U.S. Preventive Services TASK FORCE

USPSTF Bulletin

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

WASHINGTON, D.C. – Sept. 24, 2013 – The U.S. Preventive Services Task Force (Task Force) today released its final recommendation statement on medications for risk reduction of primary breast cancer in women. The Task Force recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are not at an increased risk for breast cancer, the Task Force recommends against the use of these medications.

According to the National Cancer Institute, in 2013, more than 232,000 women will be newly diagnosed with breast cancer, and nearly 40,000 women will die from it – 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,” said Task Force member Mark Ebell, M.D., M.S. “We all want better treatments, better screening, and, most importantly, better ways to prevent breast cancer. While we need better solutions, preventive medications offer some women at increased risk for breast cancer a way to reduce their chances of developing breast cancer.”

Evidence shows that, for women at high risk for developing breast cancer, certain medications – specifically tamoxifen and raloxifene – may reduce the risk. Women most at risk for getting breast cancer because of family history or other risk factors should weigh the benefits and harms of risk-reducing medications with their doctor.

Tamoxifen and raloxifene are part of a class of drugs that block the effects of estrogen in the breast tissue. Some studies have shown they reduce the risk of estrogen receptor (ER)-positive breast cancer, a type of cancer that is sensitive to estrogen. While these medications can reduce a woman’s risk for developing breast cancer, they have serious possible side effects, including blood clots, increased risk for endometrial cancer, and cataracts.

“While these medications have some significant side effects, it is important that clinicians and women at high risk for breast cancer be aware of the options these drugs offer,” said Task Force member Wanda Nicholson, M.D., M.P.H., M.B.A. “Women should weigh the potential benefits and harms and consider their own values and preferences when making the decision about whether these medicines are the right choice for them.”

This final recommendation applies to women age 35 and older who do not have signs or symptoms of breast cancer and who have never been diagnosed with breast cancer, DCIS (abnormal cells in the milk glands or ducts that indicate an increased risk for breast cancer), or LCIS (abnormal cells in the lobules of milk glands in the breast 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 recommendation aligns with the recommendations of medical organizations including the American Society of Clinical Oncology and the American Cancer Society.

The Task Force's final recommendation statement is published online in the *Annals of Internal Medicine* and is available on the Task Force Web site at www.uspreventiveservicestaskforce.org. A fact sheet that explains the recommendation statement in plain language is also available. Before finalizing this recommendation, the USPSTF posted a draft version for public comment in April 2013.

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.

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