

ASO Visual Abstract: Awareness and Candidacy for Endocrine Prevention and Risk-Reducing Mastectomy of Unaffected High-Risk Women Referred for Breast Cancer Risk Assessment

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Women referred for high-risk evaluation between 2020 and 2023 completed an initial risk-assessment questionnaire that included questions on perceived lifetime risk and consideration of preventive strategies (<https://doi.org/10.1245/s10434-023-14566-1>). One-way analysis of variance (ANOVA) and chi-square tests were used to compare

differences across different high-risk subgroups. Endocrine prevention is the least considered preventive option for high-risk women despite eligibility of a significant proportion of those presenting with high risk lesions or strong family history.

Awareness and Candidacy for **Endocrine Prevention (EP)** and **Risk Reducing Mastectomy (RRM)** in Unaffected High-Risk Women Referred for Breast Cancer Risk Assessment

Unaffected high-risk women referred for assessment at a specialized center



n = 482

Completed an intake questionnaire prior to their first visit



18.7% high-risk lesions on breast biopsy (HRL)



43.4% strong family history (FH)



38% germline pathogenic variant carriers (GPV)



RRM considered more by GPV carriers (59%) compared to those with HRL (26%) or FH (33%)
p=0.001

Overall, 43% eligible for EP

including: 92.2% HRL and 36.4% FH



Only 34.5% of those eligible considered EP in the past and 12% had tried EP in the past

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