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**Abstract**

# Characteristics of out-of-pocket costs for cancer patients in Ontario, Canada

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**Background:** What costs do cancer patients still incur in Ontario's publicly-funded healthcare system, which requires universal comprehensive coverage for hospital and physician costs? **Methods:** We surveyed 282 patients (74 breast, 70 colorectal, 68 lung, 70 prostate) at five Ontario cancer clinics between Oct 2001 and April 2003. Among the data collected in the self-administered questionnaire was information on "out-of-pocket" (OOP) costs paid in the previous month for: drugs, homecare, homemaking, complementary and alternative medicines, vitamins and supplements, family care, travel, accommodations, devices, other direct costs, as well as a question on patient burden. **Results:** Incurred direct costs were highest for travel and accommodations, with average reported costs per month of \$372 for imputed mileage (range \$0- \$6180), parking/fares (\$47, range \$0 -\$450), and accommodations (\$43, range \$0- \$1500). Significant average costs were also reported for devices (\$46, range \$0 - \$2350) and drugs (\$45, range \$0 - \$1400). This data is highly skewed by the small number of patients with non-zero OOP costs. For example, only 39 of 277 reported any costs for devices in the reporting month, but those who did often paid significant amounts. Analysis of variance and regression analysis revealed that the OOP costs had statistically significant differences between the types of cancer surveyed. Factors that increase OOP costs include: younger age, no private insurance coverage, longer distances to the clinic, and more intense treatment, although these factors collectively do not explain the majority of the variation in costs ( $R^2 < 0.15$ ). **Conclusions:** Ontario's health care system adequately covers the majority of direct medical costs for most cancer patients; residual OOP costs tend to be moderate (excepting travel cost). However, there still remains a noticeable population that reports their financial burden associated with cancer treatment to be "significant" (16.5%) or "unmanageable" (3.9%).

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