Can we minimize the risks of HRT after Breast cancer?
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The management of estrogen deficiency symptoms in breast cancer survivors is an unsolved problem of growing magnitude. While HRT may increase the risk of breast cancer in healthy women, its effects on recurrence are more unclear. High dose estrogens were previously used for adjuvant treatment after surgery and observational studies have suggested decreased recurrence rates after HRT. The few clinical trials in this field were all closed preterm and do not allow firm conclusions. Yet they found no increased mortality from breast cancer or any other cause during HRT. After 10 year follow up the Stockholm trial found no significant increase in new breast cancer events. The increased recurrence in HABITS has been attributed to progestogen exposure. Subgroup analyses of the LIBERATE trial indicated little adverse effect from tibolone in women on concomitant tamoxifen. The risk of recurrence was markedly higher for those on aromatase inhibitors. There is a great need to find new strategies for effective relief of the many symptoms and adverse consequences of estrogen deficiency. The development of anti-progesterone and estrogen combined with anti-estrogen therapy holds promise for the future. Current data typically consider HRT contraindicated in breast cancer survivors. Findings suggest that, in some women symptom relief may outweigh the potential risks.