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**Background:** The United States spends $15 billion on oncology drugs each year, with most of these costs attributed to lymphoma and breast, prostate, lung, and colorectal cancer. Patients undergoing treatment for these cancers may skip, delay, or restrict medication (cost-related nonadherence; CRN) to reduce prescription costs.

**Objectives:** To determine if CRN is associated with higher cancer-specific mortality in a representative sample of United States cancer patients.

**Method:** We ascertained vital status and cause of death for the 495, 2459, 1937, 738, and 1251 individuals diagnosed in the last 10 years with lymphoma, breast, prostate, lung, or colorectal cancer in the National Health Interview Survey. Using design-based Cox proportional hazards models, we estimated unadjusted and adjusted (for sex, age, race, insurance, and years since diagnosis) hazard ratios (HRs) and 95% confidence intervals (CIs) for associations between CRN and cancer mortality. Models were conducted in the full sample and stratified by site.

**Results:** Eight percent of patients reported CRN, and 1065 (16%) died of cancer during follow-up. In the full sample, CRN was not associated with mortality in either unadjusted (HR = 0.89, 95% CI = 0.68 – 1.18) or adjusted (HR = 0.93, 95% CI = 0.69 – 1.24) models. Similar results were found in site-stratified models. With the exceptions of prostate (adjusted HR = 1.24, 95% CI = 0.62 – 2.48) and lung cancer (adjusted HR = 1.08, 95% CI = 0.66 – 1.75), all point estimates were below 1.00.

**Conclusion:** We did not find an association between CRN and cancer mortality.