MidLife Matters – Breast cancer risk and MHT - October 8, 2019
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The attitude towards menopausal hormone therapy (MHT) has waffled for years. Many past studies show an association between MHT and an increased risk for breast cancer.

A new study published last month in The Lancet has added to the information we know about the risk of breast cancer with MHT. The findings of this recent study are not new information, but could add to further paranoia about MHT, because the quoted risk is higher than previously seen.

The report combined data from more than 50 international studies done from 1992 to 2018. It included about 100,000 women with breast cancer and 400,000 women without breast cancer.

It concluded that all types of MHT, except for vaginal estrogen, are linked to a higher risk of breast cancer. In this study, the risk appeared to increase after just one year of use. Also, relatively speaking, the risk seemed greater in:
- estrogen and progesterone use together versus estrogen use alone
- current use of hormone therapy versus past use
- longer duration of use
- daily progesterone use versus intermittent progesterone use
- normal weight women versus obese women

The numbers quoted in the paper were slightly higher than numbers previously discussed with patients. Estrogen and progesterone use for five years was associated with one more case of breast cancer for every 50 users compared to never users. Estrogen use alone was associated with one extra case of breast cancer per 200 women. To be clear, these are not extra cases per year, but rather, additional cases over the whole 20 year study.

The difference in quoted risk between this study and previous studies may relate to the type of study used to get each result. The best estimate of risk likely remains from the Women Health Initiative (WHI), because it was a more trusted study design. The WHI reported a 0.06% additional breast cancer risk or 1 case per 1200 women who use estrogen and progesterone. And in complete opposition to this most recent study, the WHI reported that estrogen use alone led to less cases of breast cancer.

Overall, the recent paper's conclusions should be read with caution, because this study does not reflect current prescribing practices. These days, we use less oral estrogen and more estrogen through the skin. We also rarely use the kind of progesterone that was predominantly studied in this report. The effect in the body is likely different with different formulations. Also, we must remember that the study results remain associations at best. There is not enough to determine a cause-and-effect relationship yet. Lastly, reassurance lies in the fact, despite the numbers quoted in the study, the absolute risk, or the percentage of people who use MHT and who end up truly being affected by breast cancer, still remains very low.

Another note of caution, these results could encourage women to skip progesterone, but progesterone is protective to the lining of the uterus. Estrogen use alone is strongly linked to cancer of the lining of the uterus, and should only be used in women who have had their uterus removed.

Despite the mini-hype created by this recent study, the message about menopausal hormone therapy remains the same. The decision to use MHT or not is not a one-size fits all. Menopausal hormone therapy is still a valid choice, especially for women under 45 years old for protection against disease and for older women who need relief of symptoms severely affecting their quality of life. Many of the patients I see believe relief is worth a small added risk. The choice remains up to the individual, based on symptoms, risk factors and personal preferences.

References

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