

# GYNAECOLOGY & OBSTETRICS UPDATE

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Author

**T.M.Malak**

MB, BCh., M.Sc.,  
Ph.D., DFFP,  
MRCOG, FRCOG

Consultant  
Obstetrician  
Gynaecologist &  
Urogynaecologist

Address

Esperance House  
Esperance Hospital  
Hartington Place  
BN21 3BG

Tel: 01323 410717/  
410929  
Fax: 01323 730313

Web address  
[http://www.  
markmalak.  
com](http://www.markmalak.com)

e-mail: R1TMM @  
Yahoo.com

Web Sites  
Links for  
Patients

[MrMalak.  
com](http://www.MrMalak.com)

## **Breast cancer and hormone-replacement therapy in the Million Women Study**

The Million Women Study (*Lancet* 2003; 362: 419–27) recruited approximately million UK women aged 50–64 years between 1996 and 2001. Half the women had used HRT. The risk of breast cancer for HRT users (both current and past-users) in comparison to non-users was analysed. The media has unfortunately given the public the wrong impression that the risk of breast cancer estimated in this study is much higher than the current established risk . It is a very important study because of the large number of women recruited. It was therefore possible to confirm, without doubt, the **already known** breast cancer risk with HRT. The large number has also allowed the analysis of the risk associated with different HRT preparations

- \* The incidence of breast cancer reported in this study among women using oestrogen-only HRT is **remarkably similar** to estimates derived from a collaborative reanalysis of most of the relevant worldwide data in 1997 (*Lancet* 1997; 350:1047–59) (see Update issue 1). The respective estimates of the absolute increase of breast cancer per 1000 cases are 1.5 [this study] and 2 [collaborative] for 5 years' use, and 5 [this study] and 6 [collaborative] for 10 years' use.
- \* In this study the estimates of the absolute increase in breast cancer incidence for oestrogen-progestagen HRT users were 6 per 1000 women after 5 years' use, and 19 per 1000 after 10 years' use. This is similar to that reported in the Women's Health Initiative trial (6 per 1000 women after 5 years' use, and 18 per 1000 after 7 years' use) (*JAMA* 2003; 289: 3243–53).
- \* For durations of 5 years and 10 years, the use of oestrogen-progestagen HRT leads to a four-fold greater increase in breast cancer incidence than does use of oestrogen-only preparations.
- \* Results varied little between specific oestrogens and progestagens or their doses; or between continuous and sequential combined oestrogen-progestagen HRT (contrary to the previous published results that the risk is higher with sequential combined HRT: see Update issue 11).
- \* The relative risks for breast cancer were significantly increased separately for oral, transdermal, and implanted oestrogen-only formulations (Relative Risk in comparison to non-users is 1.32, 1.24; and 1.65 respectively). There was no significant variation in the risk between the formulations but the highest risk was with the implants.
- \* The relative risk of breast cancer was significantly increased for Tibolone (Livial) (Relative Risk is 1.45). This risk is more than that associated with oestrogen-only HRT (Relative risk 1.3) and less than that associated with combined HRT (Relative Risk is 2).
- \* The increase in risk of breast cancer becomes apparent within 1-2 years of starting HRT, irrespective of the type of HRT used. The risk begins to decline when HRT is stopped and by 5 years reaches the same level as in women who have never taken HRT.
- \* There is a double increase of breast cancer risk with progestagen-only preparations .
- \* There was no increase of breast cancer risk with the vaginal and other local HRT.
- \* **The results of the this study confirm the advice of “ HRT Update issues 21 & 23”**