LONG-TERM ESTROGEN REPLACEMENT THERAPY MAY INCREASE OVARIAN CANCER RISK

Women who have used older estrogen replacement therapy (ERT) regimens for 10 years or more may have a significantly higher risk of dying from ovarian cancer than do those who never used ERT, according to a report by American Cancer Society epidemiologists in the Journal of the American Medical Association (2001;285:1460-1465).

“Our study suggests that long-term use of estrogen replacement therapy, often without accompanying use of progesterone in the past, may increase risk of ovarian cancer death and that the increased risk remains a long time after cessation,” says lead author Carmen Rodriguez, MD, MPH, senior epidemiologist in the department of epidemiology and surveillance research at the ACS.

Questions About Long-Term ERT Use

Earlier studies had suggested that ERT increases the risk of ovarian cancer but were too small or too short to determine whether risk increased with long-term use. To answer the long-term risk question with more certainty, Rodriguez and her colleagues analyzed data from more than 211,000 postmenopausal women who completed an extensive health questionnaire as part of the ACS’ Cancer Prevention Study II (CPS II) in 1982. The women included in the ERT study had no history of cancer, hysterectomy, or ovarian surgery at the time the study began.

The researchers looked at causes of death for women who died between the beginning of CPS II in 1982 and 1996, whether they had ever used ERT, and if so, when and for how long. A total of 944 ovarian cancer deaths occurred among the women in the study between 1982 and 1996.

Long-term ERT use was linked to an increased risk of ovarian cancer death, which remained elevated for up to 29 years after therapy was discontinued. After that, the risk slowly decreased over time.

Women using ERT at the beginning of the study and who had been using it for 10 years or longer at the time were 2.2 times more likely to die of ovarian cancer during the next 14 years than those who had never used ERT. Those
who had used ERT for 10 years or more and quit fewer than 15 years before the study began were at double the risk of those who had never used ERT. Those who used ERT for 10 years or more but had quit more than 15 years before the study began were at 1.3 times the risk of those who had never used it. Overall, when all women who had ever used ERT were considered together, regardless of the length of use or when they had quit, average risk of dying from ovarian cancer was 1.23 times that of those women who had never used it.

No Data on Combination HRT

The ACS epidemiologists noted that their findings may or may not apply to combined hormone replacement therapy (HRT), explaining that there is no clear consensus among previously published studies as to whether the addition of progesterone to estrogen protects against ovarian cancer, raises the risk, or has no effect at all.

Data relevant to that issue were recently presented at the 2001 annual meeting of the American Association for Cancer Research by James Lacey, MPH, PhD, and colleagues from the National Cancer Institute. They reported on follow-up of 40,762 women who enrolled in the Breast Cancer Detection Demonstration Project between 1979 and 1981. In this cohort, use of ERT alone doubled a woman’s risk of developing ovarian cancer whereas use of estrogen plus progesterone was associated with a 30% increase that was not statistically significant.

Heart Disease More Common than Cancer

“There is continuing debate about the overall impact of ERT on life expectancy,” said Michael Thun, MD, Vice President of epidemiology and surveillance research at the ACS and a co-author of the JAMA article. “This is largely because the reduction in heart attacks seen in many epidemiological studies has not yet been replicated in clinical trials. But death from heart disease is still more common than death from breast and ovarian cancers combined,” he says. “If ERT does in fact lower cardiovascular disease risk, this benefit could outweigh the increased cancer risk.”

Data from the NCI study reported by Lacey et al. are reassuring in that they suggest that estrogen taken in combination with progesterone may not increase the risk of ovarian cancer. Such combination regimens have become the standard for hormone replacement in women with intact uteri.

Thun stressed that the balance of risks and benefits with hormone replacement therapy is different for each woman, and depends on variables such as age, body mass, whether and when she has had children or has had a hysterectomy, whether she has a personal or family history of cancer, as well as other factors.

RISK OF ERECTILE DYSFUNCTION SIMILAR FOR DIFFERENT PROSTATE CANCER TREATMENTS

More than 80% of prostate cancer patients develop erectile dysfunction (ED) as a result of treatment, regardless of whether they have surgery or external beam radiation therapy, according to a study published in the Journal of Urology (2001;165:430-435).

Previous studies of ED among prostate cancer survivors have reported a wide range