

A service of the National Library of Medicine  
and the National Institutes of Health


My NCBI  
[Sign In] [R]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals

Search PubMed for  Go Clear

Limits Preview/Index History Clipboard Details

Display AbstractPlus Show 20 Sort by Send to

All: 1 Review: 0 

1: [Int J Cancer](#). 2005 Apr 10;114(3):448-54.



Links

**Comment in:**

[Int J Cancer](#). 2005 Oct 10;116(6):998; author reply 999.

**Breast cancer risk in relation to different types of hormone replacement therapy in the E3N-EPIC cohort.**

[Fournier A](#), [Berrino F](#), [Riboli E](#), [Avenel V](#), [Clavel-Chapelon F](#).

Equipe E3N, Institut National de la Sante et de la Recherche Medicale (INSERM), Villejuif, France.

Most epidemiological studies have shown an increase in breast cancer risk related to hormone replacement therapy (HRT) use. A recent large cohort study showed effects of similar magnitude for different types of progestogens and for different routes of administration of estrogens evaluated. Further investigation of these issues is of importance. We assessed the risk of breast cancer associated with HRT use in 54,548 postmenopausal women who had never taken any HRT 1 year before entering the E3N-EPIC cohort study (mean age at inclusion: 52.8 years); 948 primary invasive breast cancers were diagnosed during follow-up (mean duration: 5.8 years). Data were analyzed using multivariate Cox proportional hazards models. In this cohort where the mean duration of HRT use was 2.8 years, an increased risk in HRT users compared to nonusers was found (relative risk (RR) 1.2 [95% confidence interval 1.1-1.4]). The RR was 1.1 [0.8-1.6] for estrogens used alone and 1.3 [1.1-1.5] when used in combination with oral progestogens. The risk was significantly greater ( $p < 0.001$ ) with HRT containing synthetic progestins than with HRT containing micronized progesterone, the RRs being 1.4 [1.2-1.7] and 0.9 [0.7-1.2], respectively. When combined with synthetic progestins, both oral and transdermal/percutaneous estrogens use were associated with a significantly increased risk; for transdermal/percutaneous estrogens, this was the case even when exposure was less than 2 years. Our results suggest that, when combined with synthetic progestins, even short-term use of estrogens may increase breast cancer risk. Micronized progesterone may be preferred to synthetic progestins in short-term HRT. This finding needs further investigation. (c) 2004 Wiley-Liss, Inc.

PMID: 15551359 [PubMed - indexed for MEDLINE]

**Related Links**

Hormone replacement therapy containing progestins and given continuously increases breast carcinoma risk in Sweden. [Cancer. 2003]

Increased risk of breast cancer following different regimens of hormone replacement therapy frequently used in Europe. [Cancer. 2004]

[Hormone replacement therapy in menopause and risk of breast cancer] [Presse Med. 2000]

Breast cancer and hormone replacement therapy: collaborative reanalysis of data from 51 epidemiological studies of 52,705 women with breast cancer and 108,411 women without breast cancer. Collaborative Group on Hormonal Factors in Breast Cancer. [Lancet. 1997]

Combined hormone replacement therapy and risk of breast cancer in a French cohort study of 3175 women. [Climacteric. 2002]

[See all Related Articles...](#)

Display AbstractPlus Show 20 Sort by Send to

[Write to the Help Desk](#)  
[NCBI](#) | [NLM](#) | [NIH](#)  
[Department of Health & Human Services](#)  
[Privacy Statement](#) | [Freedom of Information Act](#) | [Disclaimer](#)

Sep 5 2006 08:10:00