**Supplement**

**Article: Initiation and tolerance of chemoprevention among women with high-risk breast lesions: the potential of low-dose tamoxifen**

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**Supplemental Methods**

Demographic data includes their age at first visit, race and ethnicity. The survey collects information on family history of breast cancer (in 1st degree vs 2nd degree relatives), and whether they have Ashkenazi Jewish ancestry. Data on reproductive factors are also obtained and include age at menarche, number of pregnancies, age at first pregnancy, menopausal status, age of menopause (if menopausal), and any current or prior use of hormone-replacement therapy. Lifestyle questions include information on alcohol use and smoking status. Body mass index (BMI) is determined by reported height and weight. Prior history of breast biopsy, including number of biopsies and presence of atypical hyperplasia or lobular carcinoma in situ (LCIS), are also collected. All reported HRL diagnoses are confirmed by pathology review and mammographic breast density is obtained from the most recent mammogram. The survey data are reviewed and modified as needed by the clinical providers at the time of the first visit to ensure accuracy.

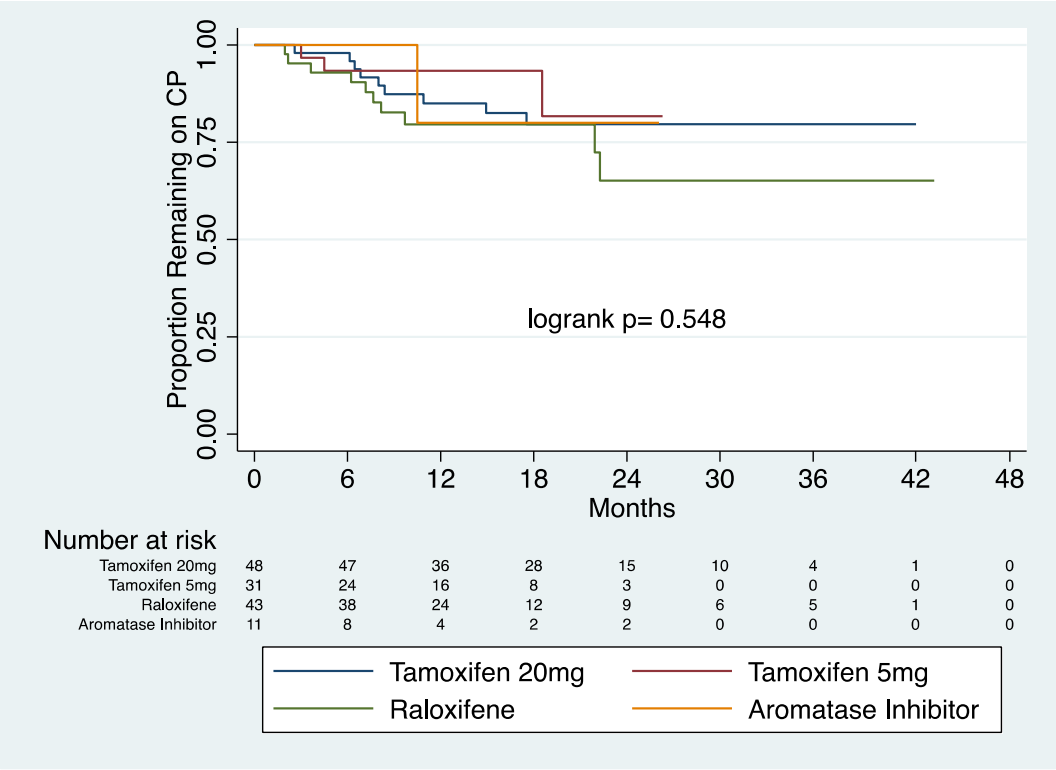
BRCAPRO and Myriad scores are calculated using the survey data to estimate the risk of a germline BRCA mutation. Patients were categorized as having "genetic risk" if either score was >5% based on National Comprehensive Cancer Center Network (NCCN) thresholds for an actionable level of risk.[1]

1. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic. Version 2.2021. Published November 20, 2020. Accessed January 26, 2021. https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf.

**Supplemental Table 1:** Initial chemoprevention regimens by year of *uptake* investigating pre- versus post-low-dose tamoxifen

| | Pre-2019 | Post-2019 |
|---|---|---|
| **All Patients (n=150)** | **68** | **82** |
| Tamoxifen 20 mg | 38 (55.9%) | 18 (22.0%) |
| Tamoxifen 5 mg | 0 (0.0%) | 34 (41.5%) |
| Raloxifene | 24 (35.3%) | 25 (30.5%) |
| Aromatase Inhibitor | 6 (8.8%) | 5 (6.1%) |
| **Premenopausal (n=50)** | **18** | **32** |
| Tamoxifen 20 mg | 18 (100.0%) | 9 (28.1%) |
| Tamoxifen 5 mg | 0 (0.0%) | 21 (65.6%) |
| Raloxifene | 0 (0.0%) | 2 (6.25%) |
| Aromatase Inhibitor | 0 (0.0%) | 0 (0.0%) |
| **Postmenopausal (n=100)** | **50** | **50** |
| Tamoxifen 20 mg | 20 (40.0%) | 9 (18.0%) |
| Tamoxifen 5 mg | 0 (0.0%) | 13 (26.0%) |
| Raloxifene | 24 (48.0%) | 23 (46.0%) |
| Aromatase Inhibitor | 6 (12.0%) | 5 (10.0%) |

**Supplemental Figure 1**: Chemoprevention discontinuation by regimen using Kaplan-Meier methods among patients who tried a single regimen*




*Patients were included if they tried one regimen. Nine patients who tried multiple chemoprevention regimens were removed.