

Alert No: 44

Date: 02 September 2019

Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping.

A new meta-analysis of more than 100,000 women with breast cancer has shown that some excess risk of breast cancer with systemic HRT persists for more than 10 years after stopping; the total increased risk of breast cancer associated with HRT is therefore higher than previous estimates (see key findings).

Actions:

- Prescribers of HRT should inform women who use or are considering starting HRT of the new information about breast cancer risk at their next routine appointment (see resources provided).
- Only prescribe HRT to relieve post-menopausal symptoms that are adversely affecting quality of life and regularly review patients using HRT to ensure it is used for the shortest time and at the lowest dose.
- Remind current and past HRT users to be vigilant for signs of breast cancer and encourage them to attend for breast screening when invited.

Key findings from meta-analysis:

- All forms of systemic HRT are associated with a significant excess incidence of breast cancer, irrespective of the type of estrogen or progestogen or route of delivery (oral or transdermal).
- There is little or no increase in risk with current or previous use of HRT for less than 1 year; however, there is an increased risk with HRT use for longer than 1 year.
- Risk of breast cancer increases further with longer duration of HRT use.
- Risk of breast cancer is lower after stopping HRT than it is during current use, but remains increased in ex-HRT users for more than 10 years compared with women who have never used HRT.

- Risk of breast cancer is higher for combined estrogen-progestogen HRT than estrogen-only HRT.
- For women who use HRT for similar durations, the total number of HRT-related breast cancers by age 69 years is similar whether HRT is started in her 40s or in her 50s.
- The study found no evidence of an effect on breast cancer risk with use of low doses of estrogen applied directly via the vagina to treat local symptoms.

What can an individual woman do to reduce her risk?

- Using HRT for as short a time as possible will help reduce the overall risk.
- There are no medical risks with stopping HRT, but symptoms may return especially if HRT is stopped suddenly. Gradually stopping treatment may help to reduce the chances of this.
- Low-dose vaginal estrogens do not appear to increase breast cancer risk for women in whom this is a therapeutic option

The MHRA has produced an [information sheet](#) for women to assist healthcare professionals when providing counselling on the new information about risk of breast cancer with HRT ([large-print version](#) also provided).

Further information

[Drug Safety Update. September 2007. Hormone-replacement therapy: updated advice.](#)

Enquiries: safetyalerts@mhra.gov.uk

1. Collaborative Group on Hormonal Factors in Breast Cancer. [Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence.](#) The Lancet. Published August 29, 2019.

