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ASO AUTHOR REFLECTIONS

ASO Author Reflections: Variation in the Use of Chemoprevention According to Breast Cancer Risk Factor

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PAST

Significant non-modifiable breast cancer risk factors include family history of breast cancer, personal history of atypical breast lesions, lobular carcinoma in situ (LCIS), mantle field radiation prior to the age of 30 years, and hereditary breast cancer syndromes. Despite randomized controlled trials establishing the effectiveness of chemopreventive agents in reducing future estrogen receptor-positive breast cancer risk by approximately 30–86%,[1,2] retrospective studies have demonstrated low uptake.[3] Many of these studies have had small sample sizes, thus hindering comparisons of uptake according to risk factor. With a large sample size of approximately 1500 patients, this study aimed to directly compare chemoprevention uptake according to a comprehensive group of major breast cancer risk factors.

PRESENT

This study confirms low chemoprevention uptake (24%), even among women followed in a high-risk screening program.[4] Chemoprevention uptake was higher, and varied according to risk factor, among postmenopausal women (27.9%) compared with premenopausal women (11.2%). Uptake largely paralleled risk—it was greatest among women with genetic mutations, chest wall irradiation, and LCIS, and lowest among women with 'other' atypical breast lesions. Among women who had a documented reason for refusing chemoprevention, the most common reason was fear of adverse effects. The majority of those who chose to use chemoprevention completed the recommended 5-year course.

FUTURE

Accurate risk assessment and counseling on risk-reducing options is paramount for women at high risk. Additional training of breast cancer-specific, primary care, and obstetric/gynecology providers regarding the risks and benefits of chemoprevention may improve comfort with risk-reduction counseling, thus increasing the likelihood of a provider discussing and recommending chemoprevention. Prior studies have shown this is an important factor related to uptake. Additionally, ongoing efforts to identify novel, non-toxic risk-reducing strategies will increase options and likely improve uptake, especially among premenopausal women.

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