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NEW RECOMMENDATIONS REGARDING MANAGEMENT OF BREAST CANCER RISK IN POSTMENOPAUSAL WOMEN

CLEVELAND, Ohio (June 24, 2008)—The North American Menopause Society (NAMS) has just released a supplement to its official journal *Menopause* to meet the need for current clinical recommendations for managing breast cancer risk in postmenopausal women.

Breast cancer is the most common cancer among women, except for nonmelanoma skin cancers, and is the second leading cause of cancer death for women worldwide. According to the American Cancer Society, 182,460 new cases of invasive breast cancer will be diagnosed in US women in 2008 with 40,930 deaths anticipated. Women living in North America have the highest rate of breast cancer in the world.

“The single most important risk factor for breast cancer is age. The risk of breast cancer increases among women older than 50 years of age who have either atypical hyperplasia or lobular carcinoma *in situ*, a first-degree family history of breast cancer, and *BRCA1* or *BRCA2* genetic mutations,” said Victor G. Vogel, MD, MHS, Professor of Medicine and Epidemiology, University of Pittsburgh School of Medicine, Co-Director, University of Pittsburgh Institute Biochemoprevention Program, who served as Guest Editor of the supplement.

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“More than 10 million women in North America are at increased risk of breast cancer, and clinicians have an imperative to identify these women and manage their risk appropriately.”

While breast cancer rates have slowly declined for the past 15 years, especially in postmenopausal women aged 55 to 69 years, these decreases were primarily evident for small tumors (≤ 2 cm) and local and regional disease. Breast cancer mortality rates have also declined, due to earlier detection through screening and more effective treatment options. The impact of screening, however, has likely reached a plateau. Clinicians are now challenged to counsel their high-risk patients who will receive the maximum benefit from chemoprevention with oral medications. Findings from a number of prospective, randomized, controlled trials have established the efficacy of tamoxifen and raloxifene for the prevention of breast cancer in these women.

The best approach to breast cancer risk estimation and management involves collecting comprehensive data on risk factors from all perimenopausal and early postmenopausal women and evaluating that data with an appropriate quantitative risk model. There is evidence to suggest, however, that such assessments are not routinely conducted by all healthcare providers. This special issue provides an overview of the critical findings and issues regarding breast cancer risk and chemopreventive agents to reduce that risk.

“Written by eight specialists in women’s health and cancer, these articles aim to support clinicians who care for adult women, some of whom might be at increased risk for breast cancer and need advice about interventions, where appropriate, to decrease the likelihood that they will develop an invasive breast cancer in their lifetimes,” explained Dr. Vogel.

This educational supplement, designated a continuing medical education activity by NAMS, has been developed according to the policies established in 2004 by the *Menopause* Editorial Board and the NAMS Board of Trustees. Publication standards are as strict as with any regular issue of the journal, including the same peer-review process.

NAMS appreciates the efforts of the authors and the educational grant from Eli Lilly and Company.

The Mission of NAMS, a nonprofit scientific organization, is to promote the health and quality of life of women through an understanding of menopause. The Society's membership of 2,000 professionals representing a variety of disciplines—including clinical and basic science experts from medicine, nursing, pharmacy, anthropology, sociology, psychology, and complementary/alternative medicine—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause. (www.menopause.org)

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