

# Risk-Lowering Options for Women at **HIGHER RISK OF BREAST CANCER**



## Questions to ask your doctor

1. Am I at higher risk of breast cancer?
2. What options do I have to lower my risk?
3. What are the pros and cons of each?
4. How much time do I have to make a choice?

This fact sheet is intended to be a brief overview. For more information, visit [komen.org](http://komen.org) or call Susan G. Komen's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 a.m. to 10 p.m. ET, or email at [helpline@komen.org](mailto:helpline@komen.org). Se habla español.

Some things put women at a higher risk of breast cancer, such as:

- A *BRCA1* or *BRCA2* or other inherited gene mutation passed to you from either parent.
- A personal history of invasive breast cancer or ductal carcinoma in situ (DCIS).
- A strong family history of breast cancer, such as a mother or sister diagnosed at age 45 or younger.
- A personal history of lobular carcinoma in situ (LCIS) or atypical hyperplasia.
- Radiation treatment to the chest between ages 10-30.

If you have a higher risk of breast cancer, talk with your doctor about your screening options and ways to lower your risk. [Learn more](#) about factors linked to the risk of breast cancer.

### Risk-lowering options include:

- **Risk-lowering drugs** (tamoxifen and raloxifene).
- **Preventive surgery** to remove the breasts (prophylactic mastectomy) and ovaries (prophylactic oophorectomy).

### Risk-lowering drugs (tamoxifen and raloxifene)

Tamoxifen and raloxifene are FDA-approved for lowering the risk of breast cancer in women who do not have breast cancer but are at higher risk. They are pills. You take one pill a day for 5 years.

Tamoxifen is better at lowering breast cancer risk than raloxifene. However, raloxifene may have fewer side effects than tamoxifen (see table below). So, it may be a better choice for some women. Talk with your doctor about the pros and cons of each.

	Tamoxifen	Raloxifene
<b>Who can take the drug?</b>	<ul style="list-style-type: none"> <li>• Premenopausal women ages 35 and older</li> <li>• Postmenopausal women</li> </ul>	<ul style="list-style-type: none"> <li>• Postmenopausal women only</li> </ul>
<b>What are common short-term side effects?</b>	<ul style="list-style-type: none"> <li>• Hot flashes and night sweats</li> <li>• Irregular periods or spotting (uterine bleeding)</li> <li>• Leg cramps</li> <li>• Vaginal discharge</li> <li>• Vaginal dryness or itching</li> </ul>	<ul style="list-style-type: none"> <li>• Hot flashes and night sweats</li> <li>• Leg cramps</li> </ul>
<b>What are possible health risks? (mainly in older, postmenopausal women.)</b>	<ul style="list-style-type: none"> <li>• Blood clots in the large veins or lungs</li> <li>• Cancer of the uterus or endometrium (lining of the uterus)</li> <li>• Cataracts</li> <li>• Stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Blood clots in the large veins or lungs</li> <li>• Stroke</li> </ul>
<b>What about use in breast cancer treatment?</b>	Effective in the treatment of <b>hormone receptor-positive breast cancer</b>	Not effective for breast cancer treatment

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## Resources

### **Susan G. Komen®**

1-877 GO KOMEN  
(1-877-465-6636)

[komen.org](http://komen.org)

### **Facing Our Risk of Cancer Empowered (FORCE)**

1-866-288-RISK  
(1-866-288-7475)

[facingourrisk.org](http://facingourrisk.org)

## Related online resources:

- [Breast Reconstruction or Prosthesis After Mastectomy](#)
- [Genetics and Breast Cancer](#)
- [How Hormones Affect Breast Cancer](#)

Studies show the aromatase inhibitor drugs anastrozole and exemestane may lower breast cancer risk in women who don't have breast cancer but are at higher risk. Some major cancer organizations include them as risk-lowering drug options. However, they are only FDA-approved to treat breast cancer, not to lower risk.

## Preventive surgery

### **Prophylactic mastectomy**

Women with an inherited *BRCA1*, *BRCA2*, *PALB2*, *PTEN* or *TP53* gene mutation have an increased risk of breast cancer and may consider prophylactic mastectomy.

A bilateral [prophylactic mastectomy](#) removes both breasts. It lowers the risk of breast cancer in women at higher risk by at least 90 percent.

After your breasts are removed, you may choose to have [breast reconstruction](#). This is plastic surgery to restore the look of the breast. It may be done at the same time as the mastectomy or later.

Others choose to have a [flat closure](#) which is called going flat. With a flat closure, the skin remaining after a mastectomy is tightened and smoothed to flatten out the chest as much as possible. How flat the area surgery varies from person to person. Discuss your options with your plastic surgeon.

### **Am I still at risk of breast cancer?**

Yes. While taking a risk-lowering drug or having a prophylactic mastectomy reduces the chance of breast cancer, they don't remove all risk. Breast cancer screening can find breast cancer early. Regular screening tests (along with follow-up tests and treatment if diagnosed) reduce your chance of dying from breast cancer.



### **What can I do if I'm at higher risk of breast cancer?**

- Gather information
- Talk with your doctor about your options.
- Think about getting a second opinion.
- Discuss the pros and cons of each of your options with those closest to you.

Take your time to make the choice that's best for you.

This content provided by Susan G. Komen® is designed for educational purposes only and is not exhaustive. Please consult with your personal physician.