



Predictors of Financial Toxicity in Surgical Burn Injuries: A Multicenter Longitudinal Study

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Introduction

11 Million burn injuries with 300k deaths are reported annually.

Burns need prolonged hospital stay, rehabilitation and disability.

Serious nature of burn injuries increases risk for financial toxicity.

Methods

Study Type Prospective multi-center, longitudinal study in 3 tertiary care hospitals in India.

Study Setting Representation of public, private and variable pricing healthcare centers.

Statistical Analysis Multivariate logistic regression model with Financial Toxicity as outcome.

Results

Table 1: FINANCIAL HARDSHIP HAS A DOSE DEPENDENT RELATIONSHIP WITH CLINICAL PREDICTORS

Variables	Financial Toxicity Univariate OR (95% CIs); p-values	Financial Toxicity Multivariate OR (95% CIs); p-values
Length of Stay		
1-5	Ref	Ref
6-10	1.03(0.25-4.14);0.972	0.94(0.17-5.33);0.945
11-20	5.78(1.5-22.23);0.011	8.55(1.47-49.57);0.017
>20	8(2.51-25.52);<0.001	16.76(2.85-98.71);0.002
Total Household Income (\$)		
Lowest Income Tertile	Ref	Ref
Median Income Tertile	0.22(0.09-0.55);0.001	0.21(0.06-0.76);0.017
Highest Income Tertile	0.07(0.01-0.36);0.001	0.07(0.01-0.63);0.019
Insurance Status		
No	Ref	Ref
Yes	0.69(0.25-1.87);0.466	1.01(0.16-6.47);0.995
Gender		
Male	Ref	Ref
Female	0.41(0.17-0.99);0.047	0.2(0.04-0.99);0.048
Injury Severity Score		
1-24	Ref	Ref
25-49	1.21(0.49-2.99);0.672	1.75(0.46-6.7);0.414
50-75	14.86(1.79-123.36);0.012	19.56(1.17-325.93);0.038

Figure 1: IDENTIFIED RISK FACTORS FOR FINANCIAL TOXICITY IN BURN PATIENTS



Conclusions

The average individual income dropped to 5% of the pre-injury income.

82% patients reported unemployment after burn injury compared to 27% at baseline.

68% patients reported inability to afford basic needs after surgery.

Income support and job training is necessary to improve peri-operative FT rates in burn patients.

