



QUALITY OF LIFE AND SYMPTOMS MANAGEMENT IN CANCER PATIENTS WITH FINANCIAL TOXICITY: A SYSTEMATIC REVIEW

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ABSTRACT

Cancer is a complex disease associated with a wide range of symptoms, declining quality of life, and financial toxicity (FT). To examine the quality of life and symptoms management in Cancer patients experiencing financial toxicity based on a review of published literature. A systematic review was conducted using five databases: Sage Journals, Science Direct, ProQuest, Clinical Key, and Oxford Academic from 2015-2025 years with keywords Quality of Life, Symptom Management and Cancer Patients. The quality of studies was assessed depending on the study design of the 1,050 articles found, only 11 were reviewed. Findings from 11 studies indicated that the quality of life in cancer patients is influenced by multiple factors. Financial toxicity showed a negative correlation with quality of life ($r = 0.23$, $p = 0.0057$), indicating that higher levels of financial toxicity are associated with lower quality of life. Psychological symptoms such as anxiety and depression were positively associated with FT ($r = 0.27$, $p = 0.0151$; $r = 0.18$, $p = 0.0336$). High symptom burden, both physical and psychological, significantly reduced quality of life, while social support played a positive role in enhancing well-being ($r = -0.17$, $p = 0.0412$). Integrative therapies improved quality of life by 82%, and cost related health literacy was found to reduce financial toxicity (OR = 0.823, $p = 0.039$). Holistic interventions and attention to the financial challenges faced by cancer patients are essential for improving quality of life, particularly for those affected by financial toxicity. Effective symptom management involves the use of various tools (ESAS, HADS, FACT-G, SESI, EORTC QLQ-C30) and approaches such as palliative care, integrative therapies, symptom cluster management, acupuncture, financial support, social support, enhanced cost-related health literacy, improved psychological resilience, and identification of financial toxicity risks. The quality of life in cancer patients is influenced by a complex interaction of factors, including financial condition, symptom management, social support, and multidisciplinary care. Enhancing health literacy—especially regarding financial aspects—with comprehensive, evidence-based, and accessible information such as insurance, medication coverage, and financial resources, is critically important.

Keywords: financial toxicity; quality of life; symptom management

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INTRODUCTION

Cancer is a complex disease that significantly impacts patients' quality of life. Globally, there were an estimated 19,976,499 Cancer cases, with Asia accounting for the highest prevalence— 49.2% of all cases (IARC, 2022). Cancer patients not only struggle with the disease itself but also with a wide range of symptoms that affect their quality of life, such as pain, fatigue, and depression. This situation is further exacerbated by the presence of financial toxicity. Research shows that financial toxicity is highly prevalent among cancer populations and that interventions are needed to ensure patients with high financial toxicity can access recommended treatments (Knight et al., 2018). A qualitative study by Petruzzi et al (2022) in Texas revealed that low income Cancer Patients (earning less than \$15,000 annually) face unique access barriers and are at risk of forgoing treatment or experiencing an increased symptom burden, contributing to financial toxicity (Petruzzi et al., 2022).

Multiple studies have shown that financial toxicity refers to the financial distress or negative economic consequences experienced by patients due to the high cost of cancer care, which significantly affects both quality of life and health outcomes. Cancer patients often face substantial expenses—including treatment costs, transportation, and lost income—that can lead to severe financial hardship (Bygrave et al., 2021; Chino et al., 2019; Koskinen et al., 2019). The justification for highlighting this issue lies in the fact that financial toxicity not only impacts patients' financial stability but also has profound effects on their physical and mental health (Barbarett et al., 2019; Petruzzi et al., 2022; Susilowati et al., 2021). A study conducted in the United States evaluating the impact of financial toxicity on Health-Related Quality of Life (HRQoL) and patients' health behaviors found that higher financial toxicity was significantly associated with anxiety, fatigue, pain, functional capacity, and social aspects. This suggests a clear relationship between financial toxicity and HRQoL. HRQoL reflects an individual's perception of the consequences of illness and treatment—specifically, how the disease affects their daily life (Nogueira et al., 2024). Financial toxicity has been significant impact on patients' quality of life, medication adherence, and mental health (Lentz et al., 2019; Pearce et al., 2018; Witte et al., 2019). This financial burden not only leads to additional stress and delays in necessary treatment but also threatens long-term financial stability (Petruzzi et al., 2022). These challenges represent a critical issue in Cancer care and highlight the need to ensure that patients experiencing high levels of financial toxicity can access recommended treatments (Knight et al., 2018). Financial toxicity, therefore, directly affects patients' access to care, worsens their clinical condition, and undermines their quality of life.

At the initial stage of Cancer diagnosis, patients often experience symptoms without sufficient knowledge about their condition. Patients and families may face barriers such as limited understanding of cancer symptoms, delayed access to diagnostic results, and inadequate referrals information from healthcare professionals (Prasetya et al., 2023). Low income patients with Cancer face unique access challenges and are at risk of missing treatment and experiencing increased symptom burden (Petruzzi et al., 2022; Yücel et al., 2023). Several key dimensions define cancer patients' quality of life. A total of 85.8% of patients reported being unable to engage in desired physical activities. In terms of physical well-being, 72.9% experienced pain affecting daily activities, 91.8% felt tired, and 71.7% reported sleep disturbances. Psychologically, 54.4% of patients felt depressed, 76.2% feared disease recurrence, and 98.3% were uncomfortable attending social events. While 99.2% of patients were very satisfied with their relationships with family, 97.4% felt free to share problems with family members, and 98.3% believed their physical condition negatively affected their economic status. Additionally, 93.6% were dissatisfied with their financial condition. On the positive side, 97.5% of patients reported receiving sufficient information from their doctors, and 99.7% perceived their doctors as cooperative. However, 85.7% expressed dissatisfaction with their physical appearance (Nayak et al., 2017).

Additionally, there is a correlation between post-traumatic stress symptoms and financial toxicity. Studies have shown that caregivers experience high levels of stress—often even greater than those experienced by the patients themselves. The cost of cancer care imposes a significant impact burden not only on patients but also on caregivers. The higher the level of financial toxicity experienced by both patients and caregivers, the greater the stress symptoms reported, indicating that financial toxicity can exacerbate mental health conditions (Baum et al., 2022). With support from social networks, cancer survivors are able to dynamically adjust their employment levels in a way that allows them to manage symptoms burdens and compensate for lost work resources (Scheidegger et al., 2023). Financial toxicity has a detrimental effect on the health-related quality of life (HRQoL) of cancer patients. Multimorbidity, or the presence of multiple chronic conditions, directly influences the FACT-G (Functional Assessment of Cancer Therapy) score—a tool for measuring HRQoL—

regardless of financial well-being. Furthermore, there is an indirect effect how multimorbidity affects financial well-being, which in turn negatively impacts the patient's quality of life (So et al., 2023). Another study found that lower financial toxicity was associated with better HRQoL outcomes, reinforcing the importance of financial recognition toxicity in the trajectory of Cancer treatment and quality of life (Nogueira et al., 2024).

Effective symptom management and adequate support are essential to improving patients' quality of life, giving them a greater sense of control over their illness and treatment (Nayak et al., 2017). This is particularly relevant considering that 98.3% of Cancer patients reported their physical condition worsened their economic status, and 93.6% expressed dissatisfaction with their financial situation, suggesting that financial difficulties may amplify symptoms burden and hinder efforts to improve quality of life (Nayak et al., 2017). Therefore, it is crucial to explore the relationship between quality of life and symptom management in Cancer patients experiencing financial toxicity. A deeper understanding of this interaction can support the development of more effective, accessible interventions and promote the overall well-being of patients.

METHOD

This study employed a systematic review method, guided by the latest standards for reporting systematic reviews as outlined in the PRISMA 2020 guidelines. The initial step in the review process involved formulating a PEO question (Problem, Exposure, and Outcomes). The literature search was conducted across multiple databases from September 22, 2024, to April 3, 2025. Inclusion criteria for this study included articles published in either Indonesian or English that focused on cancer patients experiencing financial toxicity—or other terms referring to financial hardship—as well as those discussing quality of life and symptoms management. The study designs included were cross-sectional studies, randomized controlled trials, prospective studies, and multicenter longitudinal studies. Exclusion criteria included review articles and book chapters. The variables examined were symptoms management in Cancer patients, quality of life, and financial toxicity or related terms denoting financial distress or burden. The systematic review was conducted using five databases: Sage Journals, Science Direct, ProQuest, Clinical Key, and Oxford Academic. The keywords used in the article search were: “Quality of Life” OR “Quality of Life” OR “HRQoL” AND “Symptom Management” OR “Symptom Management” OR “Symptom Management” AND “Cancer Patients” OR “Cancer” OR “Patient Cancer” OR “With Cancer” OR “Oncology” AND “Financial Toxicity” OR “Financial Burden” OR “Financial Distress”.

RESULT

Table 1.
Summary Results And Extraction And Analysis Article (n=11)

No	Database	Authors, country of origin, year of published	Article title	Journal title	Aim	Design	Sample	Results (can be expanded)
1.	Oxford Journal	(Delgado-Guay et al., 2015)	<i>Financial Distress and Its Association with physical and emotional symptoms and quality of life among advanced cancer patients</i>	The Oncologist	To study the frequency of Financial distress and its correlation in cancer patients	<i>Cross sectional</i>	199 patients (77 in center comprehensive cancer, 72 in general hospitals)	The results of the study showed that financial distress (FD) was negatively correlated with the quality of life of advanced cancer patients, with a value of $r = -0.23$ ($p = 0.0057$), which means that the more... tall level <i>financial toxicity</i> Which experienced patients, the lower their quality of life. Patients at General Public Hospital reported FD intensity as more severe than physical distress, and FD was positively correlated with anxiety ($r=0.27$) and depression ($r=0.18$). These findings emphasize importance intervention For overcome FD to improve the quality of life of cancer patients. Symptom Management: Symptom management in this article is done Edmonton Symptoms Assessment System (ESAS) to assess 10 major

No	Database	Authors country of origin, year of published	Article title	Journal title	Aim	Design	Sample	Results (can be expanded)
5.	Pro Quest	(Nogueira et al., 2024) Brazil	<i>Financial Toxicity</i>	Aquichan	Correlating financial with cancer during COVID 19	<i>Cross-Sectional</i>	179	The results of the study showed that the average quality of life score of cancer patients was 73.3 out of 108 with a significant positive relationship between financial toxicity and quality of life (coefficient 0.41, p<0.001). This was assessed using the Functional Assessment of Cancer Therapy-General (FACT- G). Symptom Management focuses on understanding the impact of financial toxicity on quality of life, with statistics showing that 68.2% of patients were on continuous medication and many reported anxiety and fatigue.
6	Science Direct	(Fabian German)	<i>Financial toxicity system</i>	Radiotherapy and Oncology	For set and confirm prevalence	<i>Studies cross sectional prospective</i>	1075 cancer. centers Germany	The study results showed 41% from patients experiencing financial distress subjective with indetails "A little" 26 % (280/1076), "Quite a bit" 11% 113/1075), and "Very much", 4%(45/1075). 63% report burden cost direct. In addition, 27% experienced income loss due to cancer. High psychosocial distress, low quality of life and dissatisfaction with radiotherapy treatment were associated with higher levels of financial distress in cancer patients. Patients tended to report greater financial burden, while those with poor quality of life also associated these experiences with financial difficulties. Symptom management is done by monitoring financial distress. through questionnaire EORTC QLQ-C30, Where 63% of patients reported direct cost burdens related to care.
7.	Pro Quest	(Andersen, 2024) USA	<i>Examining Long Term Effects of CAR T-Cell Therapy</i>	Journal of Oncology Nursing	Evaluating the long-term effects of CAR T-cell therapy on patients and caregivers	<i>Cross-Sectional, Qualitative, Analysis Bivariate, Regression Linear, Explorative Analysis</i>	150 Patients 50 Caregivers	Studies show that patients undergoing CAR T-cell therapy in remission report a good quality of life, with more than 58% of participants reported good quality of life in all domains, although some experienced symptoms, especially 90% of patients experienced fatigue, 40% reported difficulty sleeping, 30% of patients experienced painful especially painful joints And muscle, 30% patient report problem with memory term short, 20%

DISCUSSION

Results from various studies indicate that the quality of life in cancer patients is significantly influenced by multiple factors, including financial toxicity, which refers to the financial hardship experienced by patients as a result of treatment-related costs. The findings from the studies summarized in the table above can be grouped into several key themes. These elements are all components of the phenomenon known as financial toxicity.

Research has shown that cancer patients' quality of life is heavily influenced by financial toxicity, physical and psychological symptoms, and the use of complementary therapies. One study found that financial distress (FD) was negatively correlated with quality of life, with a statistically significant correlation coefficient of $r = -0.23$ ($p = 0.0057$). This indicates that higher levels of financial distress are associated with lower quality of life. Patients treated in general public hospital reported experiencing more severe financial distress compared to their physical distress levels (Delgado-Guay et al., 2015). Furthermore, the study found that FD was positive correlated with anxiety ($r = 0.27$) and depression ($r = 0.18$), suggesting that Patients facing financial challenges also tend to experience higher levels of psychological distress. These findings underscore the importance of addressing financial distress is a priority in cancer care. Since FD not only affects patients' financial well-being but also their mental health and overall quality of life, interventions aimed at reducing FD—such as financial support, education, and access to relevant resources—can contribute meaningfully to improving patient outcomes (Delgado-Guay et al., 2015).

Differences in Quality of Life Across Countries

Studies have also highlighted significant differences in quality of life (QOL) between cancer patients in the United States and France. Despite reporting higher levels of financial distress in the US, patients there had higher average QOL scores (mean = 69) compared to patients in France (mean = 63), with the difference being statistically significant ($p = 0.003$). This suggests that other factors, such as social support, access to healthcare, or the structure of the healthcare system in the US, may help offset the negative impact of financial distress on quality of life. Conversely, patients in France exhibited higher levels of anxiety and depression, as indicated by significantly elevated HADS-A and HADS-D scores ($p = 0.008$ and $p = 0.004$, respectively) (Barbaret et al., 2019). These findings highlight the complex relationship between financial distress and quality of life, highlighting that although FD generally has a negative impact, factors such as social support and healthcare infrastructure also play a crucial role. This underscores the need for a holistic approach to understanding and managing the quality of life among cancer patients, particularly across diverse cultural and healthcare system contexts (Barbaret et al., 2019).

Integrative Treatment Interventions

Research has shown that breast cancer patients who participated in integrative treatment programs reported significant improvements in quality of life (QoL). Notably, 82% of Patients who aimed to enhance their QoL reported success after undergoing therapies that included neuropathy management. These findings suggest that a holistic approach to treatment can have a positive impact on patient well-being (Hack et al., 2018).

Barriers to Symptom Management

Although studies indicated that acupuncture may improve quality of life in breast cancer patients, only 4.7% reported using acupuncture in the past 12 months. Several barriers to acupuncture use were identified: 41.6% cited lack of knowledge as the primary obstacle 25% were concerned about lack of insurance coverage 22.3% highlighted high treatment costs 18.8% reported difficulty finding a qualified acupuncturist 16.7% were concerned about the time commitment 7.9% expressed worried about side effects despite these challenges, acupuncture has been found to be effective in managing symptoms such as hot flashes, pain, anxiety, depression, and insomnia (Bao et al., 2018).

The Link Between Financial Toxicity and Quality of Life

Another study reported an average QoL score of 73.3 out of 108 among cancer patients, with a significant positive correlation between financial toxicity and QoL (coefficient = 0.41, $p < 0.001$), as measured by the Functional Assessment of Cancer Therapy–General (FACT-G). These findings emphasize the critical importance of addressing financial challenges, which often results in heightened anxiety and fatigue among patients (Nogueira et al., 2024).

Fatigue as a Central Symptoms

A study conducted in Korea identified fatigue was the most central symptoms within the network of cancer related symptoms. Fatigue was found to have a strong negative association with QoL (adjusted $R^2 = 0.49$, $p < 0.001$), highlighting it as a key indicator that must be addressed to improve overall well-being. This supports the idea that physical symptoms, particularly fatigue, play a major role in determining patients' quality of life (Kim et al., 2024). Conclusion the quality of life in cancer patients results from a complex interaction of factors, including financial condition, symptom management, and multidisciplinary support. Studies have consistently demonstrated that holistic care and targeted interventions can significantly improve QoL. Therefore, healthcare providers must consider all of these dimensions when treating cancer patients in order to offer more comprehensive support and improve overall patient outcomes.

Management Symptom Patient Cancer with Financial Toxicity

Various symptom management methods are used, including the use of standardized assessment tools, palliative care approaches, therapy, acupuncture, and others. The following are explanations: ESAS (Edmonton Symptom Assessment System) (Barbaret et al., 2019; Delgado-Guay et al., 2015): ESAS measures the presence of 10 symptoms within the 24 hours prior to completing the questionnaire: pain, fatigue, nausea, depression, anxiety, drowsiness, shortness of breath, appetite, sleep, and overall well-being (Delgado-Guay et al., 2015). In the study, the average ESAS score for all cancer patients was 32.5 with a standard deviation (SD) of 20.4. When compared, patients in the U.S. had an average ESAS score of 32.5 (SD, 20.6), while patients in France had an average score of 30 (SD, 19.9), with a statistically significant difference ($p = 0.0036$) (Barbaret et al., 2019; Delgado-Guay et al., 2015).

HADS (Hospital Anxiety and Depression Scale) (Barbaret et al., 2019; Delgado-Guay et al., 2015). The Hospital Anxiety and Depression Scale is a 14-item scale with separate subscales for anxiety and depression, which has been validated in cancer patients to assess these symptoms. This tool can be administered by a clinician or used as a self-assessment instrument. A score of 16 or higher indicates a case of severe anxiety or depression (Barbaret et al., 2019). In the study, the correlation coefficient between anxiety and financial distress was $r = 0.27$ ($p = 0.0014$), and for depression it was $r = 0.18$ ($p = 0.0336$) (Delgado-Guay et al., 2015). Another study showed that the average anxiety score (HADS-A) for cancer patients in France was 8 (SD, 4), while for patients in the U.S. it was 6 (SD, 5), indicating a significant difference ($p = 0.008$). Furthermore, the average depression score (HADS-D) showed that patients in France had a mean score of 7 (SD, 4) compared to 6 (SD, 3) in the U.S., also with a significant difference ($p = 0.004$) (Barbaret et al., 2019). FACT-G (Functional Assessment of Cancer Therapy – General) (Barbaret et al., 2019; Delgado-Guay et al., 2015): FACT-G (version 4) is a widely used quality of life measure and is the core component of the Functional Assessment of Chronic Illness Therapy.

The FACT-G consists of 27 statements assessing well-being in four domains: physical symptoms, participation and enjoyment in normal daily activities, social support and communication, and mood and emotional responses to illness—physical, functional, social, family, and emotional domains. The scores for each of the individual domains are summed to obtain a total quality of life score. Both the total score and the individual subscale scores have good internal reliability ($\alpha = 0.72-0.85$), and the instrument has been validated in cancer patients. (Delgado-Guay et al., 2015). The study showed an average score of FACT-G For patient in US is 69 (SD,18), whereas for patient cancer in French was 63 (SD, 18), with a significant difference ($p=0.003$). This shows that although patient in US report more Lots symptom, they have higher quality of life than cancer patients in France(Barbaret et al., 2019). Another study showed a correlation coefficient of $r = -0.23$ indicating a negative relationship between financial distress (FD) and quality of life as measured using FACT-G. This means that the higher the level of financial distress experienced by cancer patients, the lower their quality of life (Delgado-Guay et al., 2015). The p -value = 0.0057 indicates that this relationship is statistically significant, with a very small chance that this result occurred by chance. In other words, there is strong evidence that financial distress has a negative impact on the quality of life of cancer patients, and more attention should be paid to addressing financial issues in the context of patient care.

SESI (Socioeconomic Status Instrument) (Barbaret et al., 2019; Delgado-Guay et al., 2015): Socioeconomic Status Instrument is a scale 13 items with 9 items documented by research personnel. This instrument has been validated in cancer patients, showing good validity and reliability (overall Cronbach a coefficient is 0.78) (Delgado- Guay et al., 2015). Palliative care approach (Barbaret et al., 2019): All patients are cared for by palliative care specialists with the same approach in assessing and managing physical and psychosocial distress (Barbaret et

al., 2019). As for the palliative approach, this article focuses on symptom management to reduce symptoms and improve the quality of life of cancer patients. This includes physical, emotional and social support for patients and their families, as well as addressing the financial needs that may arise from cancer treatment. In addition, holistic interventions are needed, where palliative care does not focus on treating the disease, but also on the overall well-being of the patient. This includes helping patients and families cope with the emotional and financial impact of the diagnosis. cancer. Correlation between financial toxicity And HRQoL is 0.41 with p -value <0.001 Which show relationship positive Which significant. This means that the more low financial toxicity, the higher the patient's quality of life. Then, use an adherence approach to treatment is needed by reducing financial toxicity. A palliative approach expected can increase level compliance patient to treatment. Matter this is important because financial burden can prevent patients from following treatment necessary care plan (Barbaret et al., 2019).

Management Symptom done through plan therapy Which covers naturopathy: 76.7% patients successfully reduced the side effects of conventional therapy. Statistics on cancer patient symptoms showed that of 75 patients who followed the integrative medicine program, some of the common symptoms reported included: 68% of patients reported fatigue, with 21.6% experiencing significant improvement. 34.7% of patients experienced depressed mood, with 30.8% reporting some improvement. 29.3% of patients reported cognitive impairment, with 27.3% experience repair A little. 26.7% experience symptom climacteric and hot flashes with 20% reporting complete cessation of symptoms. 24% of patients experienced polyneuropathy, with 27.8% reporting significant improvement (Hack et al., 2018). Symptom Management was conducted by identifying barriers to acupuncture use: Where 41.6% of patients reported lack of knowledge as the main barrier, followed by concerns about cost (22.3%) and lack of insurance (25%) (Bao et al., 2018). The lack of acupuncture use due to insurance costs creates a financial barrier that known as financial toxicity, which can cause patient trapped in medical bills and risk of bankruptcy. In the US insurance coverage for acupuncture is limited, so patients often have to pay out of pocket, which impacts their access to needed health care. (Bao et al., 2018).

Symptom management is done by monitoring financial distress through the EORTC QLQ-C30 questionnaire: EORTC QLQ-C30 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire – Core 30) is a tool used to assess the quality of life of patients cancer, consist of 30 items covering aspects of physical, emotional and social well-being. In a study involving 1075 patients, the prevalence of subjective financial distress was recorded as big as 41% from patient experience distress financial subjective with details “ A little ”26 % (280/1076), Quite a bit” 11% 113/1075), and “Very much”, 4% (45/1075). 63% reported direct cost burden. In addition, 27% experienced loss of income due to cancer. The height distress psychosocial, quality of life Which low and dissatisfaction towards radiotherapy treatment is associated with higher levels of financial distress in patient cancer. Patient tend report burden financial Which more big, temporary they Which own quality of life Which bad Also to hook experience the with financial difficulties (Fabian et al., 2023).

Symptom network analysis: This is an analytical approach to understanding and map connection between various symptom which experienced individual, especially cancer patients. This process begins with data collection through recognized questionnaires such as the EORTC QLQ-C30 and EORTC QLQ-BR45, to identify relevant symptoms. like fatigue, painful And problem cognitive. Furthermore, analysis network was conducted to map the relationship between symptoms using the Centrality technique and a series visualization was created to show the relationship between these symptoms. In addition, cluster analysis helps to identify symptoms that often occur together, which is the basis for developing clinical interventions. Relationship analysis was conducted to explore the impact of symptoms on

patients' quality of life, providing deeper insight into the relationship of symptoms and their implications for patient care (Kim et al., 2024). The results showed that fatigue had a strength value of 0.44, indicating that this symptom has high connectivity in the series of symptoms experienced by patients. This means that fatigue plays an important role in the interaction between various other symptoms. In addition, multiple linear regression showed that FA, loss of appetite (AP), cognitive symptoms (CFs), side effects systemic (SYS), And symptom therapy endocrine (ET) own connection negative significant with QoL (adjusted) $R^2 = 0.49$, $p < 0.001$ (Kim et al., 2024). In conclusion from this study is that evaluation of fatigue and interventions to manage it can contribute to improving the quality of life of breast cancer patients receiving multimodal treatment (Kim et al., 2024).

Other studies have shown that symptom management recommendations include several important steps. Managing symptoms along with providing financial support can help reduce financial toxicity and improve overall well-being. support social very beneficial for patient. Where support from family, friends and community own role crucial in reduce burden emotional and financial. Besides That, support for increase literacy health especially related cost Which one of them is by providing comprehensive, evidence-based and easily accessible financial information to patients, such as insurance-related knowledge about procedures, coverage percentages and eligible drugs. Research shows that health literacy higher tend to experience lower financial toxicity (OR= 0.823, $p=0.029$). Increasing the psychological resilience of patients Also important, because can help they face challenge emotional and financial. By Because That, program that teach positive coping skills should be integrated into care. In addition, it is important to detect patients at high risk for financial toxicity early so that appropriate interventions can be made to reduce its long-term impact (Kuang et al., 2025).

Considering all these factors, it is important to develop a multidisciplinary approach that integrates palliative care with financial support. The healthcare team should actively explore and identify financial toxicity in patients, and design appropriate intervention strategies to improve their quality of life. Study more carry on Also required for understand more in connection between financial toxicity and quality of life patient, as well as for develop intervention which more effective. Systematic review analyzes how quality of life and symptom management in cancer patients experiencing financial problems. The elements found are part of a phenomenon called financial toxicity. The discussion of the quality of life of cancer patients experiencing financial toxicity shows that there is a complex interaction between various factors that influence this condition. Financial distress or difficulty financial proven own connection Which negative with quality cancer patients' lives (Delgado-Guay et al., 2015). This indicates that the greater the level of financial distress experienced by cancer patients, the lower their quality of life. In addition, observations of this relationship include psychological impacts indicated by anxiety and depression, both of which tend to increase with increasing financial distress.

The study identified three trajectories of financial toxicity in breast cancer patients, the first group Severe FT with Gradual Relief included 24% (91 patients) who experienced severe FT but showed improvement over time. The second, Persistently Low-Level FT consisted of 50% (190 patient) Which own level FT low without change significant. Final, The Moderate FT with Gradual worsening group, consisting of 26% (97 patients), showed moderate FT levels but worsened over time (Kuang et al., 2025). More carry on, found difference quality of life between patient in various country shows that context social and system health local can influence quality of life despite financial pressure (Bao et al., 2018; Barbaret et al., 2019). This shows that that support social, access to maintenance health, as well as policy different health conditions play an important role in determining the quality of life of cancer patients. When patient cancer in One country report financial level toxicity that tall, they Still capable

maintain quality of life Which more good compared to patient in other countries that do not have similar support.

In addition, integrative medicine approaches, such as naturopathy, have shown their effectiveness in improving patients' quality of life and have proven that holistic care can have a positive impact (Hack et al., 2018). This intervention not only addresses the physical aspects of the disease, but also manages the psychological symptoms that are often experienced by cancer patients supporting to improve health literacy, especially regarding costs, one of which is by intervention giving information financial which comprehensive, based on proof And easily accessible to patients, such as insurance-related knowledge about procedures, coverage percentages and eligible medications (Kuang et al., 2025). However, there are also obstacles in symptom management, especially in the application of acupuncture methods. Lack of knowledge about benefit acupuncture become wrong one barrier, beside attention to cost and accessibility service the (Bao et et al., 2018). This show importance education as well as policy related which can help patients in getting the care they need to improve their quality of life. Addressing financial toxicity need approach comprehensive. Program financial navigation and initiative help patient has proposed as strategy effective For reduce the burden financial, increase access nursing, management symptom as well as reduce pressure on the system support social in patient cancer (Edward et et al., 2021; Han et et al., 2020; Petruzzi et et al., 2022). Improvement awareness will influence financial toxicity and efforts to provide more comprehensive solutions will greatly contribute to increase quality of life patient cancer. By Because That, intervention Which holistic and support multidimensional very required for overcome challenge Which faced in the care of cancer patients.

CONCLUSION

The conclusion of the analysis of 11 studies shows that the quality of life of cancer patients is greatly influenced by financial conditions, proper symptom management, social support and multidisciplinary support. Holistic interventions and attention to patients' financial problems become very important for increase they quality of life. Besides that, effective symptom management is also crucial, especially for cancer patients experiencing financial toxicity. Various assessment tools, such as ESAS, HADS, FACT-G, SESI and EORTIC QLQ-C30, as well as palliative care approaches, integrative therapies, symptom management, acupuncture can be used in symptom management. In addition, it is necessary to support to improve literacy health. Especially related cost Which Wrong the only one with interventions providing comprehensive, evidence-based and easily accessible financial information to patients, such as insurance-related knowledge about procedures, coverage percentages and medications Which fulfil condition. With thus quality of life patient cancer is the result of complex interactions between these various factors. Another success in improving the quality of life of cancer patients experiencing financial toxicity requires collaboration between health care providers, families, communities and other stakeholders in creating a supportive environment and facilitating patient recovery. With a focus on comprehensive and patient-based management, it is hoped that the quality of life of cancer patients can be significantly improved.

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