

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?

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

- A *BRCA1* or *BRCA2* or other inherited gene mutation related to breast cancer passed to you from either parent
- 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
- A personal history of invasive breast cancer or ductal carcinoma in situ (DCIS)

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

Risk-lowering options include:

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

Risk-lowering drugs (tamoxifen and raloxifene)

Tamoxifen and raloxifene are FDA-approved drugs. They are used to lower the risk of breast cancer in women at higher risk. They are pills taken once a day for 5 years.

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

Studies show the aromatase inhibitor drugs, anastrozole and exemestane may lower breast cancer risk. They are only approved by the FDA to treat breast cancer though, not lower risk.

For more information, visit komen.org or call Susan G. Komen's breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.

Resources

Susan G. Komen®

1-877 GO KOMEN
(1-877-465-6636)
komen.org

Facing Our Risk of Cancer Empowered (FORCE)

1-866-288-RISK
(1-866-288-7475)
facingourrisk.org

Related educational resources:

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

Preventive surgery

Prophylactic mastectomy

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. Discuss your options with your plastic surgeon.

Prophylactic oophorectomy

Prophylactic oophorectomy removes the ovaries. It lowers the risk of ovarian cancer by 70 to more than 90 percent in women at higher risk. It may also lower the risk of breast cancer.

Women with an inherited *BRCA1* or *BRCA2* gene mutation are at higher risk of breast and ovarian cancer. These women may consider prophylactic mastectomy and prophylactic oophorectomy.

Women with an inherited *BRCA1*, *BRCA2*, *PALB2*, *PTEN* or *TP53* gene mutation are at higher risk of breast cancer. Women may choose prophylactic mastectomy to ease worries about getting breast cancer.

Am I still at risk of breast cancer?

Yes. While these options reduce 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 is best for you.

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