Addendum to: Peri- and postmenopause—diagnosis and interventions interdisciplinary S3 guideline of the association of the scientific medical societies in Germany (AWMF 015/062): short version

Olaf Ortmann1 · Maria J. Beckermann2 · Elisabeth C. Inwald1 · Thomas Strowitzki3 · Eberhard Windler4 · Clemens Tempfer5 · for the Guideline Group

Published online: 16 March 2021
© The Author(s) 2021

Addendum to: Archives of Gynecology and Obstetrics https://doi.org/10.1007/s00404-020-05682-4

The interdisciplinary S3 guideline, Peri- and postmenopause—diagnosis and interventions “of the association of the scientific medical societies in Germany (AWMF 015/062) was published in January 2020 and a short version in July 2020 (O. Ortmann et al. Arch Gynecol Obstet 302:763–777).

This guideline did not include the meta-analysis performed by the Collaborative Group on Hormonal Factors in Breast Cancer of data from prospective and retrospective observational and randomized studies on the association between peri- and postmenopausal hormone therapy (HT) and breast cancer risk. Since evidence from the meta-analysis of the Collaborative Group on Hormonal Factors in Breast Cancer is relevant, authors of the S3 guideline Peri- and postmenopause – diagnosis and interventions “wrote an addendum on behalf of the steering committee that evaluates the data [1].

The authors of the S3 guideline propose that numbers quoted in Table 1 are appropriate for counseling women with climacteric symptoms. Five years of a sequential combined HT containing estrogen and progestin (EPT) started from the age of 50 years lead to 14 additional breast cancer cases per 1.000 women within the next 20 years. A continuously combined EPT causes 20 additional breast cancer cases whereas a HT containing only estrogen (ET) leads to 5 additional cases. These risk estimates are consistent with data published previously. Changes of statements or recommendations given in the S3 guideline, Peri- and postmenopause—diagnosis and interventions are, therefore, not required.

Table 2 includes numbers that are suitable to counsel women regarding the influence of the duration of a HT on breast cancer risk. Results from the meta-analysis show that an ET for up to 4 years does not increase breast cancer risk within the following 9 years (relative risk [RR] 1.07; 95% confidence interval [CI] 0.96–1.20). Also, sequential or continuously combined EPT for up to 4 years do not increase breast cancer risk within the following 9 years (RR 1.06; 95% CI 0.98–1.15) (Table 2). However, data from the meta-analysis indicate an increased breast cancer risk after 1 year

The online version of the original article can be found under doi:https://doi.org/10.1007/s00404-020-05682-4.

Olaf Ortmann
olaf.ortmann@klinik.uni-regensburg.de

1 Department of Gynecology and Obstetrics, University Medical Center Regensburg, Landshuter Straße 65, 93053 Regensburg, Germany

2 Frauenärztliche Gemeinschaftspraxis, Köln, Germany

3 Department of Gynecological Endocrinology and Fertility Disorders, University Women’s Hospital, Heidelberg, Germany

4 Endocrinology and Metabolism of Ageing, University Medical Center Hamburg-Eppendorf, Hamburg-Eppendorf, Germany

5 Department of Obstetrics and Gynecology, Ruhr-University Bochum, Bochum, Germany
of ET or EPT (Table 2). It is unclear whether this results from HT use or detection bias.

**Funding** Open Access funding enabled and organized by Projekt DEAL.

**Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

**Reference**

1. Collaborative Group on Hormonal Factors in Breast Cancer (2019) Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence. Lancet 394(10204):1159–1168

**Publisher’s Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.