

## **Australian Menopause Society Press Release: April 2004**

The results of the Postmenopausal Oestrogen-only treatment arm of the Women's Health Initiative (WHI) were published in JAMA on 14/4/04.

The results are mostly good news for women who require oestrogen therapy and have had a hysterectomy. This is estimated to be about 40% of all hormone therapy users. To the surprise of some scientists oestrogen therapy by itself is not associated with any increase in breast cancer and there was a non-significant but increasing trend with length of therapy for breast cancer rates to reduce in comparison to the placebo group. A significant reduction in osteoporotic fractures was offset by a significant increase in stroke. These and other non-significant trends are summarised in Table 1 and Figures 1 and 2

The critical findings are, that when taken as single therapy, oestrogen

- Is associated with a non significant reduction in breast cancer risk ( 94 breast cancers in the oestrogen group versus 124 in the placebo group)
- Results in less spinal and hip fractures ( 39% reduction)
- Has no significant effect on coronary heart disease
- Has no significant effect on the number of women who had pulmonary embolism ( blood clots to the lungs)
- Has no significant effect on the number of women with bowel cancer
- Is associated in a statistically significant greater number of strokes – 12 additional strokes for every 10,000 women years

Importantly, stroke rates were not increased in women aged 50-59 years, the age at which oestrogen is most commonly used.

This study commenced in 1993 and included 10,739 women aged 50 to 79 years at enrollment, who had all had a hysterectomy, and who were randomly allocated to treatment with either conjugated equine oestrogens ( Premarin® ) 0.625mg/day or an identical looking placebo tablet. Of note the aim of this study was NOT to evaluate the benefits of oestrogen for symptom management and very few of the women who participated in this study suffered menopausal symptoms.

It was conducted in 40 clinical centers in the USA and was ended early after an average of 6.8 years of treatment of the women in the study. This was because a small but significantly greater number of strokes had occurred in the women randomised to treatment with oestrogen, and it was felt that no further information would be gained by continuing the study to its planned conclusion date in 2005.

These findings reconfirm that oestrogen use by hysterectomised women for the treatment of menopausal symptoms that interfere with a woman's quality of life is appropriate

The findings also support a beneficial effect of oestrogen for fracture prevention.

The following table compares the findings of the major arms of the WHI hormone study

**What Quality Hormone therapy trials have shown.**

	<b>Oestrogen-only hormone therapy (after hysterectomy)</b>	<b>Combined oestrogen + progestogen therapy (when uterus present)</b>
<b>Breast Cancer</b>	Decrease of 7/10,000 (N.S.) Significant 35% reduction in compliers	Increase of 8/10,000 per year, from 5 years of use)
<b>Bowel Cancer</b>	Increase of 1/10,000 per year (N.S.)	Reduction of 6/10,000 per year
<b>Uterine Cancer</b>	Increase of 1% per year if uterus present. No risk after hysterectomy	Reduction of 1/10,000 per year (N.S.)
<b>Osteoporotic fracture of hip and spine</b>	39% reduction (12/10,000 per year) <i>(All fractures 30/10,000)</i>	34% reduction (10/10,000 per year) <i>(All fractures 30/10,000)</i>
<b>Stroke</b>	39% increase (12/10,000 per year)	41% increase (N.S.) (8/10,000 per year)
<b>Thromboembolism (clots)</b>	33% increase (N.S.) (7/10,000 per year)	111% increase (18/10,000 per year)
<b>Reduction in Menopausal vasomotor symptoms<sup>#</sup></b>	65% better than placebo therapy	90% better than placebo therapy

N.S. Not Statistically Significant <sup>#</sup> Cochrane Systematic Review of Quality Trials

**Caveat.** WHI trials studied women aged 50-79 many of who had Cardiovascular Risk Factors. The Risk/Benefit Ratios appear better in women commencing HT within 10 years of menopause.