MEDICATIONS FOR RISK REDUCTION OF PRIMARY BREAST CANCER IN WOMEN
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Asymptomatic women aged ≥35 years without a prior diagnosis of breast cancer who are at increased risk for the disease	Asymptomatic women aged ≥35 years without a prior diagnosis of breast cancer who are not at increased risk for the disease
Recommendation	**Engage in shared, informed decision making and offer to prescribe risk-reducing medications, if appropriate.** **Grade: B**	**Do not prescribe risk-reducing medications.** **Grade: D**

Risk Assessment	Important risk factors for breast cancer include patient age, race/ethnicity, age at menarche, age at first live childbirth, personal history of ductal or lobular carcinoma in situ, number of first-degree relatives with breast cancer, personal history of breast biopsy, body mass index, menopause status or age, breast density, estrogen and progestin use, smoking, alcohol use, physical activity, and diet.. Available risk assessment models can accurately predict the number of breast cancer cases that may arise in certain study populations, but their ability to accurately predict which women will develop breast cancer is modest.	
Preventive Medications	The selective estrogen receptor modulators tamoxifen and raloxifene have been shown to reduce the incidence of invasive breast cancer in women who are at increased risk for the disease. Tamoxifen has been approved for this use in women age 35 years or older, and raloxifene has been approved for this use in postmenopausal women. The usual daily doses for tamoxifen and raloxifene are 20 mg and 60 mg, respectively, for 5 years.	
Balance of Benefits and Harms	There is a moderate net benefit from use of tamoxifen and raloxifene to reduce the incidence of invasive breast cancer in women who are at increased risk for the disease.	The potential harms of tamoxifen and raloxifene outweigh the potential benefits for breast cancer risk reduction in women who are not at increased risk for the disease. Potential harms include thromboembolic events, endometrial cancer, and cataracts.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on risk assessment, genetic counseling, and genetic testing for BRCA-related cancer, as well as screening for breast cancer. These recommendations are available at http://www.uspreventiveservicestaskforce.org/.	

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to http://www.uspreventiveservicestaskforce.org/.