

Out-of-Pocket Costs and Financial Hardship Among Participants of the BMT CTN 1102 Study

A Blood and Marrow Clinical Trials Network (BMT CTN) analysis

Study Details:

This study focused on the financial burdens faced by patients with myelodysplastic syndromes (MDS) undergoing allogeneic hematopoietic cell transplant (alloHCT) as compared to those receiving supportive care. Originating from the BMT CTN 1102 study, which established the clinical benefits of alloHCT for patients aged 50 – 75 years with intermediate to high-risk MDS, this follow-up aimed to explore the out-of-pocket (OOP) costs and financial hardships associated with such treatments.

Out of 216 invited BMT CTN 1102 participants, 138 (64%) consented to the financial study, completing at least one survey reporting their financial experiences at multiple post-enrollment stages. These respondents were predominantly male (64%), white (93%), and non-Hispanic (91%), with a median age of 67.7 years.

Results at a Glance:

- Patients undergoing alloHCT reported significantly higher OOP costs at 1- and 7-months post-treatment compared to those receiving supportive care.
- Financial hardships were more pronounced among transplant recipients, with a significant portion facing at least 1 hardship indicator at 7-months post-treatment.
- Despite the clear financial challenges, the study's limited sample size suggests a need for further research to validate these findings and explore broader implications.

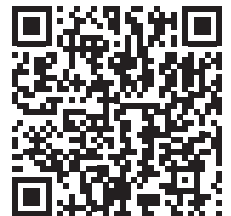
Figure: Mean OOP Costs and Financial Hardship Indicators

OOP Cost/ Financial Hardship	Survey Month	AlloHCT	Supportive Care	P-value
Total (mean) OOP costs	1	\$889	\$217	0.046
	7	\$678	\$349	0.030
Met at least one financial hardship indicator	7	42%	13%	0.040

Clinical Impact:

This study illuminates the financial strain on patients undergoing alloHCT for intermediate to high-risk MDS, emphasizing the disparity in OOP expenses and the prevalence of financial hardship within this group, particularly in the immediate months following the procedure. The findings underscore the critical need for the establishment and enhancement of financial support and navigation programs. By addressing the financial challenges highlighted in this research, such initiatives could significantly improve access and the patient experience of potentially life-saving alloHCT procedures.

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Read the American Society of Hematology (ASH) Annual Meeting and Exposition abstract published in *Blood* (DOI: [10.1182/blood-2023-187218](https://doi.org/10.1182/blood-2023-187218)).