

# Hormone Replacement Therapy for Cancer Patients

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## Commentary

Hormone Replacement Therapy (HRT; also known as Menopausal Hormone Therapy, MHT) involves replacing oestrogen (or estrogenic chemicals) and progesterone (or progestagenic substances) once cyclic ovarian hormone production has stopped. The term HRT appears to be more relevant than MHT in the case of young oncologic patients with premature ovarian insufficiency (POI). MHT's oncologic risk must be assessed from two perspectives: the potential for MHT to produce tumours in patients with no prior history of cancer, and the potential for cancer recurrence and progression in cancer survivors.

Hormones are required for the growth of several malignancies. Hormone therapy can slow or stop the spread of certain diseases by inhibiting the body's ability to manufacture these hormones or altering the way hormone receptors behave in the body. The most prevalent types of cancer treated with hormone treatment are breast and prostate malignancies. Most breast tumours have oestrogen (ER) or progesterone (PR) receptors, or both, indicating that these hormones are required for growth and dissemination. Prostate cancer, on the other hand, requires testosterone and other male sex hormones like dihydrotestosterone (DHT) to grow and spread. Hormone therapy may make these hormones less accessible to cancer cells as they proliferate.

Hormone therapy can be administered through pills, injections, or surgical removal of hormone-producing organs, such as the ovaries in women and the testicles in men. It's usually prescribed in conjunction with other cancer treatments. If hormone therapy is part of your treatment plan, talk to your doctor about potential dangers or side effects so you know what to expect and can take efforts to mitigate them. To avoid drug interactions, tell your doctor about all of your other drugs.

Oncologic patients' survival rates are improving due to rapid advances in oncology. More and more of them survive long enough to experience either natural menopause or, as a side effect of their oncotherapy, early ovarian insufficiency, with worrisome vasomotor symptoms and long-term unfavourable cardiovascular and skeletal repercussions. As a result, a growing number of cancer survivors seek endocrinologic assistance in the form of hormone replacement treatment (HRT). The general public and medical professionals alike have developed an unjustified dread of female hormone replacement as a result of a misreading of the WHI (Women's Health Initiative) Study.

Many physicians have come to the reasonable and safe conclusion that avoiding HRT causes no harm, whereas prescription oestrogen alone or with progestins may carry oncologic and thromboembolic hazards, as well as the danger of litigation in the event of a possibly associated complication. Hormones are used by some tumours to grow and develop. This indicates that the malignancy is hormone-sensitive or reliant. Hormone treatment for cancer involves taking medications that block or reduce the level of hormones in the body in order to stop or slow cancer growth. Hormone therapy either inhibits the production of hormones or prevents hormones from causing cancer cells to proliferate and divide. It is not effective against all malignancies [1-5].

Hormone therapy can be used before or after other cancer therapies. Neoadjuvant treatment is when hormone therapy is given before the primary treatment. These treatments aid in the elimination of cancer cells. They also aid in the improvement of the primary therapy, which is frequently surgery. Adjuvant treatment is when hormone therapy is given after the initial treatment. Adjuvant treatment is used to help prevent cancer from returning. If you're not in good enough health to undergo surgery or other cancer therapies, hormone therapy may be an alternative. It can aid in the alleviation of cancer-related issues.

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**How to cite this article:** Surcel, Hendrik. "Hormone Replacement Therapy for Cancer Patients." *J Cancer Sci Ther* 14(2022): 513.

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**Received** 04 January, 2022; **Manuscript No.** jcst-22-52673; **Editor Assigned:** 6 January, 2022; **PreQC No.** P-52673; **Reviewed:** 17 January, 2022; **QC No.** Q-52673; **Revised:** 22 January, 2022, **Manuscript No.** R-52673; **Published:** 29 January, 2022, DOI: 10.37421/1948-5956.22.14.513