… on the other hand…

There is an abundance of literature that suggests both *relationship* and *non-relationship* of hormones to risk.

I have found however, this type of 'yes' & 'no' regarding use or non-use of hormones and risk to be common enough that it is not easy to just say categorically that there is *no* relationship of hormone Rx & risk.

Risk and Mammographic density:

"**Results:** Mammographic density was strongly associated with both ER-positive and ER-negative breast cancers.

Conclusion: Surprisingly, women with high mammographic density have an increased risk of both ER-positive and ER-negative breast cancers.

The association between mammographic density and breast cancer may be due to factors besides estrogen exposure.

The incidence of breast cancer and changes in the use of hormone replacement therapy: A review of the evidence.

Abstract

Even though a link between hormone replacement therapy (HRT) and breast cancer has been well documented in the epidemiological literature since the 1980s, it was not until publication of the results of the Women's Health Initiative (WHI) study in 2002 and the Million Women Study in 2003 that women and doctors started reconsidering the use of HRT and sales of HRT started to drop. This paper evaluates the impact of the publication of these two landmark studies on the expected and observed changes in the incidence of breast cancer. Between 2001-2002 and 2005-2006, sharp and significant reductions in the incidence of breast cancer of up to 22% were reported in many US and European populations, temporally consistent with the drop in usage of HRT. Declines in the rates of breast cancer were strongest for 50-60-year-old women (those most likely to be current users of HRT), affected mainly ER+ and PR+ cancers (those most strongly associated with HRT use), and were largest among women with the highest pre-decline prevalence of HRT use and the sharpest decline in its use. A considerable amount of scientific evidence supports the hypothesis that the decline in the incidence of breast cancer is in large part attributable to the sudden drop in HRT use following publication of the WHI and Million Women studies. Nevertheless, the problem of how to advise women contemplating HRT use today remains. Medical relief will remain necessary for many women with menopausal complaints, and so new therapeutic options need to be explored.

Maturitas. 2009 Oct 20;64(2):80-5. doi: 10.1016/j.maturitas.2009.07.015. Epub 2009 Aug 25.

Verkooijen HM1, Bouchardy C, Vinh-Hung V, Rapiti E, Hartman M.

A considerable amount of scientific evidence supports the hypothesis that the decline in the incidence of breast cancer is in large part attributable to the sudden drop in HRT use following publication of the WHI and Million Women studies.

Can we entirely dismiss that the culprit in PremPro is the “Pro”, the medroxyprogesterone acetate, and, that this is so entirely different than Progesterone, that we need have no concern about treating with Progesterone?

There are plenty of breast cancers with progesterone positive receptor sites.

The Mortality Toll of Estrogen Avoidance: An Analysis of Excess Deaths Among Hysterectomized Women Aged 50 to 59 Years

Objectives. We examined the effect of estrogen avoidance on mortality rates among hysterectomized women aged 50 to 59 years.
Methods. We derived a formula to relate the excess mortality among hysterectomized women aged 50 to 59 years assigned to placebo in the Women's Health Initiative randomized controlled trial to the entire population of comparable women in the United States, incorporating the decline in estrogen use observed between 2002 and 2011.
Results. Over a 10-year span, starting in 2002, a minimum of 18 601 and as many as 91 610 postmenopausal women died prematurely because of the avoidance of estrogen therapy (ET).
Conclusions. ET in younger postmenopausal women is associated with a decisive reduction in all-cause mortality, but estrogen use in this population is low and continuing to fall. Our data indicate an associated annual mortality toll in the thousands of women aged 50 to 59 years. Informed discussion between these women and their health care providers about the effects of ET is a matter of considerable urgency.

[courtesy Eugene Shippen M.D.]

Philip M. Sarrel, MD, et al. Am J Public Health. 2013.301295). http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301295.

The Mortality Toll of Estrogen Avoidance…

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Why is there lack of clarity re breast cancer etiology and relationship to hormones?

Ultimate causes of illness are not biologic in origin

Causes derive from a lifetime of issues of stress, nutrition, toxicity, exercise…

and ultimately, origins that we do not & may not ever understand

I take you back to the worst case scenario

There is a study that shows that 40% of women treated with PremPro had increase in breast density [2% of those treated with a transdermal estrogen developed increased density].

The Women's Health Initiative (WHI) with over 16,000 women treated with Premarin & Prempro, in a skewed demographic comprised of subjects with greater than normal risk

The average breast cancer risk with:

estrogen-progestin [Prempro] use was 1.24

estrogen [Premarin] use was 0.79

WHI: the Great Blessing!

One Moral of the risk story:

Bearing in mind that with ovarian hormone declines there is a *near certainty* of:

Sarcopenia, Osteopenia or porosis, vaginal atrophy, urethral meatus irritability, recurrent cystitis, prolapse of bladder and uterus, adult diapers, canes, walkers and wheelchairs, not to mention loss of arterial and mental health, energy, vitality, libido, hair, skin and…

not to mention possible loss of arterial and
mental health, energy, vitality, libido, hair, skin

Let's be as thorough and careful as we possibly can dream of and implement as safe a process as possible