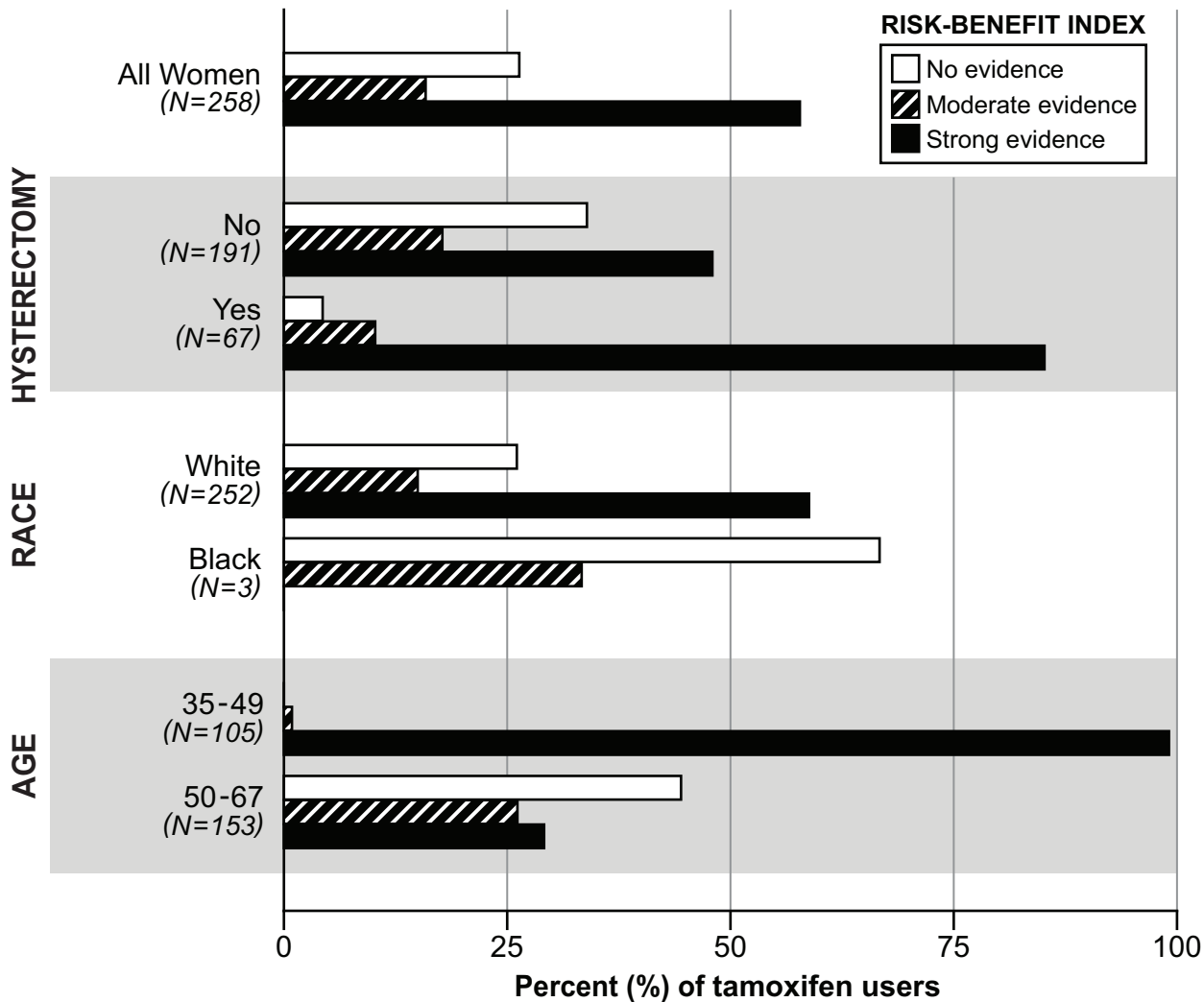


Supplementary Table 1. Risk-benefit index and 5-year discontinuation according to calendar year of tamoxifen initiation.						
	Calendar year of tamoxifen initiation					
	Overall	1986-1997	1998-2001	2002-2005	2006-2009	1998-2009
Total N	788	97	327	296	68	691
Risk Benefit Index						
No evidence of benefit	20.0%	8.2%	15.9%	27.4%	25.0%	21.7%
Moderate evidence of benefit	12.4%	7.2%	11.9%	13.9%	16.2%	13.2%
Strong evidence of benefit	61.7%	77.3%	68.5%	51.4%	51.5%	59.5%
Not calculated	5.8%	7.2%	3.7%	7.4%	7.4%	5.6%
5-year discontinuation	46%	52%	41%	49%	(41% at 3-years)	45%

Supplementary Figure 1. Percent of current tamoxifen users with a risk-benefit index [16, 20] indicating no, moderate, or strong evidence that the benefits of tamoxifen for the primary prevention of breast cancer and fracture exceed the risk of serious side effects (i.e. endometrial cancer, stroke, pulmonary embolism, deep vein thrombosis, and cataract). Percentages are shown among all current tamoxifen users and according to hysterectomy status, race, and age at tamoxifen initiation.



Supplementary Figure 2. Odds of tamoxifen use for breast cancer prevention according to the 5-year probability of developing invasive breast cancer at Sister Study enrollment among all tamoxifen users (N=788); women who started tamoxifen within 5 years of enrollment (N=363); or within 2 years of enrollment (N=120) relative to a comparison group of non-users matched ~4:1 on age and enrollment year.

TIME FROM

**TAMOXIFEN INITIATION
TO STUDY ENROLLMENT**

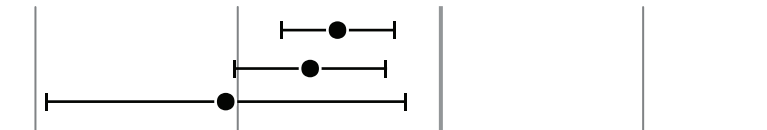
**BCRAT
SCORE**

<1.67

All

<5 years

<2 years



1.67-2.99

All

<5 years

<2 years



3.00-5.99

All

<5 years

<2 years

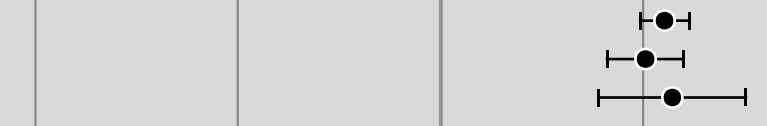


≥6.00

All

<5 years

<2 years



0.01

0.1

1

10

40

**Odds ratio and 95% CI
for tamoxifen use**