Early Financial Toxicity Findings From the Navigator-Assisted Hypofractionation (NAVAH) Program to Aid African-American Prostate Cancer Patients

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To tangibly foster equity in access to cancer-killing radiation therapy regardless of race, ethnicity, gender, or socioeconomic status.

Background

- African-Americans suffer the highest overall cancer death rate and shortest survival time of any racial or ethnic group in the United States, facing a prostate cancer mortality rate more than 80% higher than White patients.[1-2]
- Furthermore, financial toxicity (FT), defined as the objective financial burden and subjective financial distress of patients with cancer, is substantially more prevalent among African-Americans.[3]
- Persistent disparities in access to standard-of-care curative radiation therapy (RT) facing African-American prostate cancer patients highlight the necessity of targeted interventions.[1]
- The Navigator-Assisted Hypofractionation (NAVAH) program aims to tangibly foster RT access equity using patient navigation.[4]
- We report early FT findings among African-American prostate cancer patients prior to receiving RT on the ongoing NAVAH Phase I clinical trial (ClinicalTrials.gov ID: NCT05978232).

Materials and Methods

- Patients of Black race age $\geq$ 18 with histologically or cytologically confirmed prostate cancer are eligible.
- Patients referred for RT in multidisciplinary tumor board, seen by Radiation Oncology, and consented to receive RT were approached for trial participation.
- Participants were assigned a patient navigator to aid them throughout the course of radiation therapy and post-RT care.
- The validated 12-item Comprehensive Score for financial Toxicity-Functional Assessment of Chronic Illness Therapy (COST-FACIT) survey instrument was used to assess FT.
- Lower COST-FACIT scores are associated with worse FT. Scores of 26-44 represent no FT (Grade 0), 14-25 represent mild FT (Grade 1), 1-13 represent moderate FT (Grade 2), and 0 represents severe FT (Grade 3).

Results

- Initial data from the first trial enrollee having completed pre-RT and post-RT COST-FACIT surveys revealed a pre-RT score of 11, consistent with moderate FT before RT
- Following RT, this patient's COST-FACIT score was 28, consistent with no FT after RT
- The post-RT data was collected at one month following completion of curative prostate-directed RT

Conclusions

- NAVAH is the first study to assess FT in African-American prostate cancer patients
- Our early findings indicate that curative RT does not worsen FT
- As this Phase I trial progresses, further study will help clarify the impact of RT on FT
- We expect this information to enable the development of targeted solutions to alleviate FT in this vulnerable patient population

References

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Disclosures

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