

Rx subsidy ups persistence to breast cancer hormone therapy

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unsubsidized race or ethnicity groups had greater discontinuation than subsidized groups in adjusted analyses (hazard ratios for white, black, and Hispanic patients: 1.83, 2.09, and 3.00, respectively). Racial or ethnic disparities in persistence seen for unsubsidized patients were not seen or were reversed for subsidized patients. Higher adherence was seen for all three subsidized race or ethnicity groups.

"Given high subsidy enrollment among black and Hispanic women, policies targeted at low-income patients have the potential to also substantially reduce racial and [ethnic disparities](#)," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For white, black, and Hispanic women, receipt of a prescription subsidy is associated with improved persistence to breast cancer hormone therapy, according to a study published online Oct. 17 in the *Journal of Clinical Oncology*.

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Alana Biggers, M.D., M.P.H., from the University of Illinois-Chicago, and colleagues identified a nationwide cohort of 25,111 female Medicare D enrollees aged ≥65 years with a breast cancer operation between 2006 and 2007 and at least one prescription filled for oral breast cancer hormonal therapy. The authors examined the role of out-of-pocket cost supports through the Medicare Part D Low-Income subsidy on racial/ethnic disparities in persistence and adherence to breast cancer hormone therapy.

The researchers found that by two years, 69 and 70 percent of black and Hispanic patients, respectively, were persistent, compared with 61 percent of white patients. Patients in all three

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