**Brief Report**
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# Description about Revived Breast Cancer

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## Brief Report

When a difficult problem leads to recurring questions in clinical practice, prudent doctors develop a well-supported answer that will address most of the questions asked by their patients. What determines when or how often this clinical assessment should be updated? Should one review every new paper on the subject, or wait until the next systematic review has been published? Would annual review of each "practice position" be timely enough or too time-consuming? Of course, how often one updates depends on the type of question and the strength of the supporting evidence. The pressure to keep up intensifies when the question involves both a common intervention and a worrying adverse effect, as in the case of the possible association between Hormone Replacement Therapy (HRT) and breast cancer incidence. What do we know now? HRT is frequently prescribed for postmenopausal women. Breast cancer is the most common cancer in this group, and the most common cause of death among women 40 to 50 years of age. Any possibility of a link between HRT and breast cancer would be of serious concern.

The literature further indicates that the HRT effect on breast cancer incidence is small and similar to the effect of delayed menopause, and that combining progestin with estrogen may increase the effect slightly. Furthermore, for the average woman, the absolute risk from five years of HRT use is additional cases per 1,000 over 20 years from age 50 to 70.3 The apparent association could be due to bias because the evidence is not consistent, robust, or of high quality. It is also reported that the effect of HRT is not worse in women with a family history of breast cancer. What is new? Three months ago, an epidemiological study reported that recent long-term use of HRT was associated with a 1.5-fold increased risk of breast cancer and a four-fold increased risk of lobular breast cancer with combined estrogen-progestin HRT (I will return to that subgroup analysis in a moment).

The authors are an experienced and respected epidemiological group and the methodology was above average. The study was a nested case-control study involving 705 cases of invasive cancer newly diagnosed among members of a single health plan. Age-matched controls were selected to represent the population, and there was excellent ascertainment of drug exposures. Current use of estrogen and/or progestin therapy during the five years ending one year before enrolment was associated with an increased risk of invasive breast cancer of all types. The adjusted odds ratios were 1.17 (95% CI 0.85, 1.60) with current use of estrogen only and 1.49 (95% CI 1.04, 2.12) with use of estrogen-progestin.

The breast cancer risk was not increased among women who discontinued using HRT five years before enrolment (OR 0.92, 95% CI 0.70, 1.22). Should the results of this study change the judgements that we offer patients about HRT and breast cancer? The impact of the new data on the overall risk from previous studies. The overall estimate of breast cancer risk with HRT is drawn from the Collaborative Group on Hormonal Factors in Breast Cancer and three studies published after the Collaborative re-analysis. Combining the effects with the usual inverse variance method, the latest data from Chen et al. do not alter the previous estimates of the overall breast cancer risk with use of estrogen-only HRT or estrogenprogestin HRT to a meaningful extent. The Chen data also indicate that risk increases with longer duration of use, previous studies. HRT risks in women with and without a positive family history for breast cancer were similar, as in the Collaborative re-analysis [1-5].

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