



The International Menopause Society has issued the following comments on the publication of a new study which appears in the *Journal of Family Planning and Reproductive Health Care* (Samuel Shapiro, Richard D T Farmer, John Stevenson, Henry G Burger, Alfred O Mueck: Online First 2012 doi: 10.1136/jfprhc-2011-100229).

**“Does hormone replacement therapy cause breast cancer? An application of causal principles to three studies”**

**President-Elect of the International Menopause Society, Professor Rod Baber (Sydney) said:**

“This review of The Million Women Study (MWS) highlights the problems associated with any observational study regardless of size. Potential biases inherent in any observational study make it difficult for such studies to accurately comment on relative risks of less than 2 and this paper identifies them in a clear concise manner. In the MWS identified biases including time order, information and detection bias, confounding, internal and external consistency may all have contributed to the excess risk of breast cancer with HRT use found in this study. HRT may contribute to increased breast cancer risk but the evidence from this study is flawed and does not assist in the decision making process.

Every woman has individual risk factors for breast cancer, a number of which are modifiable and she should discuss these with her physician when considering whether or not to use hormone replacement therapy so that an accurate assessment of risks and benefits may be made”

Baber statement ends

**International Menopause Society Board member, Professor Anne Gompel (Paris) commented:**

“This paper is a meaningful analysis of the MWS by an expert in Epidemiology, and puts forward the fact that the numbers of patients included in a study does not guarantee the accuracy of results. I would advise everyone to read this paper closely, since it highlights some of the important requirements of a good quality epidemiological study. For example, Professor Shapiro shows that the real relative risk is actually difficult to evaluate when it is under 2.

There are other studies which do show risks and benefits for HRT, so I believe that the take home message is that, for a given woman, the important evaluation is her own risk. Recent papers on breast density, alcohol, obesity and exercise suggest that taking all these factors into account should help to identify which patients are at risk. HRT does not carry the same risk and benefit for each woman; some women will have increased risks, some will have only benefits, and this also applies to breast cancer”.

Gompel statement ends

*Please address any queries, in the first instance to:*

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