



Breast Cancer Survivors and the Role of Hormone Therapy

What are the Risks?

The important subject of *Menopause and Hormone Therapy* has been recently completely rewritten and is available to review on my website: www.gordongunnmd.com.

Hormone Therapy in Breast Cancer Survivors

When a post-menopausal woman on ERT or HRT is diagnosed with breast cancer she is routinely advised to stop her hormones, usually with no consideration or discussion of the impact from quitting. When a breast cancer survivor enters menopause, or if she is already post-menopausal, she will usually not be offered the option of hormone replacement. The reason is a long-standing concern among the medical profession that administering estrogen in any form might stimulate a recurrence of her disease. However, a double-blinded clinical trial has never been conducted to determine if, in fact, there is any increased risk of recurrence of disease in women who elect to initiate or restart ERT or HRT.

In spite of the absence of a prospective double-blind study as to the risk of estrogen use in women with a personal history of breast cancer, there are clinical studies and observations, which provide support for the consideration of estrogen replacement in appropriately selected patients:

1. When breast cancer is detected during a pregnancy, termination of the pregnancy is no longer recommended. Exposure to high levels of female hormones while pregnant has no adverse impact on either the course of the disease or the incidence of a future recurrence.
2. Previously treated breast cancer patients who become pregnant do well.
3. Pre-menopausal patients who are diagnosed with breast cancer do not have their ovaries (the source of estrogen) removed. There is an exception, if recurrent disease occurs and the tumor is estrogen receptor positive.
4. There is no evidence of an increased risk of breast cancer in women who have used oral contraceptive pills or estrogen alone (without progesterone) after the menopause.
5. Current studies have established that women who are using estrogen replacement have a 23% reduction in the incidence of breast cancer, a 63% reduction in deaths from breast cancer and a 60% reduction in all-cause mortality.

If menopausal symptoms of hot flashes or night sweats are interfering with the quality of her life, only estrogen will reliably relieve her symptoms. If vaginal dryness or painful intercourse is an issue, estrogen in the form of a vaginal tablet (Vagifem) or a vaginal ring (Femring) inserted every 3 months may be a good option as the blood levels of estrogen are not significantly elevated.

Each woman is unique and deserves a thorough risk assessment that includes her quality of life (QOL). In the final analysis, it is the patients' right to choose whether she will initiate or continue her hormone replacement program. I view my professional responsibility to assess, educate, and counsel my patients and then to respect and support their decisions. Any decision can always be changed, and in the future further investigational data and newer alternatives will be available.

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