

Program Targets Poverty to Improve Childhood Cancer Treatment

Children from low-income households are more likely to experience cancer relapse and face lower survival rates compared to their more privileged peers.

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A pilot study of a program called Pediatric RISE (Resource Intervention to Support Equity), developed by Dana-Farber Cancer Institute investigators, assessed its feasibility and its value to impoverished families with children being treated for cancer. The results suggest that RISE is both feasible and valuable. The pilot will continue in a larger, randomized, multi-site Phase 2 trial.

The results were presented at the [66th American Society of Hematology \(ASH\) Annual Meeting and Exposition](#) in San Diego, CA, on December 7, 2024, by Colleen A. Kelly, MD, a pediatric hematology/oncology fellow in the lab of principal investigator [Kira Bona, MD, MPH](#), a pediatric oncologist at [Dana-Farber/Boston Children's Cancer and Blood Disorder Center](#).

"The vision we have is to investigate interventions like RISE the same way we develop novel drugs," says Bona. "If an intervention like this one that targets poverty improves outcomes in a clinical trial, then we would work to make the program a standard part of supportive care for people who need it."

In previous research, Bona discovered that children from low-income households are more likely to experience cancer relapse and face lower survival rates compared to their more privileged peers, despite receiving treatment on highly standardized clinical trials at top academic centers. These inequities are rooted in social drivers of health such as food insecurity, housing instability, and lack of transportation.

"One in three children diagnosed with cancer lives in a low-income household in a family that is concerned about meeting basic needs while the child is receiving cancer treatment," says Bona. "That is an eye-opening number."

Pediatric RISE aims to address these disparities with twice-monthly direct transfers of cash to eligible families for three months. The program bases the dollar amount on the Child Tax Credit and the number of household dependents.

Twenty families participated in the program, all with children being treated at Dana-Farber, 65% of

them for blood cancer. The children were predominantly non-white or Hispanic and publicly insured. More than half lived in single-parent households, and the median household income was \$27,250. Nineteen of the twenty families completed all the surveys and interviews that were part of the study.

The study successfully distributed the cash transfers to all the families either via direct deposit, pre-paid debit card, or online payment app. In addition, the families reported that they were very or somewhat satisfied with RISE and that they used the funds for rent/mortgage payments, groceries, utilities, and transportation and would recommend the program to other families. In addition, family-reported hardships related to food, housing, utilities, and transportation dropped from 90% to 74% over the three-month long program.

“Families thought the program was very helpful, and reduced stress because it helped them meet housing, food, and other needs,” says Kelly. “I can’t imagine taking care of a child with cancer and living in a household in poverty that didn’t have the resources to meet basic needs.”

A key benefit noted by parents was improved peace of mind and an increased ability to spend more time at their child’s bedside. Families also identified a need for increased dollar amounts over a longer period to cover basic needs and account for treatment-related income losses. Parent feedback helped Kelly and Bona rapidly refine the intervention to increase payments and duration.

The program design includes other structures to alleviate concerns about cash payments. For instance, the payments are treated as non-taxable gift dollars, to mitigate the risk of losing other benefits during this short period of intervention. A single optional session with a certified benefits counselor was offered to review household-specific risk of means-tested government benefit loss/reduction. The payments are also made through a nonprofit to eliminate any connection between the funding and medical care. Last, the payments may be applied to whatever needs the family has during the time of treatment, so they aren’t restricted to transportation, housing or food.

“This flexibility allows for the variability of needs across families and treatments and enables families to apply the support where they need it most,” says Kelly.

As a next step, a revised implementation of RISE will be evaluated as a larger, randomized, phase 2 pilot study at Dana-Farber and Columbia University Irving Medical Center.

This [news release](#) was published by Dana-Farber Cancer Institute on December 7, 2024.

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