

Hormones and Breast Cancer

Originally a Response to the news announcements of December 15, 2006, the news media have been repeating the same incorrect information from time to time up to the present in 2011

The threat of breast cancer is so personal for every woman that all new research potentially gets wide coverage, especially anything that can elicit fear. Fear and threat get attention and are the mainstay of public news coverage in all media.

Please re-read my article in Resources on the Woman's Health Initiative study.

According to the article in the NY Times of December 15, 2006, the new data was for the years 2001 to 2003. This is only one year after the release of the WHI study. Prescriptions for Prempro, the drug used in the first half of the study, dropped by 50% in that one year. As I pointed out in my review article, hardly anyone ever mentions the results of the second half of the WHI, which wasn't reported until 2004. The women in that part received only Premarin, the horse estrogens, without the **Provera**, the synthetic progestin, medroxyprogesterone acetate. In that study the breast cancer rate was actually **lower** for the estrogen takers than for the placebo group. The reporter for the NY Times mentions this, but none of the doctors they interviewed does. **Provera** is virtually never talked about by name by anyone in the media or any interviewed doctors. The 7% reduction in newly diagnosed cases of breast cancer could easily be due to the discontinuation of the **Provera**.

A change over one year cannot reflect a change in the numbers of existing cancers.

It is estimated that breast cancers take at least **ten years** of growth to become large enough to be detectable. None of the women in the WHI were on hormones prior to the beginning of the study. Any new tumors found, already had to have been there for years. Any difference in new tumors had to have something to do with the therapy and how the tumors appear on mammogram. Since the only increase was in the Provera group, **Provera** must make breast tumors grow in a way that makes them more detectable on mammogram.

Prempro and Premarin still hold over 50% of the total menopausal hormone market. Even after the drop in use, Wyeth-Ayrest still makes a billion dollars a year on these drugs. I know of no studies, either past or now on going, that compare breast cancer rates in Provera users to users of real, natural, bio-identical progesterone or even any of the birth-control type synthetics that are in Fem-HRT and Activella. Everyone talks only about the estrogens, even though there is massive data on estrogen and breast cancer with only small differences in breast cancer rates.

Unfortunately, there are no long-term large studies on balanced, bio-identical hormones used in modest, monitored doses. I know of none that are even beginning. The new article from this week is merely reflecting total **new** breast cancer **diagnosis** rates

reported. We know little about the individual patients. Hopefully, future studies will help clarify the situation.

Keep in mind: Newly found cancers, like lung cancer and breast cancer, reflect what was going on in a patient years to decades before the diagnosis. Most smokers begin smoking in their early teens. Most lung cancers are diagnosed patients in their late forties to their seventies and even eighties, often decades after the individual stopped smoking. **The causes of breast cancer and finding the lump can be decades apart. A one-year change is only about finding the disease, not the cause.**

We must live life as it comes, without perfect data to make our life decisions. Even on Prempro, the women on the therapy in the WHI had lower total mortality than the women on placebo, despite the much publicized increases in breast cancer. We need to look at the whole picture.

Dr. Goldman