IRISH MEDICINES BOARD

Notice Information: Human Medicines - 3rd Party Publications 30 June 2005

Part 1. Product Information

a)	Title:	HORMONE REPLACEMENT THERAPY AND ENDOMETRIAL CANCER
b)	Product Name/Type:	HRT & ENDOMETRIAL CANCER - MIMS
c)	Reference:	MIMS Publivation June 2005
d)	Prescription Required:	Yes

Part 2. Problem/Issue

a) Problem/Issue:

HORMONE REPLACEMENT THERAPY AND ENDOMETRIAL CANCER Since 2002, the IMB has published a series of articles in MIMS (Ireland) highlighting data from publications regarding breast cancer, dementia, cognitive impairment and stroke associated with use of hormone replacement therapy (HRT). Recently further data from the Million Women Study (MWS), relating to the risk of endometrial cancer associated with HRT was published in the Lancet and this month's item focuses on the findings of this latest publication, which add important information to the growing knowledge of the effects of different types of HRT and underline the need for caution with long term use. Principal Study Findings The new findings from the Million Women Study confirm that there is an increased risk of endometrial cancer with oestrogen-only HRT (relative risk, RR = 1.45, 95% CI 1.02- 2.06) compared to non-HRT users. The data show that this increased risk is effectively removed by the addition of progestogen to the HRT regimen for 10 or more days each month (RR = 1.05, 0.91-1.22). When progestogens are added each day (continuous combined HRT), the risk of endometrial cancer was found to be below that of women who have never used HRT (RR = 0.71, 0.56-0.90). Importantly, users of tibolone (Livial) were found to be at an increased risk (RR = 1.79, 1.43-2.25) compared to non- HRT users. This effect was dependent on duration of use, with no significant effect for less than 3 years use (RR = 1.15, 0.79-1.69), but an increased risk for greater than 3 years use (RR = 2.03, 1.51-2.72). Overall Impact These results should be considered in the context of other known risks and benefits of HRT use. Previous information from the Million Women Study has shown that combined (oestrogen + progestogen) HRT is associated with a greater risk of breast cancer (RR = 2.0, 1.88-2.12) than oestrogen-only HRT (RR = 1.30, 1.21-1.40) or tibolone (RR = 1.45, 1.25-1.68) compared to non-HRT users. Breast cancer occurs up to 10 times more frequently in women than endometrial cancer. Therefore, taken together, the combined absolute risk for the endometrium and breast for oestrogen-only HRT or tibolone is lower than that for combined (oestrogen + progestogen) , both continuous and cyclic HRT. These new data are unlikely to change the overall risk/benefit balance for the short-term use of HRT or tibolone, but they reinforce the need for caution in longterm use. Conclusions For the treatment of menopausal symptoms, the benefits of short term treatment are considered to outweigh the risks in the majority of women. In all cases, HRT should be used at the lowest effective dose for the shortest possible time. Healthcare professionals are reminded that the decision to use HRT should be determined on an individual basis, taking into account individual patient's age, history and risk factors. Treatment should be regularly reappraised in light of new knowledge and any changes in a woman's risk factors, in keeping with current recommendations. The latest data from the MWS do not impact on previous advice from the IMB regarding the effect of HRT on fracture risk, cardiovascular effects, dementia and cognitive function. Previous recommendations that HRT should not be used as a first line therapy for prevention of osteoporosis remain unchanged. Reference

References: • IMB Articles – MIMS Ireland, August 2002, September- November 2003, January & August 2004 • Million Women Study Collaborators. Endometrial cancer and hormone replacement therapy in the Million Women Study. Lancet, 2005; 365:1543 - 1551

Part 3. Keywords

a) Keywords: HORMONE REPLACEMENT THERAPY ENDOMETRIAL CANCER