Introduction

Financial toxicity, defined as \*\*\*, is a newly-realized adverse event associated with cancer diagnosis and treatment. This toxicity can result in reduced adherence, … . A growing body of work has explored how to support cancer patients at risk of or experiencing this toxicity. [Need examples here]

The experience and perception of financial toxicity on the partner of a cancer patient has not been characterized. Given that partners may shoulder increased financial burden, due to loss of work, increased costs for care, or need to maintain health insurance coverage, a deeper understanding of the caregiver experience is necessary. Here, we report a longitudinal study of patient and partner reported financial toxicity in the context of a communication-focused dyadic study.

Methods

[insert section on design and participants from protocol paper.]

Baseline Characteristics

We collected baseline demographic information from each partner within each dyad. Individual demographic measures included age, race, ethnicity, gender, education, and Charlson comorbidity scores. Partner-level characteristics included household income and presence or absence of children under the age of 18. As cancer-specific information impacted both partners, this information was also considered as partner-level characteristics. When partners reported different characteristics for income or children, we used the lower of the two incomes, and assumed that there were children in the household.

Study Measures

We collected data using multiple psychosocial measurements that have been previously validated in cancer and chronic disease states. [Insert section on each measurement] Surveys were administered at baseline and at follow-ups.

Dyadic Concordance

We developed based on HRQoL work [MERZ 2011], as the absolute difference between the patient and their partner’s COST score. Dyadic concordance increased as this measure approached zero. The directional difference was also calculated, to explore which dyads experienced higher patient-level financial concerns, and which dyads experienced higher caregiver-level financial concerns. Dyadic concordance was calculated for each survey measure administered.

Primary Analysis

The primary analysis in this project explored dyad-level concordance in financial toxicity. We calculated Pearson correlation coefficients for COST measures between partners at each timepoint. We calculated the impact of baseline characteristics on COST concordance in a multivariate linear regression model. Given participants could enter the study at any time after their diagnosis, time from diagnosis to study enrollment was included as a covariate to account for the time patients and their partners were able to process and experience financial toxicity.

Secondary Analysis

We explored the relationship between dyadic COST concordance and dyadic concordance for other measures of psychosocial functioning. We calculated concordance scores for CESD, IES, FACT, and POMS in each dyadic group. We calculated Pearson correlation scores between COST and each of the psychosocial measures.

Results

Participant Characteristics

[Insert baseline characteristics]

Survey Measures

[Insert descriptive Survey Findings]

Dyadic Concordance in COST

[Section on dyadic concordance, descriptive and pearson]

[Section on predictors of dyadic concordance/discordance]

Relationship between COST concordance and other HRQoL measures

[Section on concordance]

Discussion