

June 29, 2001

Contact: Valerie Gliem, vgliem@umich.edu, or
Kara Gavin, kegavin@umich.edu
(734) 764-2220

For immediate release

Costs of family caregiving for elderly with cancer are significant, often forgotten

Costs will continue to increase as elderly population doubles in next 30 years

Ann Arbor, MI - Elderly people who have recently undergone treatment for cancer need more care from family members, which translates nationally into an often-overlooked cost of nearly \$1 billion a year, according to researchers at the University of Michigan Health System.

This first-of-its-kind study, published today in the *Journal of Clinical Oncology*, shows that informal - or family - caregiving costs are substantial and suggests that they be considered when estimating the total costs of cancer treatment for the elderly. Authors hope the research will allow policymakers to better assess the cost and quality tradeoffs among currently available caregiving options for elderly cancer patients undergoing treatment.

"We also hope that the results of our study will make clinicians more aware of the burdens that cancer treatment places on their elderly patients' families, who often provide this unpaid informal care, and motivate them to identify those patients and caregivers in need of additional support," says James Hayman, M.D., M.B.A., clinical assistant professor of radiation oncology at the U-M Medical School, and lead author on the study.

These caregiving issues will become increasingly important as the country's elderly population doubles in the next 30 years. And while heart disease is the leading cause of death in the elderly, cancer is a close second.

In the study, 7,443 people ages 70 and older from across the United States were surveyed. Of those, 6,422 reported having no history of cancer, 718 had been diagnosed with cancer but had not been treated for it within the past year, and 303 had a diagnosis of cancer and received treatment within the last year.

After controlling for health status and level of disability, those who reported that they had received treatment for cancer within the last year were receiving about 10 hours of informal care each week compared to 6.9 hours for those with no cancer and 6.8 for those who'd had cancer but were no longer being treated.

Overall, the study found that elderly with cancer who received treatment in the last year received an average of 3.1 more hours of informal care per week, which translates into an additional average yearly cost of \$1,200 per patient and about \$1 billion nationally.

Possible explanations for the increase in caregiving time include increased morbidity, or negative health effects, from a cancer that is clinically significant enough to warrant recent treatment, the treatment itself, or more likely, from a combination of the two.

The researchers noted another trend that may place additional burden on family caregivers: More and more cancer treatments are being delivered on an outpatient basis instead of during a hospital stay, meaning patients may need more help at home - care that's usually given by family members.

"If we really want to know the full costs of cancer treatment in the elderly, we can't just look at hospital and doctor bills; we must also consider the associated burdens on family members," says co-author Kenneth Langa, M.D., Ph.D., assistant professor of internal medicine at the U-M Medical School and faculty associate at the U-M Institute for Social Research.

The bottom line: "As the population ages and as more and more cancer care is transferred from the inpatient to the outpatient setting, interventions targeted at family caregivers will be needed to ease the economic, psychological and physical burdens of caregiving," Hayman says.

The data for the study were taken from the Asset and Health Dynamics Study, part of the large Health and Retirement Study funded by the National Institute on Aging and conducted by the U-M Institute for Social Research. In the HRS survey program, 20,000 adults from across the U.S. are interviewed every two years about their economic status, health, family information and informal caregiving.

Although these data were from 1993 - the last time the Asset and Health Dynamics Study surveyed for this information - the 2000 results will again include questions about care for the elderly with cancer. Hayman and Langa look forward to getting those results and comparing those to the 1993 data.

In addition to the National Institute on Aging, this work was supported by Ortho-Biotech.

Other researchers on this project were: A. Mark Fendrick, M.D., associate professor of health management and policy, U-M School of Public Health, and associate professor of internal medicine, U-M Medical School; Steven J. Katz, M.D., M.P.H., associate professor of health management and policy, U-M School of Public Health, and associate professor of internal medicine, U-M Medical School; Michael E. Cherew, Ph.D., assistant professor, U-M School of Public Health, and assistant professor of internal medicine, U-M Medical School; Mohammed U. Kabeto, M.S., health science research associate, U-M Consortium for Health Outcomes, Innovation, and Cost-Effectiveness Studies; Sonya M. DeMonner, M.P.H., VA Center for Practice Management and Outcomes Research, Ann Arbor, Mich.; and Mitchell B. Sla vin, Pharm.D., M.B.A., Ortho-Biotech, Raritan, NJ.