

Breast cancer

Combined HRT increases the incidence of breast cancer.

How much is the incidence increased? For Australian women in their fifties, we know that eleven in every thousand are likely to develop breast cancer over a five-year period. If a thousand women of this age should decide to use combined HRT for five years, we estimate that fifteen of these women are likely to develop breast cancer. In other words, use of combined HRT could cause breast cancer in four women for every thousand who use it for five years.

Incidence

Increases with combined HRT

Level I, II & III evidence

Oestrogen-only HRT appears to increase the incidence of breast cancer very little, if at all.

Incidence

Little or no change with oestrogen-only HRT

Level I, II & III evidence

Tibolone is thought to have less effect on breast tissue than other HRT, but there is not yet enough evidence to know whether it has an impact on breast cancer incidence.

Will HRT make my breast cancer return?

Recent evidence¹ suggests that HRT may increase the incidence that breast cancer will recur.

Incidence

Increases with HRT

Level II & III evidence

Mammography and HRT

More women who are on HRT, or who have taken it recently, are asked to return for further tests after a screening mammogram. These tests are needed for some types of breast changes that are probably not breast cancer, or when it's uncertain whether or not the mammogram shows breast changes. These extra tests almost always confirm there is no breast cancer. However, being asked to come back for more tests makes some women anxious, even though no breast cancer is found and makes it less likely that they will come back for screening in the future.

Cancer of the uterus (or womb)

Oestrogen-only HRT increases the incidence of cancer of the uterus or womb—known as endometrial cancer (the endometrium is the lining of the uterus). When women stop this type of HRT, the incidence may lessen over time, but it probably never returns to non-HRT levels.

Incidence

Increases with oestrogen-only HRT

Level I, II & III evidence

Progestogen is now prescribed along with oestrogen for women who have their uterus (ie those who have not had a hysterectomy). Most studies show no increased incidence of cancer of the uterus with combined HRT. Some small studies suggest a slight increase in incidence with cyclical (also known as 'sequential' or 'intermittent') oestrogen and progestogen, and this risk may continue to increase as long as the woman is on HRT. However, any risk on combined HRT is far less than the risk with oestrogen-alone HRT.

Incidence

No change with combined HRT

Level II & III evidence

Ovarian cancer

Studies have shown that oestrogen-alone HRT slightly increases the incidence of cancer of the ovaries.

Incidence

Increases with oestrogen-only HRT

Level III evidence

We do not have enough evidence (Level II & III) to know whether this is the case for combined HRT.

Bowel cancer

The research shows that combined HRT reduces the incidence of bowel cancer (also know as 'colorectal cancer').

How much is the incidence reduced? For Australian women in their fifties, we know that three in every thousand are likely to develop bowel cancer over a five-year period. If a thousand women of this age should decide to use combined HRT for five years, only two are likely to develop bowel cancer—in other words, combined HRT is likely to prevent bowel cancer in one woman in every thousand who use this HRT for five years.

Incidence

Reduces with combined HRT

Level II evidence

This benefit does not occur with oestrogen-only HRT, which appears to have no effect on the incidence of bowel cancer.

Incidence

No change with oestrogen-only HRT

Level II & III evidence

The heart and blood vessels and HRT

Blood clots

Women using combined HRT are at substantially increased risk of forming blood clots—either deep vein thrombosis (DVT) or clots in the lungs (pulmonary embolism). If a woman is going to develop a clot as a result of using HRT, it appears to happen more commonly in the first year on HRT.

Incidence

Increases with combined HRT

Level I, II & III evidence

How much is the risk increased? For Australian women in their fifties, we know that three in every thousand may develop serious blood clots over a five-year period. If a thousand women of this age should decide to use combined HRT for five years, we estimate that eight are likely to develop serious blood clots. In other words, use of combined HRT could cause serious blood clots in five women in every thousand who use this HRT for five years. This risk may have implications for women having surgery, or undertaking long flights. Women should talk this over with their doctor.

For women on oestrogen-only HRT, it is not clear whether or not their risk is increased—there is not enough high quality evidence (Level II) to be sure.

At present, it is not clear whether the risk is influenced by the different ways in which HRT can be taken (eg tablets versus skin patches).

Stroke

HRT (both combined and oestrogen-only) increases the incidence of stroke. There is some evidence that the incidence is higher with higher doses of oestrogen.

How much is the risk increased? For Australian women in their fifties, we know that four in every thousand are likely to have a stroke over a five-year period. If a thousand women of this age should decide to use HRT for five years, we estimate that six are likely to have a stroke. In other words, use of HRT could cause strokes in two women in every thousand who use it for five years.

Incidence

Increases with HRT

Level II & III evidence

Strokes may be due to a blood clot or to bleeding (haemorrhage) in the brain, but the evidence on HRT and stroke does not distinguish between these two types.

Heart disease

It was thought in the past that HRT helped to protect women against heart disease, but recent large studies have found that this is not the case. The best evidence we have to date is that HRT does not provide any protection against heart disease (eg angina or atrial fibrillation) or heart attack. Nor does it help to protect women who have already had a heart attack.

Incidence

No change with HRT

Level II & III evidence

One recent study suggests that incidence of heart disease is slightly increased with HRT. Overall, the evidence on this remains unclear, but we cannot rule out the possibility of increased incidence.