



Published on *Mailman School of Public Health* (<http://www.mailman.columbia.edu>)

[Home](#) > Higher Co-Payments Increase Chance of Curtailed Breast Cancer Therapy

# Higher Co-Payments Increase Chance of Curtailed Breast Cancer Therapy

## Higher Co-Payments Increase Chance of Early Discontinuation and Inadequate Use of Breast Cancer Therapy

 [Neugat Sidebar.jpg](#) <sup>[1]</sup>

Al Neugut, MD

[Stephanie Berger](#) <sup>[2]</sup>

### Transmission

[Subscribe](#) <sup>[3]</sup> now to our biweekly newsletter to get the latest from Mailman School of Public Health

*Use of aromatase inhibitors in early stage breast cancer patients affected;*

*Older women more likely to discontinue early because of high co-payments;*

*Primary care physician involvement, quantity of other prescriptions affects use*

A higher prescription co-payment, especially among older women, is associated with both early discontinuation and incomplete use of adjuvant aromatase inhibitor therapy, a life-saving therapy for women with hormone sensitive early stage breast cancer.

Researchers at Columbia University's Mailman School of Public Health presented their latest study findings to approximately 9,000 participants from more than 90 countries at The 33rd CTRC-AACR San Antonio Breast Cancer Symposium, a comprehensive scientific meeting covering the full spectrum of breast cancer research.

Al Neugut, MD, professor of epidemiology at the Mailman School of Public Health, and Dawn L. Hershman, MD, associate professor of medicine and epidemiology, examined the impact of prescription co-payments on hormone therapy use. Working with the Medco Research Institute™, a wholly owned subsidiary of Medco Health Solutions, Inc., de-identified patient information was used to target women older than 50 years who were prescribed aromatase inhibitors for early breast cancer.

"We looked at two different factors: women who discontinued use altogether or had no subsequent refills and those that did not refill their prescription on time or did not take the medication at least 80% of the time," said Dr. Hershman, who also serves as co-director of the Breast Cancer Program at the Herbert Irving Comprehensive Cancer Center at Columbia University.

Results showed that of the 8,110 women aged 50 to 65 years, 21.1 percent stopped taking the medication

and of those who properly continued with their regimen 10.3 percent did not take the medication as directed over the two-year period. Of the 14,050 women 65 years or older, almost 25 percent stopped taking the medication and of those who continued, 8.9 percent were non-adherent.

Co-payments were categorized as less than \$30, between \$30 and \$89.99, and \$90 or more. The 90-day co-payments ranged from \$0 to \$893.49.

In the 65 and older group, women were more likely to discontinue medication use if they fell in the co-payment categories above \$30. However, in the under 65 age group co-payments needed to reach \$90 or more before they were more likely to discontinue use or not take it as prescribed.

Additionally, the study results showed that women whose prescriptions came from a primary care doctor or women who were prescribed many other medications were also more likely to stop taking the medications or not take it as prescribed.

Previous research has identified several factors affecting patient compliance with use of adjuvant aromatase inhibitors, such as young and old age, severity of side effects and belief that the medication is useful.

“When we have highly effective medications available, we need to try to set limits on potential barriers to use like co-payments,” said Dr. Hershman. Based on these findings, “future public policy efforts should be directed towards reducing financial constraints as a means of increasing the complete use of these life-saving medications.”

“While high co-payments have been shown to reduce compliance for other drugs, this is the first study to show an impact on such a crucial drug where mortality can be so directly at stake,” said Alfred Neugat, MD, who is also the Myron M. Studner Professor of Cancer Research at Columbia’s College of Physicians & Surgeons.

December 17, 2010

**Source URL:** <http://www.mailman.columbia.edu/news/higher-co-payments-increase-chance-curtailed-breast-cancer-therapy>

**Links:**

[1] [http://www.mailman.columbia.edu/sites/default/files/mainfeature/Neugat\\_Sidebar\\_0.jpg](http://www.mailman.columbia.edu/sites/default/files/mainfeature/Neugat_Sidebar_0.jpg)

[2] <http://www.mailman.columbia.edu/newscontact/stephanie-berger>

[3] <https://app.e2ma.net/app2/audience/signup/1730017/1719298/?v=a>