

Lowering Your Risk of Breast Cancer



Breast Cancer Risk

Some women have a higher risk of breast cancer than the general population and may benefit from taking specific drugs to lower the chance of developing the disease.

YOU MAY HAVE
A HIGHER RISK
IF YOU

- Have lobular carcinoma in situ (LCIS)
- Have a 5-year predicted risk of breast cancer of 1.66% or higher on the Breast Cancer Risk Assessment Tool from the National Cancer Institute at

www.cancer.gov/bcrisktool



Considering Your Options

Before deciding whether to take drugs (pills) to lower breast cancer risk, consider

- How concerned you are about your risk
- How side effects will affect your life
- Which side effects are most concerning to you



Options for Lowering Breast Cancer Risk

Depending on whether you have been through menopause and if you have a higher risk of breast cancer, ASCO recommends considering one of three drugs to lower your risk, particularly for estrogen receptor (ER)-positive breast cancer (needs the hormone estrogen to grow).

This tool uses several factors to estimate your risk of breast cancer, including

- Age and race
- Medical history
- Age of first menstrual cycle
- If or when you have given birth
- Whether other family members have had breast cancer



TAMOXIFEN (NOLVADEX, SOLTAMOX)

- Can be considered for women 35 or older whether or not they have been through menopause

Not Recommended

- For women with a history of a blood clot, stroke, or who are immobilized (unable to move around) for a long time
- For women who are pregnant or breast feeding, or who may become pregnant

RALOXIFENE (EVISTA)

- Can be considered for women 35 or older who have been through menopause
- May be used longer than five years for women with osteoporosis (weakening bones) when lower breast cancer risk is an added benefit

Not Recommended

- For women who have not been through menopause
- For women with a history of a blood clot, stroke, or who are immobilized (unable to move around) for a long time

EXEMESTANE (AROMASIN)

- Can be considered as an alternative to tamoxifen and raloxifene for women 35 or older who have been through menopause
- May not be easily available because it is not FDA approved for breast cancer prevention, only treatment

Not Recommended

- For women who have not been through menopause

► Find more at www.cancer.net/whattoknow or read ASCO's full guideline at www.asco.org/guidelines/bcrr

► RESOURCES

Guide to Breast Cancer (www.cancer.net/breast)
Chemoprevention (www.cancer.net/prevention)



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