

U.S. Preventive Services Task Force Issues Draft Recommendation Statement: Medications for Risk Reduction of Primary Breast Cancer in Women

WASHINGTON, D.C. – April 16, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on medications for risk reduction of primary breast cancer in women. The Task Force is providing an opportunity for public comment on this draft recommendation statement until May 13. All public comments will be considered as the Task Force develops its final recommendation.

According to the National Cancer Institute, more than 232,000 women will be newly diagnosed with breast cancer in 2013, making it the most common non-skin cancer in women. “Screening for breast cancer allows for early detection but does not prevent cancer from developing. We all want to find effective ways to prevent breast cancer,” said Task Force member Mark Ebell, M.D., M.S. “While we need more and better solutions, some women at increased risk for breast cancer may choose to take available preventive medications to reduce their chances of developing breast cancer.”

In its draft recommendation statement, the Task Force proposes that women who have a family history of breast cancer or are concerned about their risk of breast cancer talk with a healthcare professional about their risk for developing breast cancer. After conducting a formal breast cancer risk assessment, the Task Force recommends that doctors talk with women who are at increased risk for breast cancer about the harms and benefits of taking a risk-reducing medication, such as tamoxifen or raloxifene. For women who are at increased risk for breast cancer and at low risk for harms from medications, the medications may provide benefit.

Tamoxifen and raloxifene are selective estrogen receptor modulators, medications that block the effects of estrogen in the breast tissue. They have been shown to reduce the risk of hormone receptor (HR) positive breast cancer, a type of cancer that receives signals from estrogen in a way that could promote the cancer cell’s growth.

“There are several serious harms associated with tamoxifen and raloxifene, which is why doctors must engage in a conversation with their patients and discuss the harms and benefits of these medications to reduce the risk of breast cancer,” said Task Force member Wanda Nicholson, M.D., M.P.H., M.B.A. “Because of these harms, the Task Force recommends against the use of these medications for women who are not at increased risk for breast cancer.”

The Task Force’s recommendation is consistent with that of other credible groups and organizations, including the American College of Obstetricians and Gynecologists and the American Cancer Society, and is consistent with accepted clinical practice.

This draft recommendation applies to women ages 40 to 70 who do not have signs or symptoms of breast cancer, and who have never been previously diagnosed with breast cancer or DCIS (abnormal cells in the milk glands or ducts that indicate an increased risk for breast cancer). In addition, this recommendation does not apply to women who have a history of blood clots, including deep vein thrombosis, blood clots in the lung, strokes, or mini-strokes.

The Task Force's draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 16 to May 13 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

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

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