

GYNAECOLOGY & OBSTETRICS UPDATE

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J Andrews, N Lawton,
A Spirou, W Fletcher

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New-onset breast tenderness during HRT judged a risk factor for cancer

Learning Point: *A hormone replacement therapy (HRT) user who reports new breast tenderness is more likely to have breast cancer than a user who doesn't have tenderness, according to an analysis of data from the Women's Health Initiative*

Breast tenderness that arises after initiation of combination hormone replacement therapy (HRT)—specifically, conjugated equine oestrogen (CEE) and medroxyprogesterone acetate (MPA)—heightens a woman's risk of breast cancer.

Women who had an intact uterus were randomly assigned to receive 0.625 mg of CEE and 2.5 mg of MPA daily or placebo. Participants underwent mammography at study entry and every 12 months thereafter, as well as clinical breast examination. Breast tenderness was assessed at baseline and 12 months.

Among women taking HRT, the incidence of breast cancer was significantly higher among those who reported new-onset breast tenderness than among those who didn't (hazard ratio, 1.48; 95% confidence interval, 1.08–2.03; $P=.02$).

Among women in the placebo group, new-onset breast tenderness was not associated with an increased risk of breast cancer.

No previous published studies have addressed whether there is an association between conjugated equine estrogens plus medroxyprogesterone-induced new-onset breast tenderness and breast cancer risk. Previous studies, however, have found that such breast tenderness in users of CEE plus MPA is associated with increased mammographic density a risk factor for breast cancer that indirectly measures parenchymal tissue proliferation.

The sensitivity and specificity of new-onset breast tenderness for predicting the risk of invasive breast cancer among users of CEE plus MPA were similar to the sensitivity and specificity of the Gail model (it is a validated risk calculator that takes into account five factors: current age, age at menarche, previous breast biopsies & results, age at first live birth, family history of breast cancer in first-degree relatives).

References:

1. Writing Group for the Women's Health Initiative. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *JAMA*. 2002;288:321-333.
2. Crandall CJ, Aragaki AK, Chlebowski RT, et al. New-onset breast tenderness after initiation of estrogen plus progestin therapy and breast cancer risk. *Arch Intern Med*. 2009;169:1684-1691.

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