

Patient Information Leaflet: HRT and Breast Cancer

What causes Breast cancer?

Some cancers are strongly linked to one single causative agent (for example smoking with lung cancer). Breast cancer has no known single cause and multiple factors have been identified which may increase a woman's risk of developing breast cancer in her lifetime. These include - excess body weight when over the age of 50 years, never having had a baby, having your first baby over the age of 35 years, not breast feeding, the use of the combined oral contraceptive pill within the past 10 years and regular increased alcohol intake. Having a mother or sister who has suffered breast cancer *under the age of 50* can also increase your risk.

Studies on the use of HRT *after the age of 50* suggest there is a small increased risk in breast cancer with the length of time it is used. Other studies would suggest that this risk is only associated with some HRT regimens and not with all forms of HRT. Having a risk factor does not mean that a woman will develop breast cancer and even if a risk factor is identified in a woman with breast cancer there is no way of proving that this was the cause.

What is the risk of getting Breast Cancer if I take HRT?

Scientific evidence would suggest that the small increase in the risk of developing breast cancer with HRT differs depending on the type of HRT used. Combined HRT (oestrogen + progestogen) probably accounts for 3 extra cases in every 1000 women who use it for 5 years between the ages of 50 – 59 years. There appears to be no increase in the risk for shorter term use of less than 3 years. The use of oestrogen only has a lower risk than combined HRT. The risk with tibolone appears to be similar to that of oestrogen only.

What happens if I stop HRT?

The risk of developing breast cancer associated with taking HRT diminishes when you stop and is no longer evident after 5 years. You must remember that a background population risk will still remain and you should continue with attendance for mammographic screening when requested.

Useful addresses /websites:

The British Menopause Society www.thebms.org.uk

NHS cancer Screening Programme www.cancerscreening.nhs.uk

Women's Health Concern www.womens-health-concern.org.uk

Advice line Tel 0845 1232319

Menopause Matters www.menopausematters.co.uk

Mammograms and HRT

What are Mammograms?

A mammogram is an Xray of your breast. It is the most reliable method used to screen for breast cancer, and to find small changes in the breast before there are any other signs or symptoms.

When should I have a mammogram?

All women between 50 and 70 years are invited to attend for a mammogram (breast screening) once every 3 years. Younger women are not routinely invited as they generally have more dense breasts, making the interpretation of the x-ray more difficult. As a rule mammograms are not done on women under the age of 35 years as the chance of detecting abnormalities is small and there is concern about exposing the breast to radiation (although this is very small) at an early age.

What if I have relatives who have had breast cancer?

If there is a history of breast cancer in your family, then you should consult your doctor to determine if you are at a higher risk of developing breast cancer at a younger age. If this is so then you may be advised to commence screening before age 50 years.

Do I need a mammogram before I take HRT?

Provided you have no breast symptoms, there is no need to have a mammogram before starting HRT, and it is not necessary to have more frequent mammograms while taking HRT.

Can HRT affect the interpretation of mammograms?

As women get older the glandular breast tissue, (which appears white on a mammogram), reduces and the amount of fat (which appears black on a mammogram), increases. A small percentage of women have been found to have consistently dense breasts even with advancing age. Breast cancers can appear on a mammogram as an isolated focus of increased density. When these are small the patient benefits from having early detection of the cancer. These small foci may be more difficult to detect in a woman with generalised increased density

Some HRT preparations can increase the breast density seen on mammograms. Current evidence from clinical trials suggests that about 1 in 4 women who use combined HRT (oestrogen and progestogen) show this general increase in density. Oestrogen on its own does not appear to affect the density. Tibolone, another form of treatment for menopausal symptoms, does not appear to have any significant effect either.

Will breast screening be effective if I am taking HRT?

Although mammography is the most reliable way of detecting breast cancer early, it is not perfect as some cancers can be very difficult to see, and a small number of cancers, even if present, are not seen on x-ray at all. If the person reading the x-ray finds a significant change in the density since your previous x-ray, then you may be asked to attend for a further assessment.*

Only 1 in 10 women recalled for further assessment in the national breast screening program will be found to have a significant abnormality.

*** What does having further assessment mean?**

You will be asked to attend the screening centre for further tests which may involve having more X rays taken of your breasts or another test with ultrasound. You may have an examination by a doctor and if any other test is required then this will be explained to you beforehand.

What is Ultrasound?

This technique uses high frequency sound waves which are reflected back and translated into a picture or image. It is safe but not used as a means of screening all women as it is less accurate than mammograms. It is most useful in determining the outline of a lump and whether it is solid or cystic (fluid filled).