

# PREVENTIVE CARE RECOMMENDATIONS

## Adult- Ages 19 and Above

### CHEMOPROPHYLAXIS

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## BREAST CANCER RISK REDUCTION

For women ages 50 years or older, women with an estimated 5-year breast cancer risk of 3% or greater are likely to have more benefit than harm from using raloxifene (approved for postmenopausal women) or tamoxifen (approved for women age  $\geq 35$  years) for breast cancer risk reduction. These medications can increase the risk of other conditions (e.g thromboembolic events or endometrial cancer), and clinicians should disclose the possible harms and benefits in a shared decision process with their patients.

Use the National Cancer Institute (NCI) [Breast Cancer Risk Assessment Tool](#) to evaluate 5-year risk of breast cancer.

Due to increase risk with these medication, women should be assessed for risk of venous thromboembolic events. Due to the risk for tamoxifen-related endometrial cancer, women with a uterus should have a baseline gynecologic examination prior to starting tamoxifen, with regular follow-up after the end of treatment.

## LOW-DOSE ASPIRIN

Low-dose aspirin prophylaxis as secondary prevention in those with known atherosclerotic cardiovascular disease has been clearly demonstrated.

Primary prevention of vascular events (myocardial infarction or stroke) using low-dose aspirin continues to be debated.

Evaluate adults ages 50 through 59 years for the potential use of low-dose aspirin (81mg/day) for the primary prevention of cardiovascular disease and colorectal cancer by considering the individual's risk for an atherosclerotic event, balancing the risk of bleeding. Initiate treatment in those with a 10-year risk of CVD of at least 10%, who are not at increased risk for bleeding, who have a life expectancy of at least 10 years, and who are willing to take low-dose aspirin daily for at least 10 years. The [Pooled Cohort Equation](#) can be a useful tool in determining 10-year risk.

For those ages 60 through 69 years, a joint decision making process should evaluate the patient's value concerning potential risk or benefits. Those patients who place more value on the potential benefits over potential risks may initiate low-dose aspirin therapy.

In general, there is not enough evidence to support daily aspirin for primary prevention in patients younger than 50 years, or over 70 years.