



INTERNATIONAL MENOPAUSE SOCIETY

*the society for the study of all aspects of the climacteric in men and women*

## Menopause clinicians reply to *Lancet* paper on HRT and lung cancer

The *Lancet* has issued a press release on HRT use and lung cancer (Oestrogen plus progestin and lung cancer in postmenopausal women (Women's Health Initiative trial): a post-hoc analysis of a randomised controlled trial, by Chlebowski RT, *et al.*).

The IMS has issued the following statement, which was written by Professor Amos Pines on behalf of the IMS.

The new analysis by Chlebowski *et al.* on the incidence of lung cancer in the estrogen + progestin arm of the WHI study demonstrated a slight (non-statistically significant) increase in lung cancer cases (3 additional cases/10,000 women) in the hormone users. In addition, the paper shows an increase in lung cancer deaths in older women taking HRT, and recommends that:

*"...women at high risk of lung cancer from smoking and their physicians should be made aware of this additional hazard if the initiation or continuation of combined hormone therapy is being considered."*

However, the paper finds that that, in the age group 50–59 years, the numbers of deaths from lung cancers were almost identical for the HRT and placebo groups (figure 3 in the paper).

The International Menopause Society agrees with the WHI that older women who are at high risk should take care in starting HRT. However, our advice is that HRT can be prescribed without any increased risk of lung cancer death in the 50–59-year age group. This is exactly what the Chlebowski paper says, although it is unclear to us why this has not been brought out in the comment or press release, and why it is not highlighted in the paper. The relevance of age and years since menopause at the initiation of HT is recognized as a major determinant of the risks associated with HT and, therefore, it is imperative to address this issue in any WHI database analysis.

Note that the vast majority of HRT is prescribed to women in the 50–59-year age group and so, even by the terms of this paper, it is safe for the vast

majority of women in this group who need to take HRT for the relief of menopausal symptoms.

The comment that follows the article, written by Dr Ganti, includes the conclusion that “These results ... seriously question whether hormone replacement therapy has any role in medicine today”. Such a phrasing is misleading, biased and is not substantiated by the WHI data for women aged 50–59 years, or by results from other large-scale studies. Although care should be taken when evaluating the need for HRT in each and every woman, and the individual benefits versus potential risks should always be discussed, HRT remains the most effective therapy for vasomotor symptoms and can be prescribed without any concern in healthy, young postmenopausal women.

The advice of the International Menopause Society is that HRT is safe for healthy young women in the 50–59-year age group, but that older women should be dealt with individually and take greater care. The findings of this paper support this advice. Like all clinicians, we would urge women of any age not to smoke.

## **Reference**

Chlebowski RT, Schwartz AG, Wakelee H, et al. for the Women's Health Initiative Investigators. Oestrogen plus progestin and lung cancer in postmenopausal women (Women's Health Initiative trial): a post-hoc analysis of a randomised controlled trial. *Lancet* 2009; September 20, 2009. E-pub ahead of print