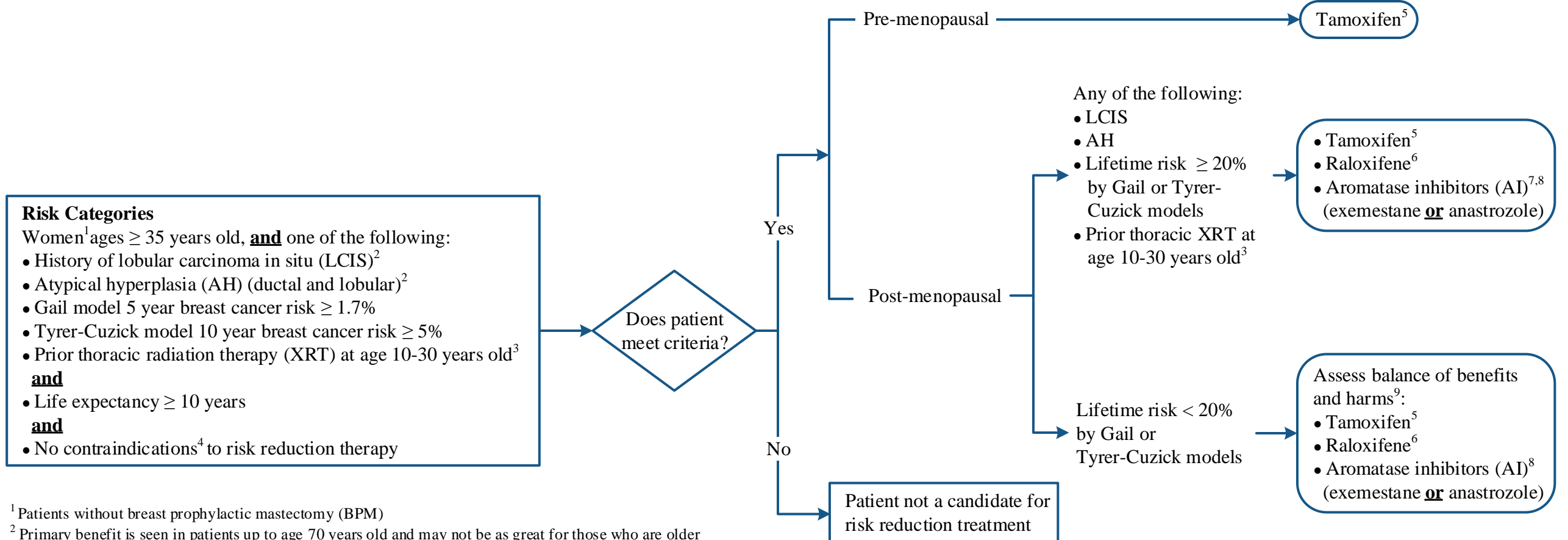


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## RISK ASSESSMENT

## TREATMENT



<sup>1</sup> Patients without breast prophylactic mastectomy (BPM)

<sup>2</sup> Primary benefit is seen in patients up to age 70 years old and may not be as great for those who are older

<sup>3</sup> Limited data regarding risk reduction therapies in women with prior thoracic XRT

<sup>4</sup> Prior history of a thromboembolic event is an absolute contraindication. Adequately treated endometrial hyperplasia or early-stage endometrial cancer is not a contraindication to the use of tamoxifen.

<sup>5</sup> Starting dose of tamoxifen is 20 mg by mouth once daily; may reduce to 5 mg once daily (or 10 mg every other day) if needed for patient tolerance

<sup>6</sup> Lower risk of uterine cancer but less long-term benefit

<sup>7</sup> Limited data regarding AIs in women with proliferative breast lesions

<sup>8</sup> Off-label (Not FDA approved)

<sup>9</sup> Tables that can be used to determine women for whom the benefits outweigh the risks can be found at Freedman, A. N., Yu, B., Gail, M. H., Costantino, J. P., Graubard, B. I., Vogel, V. G., ... McCaskill-Stevens, W. (2011). Benefit/risk assessment for breast cancer chemoprevention with raloxifene or tamoxifen for women age 50 years or older. *Journal of Clinical Oncology*, 29(17), 2327.

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## DEVELOPMENT CREDITS

This risk reduction algorithm is based on majority expert opinion of the Breast Cancer Risk Reduction Therapy workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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