**Supplementary data 3. Strongest barriers to and facilitators of risk reducing medication use for kConFab women**

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| --- | --- |
| **Barriers** | **No. (%)** |
| Possible side-effects | 160 (31) |
| I don’t have enough information about RRMs to make an informed decision  | 121 (23) |
| I prefer healthy lifestyle choices alone to medication | 33 (6) |
| I’ve seen family/friends experience side-effects when taking medicines like this so I will be likely to experience the same | 23 (4) |
| I would prefer to have both breasts removed rather than take medication | 16 (3) |
| I wouldn’t know whether RRMs were actually working | 15 (3) |
| My risk of BC is not high enough to justify taking RRMs | 15 (3) |
| I would prefer BC screening alone rather than screening and taking RRMs | 15 (3) |
| I’m concerned about drug interactions | 15 (3) |
| Taking them would mean I would have to delay becoming pregnant | 13 (3) |
| My doctor doesn’t talk to me often enough about RRMs | 12 (2) |
| I don’t know what my BC risk is | 11 (2) |
| If cancer is going to happen it will happen, you cannot change your risk | 11 (2) |
| I don’t know how much they cost | 11 (2) |
| I don’t believe RRMs would reduce my risk enough | 10 (2) |
| I have trouble remembering to take a daily tablet | 9 (2) |
| I have another medical condition that outweighs my BC concerns | 6 (1) |
| RRMs are ‘unnatural’ | 5 (1) |
| I don’t believe in taking medicines for prevention, only for illness  | 5 (1) |
| I am already taking too many medications | 4 (1) |
| The inconvenience of taking a daily tablet | 3 (1) |
| If family/friends didn’t think taking RRMs was a good idea | 3 (1) |
| I think of these medicines to treat BC, not to prevent it | 2 (0) |
| Taking a daily tablet for 5 years would be a daily reminder of my cancer risk | 2 (0) |
| It would be a reminder of family/friends experiences | 2 (0) |
| Taking them would mean I couldn’t take the oral contraceptive pill | 1 (0) |
| **Total** | **523\*** |
|  |  |
| **Facilitators** |  |
| Taking RRMs can reduce breast cancer risk for up to 20 years | 169 (35) |
| Having an abnormal biopsy that increased my risk of developing BC | 64 (13) |
| If I thought RRM’s would improve the chance I will stay healthy for my family | 62 (13) |
| Knowing I have a high BC risk | 54 (11) |
| If my doctor recommended taking RRMs | 46 (10) |
| Having a family history of BC | 29 (6) |
| Knowing that some of these medicines help prevent or treat osteoporosis | 18 (4) |
| Knowing RRMs can be taken prior to risk reducing surgery | 9 (2) |
| If a friend/family member recommended RRMs | 7 (2) |
| Knowing some of these meds reduce cholesterol levels | 6 (1) |
| Taking a daily tablet to reduce my BC risk would reassure me | 5 (1) |
| Once I stop taking RRMs, side-effects will diminish | 5 (1) |
| Because they would reduce my stress about BC | 5 (1) |
| Taking a daily tablet would make me feel more in control of my health | 2 (0) |
| If family/friends were supportive of me taking RRMs | 2 (0) |
| **Total** | **483#** |

RRM= risk reducing medication, BC= breast cancer

**\***192 women did not answer this question, 22 of these marked “not applicable” or “not a barrier at all” to all individual barriers. The remaining 170 women identified side-effects (39%), not having enough information (34%), healthy lifestyle (13%) and seeing family/friends experience side-effects (8%) as strong barriers.

 #232 women did not answer this question, 32 of these marked “not applicable” or “not easier at all” to all individual facilitators. The remaining 200 women identified taking risk reducing medication can reduce breast cancer risk for up to 20 years (25%), staying healthy for my family (39%), knowing I have high breast cancer risk (40%), having an abnormal biopsy (31%) and doctor’s recommendation (26%) as strong facilitators.