Breast Cancer & HRT
What do Women Need to Know?

Decision Making

Making a decision about whether or not to use HRT is often very difficult. The biggest concern that women have about taking HRT is the increased risk of breast cancer.

The Decision Making Process

Steps to Decision Making

When trying to make a decision a woman needs to:

1. Have enough information - which is:

   • Correct • Factual • Up to date • Well presented.
2. Be able to compare the health benefits and risks.

3. Consider what this means for them as an individual.

4. And come to a balanced outcome/decision.

Breast Cancer Statistics

Around fifty five thousand UK women are diagnosed every year with breast cancer. 

This is the most common female cancer. Women often know someone who has had it, and may have an affected family member.

Most women seeking help about menopausal symptoms will be in their 50’s - aged 50 - 59. In this age group, per 1000 women who have not taken HRT, there will be 23 cases of breast cancer.

80% of breast cancers are diagnosed in women aged >50.

What causes Breast Cancer?

It is most probable that breast cancers develop because of a local genetic mutation in the breast tissue, making the tissue more susceptible to damage. This may be for a variety of reasons, and HRT, is only one factor on the list.

Genetic Breast Cancer

2% of breast cancers are due to a breast cancer gene, inherited at birth. HRT is not usually recommended for women who carry these genes.
https://www.nice.org.uk/guidance/cg164
Women with a family history suggestive that they may carry a breast cancer gene, should be referred for genetic counselling to consider screening for these breast cancer genes.

However, there has to be a very significant history for you to be considered at higher risk and in need of screening. https://www.nice.org.uk/guidance/cg164

Any woman with one first degree relative with breast cancer over the age of 40, (e.g. mother, sister) or two second degree relatives at any age (e.g. aunt) is regarded as having population risk and does not need referral.

For women at population risk, even if they have a family member with breast cancer, taking HRT is unlikely to increase this risk any more than the accepted small increase from HRT itself. This means if your mother for example had breast cancer between the ages of 50 and 70, and she is your only close family member with breast cancer, your breast cancer risk is population risk, and this is not a reason to withhold HRT.

**Are there any other risk factors for breast cancer?**

Obesity (BMI >30), and drinking alcohol (2 units per day) are much bigger risk factors for breast cancer than HRT. Smoking is also a risk factor. These factors are modifiable.

**How does HRT Increase my Risk of Breast Cancer?**

For every 1000 women between the ages to 50

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### Assessing My Risk of Breast Cancer

**Protective factors for breast cancer:**

- First baby before the age of 30
- Breast feeding
- Early menopause
- Doing regular exercise

**What else might increase my risk of breast cancer?**

- Not having children
- Having a first child aged >30
- Not breast feeding
- Not doing regular exercise
- Abnormal cells “atypia” on a breast biopsy

Benign breast disease such as fibrocystic disease of the breast does not increase your risk of breast cancer.
and 59 who do take HRT, breast cancer will be diagnosed in 26 per 1000 – 3 extra cases. 

- This is for women taking both estrogen and progesterone – Combined HRT.
- The association is believed to be due to combined HRT promoting the growth of breast cancer cells which are already present, not by causing breast cells to turn into cancer.
- If you have had a hysterectomy and take estrogen only HRT, there is no increased risk of breast cancer.
- Under the age of 50, women on HRT are at no extra risk of breast cancer than they would be if their ovaries were working normally.

**Confused?**

The different risk factors for HRT have been graded in terms of their relative strength. You may be surprised to know that obesity increases your risk by a factor of 17! Alcohol (2 units per day), the Combined Pill and HRT each increase your risk by a factor of 3. Smoking by a risk factor of 1. And regular exercise reduces your risk by a factor of 5!

A salient point then - that many women are overweight and choose to drink and smoke, but are too scared to take HRT.

Obesity is actually a much bigger risk factor for breast cancer than HRT!

The increased risk of breast cancer on HRT is similar to drinking 2 units of alcohol per day!

**What if I Get Breast Cancer on HRT?**

- Stop HRT.
- Any additional risk from HRT disappears on stopping HRT.
- Your risk of dying from breast cancer if you have taken HRT is no different to those who have not taken HRT.
- 8 /10 women with breast cancer live 10 years.
- 2 /3 live 20 years.

**What are the Benefits of HRT?**
Short Term Benefits
- Reduces or eliminates hot flushes and night sweats
- Improved sleep
- Reduced anxiety, improved mood
- More energy
- Relieves vaginal dryness
- Improved sexual function/libido
- Less joint pains
- Positive effect on skin, hair and nails

Longer Term Benefits

No increase in heart attacks and strokes
- Favourable effect on blood pressure, cholesterol and glucose metabolism
- Reduced chance of osteoporotic fracture by 50%

Anecdotal - Not Yet Substantiated Reports

HRT may reduce the risk of developing:
- Colonic cancer
- Alzheimer’s Disease
- Rheumatoid Arthritis (RA) – HRT does not reduce the chance of developing RA but improves symptoms and progression of disease.
- To obtain optimal benefit from HRT, this should be taken through ‘the window of opportunity’ i.e. within 10 years of onset of symptoms, usually before the age of 60.

Now ...

... Can you make that HRT decision?

Daisy Mae x

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... Now an audio book!

Available at Amazon
https://www.amazon.co.uk/Dating-Daisy-Mae-ebook/dp/B07BCK6J9H/ref=sr_1_1?ie=UTF8&qid=1530785125&sr=8-1&keywords=Dating+Daisy
Breast Cancer- Risk factors

Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer

Clinical guideline [CG164] Published date: June 2013 Last updated: March 2017
https://www.nice.org.uk/guidance/cg164

Menopause Diagnosis and Management 2015
https://www.nice.org.uk/guidance/ng23

Hormone Replacement Therapy
https://thebms.org.uk/publications/consensus-statements/hormone-replacement-therapy/


Menopausal Hormone Therapy and Risk of Colorectal Cancer
Jill R. Johnson,1 James V. Lacey, Jr.,2 DeAnn Lazovich,1 Melissa A. Geller,3 Catherine Schairer,2 Arthur Schatzkin,2 and Andrew Flood1
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2644901/

Effects of Menopause on Autoimmune Diseases
Miranda A Farage; Kenneth W Miller; Howard I Maibach

IMAGES
Breast cancer

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