**Many At-Risk Women Aren’t Opting for Tamoxifen**

**By Bruce Jancin**  
Denver Bureau

San Antonio — Lifestyle approaches to breast cancer risk reduction have assumed considerable importance for the many women who have turned a cold shoulder to tamoxifen for chemoprevention, according to Leslie Bernstein, Ph.D., professor of preventive medicine at the University of California, Los Angeles.

“In my discussions with colleagues, word of mouth is that women are not flocking to take tamoxifen to reduce their high risk of breast cancer,” she observed at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

This anecdotal impression is borne out by the recent literature. In three of four studies of tamoxifen’s acceptance for prevention of breast cancer by high-risk women after counseling about the extent of their risk and the pluses and minuses of tamoxifen, only 3%-15% of candidates opted for therapy, although in another study the rate was 42%.

A recent report by Debora A. Paterniti, Ph.D., and coworkers at the University of California, Davis, Center for Health Services Research in Primary Care provides insight into why so many eligible women are unwilling to take tamoxifen for chemoprevention. In focus groups involving ethnically diverse populations of women at substantially increased risk for breast cancer, the investigators found that participants were actually less inclined to take tamoxifen after receiving a standardized educational intervention. They were leery of taking a drug for 5 years to protect against a disease they might not develop. They were also quite concerned about tamoxifen’s potentially serious side effects. And they were uneasy about the reliability of scientific studies (Ethn. Dis. 2005;15:365-72).

“It doesn’t make you very heartened about the research we do, since we seem to have great confidence in what we’re doing,” Dr. Bernstein commented.

The women felt they had nonpharmacologic options to reduce their breast cancer risk. They cited early detection, faith, diet, and complementary and alternative therapies.

When I see the other options they list, it makes me realize that we have a long way to go to educate women about what other options might actually be available to them,” Dr. Bernstein said.

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