U.S. Preventive Services TASK FORCE

USPSTF Bulletin
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U.S. Preventive Services Task Force Issues Final Recommendation Statement on Medications to Reduce Breast Cancer Risk

Some women at increased risk of breast cancer can benefit from risk-reducing medications

WASHINGTON, D.C. – September 3, 2019 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement on taking medications to reduce breast cancer risk. Based on its review of the evidence, the Task Force recommends that clinicians offer risk-reducing medications to women who are at increased risk for breast cancer and at low risk for adverse medication effects. **This is a B recommendation.** For women who are not at increased risk, the Task Force recommends against the routine use of risk-reducing medications. These medications may cause more harms than benefits in women who are not at increased risk. **This is a D recommendation.** This recommendation applies to women age 35 years and older without signs or symptoms of breast cancer. It does not apply to women who have a current or previous breast cancer diagnosis.

Grades in this recommendation:

B: Recommended.

D: Not recommended.

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Breast cancer is the second leading cause of cancer death in women after lung cancer. An estimated 1 in 8 women will develop breast cancer at some point in their lifetime. There is no one-size-fits-all method to determine whether a woman is at increased risk for breast cancer. However, clinicians can use one of several risk assessment tools or look at combinations of risk factors, such as older age, prior diagnosis of a breast abnormality, and family history of breast cancer.

“There are medications available that can help some women prevent breast cancer, but they are not for everyone,” says Task Force member Michael J. Barry, M.D. “For women who are at increased risk for breast cancer, these medications can be beneficial and reduce their risk.”

The Task Force found that three types of medications, including tamoxifen, raloxifene, and aromatase inhibitors, can reduce a woman’s chance of developing invasive breast cancer. When deciding whether or not to offer medications, clinicians should carefully consider their patients’ risk factors for breast cancer and balance these against the potential harms from the medications, some of which may be serious or even life threatening, such as blood clots or other cancers. The severity of these harms can vary by the specific medication and a woman’s risk factors for these specific harms.

“We all want to find better ways to help prevent breast cancer, and it’s important that clinicians talk with patients about their level of risk and carefully consider the best approach,” says Task Force member Carol M. Mangione, M.D., M.S.P.H. “For women who are not at increased risk for breast cancer, these medications are not recommended because they may be more harmful than beneficial.”

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: http://www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from January 15, 2019, to February 11, 2019.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles.

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