Menopausal hormone therapy and breast cancer risk

Fear of breast cancer may deter healthcare professionals from prescribing menopausal hormone therapy (MHT) and makes women reluctant to take it long term. However, the increased risk is small, varies according to preparation and needs to be taken in context.

Studies that have informed practice

- The Women's' Health Initiative
- The Million Women Study
- The French E3N Prospective Cohort Study (E3N)
- UK nested case-control studies in primary care

Summary of findings

- **Estrogen-alone systemic menopausal hormone therapy** does not significantly increase and may even reduce breast cancer risk.
- **Low-dose topical estrogen** does not increase breast cancer risk.
- **Combined menopausal hormone therapy** confers a small increased risk but this decreases after treatment is stopped.
- Risk differs according to the progestogen used, being higher with medroxyprogesterone acetate, levonorgestrel and norethisterone and lower with dydrogesterone and progesterone.
- Breast cancer risk has to be put into clinical perspective, with account taken of other risk factors.
- Regular **alcohol** consumption, **obesity** and **physical inactivity** increase the risk of breast cancer by 32–46%, 26–152%, and 7–33% respectively. This is much higher than the risk conferred by menopausal hormone therapy.
- Menopausal hormone therapy should be recommended to all women with **premature ovarian insufficiency (POI)**, unless contraindicated, for the prevention of chronic disease associated with premature estrogen decline.

Women and healthcare professionals need to put the risk of breast cancer associated with menopausal hormone therapy into clinical context.

Further information

EMAS CareOnline 2020 https://emas-online.org/emas-careonline

Vinogradova et al. (2020) Use of hormone replacement therapy and risk of breast cancer https://doi:10.1136/bmj.m3873

©2022 European Menopause and Andropause Society (EMAS)