Risk Categories

Women 1 ages ≥ 35 years old, and one of the following:

- History of lobular carcinoma in situ (LCIS)
- Atypical hyperplasia (AH) (ductal and lobular)
- Gail model 5 year breast cancer risk ≥ 1.7%
- Prior thoracic radiation therapy (XRT) at age 10-30 years old
- Life expectancy ≥ 10 years
- No contraindications to risk reduction therapy

Pre-menopausal

Does patient meet criteria?

Yes

Any of the following:

- LCIS
- AH
- Lifetime risk ≥ 20% by Gail or Tyrer-Cuzick models
- Prior thoracic XRT at age 10-30 years old

Post-menopausal

Lifestyle risk < 20% by Gail or Tyrer-Cuzick models

Patient not a candidate for risk reduction treatment

Tamoxifen

TREATMENT

- Tamoxifen
- Raloxifene
- Aromatase inhibitors (AI)
  (exemestane or anastrozole)

Assess balance of benefits and harms:

- Tamoxifen
- Raloxifene
- Aromatase inhibitors (AI)
  (exemestane or anastrozole)
SUGGESTED READINGS


Continued on next page
SUGGESTED READINGS - continued


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:

Banu Arun, MD (Breast Medical Oncology)
Therese Bevers, MD (Clinical Cancer Prevention)
Abenaa Brewster, MD (Clinical Cancer Prevention)
Powel Brown, MD, PhD (Clinical Cancer Prevention)
Robin Coyne, APRN, FNP-BC (Clinical Cancer Prevention)
Joyce Dains, DrPH, APRN, FNP-BC (Nursing)
Olga N. Fleckenstein
Ernest Hawk, MD (Clinical Cancer Prevention)
Jennifer Litton, MD (Breast Medical Oncology)
Ana Nelson, APRN, FNP-BC (Clinical Cancer Prevention)
Lonzetta Newman, MD (Clinical Cancer Prevention)
Tilu Ninan, APRN, ANP-BC (Clinical Cancer Prevention)
Priya Thomas, MD (Clinical Cancer Prevention)

Development Lead
Clinical Effectiveness Development Team