

HRT and Breast Cancer Update

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The recent publication in the British Journal of Cancer relates to a prospective questionnaire study called the "Breakthrough Generations Study". It is an observational, cohort study of 113,693 women from the UK that uses questionnaire information and NHS data to observe cancer epidemiology. In monitoring breast cancer trends among the participants there was a group of approx 4000 women who used or still use HRT. Interestingly many of these ladies were using the Women's Health Initiative products; Prempack C & Premique. Their data confirms what we already know.

Supplementing estrogen alone doesn't seem to increase the risk of finding breast cancer. The additional risk appears to come from the of the other female hormone component of standard HRT- the progestagen.

(Estrogen cannot be used alone as it can cause dysplasia of the endometrium and malignancies have occurred. The only ladies that may take estrogen alone are women who have had a hysterectomy or those who are wearing a Mirena coil that has been in for less than 5 years).

What is new is the amount of increase RR. We have been quoting the increase RR as about 1.7 whereas they placed the increase RR closer to 2.7 after the first 5 years and up to 3.3 after 15 years. Their study is not an RCT and should not in itself change the clinical management of menopause. It is important work but should be viewed in context.

Over the last decade we are much more cautious with HRT prescribing. The WHI study from the early 200's showed us that taking combined HRT (i.e. oestrogen plus progestogen hormone) is associated with a small but significant increase in the risk of developing breast cancer but only this evidence applies only to:

women using HRT who are over 50 years of age

and

women who choose to remain on HRT beyond 5 years.

This association is equivalent to approximately 3 more breast cancer diagnoses per 1000 users. That is if 1000 women aged between 50 to 59 use combined HRT for more than 5 years, it is estimated an extra 3 breast cancers will be diagnosed.

The increase in risk associated with combined HRT falls after it is stopped and there is no evidence that the risk of dying from breast cancer is increased in women with a history of using it.

This associated risk increase is similar to that seen with:

- being overweight (BMI > 25)

- drinking 2 or more units of alcohol per day

- having your first baby after 30 years of age
 - starting your periods before 11 years of age
- among other factors.

The message for my patients is that while many women derive enormous symptom relief and quality of life improvement from HRT they need to know that remaining on it beyond their mid 50's could have an impact on the risk of us finding a breast cancer but this risk is relatively low (3 extra cases per 1000) and similar to that seen with factors such as alcohol consumption and excess body weight. Unlike being overweight, delaying your first pregnancy and drinking alcohol, HRT offers many advantages to the user. It does not increase your risk of dying from breast cancer. Prescribers should be monitoring the breasts at least once a year with physical examination.

Advantages of HRT go beyond symptom relief. It certainly has beneficial effects on bone density while using it and it may also have a preventative impact on the risk of developing cardiovascular diseases among others.

This is not an easy GP consultation. Quantifying and qualifying the risks/benefits ratio will be different for each woman. Individualisation of care is the key. HRT is clearly not necessary for all women but for those who need it it should be made available and they should feel supported by us while using it. They should be no more or less "afraid" of using HRT than they are afraid of being overweight or drinking if their symptoms demand treatment. As always the choice is theirs.

The ICGP are running a series of workshops on the management of Menopause facilitated by Dr. Deirdre Lundy. The first of these events will be on Monday 17th October 7-9pm in the National Maternity Hospital, Dublin 2. A full list of dates and registration will be on line shortly on www.icgp.ie/womenshealth