Press Statement

ISSUED ON BEHALF OF THE INTERNATIONAL MENOPAUSE SOCIETY BY
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A response to a recent publication from the Women's Health Initiative

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WHI and breast cancer

Shortly after reports from the Women's Health Initiative (WHI) and Nurses' Health Study indicating that there is after all a window of opportunity to provide a reduction in the risk of coronary heart disease by early initiation of hormone therapy (HT), another sub-analysis of the unopposed estrogen arm of the WHI study has modified further the original alarmist messages. The WHI study investigators have released the details of breast cancer and mammography screening data for 10,739 women with prior hysterectomy, who received either estrogen treatment (ET) or placebo for a mean follow-up of 7.1 years¹. Thirty per cent of the subjects were aged 50–59 years and 24% were 70–79 years old at study entry; over half had never taken ET prior to the study. The initial report on the estrogen-only arm² concluded that there was a nonsignificant (p < 0.06) decreased risk for breast cancer in ET users, but subgroup analyses now reveal that first lifetime exposure to ET at the trial was associated with significantly fewer breast cancer cases as compared to placebo (hazard ratio (HR), 0.76; 95% confidence interval (CI), 0.58–0.99; p < 0.05); women who took ET had significantly fewer breast cancers with localized disease and significantly fewer breast cancers with ductal carcinoma (HR, 0.71; 95% CI, 0.52–0.99). Furthermore, women who were adherent to study medications had significantly fewer invasive breast cancers (HR, 0.67; 95% CI, 0.47–0.97). Absence of first-degree relatives with breast

cancer, or a personal history of benign breast disease were also associated with significantly fewer breast cancers in the ET users compared with the control group. On the other hand, mammographic breast density increased in ET users, with 9.2% having abnormalities in the ET group vs. 5.5% in the placebo group at 1 year (p < 0.001) and a cumulative percentage of 36.2% and 28.1%, respectively, leading to more breast biopsies.

Overall, this study carries the very clear message that ET for postmenopausal women does not increase the risk of breast cancer and, in certain subgroups of hormone users, may even be protective. Once again, it is apparent that the alarmist reports that spread world-wide when the first results of the WHI study were published in 2002 were unjustified based on the more recent further analyses, particularly in peri- and early postmenopausal women. It is very regrettable that, as a result, so many women and their medical advisors have lost confidence in the merits of HT, which will now be difficult to redress. Nevertheless, they should be reassured that, once recommended for an approved indication, with correct timing and after proper individual considerations, ET is an effective therapy which may even have some extra benefits (cardiac, metabolic, breast cancer) in certain subgroups of women, for the period of time investigated in the WHI study. The risks of ET have been overstated and now are mainly those of venous and arterial thromboembolism. Lower or ultralow dosages of HT may have an even better safety profile.

References

- 1. Stefanic ML, Anderson GL, Margolis KL, *et al.* Effects of conjugated equine estrogens on breast cancer and mammography screening in postmenopausal women with hysterectomy. *JAMA* 2006;295:1647–57
- 2. The Women's Health Initiative Steering Committee. Effects of conjugated estrogen on postmenopausal women with hysterectomy: the Women's Health Initiative randomized controlled trial. *JAMA* 2004;291:1701–12

THE INTERNATIONAL MENOPAUSE SOCIETY

The aims of the Society (IMS) are to promote knowledge, study and research on all aspects of aging in men and women; to organize, prepare, hold and participate in international meetings and congresses on menopause and climacteric; and to encourage the interchange of research plans and experience between individual members. The Society is a non-profit association, within the meaning of the Swiss Civil Code. It was created in 1978 in Jerusalem during the first World Congress on the Menopause. In addition to organizing congresses, symposia, and workshops, the IMS owns its own journal: *Climacteric*. See website: www.imsociety.org

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