

The Socio-Economic Burden of Terminal Cancer: Real-World Evidence from Bulgaria

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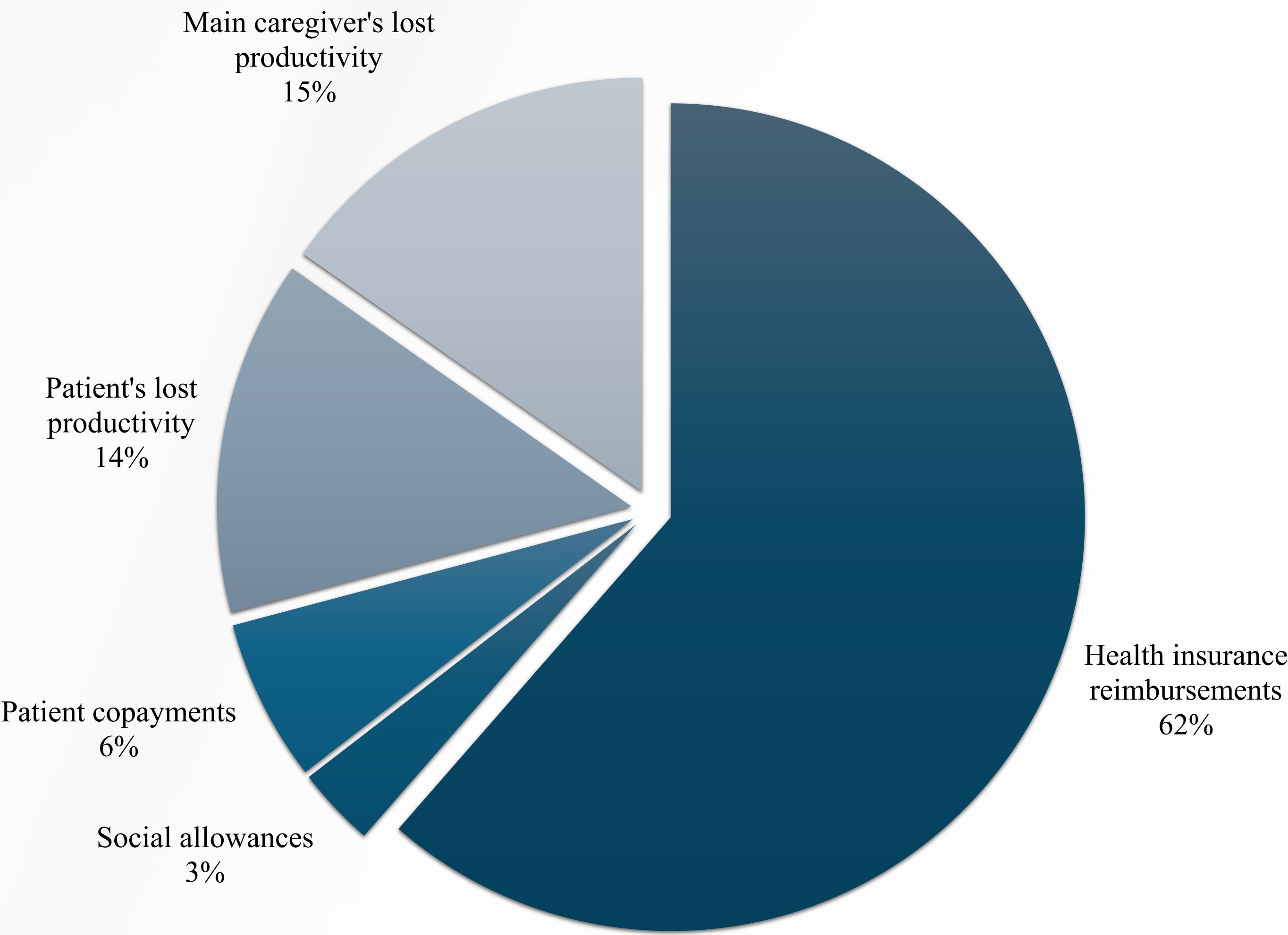
OBJECTIVES

OBJECTIVES: We aimed to collect and assess real-world evidence on the socioeconomic burden of terminal cancer patients in Bulgaria.

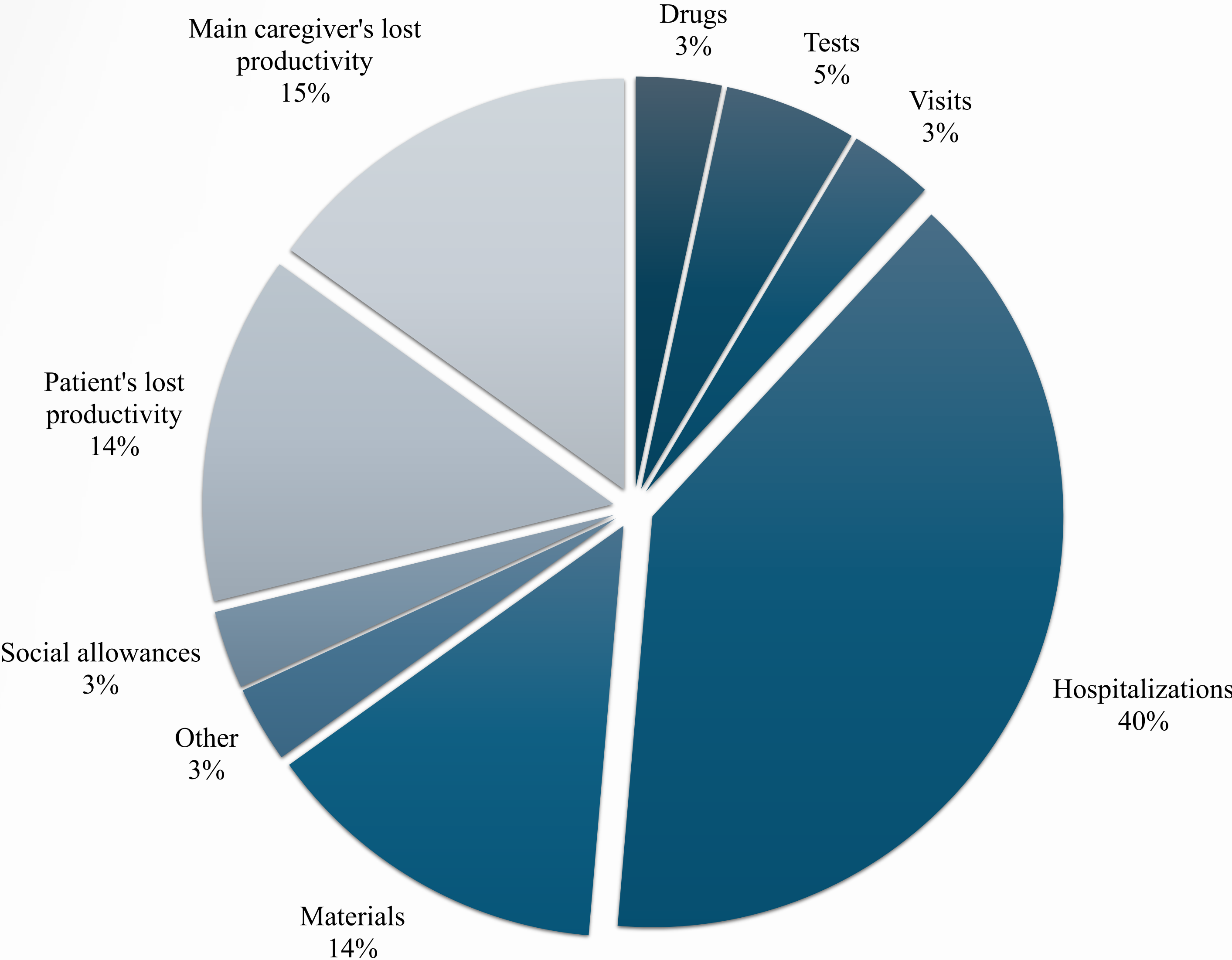
METHODS

METHODS: We conducted a single-center cost-of-illness study on adult terminal cancer patients receiving palliative care in either inpatient or outpatient settings at a tertiary healthcare facility. The socioeconomic burden was defined as the combination of direct healthcare costs, direct non-healthcare costs, and productivity losses for both patients and caregivers. We applied a prevalence-based, bottom-up costing approach to measure the socioeconomic burden from a societal perspective. Patients or their caregivers reported their real-world utilization of healthcare services, social support, formal and informal care in the community, and any work or productivity limitations. We then multiplied the reported resource utilization by the reference prices for 2024.

IMPACT OF COPAYMENTS AND PRODUCTIVITY LOSSES



TOTAL COSTS



SOCIO-DEMOGRAPHIC PROFILE



- Median age **71,5 years**
- Female **58,1%**
- Married **71,9%**
- Retired **78,1%**
- Need for carer **65,6%**
- Use of paid carer **4,8%**

CLINICAL PROFILE



C50 Breast cancer **31,3%**

Palliative chemotherapy **34,4%**



Median age at diagnosis **70,5 years**



Median disease duration **1 year**



Treatment on clinical pathway **18,8%**

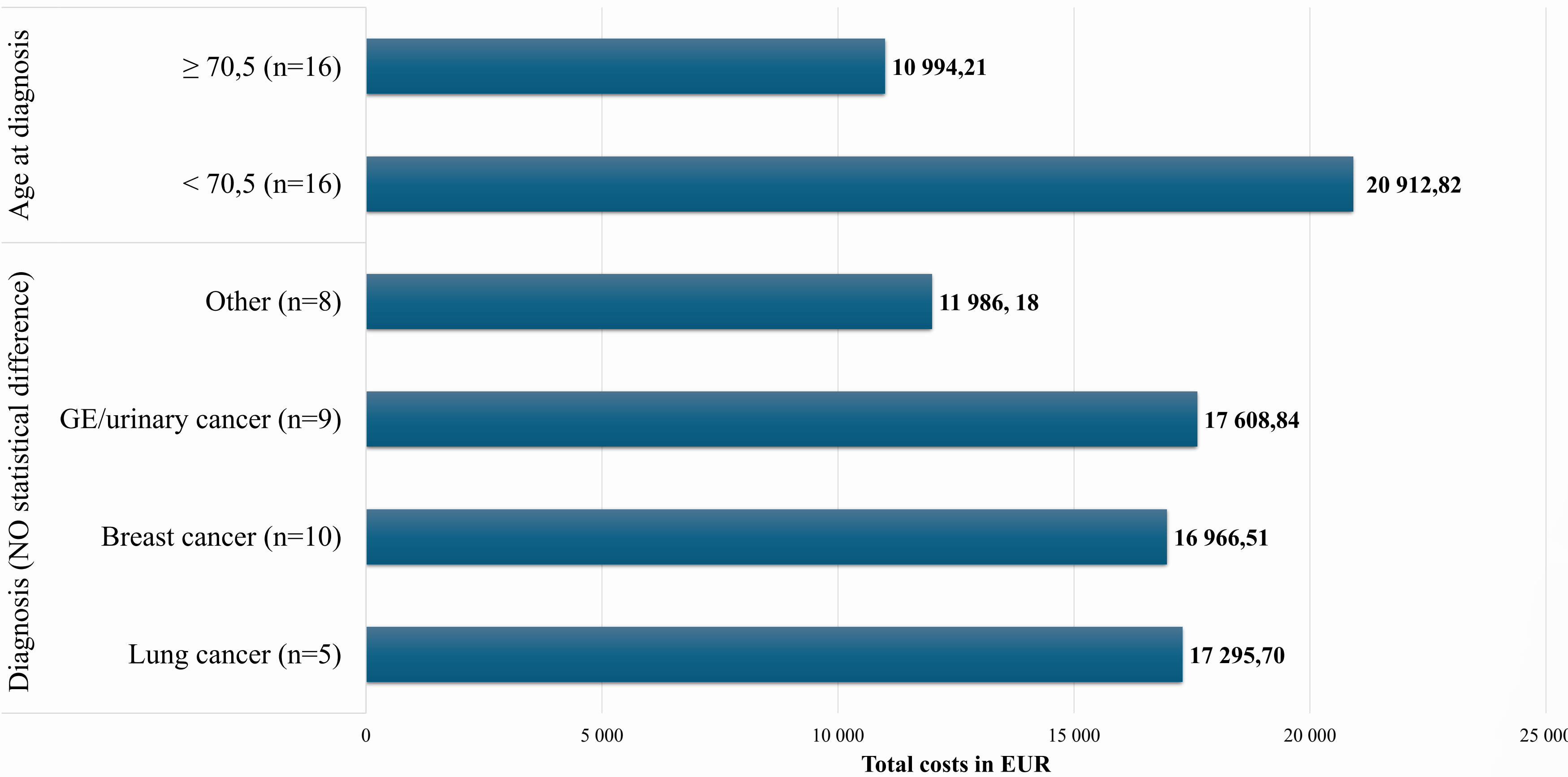


Family history of osteoporosis **21,9%**



Comorbidities **59,4%**

IMPACT OF AGE AT DIAGNOSIS AND DIAGNOSIS



RESULTS

RESULTS: Thirty-two patients participated in the study. The median age was 71,5 years, with a median time since diagnosis of one year. Breast cancer was the most common type (31,3%). About half of the patients (53,1%) were receiving palliative care and/or chemotherapy. The median annual socioeconomic burden was €12 088,45 per patient, with private costs contributing approximately one-third. Hospitalizations were the largest cost driver, followed by productivity losses among patients and caregivers, as well as expenses for medical devices and consumables. A younger age at diagnosis and the need for a caregiver were associated with a higher socioeconomic burden. Participants reported limited or no utilization of social services and mental health care.

CONCLUSIONS

CONCLUSIONS: This study provides the first real-world evidence on the socioeconomic burden of terminal cancer in Bulgaria. We recommend implementing new outpatient and home-based services to support affected individuals and their families. Additionally, enhancing cancer screening and early diagnosis could indirectly reduce the burden of terminal cancer in Bulgaria.