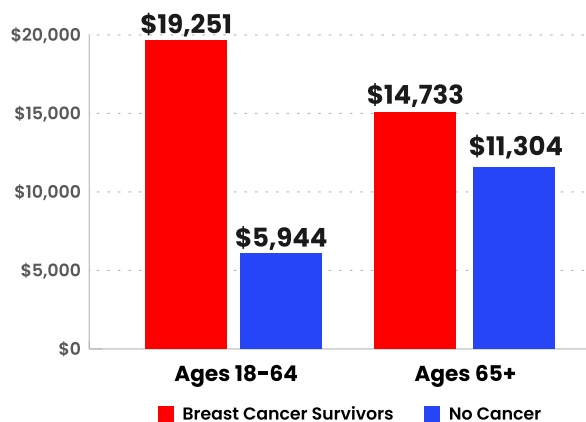
The financial costs of cancer do not impact all people with cancer equally. Evidence consistently shows that certain factors impact cancer diagnosis, treatment, survival and financial hardship experienced by people with a cancer history and their families:

- Age
- Race/ethnicity
- Sexual orientation
- Health insurance status
- Family income
- Where you live
- Cancer type

Women with a history of breast cancer incur higher health care expenses and out-of-pocket costs and experience higher rates of financial hardship compared to women with no cancer history.

Overall, younger women with a breast cancer history have more than triple the health care expenses as those women who have not been diagnosed with cancer.¹ Women diagnosed with later-stage breast cancer have more average expenses than those diagnosed at earlier stages.²

Annual Average Health Care Expenditures for Women, 2018–2020

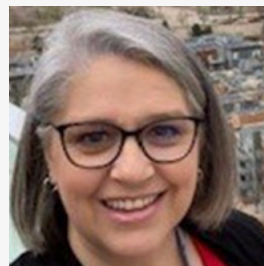


Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

All analyses incorporated complex survey design.

The Costs of Cancer in My Own Words

Wendy
Michigan



Wendy was diagnosed with breast cancer in November 2016. She did not undergo chemotherapy or radiation but did have a mastectomy. Wendy

has a family history of breast cancer, so she had both breasts removed. She had the surgery on December 22, 2016, just a little over a month after being diagnosed. Wendy had to have surgery again in 2017 due to an infection from the previous surgery.

After three surgeries, Wendy owed around \$18,000 in medical bills because her deductible was \$6,000, plus additional costs such as out-of-network providers. She ended up taking out a personal loan to pay off the debt and is still paying it off five years later. Having cancer is hard enough, but now Wendy lives in fear of every doctor's appointment because it could mean going further into debt.

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Having cancer is hard enough, but now I live in fear of every doctor's appointment because it could mean going further into debt.

WENDY, MICHIGAN

Breast Cancer's Impact³

The rate of new breast cancer cases has been increasing in the U.S. for the past several decades. Breast cancer is the most common cancer among women in the U.S. and is the second-leading cause of death from cancer among women after lung cancer.

- ▶ There were projected to be 297,790 new cases of invasive breast cancer in women and 43,700 deaths from breast cancer in 2023.⁴ More than 4 million US women were living with a history of breast cancer at the beginning of 2022.
- ▶ More than 150,000 breast cancer survivors were living with metastatic disease at the beginning of 2022, three-fourths of whom were originally diagnosed with stage I-III cancer.
- ▶ From 2010-2019, new cases of invasive breast cancer rose by 0.4% per year among women older than 50 years of age and 1% per year among women ages 20-49 years.

About 1 in 8 women

will be diagnosed with breast cancer in her lifetime and 1 in 39 women will die from breast cancer.

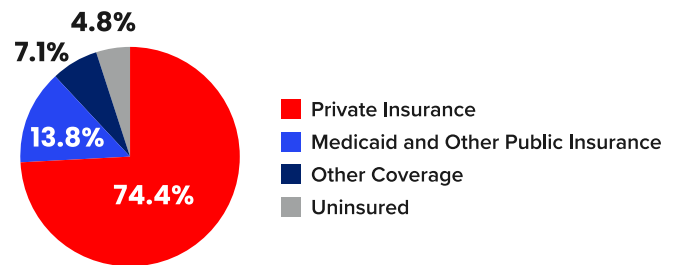


Health Insurance Coverage Among Women With Breast Cancer

The details of an individual's health insurance coverage – or lack thereof – have a huge impact on what that person pays for their cancer treatment.

- ▶ Women with a history of breast cancer are more likely to be insured than those without a history of cancer.⁵
- ▶ For people with a history of breast cancer who are insured, the type and details of their insurance coverage are an important factor of their out-of-pocket costs. More than half of women with a history of breast cancer, ages 18-64 years, have private insurance.

Insurance Type, Breast Cancer Survivors, Ages 18-64



Source: National Center for Health Statistics: National Health Interview Survey, 2019-2022. Public-use data file and documentation. Retrieved from: <https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>. July 2023.
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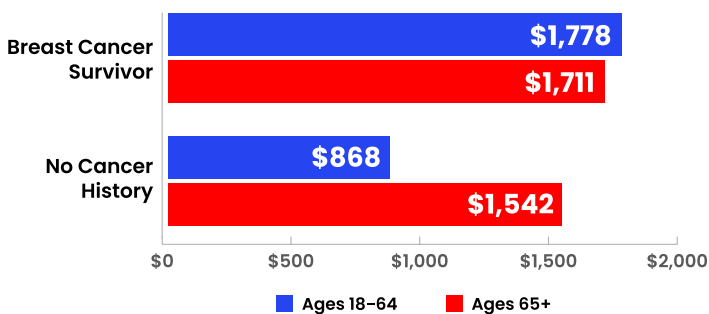
- ▶ More people are enrolled in lower-premium high deductible health plans (HDHPs), despite high up-front costs and mounting evidence that these plans cause them to delay important cancer care and have worse cancer outcomes.^{6,7,8} The majority (57%) of privately insured women with a breast cancer history have an HDHP.⁹

What Women With Breast Cancer Pay Out of Pocket for Care

Cancer treatment is often complex, involves many services and is expensive. Research consistently shows that people who have been diagnosed with cancer have higher out-of-pocket costs than those without a cancer history.¹⁰ These increased costs often continue even years after the patient has finished active cancer treatment.

Younger women with a breast cancer history spend an average of \$1,778 every year on out-of-pocket medical expenses, which is more than double that of those without a cancer history. And that doesn't even take into account monthly insurance premiums.¹¹ Older women with a breast cancer history also spend more on out-of-pocket medical expenses than women without a cancer history.¹²

Average Annual Out-of-pocket Expenses, Women, 2018–2020



Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

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The Impacts of the Costs of Breast Cancer on Women

The high costs of cancer have many adverse impacts. Research shows that among women ages 18–64 years with a history of breast cancer:¹³



20%

reported having problems paying medical bills in the past 12 months
VERSUS 14% OF WOMEN WITH NO CANCER HISTORY



50%

reported worrying about paying future medical bills if they get sick or have an accident



11%

reported delaying medical care due to cost in the past 12 months



12%

reported skipping, taking less, delaying or not getting a medication due to cost in the past 12 months

VERSUS 9% OF WOMEN WITH NO CANCER HISTORY



16%

experienced some level of food insecurity in the past 12 months

ACS CAN Supports Policies That Will Reduce the Costs of Breast Cancer

The American Cancer Society Cancer Action NetworkSM (ACS CAN) supports policies that will reduce the costs of cancer for women with a history of the disease. We want to make sure that everyone has a fair and just opportunity to prevent, detect, treat and survive cancer. To reduce the costs of cancer for women with a history of breast cancer, ACS CAN supports:

- ▶ **Increasing funding for lifesaving cancer screening programs, including the NBCCEDP.** The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the only nationally organized cancer screening program for breast and cervical cancer in the U.S. for disadvantaged and diverse populations that historically have not had adequate access to or have likely experienced other barriers to breast cancer screening. The NBCCEDP uses evidence- and population-based approaches, such as public education, outreach, patient navigation and care coordination, to increase screening and reach to limited-income, uninsured and underinsured women in all 50 states, the District of

Columbia, six U.S. territories and 13 tribes. Despite the NBCCEDP's proven success, federal and state funding is inadequate to reach all women who are eligible to receive lifesaving screenings. ACS CAN urges Congress to increase funding for the NBCCEDP to ensure access to breast cancer screenings for those who continue to lack access to lifesaving screening.

- ▶ **Ensuring that breast cancer screening services – including follow-up screening tests – are covered without cost sharing.** Some insurers apply cost sharing when initial breast cancer screening requires additional follow-up testing to determine whether an individual has cancer, or if dense breast tissue requires additional imaging. These tests are integral to the screening process to determine whether an individual has cancer and therefore should be provided with no patient cost sharing. While federal law requires most private insurance and Medicaid expansion plans to cover recommended preventive services with no patient cost sharing, there are still instances where a patient may be charged. ACS CAN advocates to ensure breast cancer screening services — including follow-up testing — are covered without no cost sharing.

In Their Own Words: Experience with Costs and Debt

The American Cancer Society Cancer Action Network (ACS CAN) gives voice to people with cancer on critical public policy issues that affect their lives. In several surveys we conducted on cost and debt issues, women with a history of breast cancer told us they had problems affording treatment, dealing with worry and anxiety and medical debt.¹⁴

Problems affording treatment

It was difficult to afford my health care expenses.

51%

The cost of a treatment influences whether I get a treatment that my health care provider recommends.

43%

I delayed or did not pay other household expenses (like utility bills) to use the money for health care costs instead.

20%

Medical debt

I have current or past medical debt associated with my cancer care.

53%

- ▶ I have been contacted by a collections agency about debt related to my cancer care.

54%

(of those reporting current or past debt)

I declared bankruptcy due to health care costs or debts.

5%

Worry and anxiety

I am concerned about my ability to pay for current or future health care costs related to my cancer.

75%

I am concerned about incurring new debt for my cancer care.

69%



► **Increasing access to patient navigation services.** Patient navigation is an evidence-based intervention that eliminates health disparities across the cancer care continuum. Patient navigation services have been shown to help increase cancer screening rates among historically marginalized racial and ethnic populations by providing access to disease prevention education, conducting community outreach and facilitating public education campaigns.^{15, 16, 17} One study showed that women with access to patient navigation services were significantly more likely to be up to date on their mammography screening compared to women who did not receive these services, with the largest impact among African Americans in the Medicare program living in urban areas who were previously not up to date on their breast cancer screenings.¹⁸ However, patient navigation is still absent or limited in many cancer programs and hospital settings due to a lack of long-term funding to pay for these services. ACS CAN advocates to ensure everyone at risk for – or diagnosed with – breast cancer can access patient navigation services.

► **Ensuring reasonable access to breast cancer screening and care.** Health plan networks are required to meet certain network adequacy standards that include being geographically available to patients – so those people needing specific providers and testing services do not have to travel too far to access those services. Lack of access to in-network facilities can mean a person is less likely to get screened for cancer or receive care or risk being charged for out-of-network care. ACS CAN advocates to ensure health insurance networks adequately provide all enrollees reasonable and timely access to an in-network facility that provides mammography, follow-up breast cancer testing, high-quality treatment and appropriate health care providers.

► **Expanding Medicaid in the remaining states that have not done so.** Medicaid helps to improve cancer outcomes by offering access to prevention services and timely cancer screening and early detection services, as well as affordable treatment services and care. There are millions of people who fall into the “Medicaid coverage gap.” That gap refers to individuals who remain ineligible for Medicaid but earn too little to qualify for premium tax credits for qualified health plans in the marketplace. A cohort study including nearly 1.8 million women with breast cancer between 2012-2016 found that “patients with Medicaid were less likely to present with advanced-stage cancer than those who were uninsured.”¹⁹

Medicaid is a lifeline for thousands of families that – without health insurance – would not have access to the screening, early detection, treatment and follow-up care they need. ACS CAN advocates for all states to expand Medicaid and for Congress to close the coverage gap for lower-income Americans who live in states that have failed to expand to reduce cancer disparities.

► **Addressing patient costs to diversify participation in clinical trials.** Clinical trials are vital to advancing new and improved standards of care. Diverse representation in clinical trials helps to ensure that all populations can benefit from the improved outcomes achieved with new cancer therapies. However, women who belong to certain racial and ethnic groups²⁰ are underrepresented in breast cancer clinical trials, and those with limited incomes are less likely to participate.²¹ While patient willingness to enroll in clinical trials is high, some patients decline to participate due to costs. They are often responsible for non-medical costs, such as transportation and lodging associated with trial enrollment. These costs can occur when no local trials are available and patients have to travel to distant trial sites, or when there is a need for more frequent clinic visits for additional trial-related treatment or monitoring. The additional costs can lead to unequal participation rates between high- and limited-income people with cancer; and the patients most impacted tend to be those traditionally underrepresented. To address this issue, the Diversifying Investigations Via Equitable Research Studies for Everyone (DIVERSE) Trials Act would allow clinical trial sponsors to provide financial support to trial participants and provide the technology needed to participate in trials remotely. Offering to reimburse patients for non-medical costs associated with trials can increase overall enrollment and thereby help make it less costly for them to access new therapies through clinical trials during their cancer treatment. ACS CAN advocates for policies like the DIVERSE Trails Act, which can increase diversity in clinical trials and make it easier for all people with cancer to participate in clinical trials by reducing barriers to enrollment.

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About ACS CAN

The American Cancer Society Cancer Action Network (ACS CAN) advocates for evidence-based public policies to reduce the cancer burden for everyone. We engage our volunteers across the country to make their voices heard by policymakers at every level of government. We believe everyone should have a fair and just opportunity to prevent, detect, treat and survive cancer. Since 2001, as the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality affordable health care and advanced proven tobacco control measures. We stand with our volunteers, working to make cancer a top priority for policymakers in cities, states and our nation's capital.

Visit fightcancer.org to join the fight.