Hormone Replacement Therapy in Cancer Survivors

ROSWELL PARK COMPREHENSIVE CANCER CENTER

Med-IQ®

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Activity Overview

This presentation is a review of the literature on estrogen use in female cancer survivors and previvors.

Target Audience

This activity is intended for primary care, gynecologist, and oncologists.

Instructions to Receive Credit

To receive credit, read the introductory CME material, watch the webcast, and complete the evaluation, attestation, and post-test, answering at least 70% of the post-test questions correctly.

Accreditation / Designation Statements

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Melissa Moffitt, MD, has indicated no real or apparent conflicts.

The peer reviewers and activity planners have no financial relationships to disclose.

Learning Objectives

Upon completion, participants should be able to:

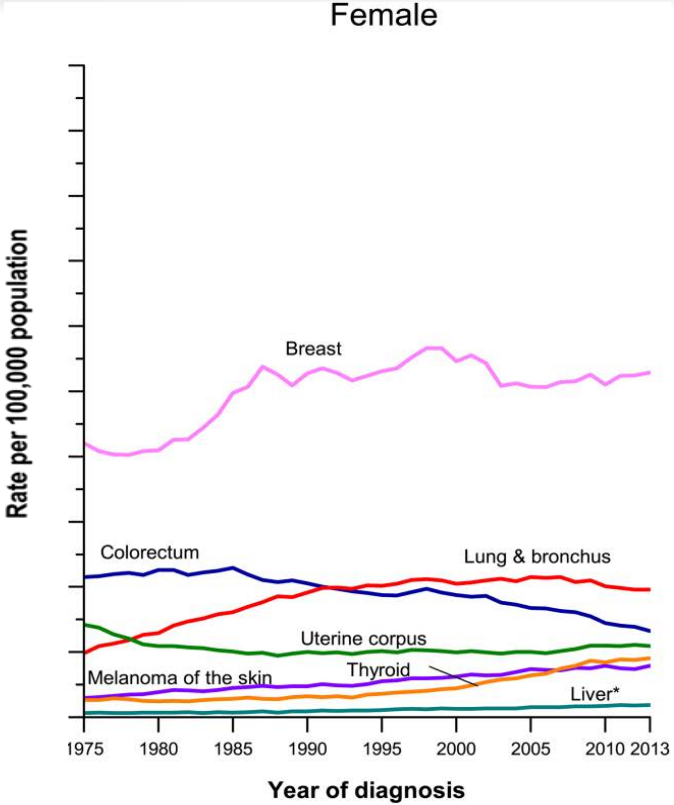
- Review the literature for estrogen use in the most common American women's malignancies as well as gynecologic malignancies

Outline

- Define Survivors and Previvors
- Review literature and guidelines for HRT in:
  - Previvors
  - Breast cancer survivors
  - Lung cancer survivors
  - Colon cancer survivors
  - Uterine cancer survivors
  - Ovarian cancer survivors
  - Cervical cancer survivors

WHO IS A CANCER SURVIVOR?

Cancer statistics, 2017



Cancer statistics, 2017, Volume: 67, Issue: 1, Pages: 7-30, First published: 05 January 2017, DOI: (10.3322/caac.21387)

Cancer statistics, 2017

Estimated New Cases

Females

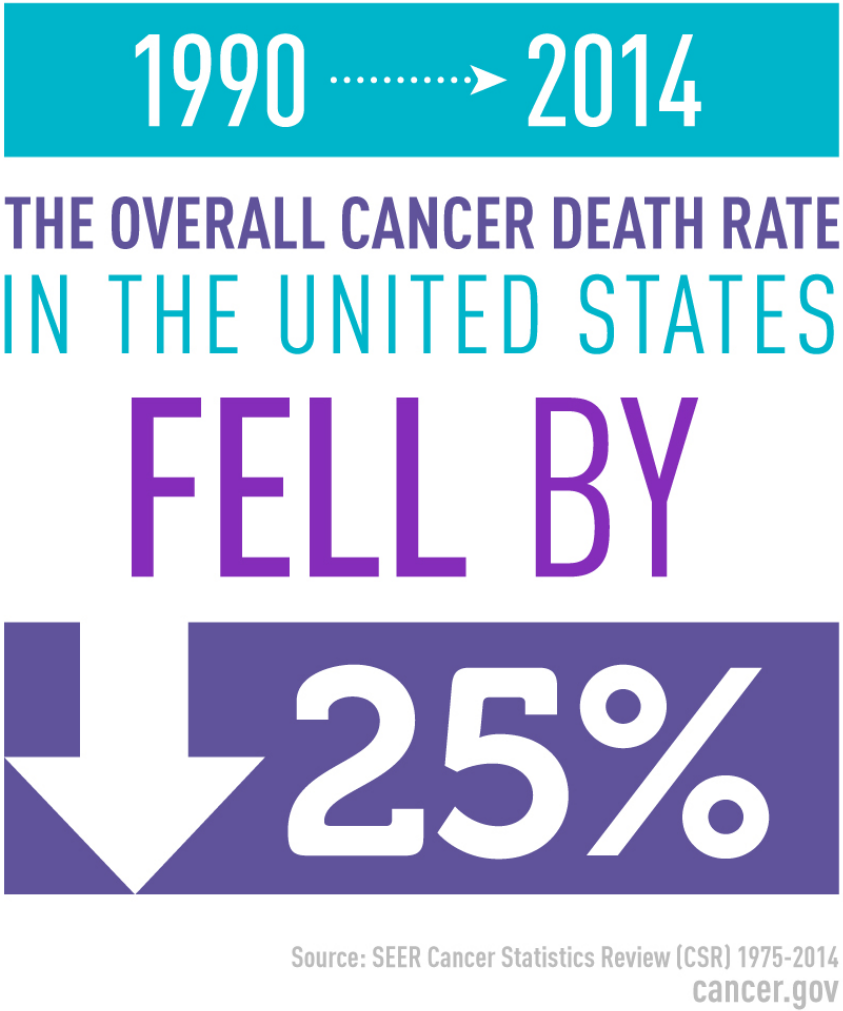
Breast	252,710	30%
Lung & bronchus	105,510	12%
Colon & rectum	64,010	8%
Uterine corpus	61,380	7%
Thyroid	42,470	5%
Melanoma of the skin	34,940	4%
Non-Hodgkin lymphoma	32,160	4%
Leukemia	25,840	3%
Pancreas	25,700	3%
Kidney & renal pelvis	23,380	3%
All Sites	**852,630**	**100%**

Estimated Deaths

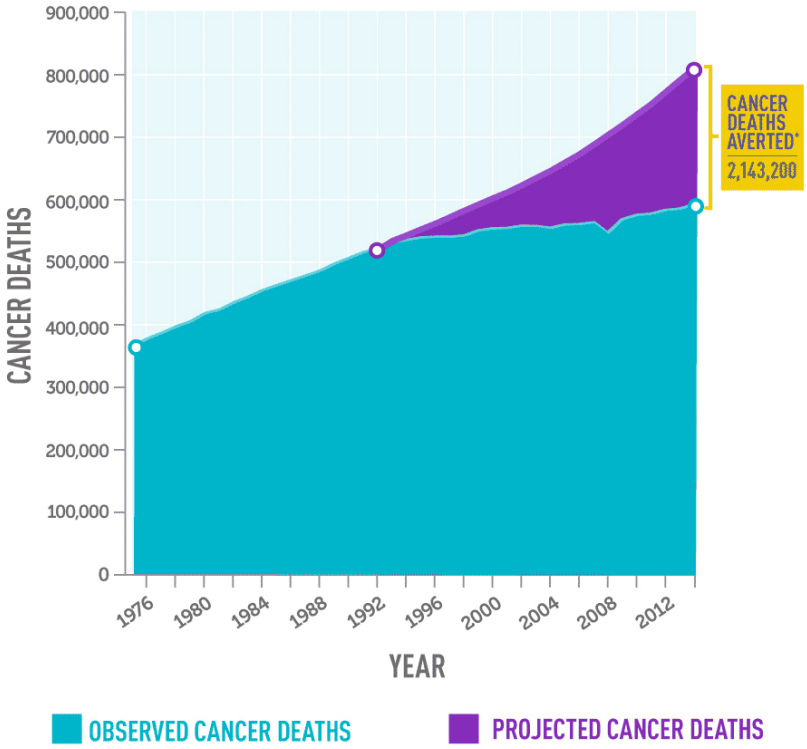
Females

Lung & bronchus	71,280	25%
Breast	40,610	14%
Colon & rectum	23,110	8%
Pancreas	20,790	7%
Ovary	14,080	5%
Uterine corpus	10,920	4%
Leukemia	10,200	4%
Liver & intrahepatic bile duct	9,310	3%
Non-Hodgkin lymphoma	8,690	3%
Brain & other nervous system	7,080	3%
All Sites	**282,500**	**100%**

Cancer statistics, 2017, Volume: 67, Issue: 1, Pages: 7-30, First published: 05 January 2017, DOI: (10.3322/caac.21387)


1990 2014
THE OVERALL CANCER DEATH RATE
IN THE UNITED STATES
FELL BY
25%
Source: SEER Cancer Statistics Review (CSR) 1975-2014
cancer.gov

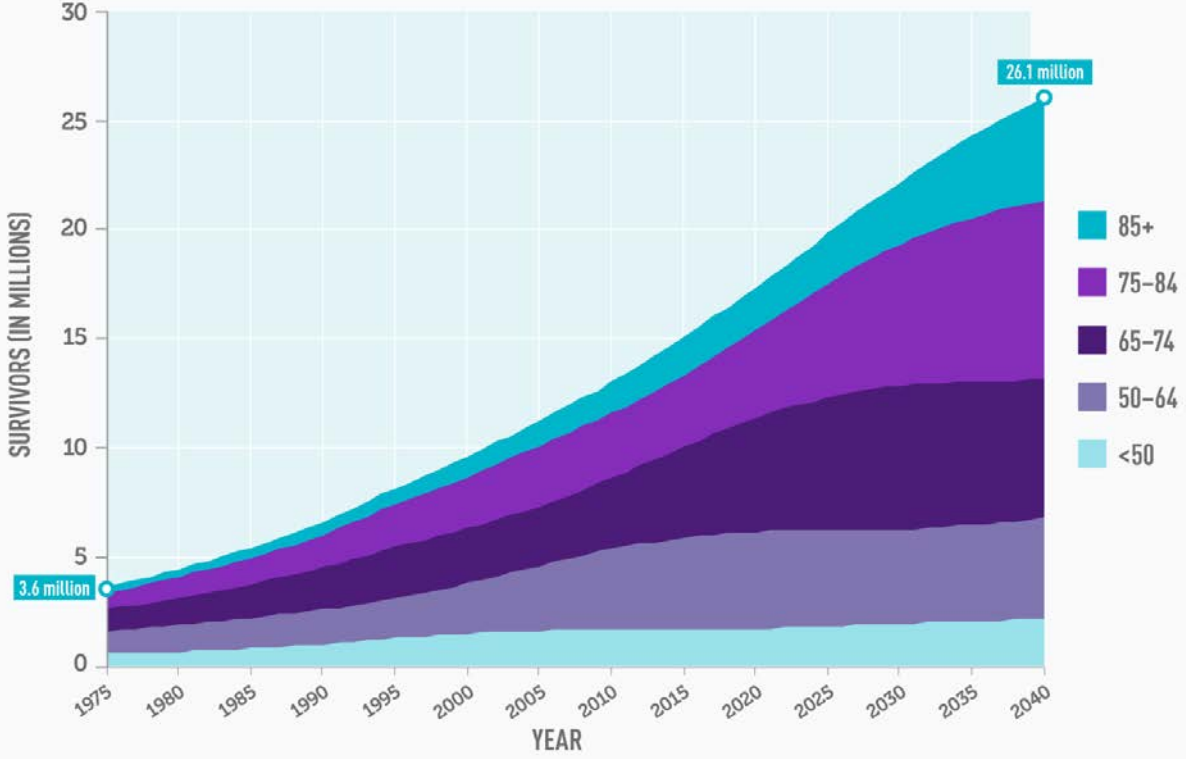
Cancer Deaths Averted in Men & Women from 1991 to 2014



* Represents the difference between the number of observed cancer deaths and the number of projected cancer deaths that would have occurred had cancer death rates remained at their peak.

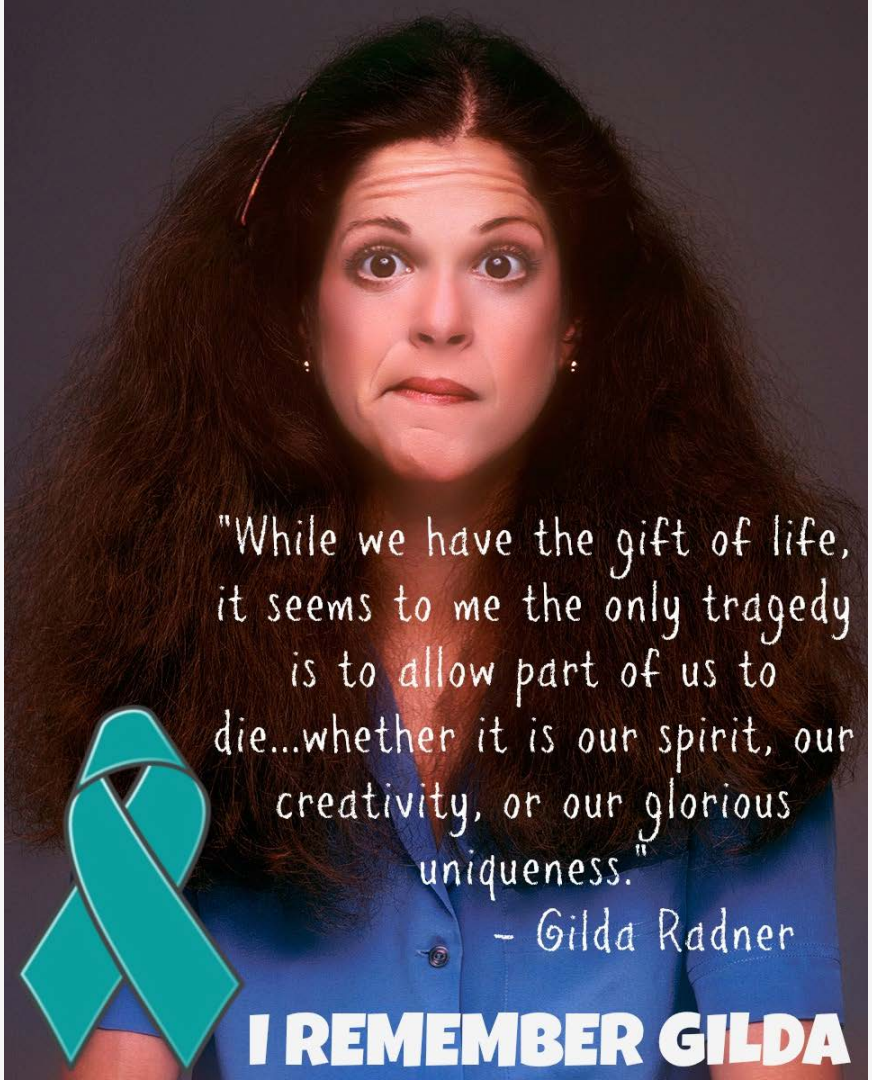
cancer.gov

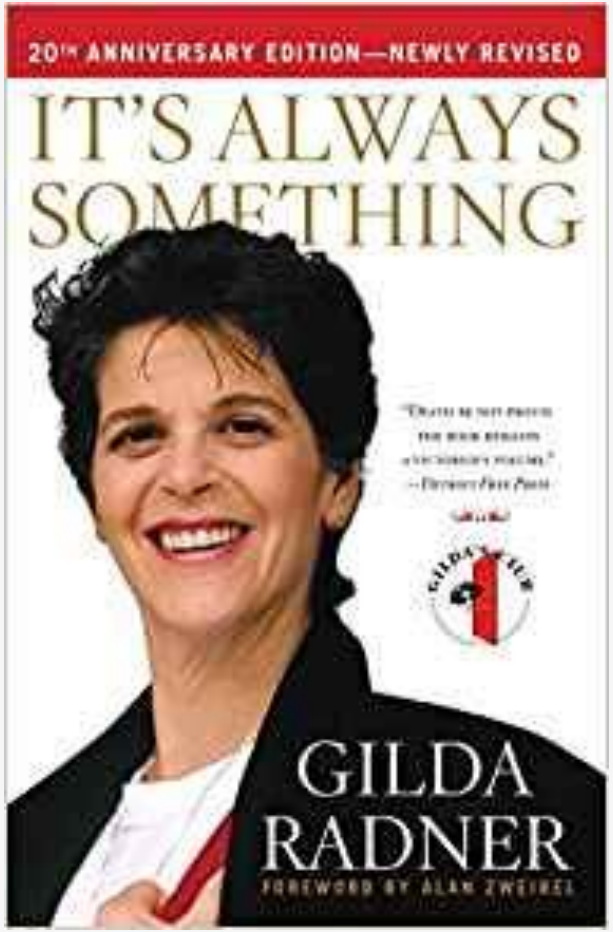
A Surge in Older Survivors:
Estimated Number of U.S. Cancer Survivors by Age Group



Source: Bluethmann SM et al. Cancer Epidemiol Biomarkers Prev. 2016 Jul;25(7):1029-36.

cancer.gov


"While we have the gift of life, it seems to me the only tragedy is to allow part of us to die...whether it is our spirit, our creativity, or our glorious uniqueness."
- Gilda Radner
I REMEMBER GILDA


20TH ANNIVERSARY EDITION—NEWLY REVISED
IT'S ALWAYS SOMETHING
GILDA RADNER
FOREWORD BY ALAN ZWEIBEL

WHO IS A CANCER PREVIVOR?

Royalties to benefit *Gilda's Club* and
The Gilda Radner Familial Ovarian Cancer Registry

GILDA'S DISEASE

SHARING PERSONAL EXPERIENCES
AND A
MEDICAL PERSPECTIVE ON
OVARIAN CANCER

M. STEVEN PIVER, M.D.
One of the nation's leading ovarian oncologists:
Roswell Park Cancer Institute
with
GENE WILDER

NATIONAL CANCER INSTITUTE
CHANCES OF DEVELOPING BREAST CANCER BY AGE 70

Specific inherited mutations in the BRCA1 and BRCA2 genes increase the risk of breast and ovarian cancers. Testing for these mutations is usually recommended in women without breast cancer only when the person's individual or family history suggests the possible presence of a harmful mutation in BRCA1 or BRCA2. Testing is often recommended in younger women newly diagnosed with breast cancer because it can influence treatment decisions and have implications for their family members.

MUTATED BRCA1

55-65%

MUTATED BRCA2

45%

NORMAL BRCA

12%

www.cancer.gov/brca-fact-sheet


The New York Times
"MY CHANCES OF DEVELOPING BREAST CANCER HAVE DROPPED FROM 87 PERCENT TO UNDER 5 PERCENT."
Angelina Jolie in "My Medical Choice"
Published on May 14, 2013
TWITTER
@WolfBlitzer
ANGELINA JOLIE UNDERGOES DOUBLE MASTECTOMY
Reveals she carries gene that increases cancer risk
CNN
R CHANCES OF DEVELOPING BREAST CANCER HAVE DROPPED TO
DOW 123.57

LYNCH SYNDROME FACTS

CANCER RISK WITH LYNCH SYNDROME

Lynch syndrome is the most commonly inherited colon cancer syndrome. People with Lynch syndrome have an increased lifetime risk of colon, uterine, ovary, gastric, small bowel, pancreas, brain and skin cancer.

THE NUMBER OF COLON CANCERS DUE TO LYNCH SYNDROME

1 IN 35

THE NUMBER OF AMERICANS WHO HAVE LYNCH SYNDROME

1 in 370

FAMILY COMMUNICATION OF GENETIC INFORMATION

CONNECT ON KINTALK

Kintalk allows family members to securely share their genetic information, connect with others from around the world who have Lynch syndrome and stay current with research in Lynch syndrome.

Image Credit: kintalk.org

Previvors

Women with genetic predisposition to developing cancer

- BRCA 1
- BRCA 2
- Lynch
- BRIP 1, etc

National Cancer Institute. Genetics of Breast and Gynecologic Cancers (PDQ) Health Professional Version. Available at: https://www.cancer.gov/types/breast/hp/breast-ovarian-genetics-pdq

Previvors

Undergo risk reducing BSO 35-55 depending on genetic mutation

- Reduces their risk of ovarian cancer down to near baseline
- Reduces all cause mortality
- Some studies show BSO reduces their risk of breast cancer by 50%
- Goal is to prolong life, decrease risk of life-shortening malignancy

Finch, A. P., et al. Impact of oophorectomy on cancer incidence and mortality in women with a BRCA1 or BRCA2 mutation. *J. Clin. Oncol*. **32**, 1547–1553 (2014)

Latrogenic menopause

- BSO at age < 45-50 without HRT increases all cause mortality
  - Osteoporosis, dyslipidemia, atherosclerosis, CVD, dementia

- Symptoms of surgical menopause are worse than those of natural menopause

Parker WH, et al. Obstet Gynecol. 2013 Apr;121(4):709-16. doi: 10.1097/AOG.0b013e3182864350.
Singh, P., Oehler, M.K., 2010. Hormone replacement after gynaecological cancer. Maturitas 65, 190-197.

Iatrogenic menopause

- HRT can prolong life, nearly resolved other increased risks and increase quality of life

Gierach GL, Pfeiffer RM, Patel DA, et al. Long-term overall and disease-specific mortality associated with benign gynecologic surgery performed at different ages. Menopause. 2014;21:592–601.
J. Kotsopoulos, et al., Hormone replacement therapy after oophorectomy and breast cancer risk among BRCA1 mutation carriers, JAMA Oncol. 4 (8) (2018) 1059–1065.

HRT in menopause

- WHI:
  - 27347 women 50-79y
  - E vs no E x7y; EP vs no EP x5y
  - Follow x5 y
  - E and EP increased risks of CHD, VTE and breast cancer
    - EP vs no EP: CHD (HR 1.29, adjusted 95%CI 0.85-1.97), VTE (HR 2.11, 95% CI 1.26-3.55) and breast cancer (HR 1.26, 95% CI 0.83-1.92)
  - EP decreased risks of colon cancer (HR 0.63, adjusted 95% CI 0.32-1.24), hip fractures (HR 0.66, 95% CI 0.33-1.33), all cause mortality (HR 0.98, 95% CI 0.70-1.37)

Rossouw JE., et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. JAMA. 2002;288(3):321.

HRT in menopause

- WHI:
  - 27347 women 50-79y
  - E vs no E x7y; EP vs no EP x5y
  - Follow x18 y
  - No increased cancer mortality (HR 1.03, 95% CI 0.95-1.12; 8.2% with hormone therapy vs 8% with placebo) or all-cause mortality (HR 0.99; 95%CI 0.94-1.03; 27.1% in hormone therapy vs 27.6% in placebo group)

Manson, JE, et al. Menopausal Hormone Therapy and Long-term All-Cause and Cause-Specific Mortality WHI. *JAMA*. 2017;318(10):927-938.

Previvors

Multiple observational studies have shown no change in risk reduction for breast cancer in BSO pts using HRT

Domchek, S., et al. Use of systemic hormone therapy in BRCA mutation carriers. Menopause: The Journal of The North American Menopause Society Vol. 23, No. 9, pp. 1026-1027

Previvors

Multiple observational studies have shown no change in risk reduction for breast cancer in BSO pts using HRT

- T.R. Rebbeck, et al. Effect of short-term hormone replacement therapy on breast cancer risk reduction after bilateral prophylactic oophorectomy in BRCA1 and BRCA2 mutation carriers: the PROSE study group. J. Clin. Oncol., 23 (2005), pp. 7804-7810,
- A. Eisen, et al. Hormone therapy and the risk of breast cancer in BRCA1 mutation carriers. J. Natl. Cancer Inst., 100 (2008), pp. 1361-1367,
- Domchek SM, et al. Mortality after bilateral salpingo-oophorectomy in BRCA1 and BRCA2 mutation carriers: a prospective cohort study. Lancet Oncol. 2006 Mar;7(3):223-229.

NAMS

Recommendations for Previvors

- HRT does not increase risk of breast cancer in women with:
  - a family history of breast cancer
  - a genetic predisposition to developing breast cancer

NCCN

Recommendations for Previvors

- Use HRT with caution in mutation carriers following BSO

ACOG

Recommendations for Previvors

- HRT is the most effective therapy for vasomotor symptoms
  - Increased risks of breast cancer and VTE
- Individualize care, consider non-hormonal options
- Local estrogen treatment for genitourinary syndrome of menopause

ACOG Practice Bulletin No. 141: management of menopausal symptoms, Obstet. Gynecol 2014; 123:202-216

Previvors

Recommendations

- Use HRT for young women with
  - Risk reducing BSO
  - Genetic predisposition to developing ovarian/breast cancer
  - Continue until normal age of menopause

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. Menopause. 2017 Jul;24(7):728-753; Sarrel PM et al. Fertil Steril. 2016; 106: 1580-1587

Photo credit: HRTtp://www.clickforhope.net/blog/2016/10/21/sharis-story

ACOG

Recommendations for
Breast Cancer Survivors

- HRT is the most effective therapy for vasomotor symptoms
  - Increased risks of breast cancer and VTE
- Individualize care, consider non-hormonal options
- Local estrogen treatment for genitourinary syndrome of menopause

ACOG Practice Bulletin No. 141: management of menopausal symptoms, Obstet. Gynecol 2014; 123:202-216

ACOG

Recommendations for
Breast Cancer Survivors

- Given conflicting evidence on safety, use non-hormonal options in women with hormone-positive breast cancer
- Non-hormonal treatment for genitourinary syndrome of menopause
  - Short term use of local estrogen is ok if other methods fail, pts should be counseled regarding risks

ACOG Practice Bulletin No. 141: management of menopausal symptoms, Obstet. Gynecol 2014; 123:202-216

NAMS

Recommendations for
Breast Cancer Survivors

- HRT not generally advised.
  - Observational studies report both neutral effects and increased risk of breast cancer recurrence
- Local estrogen treatment can be used if non-hormonal options fail and in consultation with oncologist

The NAMS 2017 Hormone Therapy Position Statement Advisory Panel. Menopause. 2017 Jul;24(7):728-753.

NCCN

Recommendations for Survivors

- HRT is the most effective treatment for vasomotor symptoms
- Contraindicated in patients with hormonally dependent cancers
  - Use non-hormonal options
  - After consideration of the risks and benefits to the individual survivor, HRT could be used

Breast cancer

- HRT increases risk of breast cancer
- HRT users' breast cancer tends to be earlier stage and lower grade with improved survival rates
- Increased risk returns to baseline after discontinuation of HRT

Speroff, L. Menopause. 2008 Mar-Apr;15(2):393-400.

Breast cancer

HRT after breast cancer diagnosis leads to lower mortality in multiple large observational studies

- O'Meara, Ellen S, et al. 2001. Hormone replacement therapy after a diagnosis of breast cancer in relation to recurrence and mortality. J Natl Cancer Inst. 93, 754-762
- Durna, E.M., et al. 2002. Hormone replacement therapy after a diagnosis of breast cancer: cancer recurrence and mortality. Med J Aust. 177,347-351.
- Brewster, Abenaa M., et al. 2007. Relationship between epidemiologic risk factors and breast cancer recurrence. J. Clin. Oncol. 25 (October 28) 4438-4444.

Breast cancer

Stockholm Trial

- 378 women with hx of breast cancer
- HRT vs no HRT, follow x10y
- No difference in recurrence (HR 1.3, 95% CI 0.9-1.9; *P* = 0.18)
- No difference in mortality (HR 1.1, 95% CI 0.6-2.0; *P* = 0.83)

Fahlen, M., et al. 2013. Hormone replacement therapy after breast cancer: 10 year follow up on the Stockholm randomized trial. Eur J Cancer 49, 52-59.

Breast cancer

Hormonal Replacement After Breast Cancer – Is It Safe? (HABIT trial)

- 442 women with hx of breast cancer
- HRT vs no HRT, follow x4y
- Increased risk of recurrence in HR arm
  - HR 2.4, 95% CI 1.3-4.2; *P* = 0.003
- No difference in mortality (*P* = 0.51)

Holmberg, L., et al. 2008. Increased risk of recurrence after hormone replacement therapy in breast cancer survivors. J Natl Cancer Inst. 100, 475-482.

Breast cancer

Recommendations

- Use HRT for young women with
  - a hx of breast cancer
  - suffering from systemic menopausal symptoms
  - failed non-hormonal options
  - ***after consultation with oncologist***

Holmberg, L., et al. 2008. Increased risk of recurrence after hormone replacement therapy in breast cancer survivors. J Natl Cancer Inst. 100, 475-482.

Lung cancer

- Surgical menopause increases risk of lung cancer
- Earlier natural menopause increases risk of lung cancer

Koushik A., et al. Characteristics of menstruation and pregnancy and the risk of lung cancer in women. Int J Cancer. 2009; 125(10): 2428-2433

Lung cancer

- Synergistic effect between HRT and smoking

Taioli E, Wynder EL. Endocrine factors and adenocarcinoma of the lung in women. J Natl Cancer Inst. 1994; 86(11):869-870.

Lung cancer

In two studies

- HRT decreases survival in pts with lung cancer, particularly those over 60 years old with a history of smoking
  - Ganti--survival in patients with no HRT compared with patients who received HRT (79 vs 39 months, respectively; hazard ratio 1.97; 95% CI, 1.14 to 3.39)
  - Chlebowski--Deaths from lung cancer increased in the HRT group (73 vs 40 deaths, respectively, HR 1.71, 95% CI 1.16, 2.52, *P*=0.01)

Ganti AK, Sahmoun AE, Panwalkar AW, Tendulkar KK, Potti A. J Clin Oncol 2006;24:59–63.
Chlebowski RT, Schwartz AG, Wakelee H, et al. Women's Health Initiative Investigators. Lancet. 2009; 374:1243–1251

Lung cancer

In two other studies

- There is no difference in outcomes noted
  - Huang—no difference in survival (hazard ratio, 1.09; 95% confidence interval, 0.82-1.44)
  - Ayeni--No difference in survival, median survival being 14 months for HRT recipients and 13 months for HRT non-recipients (log-rank *p* = 0.6).

Huang B, et al. Hormone replacement therapy and survival in lung cancer in postmenopausal women in a rural population. Cancer. 2009; 115(18):4167-4175
Ayeni O, Robinson A. Hormone replacement therapy and outcomes for women with non-small-cell lung cancer: can an association be confirmed? Curr Oncol. 2009; 16(3):21-25

Lung cancer

- Anti-estrogen endocrine therapy has not shown clinical benefit

McClay ER, et al. A Phase III trail evaluating the combination of cisplatin, etoposide, and radiation therapy with or without tamoxifen I patients with limited stage small cell lung cancer: Cancer and Leukemia Group B Studey 9235. Am. J Clin. Oncol. 2005; 28(1):81-90

Lung cancer

Recommendations

- Use HRT for young women with
  - a hx of lung cancer
  - suffering from systemic menopausal symptoms
  - failed non-hormonal options

Colon cancer

HRT decreases risk of colorectal cancer

- WHI: estrogen and progesterone replacement conferred risk reduction
  - 43 invasive colorectal cancers in hormone group vs 72 in the placebo group (HR 0.56, 95% CI 0.38-0.81; *P* = 0.003)

Grodstein F, Newcomb PA, Stampfer MJ. Postmenopausal hormone therapy and the risk of colorectal cancer: a review and meta-analysis. Am J Med. 1999;106(5):574–582.
Chlebowski RT, et al. Estrogen plus progestin and colorectal cancer in postmenopausal women. E, Women's Health Initiative Investigators. N Engl J Med. 2004 Mar 4; 350(10):991-1004.

Colon cancer

HRT decreases risk of death from colorectal cancer

- WHI: estrogen and progesterone replacement conferred risk reduction
  - Death from colorectal cancer in HRT users vs never-users was lower (HR, 0.63, 95% CI 0.47-0.85; *P*=0.002)

Symer, MM., et al. Hormone replacement therapy and colorectal cancer incidence and mortality in the Prostate, Lung, Colorectal and Ovarian Cancer screening trail. Clin Colorectal Cancer. 2018 Jan 12.

Colon cancer

Recommendations

- Use HRT for young women with
  - a hx of colon cancer
  - suffering from systemic menopausal symptoms

Symer, MM., et al. Clin Colorectal Cancer. 2018 Jan 12; Ji J, Sundquist J and Sundquist K. International Journal of Cancer. 2017; 142

Endometrial cancer

- Estrogen increases risk
- WHI: continuous estrogen + progestogen decrease risk of endometrial cancer
  - Fewer endometrial cancers in the HRT vs placebo group (66 vs 95 patient cases; HR = 0.65, 95% CI 0.48-0.89; *P* = 0.007)

Chlebowski RT, et al. J Natl Cancer Inst. 2015 Dec 14;108(3).

Endometrial cancer

RCT

- 1236 women with stage I, II eac
- HRT or no HRT (placebo)
- Follow x36 mos
- Closed early due to WHI
- Low recurrence rate in both arms (2.1% vs 1.9 NS)

Barakat, RR., et al. Randomized double-blind trial of estrogen replacement therapy versus placebo in stage I or II endometrial cancer: a GOG study. J Clin Oncol. 2006 Feb 1;24(4):587-92

Endometrial cancer

Meta-analysis

- 896 endometrial cancer survivors using HRT and 1079 non users

- No increased risk of recurrence in survivors using HRT vs control group (OR: 0.53; 95% CI 0.3-0.96)

Shim, SH., et al. Effects of hormone replacement therapy on the rate of recurrence in endometrial cancer survivors: a meta-analysis. Eur J Cancer. 2014 Jun;50(9):1628-37. doi: 10.1016/j.ejca.2014.03.006. Epub 2014 Mar 28.

Endometrial cancer

Recommendations

- Use HRT for young women with
  - Endometrial cancer
  - suffering from systemic menopausal symptoms
  - failed non-hormonal options

Sinno AK et al. Gynecologic Oncology. 2020; 157:303-306

Uterine sarcomas

Recommendations

Use HRT for young women with

- Leiomyosarcoma, endometrial stromal sarcoma
- suffering from systemic menopausal symptoms
- failed non-hormonal options
- ***after consultation with oncologist***

Expert recommendation

Ovarian cancer

- WHI showed no increase incidence
  - HR for invasive ovarian cancer in women assigned to HRT vs placebo (HR 1.58; 95% CI 0.77-3.24)
- Meta-analysis of 52 studies found increased risk (relative risk of 1.37; 95% CI 1.29-1.46; *P*<0.0001)

Anderson, GL., et al. Effects of estrogen plus progestin on gynecologic cancers and associated diagnostic procedures: WHI. JAMA 290 (13)(2003) 1739-1748
Beral, V, et al. Menopausal hormone use and ovarian cancer risk: individual participant meta-analysis of 52 epidemiological studies. Lancet 385 (9980) (2015) 1835-1842.

Ovarian cancer

Multiple studies on HRT after ovarian cancer diagnosis show:

- No impact or improved survival
- Improved quality of life

Mascarenhas, C., et al. Use of hormone replacement therapy before and after ovarian cancer diagnosis and treatment: The effect on survival. Int J Cancer 119 (2006) 2907-2915

Ovarian cancer

RCT

- 139 with ovarian cancer under 59y
  - HRT or no HRT starting 6 wx postop
  - Follow x48 mos

- No impact on length of remission or overall survival (*P* = 0.354)

Guidozzi, F., et al. Estrogen replacement therapy for ovarian cancer survivors: A randomized controlled trial. Cancer. 1999 Sep 15;86(6):1013-8.

Ovarian cancer

Meta-analysis

419 ovarian cancer survivors using HRT and 1029 non-users

- Does not impact prognosis
- Improves quality of life

Beral, V, et al. Menopausal hormone use and ovarian cancer risk: individual participant meta-analysis of 52 epidemiological studies. Lancet 385 (9980) (2015) 1835-1842.

Ovarian cancer

Meta-analysis

419 ovarian cancer survivors using HRT and 1029 non-users

- Does not impact prognosis
- Improves quality of life

Beral, V, et al. Menopausal hormone use and ovarian cancer risk: individual participant meta-analysis of 52 epidemiological studies. Lancet 385 (9980) (2015) 1835-1842.

Ovarian cancer

LMP?

- HRT before or after diagnosis had no impact on overall survival
  - Before diagnosis (multivariate HR = 0.83, 95% CI 0.65-1.08)
  - After diagnosis (multivariate HR 0.57, 95% CI 0.42-0.78)

Mascarenhas, C., et al. Use of hormone replacement therapy before and after ovarian cancer diagnosis and tratment: The effect on survival. Int J Cancer 119 (2006) 2907-2915

Ovarian cancer

Recommendations

Use HRT for young women with

- high grade serous carcinoma
- LMP
- malignant germ cell tumor
- suffering from systemic menopausal symptoms

Sinno AK et al. Gynecologic Oncology. 2020; 157:303-306; Deli T et al. Pathology and Oncology Research. 2020; 26: 63-78

Ovarian cancer

Recommendations

Use HRT for young women with

- Low grade serous carcinoma
- endometrioid or clear cell ovarian cancer
- sex cord stromal tumors
- suffering from systemic menopausal symptoms
- failed non-hormonal options
- ***after consultation with oncologist***

Cervical cancer

- 70% diagnosed in women under 55y
- Estrogen may be associated with increased risk of cervical adenocarcinoma
  - Compared to never users, relative risk of cervical cancer increased with increasing duration of use—for 10 or more years RR = 2.2 (95% CI 1.9-2.4)

Smith JS, et al. 2003. Cervical cancer and use of hormonal contraceptives: a systematic review. Lancet 361:1159–116; Biliatis, I., et al. Safety of hormone replacement therapy in gynaecological cancer survivors. J Obstet Gynaecol. 2012 May;32(4):321-5.

Cervical cancer

RCT

- 120 cervical cancer survivors younger than 45y
- 80 received HRT, 40 no HRT
  - No difference in recurrence rates (20% and 32% NS)
  - No difference in survival rates (80% and 65%, insignificant difference)

Ploch E. 1987. Hormone replacement therapy in patients after cervical cancer treatment. Gynecologic Oncology 26:169–177.

Cervical cancer

Recommendations

- Use HRT for young women with
  - a hx of cervical cancer
  - suffering from systemic menopausal symptoms
  - Continue until normal age of menopause

Biliatis, I., et al. Safety of hormone replacement therapy in gynaecological cancer survivors. J Obstet Gynaecol. 2012 May;32(4):321-5.

Contrast

- Alcohol increases risk of breast cancer recurrence
  - HR 1.35, 95% CI 1.00-1.83

Kwan ML., et al. To what extent is alcohol consumption associated with breast cancer recurrence and second primary breast cancer?: A systematic review. J Clin Oncol. 2010 Oct 10;28(29):4410-6. doi: 10.1200/JCO.2010.29.2730. Epub 2010 Aug 30.

Physician prescribing

88% of German physicians preferred non-hormonal treatment for endometrial cancer pts suffering from menopausal symptoms

75% believed HRT to be contraindicated in high grade EAC

Hancke, K., et al. Estrogen replacement therapy after endometrial cancer: a survey of physicians' prescribing practice. 2010. Climacteric 13:271–277.

Physician prescribing

Only 63% of Swedish gynecologists would offer HRT to young ovarian cancer patients with iatrogenic menopause, while 92% of gyn oncologist would offer it.

Halldorsdottir S, et al. Gynecologists are afraid of presecribing hormone replacement to endometrial/ovarian cancer survivors despite national guidelines – a survey in Sweden. Ups J Med Sci. 2018 Dec; 123(4): 225–229

Key Points

- Very little evidence that HRT is harmful to cancer survivors
- Lots of evidence that HRT is helpful in cancer survivors and previvors

Deli T et al. Pathology and Oncology Research. 2020; 26: 63-78

In conclusion

- Focus on the patient as a whole
  - Quality of life
  - Length of life

Instructions to Receive Credit

To receive credit, read the introductory CME material, watch the webcast, and complete the evaluation, attestation, and post-test, answering at least 70% of the post-test questions correctly.

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