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DEBATE

Does hormonal replacement therapy involve unnecessary risks?

141 INVITED

Contra: Risks and benefits of hormone replacement therapy

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With the onset of postmenopause, the average woman will live approximately 30 years of her life in an estrogen-deficient status. Research in several areas of women's health over the past two decades underlines that significant mortality and morbidity result both from the short-term and the long-term loss of estrogen. Hormone replacement therapy (HRT) is able to control the acute symptoms of estrogen deficiency and has been demonstrated to provide considerable protection against cardiovascular disease (CVD) and osteoporosis, which are major responsible for morbidity and mortality in postmenopausal women. The benefits of HRT are even more valuable in women who are at high risk of CVD or osteoporotic complications. Many women reject HRT because of their fear that it might increase their risk of breast cancer: there is currently no conclusive evidence that this therapy, at the doses used to protect against heart disease and osteoporosis, increases the risk. However, some studies observed a small increase of risk in long-term therapies (by 10 years). It is not likely that a conclusive answer will be available for years, if ever.

It is therefore recommended an analysis of the risks and benefits of HRT, as women should have a thorough understanding of both its potential long-term advantages and its favourable risk/benefit ratio.

142 INVITED

Pro: Risks and benefits of hormone replacement therapy

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Hormone replacement therapy (HRT) has been shown to convey many benefits to postmenopausal women, including relief from climatric symptoms, prevention of osteoporosis and protection from cardiovascular disease. Unfortunately, fears that HRT may increase the risk of developing breast cancer, or stimulate recurrences in breast cancer survivors continue to exist due to lack of scientific evidence to prove otherwise.

HRT and Risk of Breast Cancer. Epidemiological studies assessing the incidence of breast cancer in women who have ever taken oestrogen replacement therapy (ERT) showed lack of any significant risk to a relative risk ranging from 1.67 to 1.8. Duration of HRT use seems to have an increased risk of breast cancer in long term users. Most studies have shown that there is increased risk up to 30–50% for 10–15 years of HRT treatment.

Use of HRT in women with a family history of breast cancer has also shown to increase the risk of breast cancer. Other factors such as benign breast disease and body mass index have also been implicated as risk factors for breast cancer when HRT is given to these women.

HRT In Women Treated for Breast Cancer There has never been a prospective, randomised trial of HRT in breast cancer survivors. Whether HRT will have an impact on breast cancer survival probably depends on the oestrogen receptor (ER) status of the primary tumour. When considering the role of HRT for women who either have or have had breast cancer, it is important not only to seek hard facts from prospective trials, but also to understand the attitude of the women involved and those of their physicians.