

RE: Medical Financial Hardship in Survivors of Adolescent and Young Adult Cancer in the United States

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Lu and colleagues (1) showed that survivors of adolescent and young adult (AYA) cancer are statistically significantly more likely to experience financial hardship compared with adults without a cancer history. We write from the Philippines, a lower-middle income country in southeast Asia with 45 million AYAs (2) where cancer is the third leading cause of death (3).

AYAs are particularly vulnerable to financial toxicities of cancer as they are at a crossroads between finishing education and entering the workforce (1). Health insurance plays a critical role in reducing financial toxicities, but limited national health insurance coverage for cancer in the Philippines puts patients at increased risk of financial catastrophe because of high out-of-pocket costs (3). The Z-benefit package of the national health insurance program only covers acute lymphocytic leukemia and cancers of the breast, prostate, cervix, colon, and rectum (4). Other common cancers in the Philippines, such as lung and liver cancer, are not covered.

Filipino AYA cancer patients also face substantial barriers to care given geographic disparities in health resources, resulting in increased costs. Doctors and nurses, including those who specialize in cancer care, are centralized in the island of Luzon, where the national capital is located. Filipinos in Luzon also have better access to essential cancer imaging services, such as x-ray and magnetic resonance imaging, compared with those residing in the island of Mindanao (5). These disparities in resources are compounded by the lack of an electronic medical record system and a nationwide telemedicine network to facilitate coordinated patient referrals from primary to specialized care units. Consequently, AYAs with cancer, who already have fewer resources as they are only beginning to establish financial independence, also need to spend on travel and lodging to receive specialist care.

Moreover, AYA cancer patients have unique psychosocial needs that must be considered. They struggle with developing identity and establishing autonomy while navigating budding careers or even raising young families (6). Cancer, in addition to

this complex psychosocial experience, is often detrimental to mental health. Anxiety and depression are prevalent among Filipinos with cancer, and therefore, increased national funding for mental health and the integration of mental health assessments and psychosocial services in oncology clinics are needed (7).

Legislation is crucial to address often overlooked challenges that AYA cancer patients face. In the Philippines, the Universal Health Care Act and the National Integrated Cancer Control Act were recently passed. Implementing these policies is the next step, for which funding and expanded national health insurance coverage for cancer are key. Partnerships with academic institutions, pharmaceutical companies, insurance providers, and other private organizations are also needed to overcome other financial and logistic challenges and to reduce geographic disparities in cancer care resources. As recommended by Lu and colleagues (1), future cancer research must include AYA cohorts to generate solutions that are tailored to this population. These initiatives may provide insights for other similarly resourced countries in the region and globally.

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