**2014年台灣藥學會年會暨學術研討會**

**摘要投稿 製作要點與範例**

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範例:

**Adjuvant hormone therapy switched associated with higher chance of interruption in breast cancer women?**

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**Objectives:** The aim of this study is to explore the associations between the HT switched and the interruption of HT in breast cancer (BC) women while considering the mortality and recurrence as competing risks (CR) in the survival analysis. **Methods:** This study was conducted by using the Taiwan Health Insurance Research Database from 2003 to 2011. Treatment interruption was defined as over 180 days between two HT prescription coverages. Initial HT and switched HT before the first interruption were identified along with HT prescriptions. The estimated probabilities of interruption were performed by using Kaplan-Meier survival analysis and competing risk analysis. Hazard ratios (HR) of interruption were estimated by the modified Cox regression with covariates. **Results:** Of the 37,391 patients, 64.9% and 20.7% initiated TAM without and with switched, 9.9% and 4.6% initiated AIs with and without switched. Patients who experienced HT switched and AIs as initiated HT, the probability of interruption in Kaplan-Meier analysis was overestimated around 10% of discrepancy while compared to CR analysis at 5 years. The SHRs of modified Cox regression were 1.54 (95%CI=1.40-1.69) in Tam with switched; 1.55 (95%CI=1.33-1.82) in AIs with switched, respectively. **Conclusions:** Our results indicated HT switched may increase the risk of interruption, however, when competing risk events exist, absolute risk of interruption might be overestimated in standard survival analysis. This study provides the opportunity to have more accrued measurement of patient intended interruption in BC women.