

FACTS ABOUT COMPLIANCE WITH HORMONAL THERAPIES IN THE TREATMENT OF BREAST CANCER

⌘ **What is compliance?**

According to the World Health Organization, compliance is “the extent to which a person's behavior – taking medication, following a diet, and/or executing lifestyle changes – corresponds with agreed recommendations from a healthcare provider.” In other words, taking needed medication as prescribed.

⌘ **Why is compliance important?**

- The use of oral cancer therapies to manage disease is likely to increase dramatically in the coming years
- Five percent of all hospital visits are due to drug non-compliance, costing an estimated \$100 billion a year
- According to one study, 69 % of hospital visits for adverse drug reactions are caused by not taking medication as prescribed¹

⌘ **Why should you care about compliance and breast cancer?** Studies have shown patients may reduce their risk of breast cancer recurrence:

- 12 percent by taking their hormonal therapy for one year
- 29 percent by taking their hormonal therapy for two years
- 47 percent by taking their hormonal therapy for up to five years²

⌘ **Many individuals struggle to take their medications...**

- One in three U.S. adults who were prescribed medications to take regularly report they often did not take them as directed—according to a recent Harris Poll.³
- An estimated 30% of oral cancer medications are taken correctly (right dose, at the right time, on the right day, in the right way)⁴

⌘ **Facts & Figures: Non-Compliance with Breast Cancer Hormonal Therapies**

- A study of hormonal therapies for breast cancer found that after four years of therapy, compliance rates among patients decreased to 50 percent.⁵
- A study of tamoxifen adherence among breast cancer patients who were prescribed the therapy found that 17 percent stopped taking the drug during the two-year follow-up period. Of these, 68 percent stopped after less than one year of treatment.⁶
- A breast cancer study found that 55 percent of women reported non-adherence with their hormonal therapy either occasionally or frequently, often intentionally.⁷
- The reasons for both intentional and non-intentional non-adherence are complicated and may vary substantially by individual.

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Led by: American Cancer Society, CancerCare,
National Surgical Adjuvant Breast and Bowel Project (NSABP), Y-ME National Breast Cancer Organization

⌘ Factors that may contribute to non-compliance in breast cancer patients⁸:

- Inability to change behavior as required
- Inadequate supervision
- Complex treatment regimen
- Poor communication with healthcare providers
- Patient dissatisfaction with care
- Patient health beliefs weighing in favor of non-compliance
- Inadequate social support
- History of non-compliance
- History of mental illness
- Cost and insurance^{9,10}

⌘ The benefits of hormonal therapy treatment and the risk of breast cancer recurrence

- 2.3 million women in the United States are living with a breast cancer diagnosis¹¹. Clinical data indicate that approximately 80 percent of these survivors may be in the category of postmenopausal women with estrogen receptor-positive breast cancer¹². It is this sub-group, approximately 1.3 million women, that is most affected by compliance to oral therapy.
- For the two-thirds of women with early stage breast cancer whose disease is hormone receptor-positive, a five-year course of adjuvant hormonal therapy significantly reduces the rate of recurrence and increases the 10-year survival rate.^{2,13}

¹ Senst BL et al. *Am J Health Syst Pharm*. 2001;58:1126-1132; 5

² Early Breast Cancer Trialists' Collaborative Group. Tamoxifen for early breast cancer: an overview of the randomized trials. *Lancet* 1998;351:1451-1467

³ Wall Street Journal Online/Harris Interactive Health-Care Poll. Prescription Drug Compliance A Significant Challenge for Many Patients, According to New National Survey. News Release, March 29, 2005. Available at: <http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID+904>. Accessed December 8, 2005

⁴ Akscin, J. The future of oral chemotherapy drugs examined. ACCC's 27th Annual National Meeting. March, 2002

⁵ Partridge AH, Wang PS, Winer EP, Avorn J. Nonadherence to adjuvant tamoxifen therapy in women with primary breast cancer. *J Clin Oncol*. 2003;21:602-606.

⁶ Fink AK, Gurwitz J, Rakowski W, Guadagnoli E, Silliman RA. Patient beliefs and tamoxifen discontinuance in older women with estrogen receptor-positive breast cancer. *J Clin Oncol* 2004;22:3309-3315.

⁷ Atkins L, Fallowfield L. Intentional and non-intentional non-adherence to medication amongst breast cancer patients. *Eur J Cancer* 2006.

⁸ Partridge AH, Avorn J, Wang PS, Winer EP. Adherence to therapy with oral antineoplastic agents. *J Natl Cancer Inst* 2002;94:652-661.

⁹ Safran DG, Neuman P, Schoen C, et al Prescription drug coverage and seniors: finding from a 2003 national survey. *Health Aff (Millwood)* 2005;Suppl Web Exclusives: W5

¹⁰ Kaiser Family Foundation. Survey finds four in 10 seniors do not take medications as prescribed; poor experiences with drugs and costs contribute to adherence. Available at: <http://www.kff.org/medicare/med041905nr.cfm>. Accessed December 8, 2005

¹¹ The American Cancer Society. *Facts & Figures 2006*. Atlanta: American Cancer Society; 2006

¹² C I Li, D J Uribe and J R Daling Clinical Characteristics of Different Histologic Types of Breast Cancer *British Journal of Cancer* (2005) **93**, 1046-1052. doi:10.1038/sj.bjc.6602787 Published online 20 September 2005

¹³ Howell A, Cuzick J, Baum M, et al Results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial after completion of 5 years' adjuvant treatment for breast cancer. *Lancet* 2005; 365: 60-62

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