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Relationship of Hormones to Breast Cancer

Response to Announced Results from the (WHI) Woman's Health Initiative Study (12/15/2006)

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Note: Please read my detailed article about the results of the (WHI) Woman's Health Initiative study, found in the Resources section.

The threat of breast cancer is particularly different and personal for each woman. If a recent research study implies negative results, the media will generate a lot of coverage and publicity -- tending to magnify fears and threats. Unfortunately, these types of articles elicit the most attention and are the mainstay of media news coverage.

According to an article published in the NY Times in December 2006, new data results came back referencing the connection between taking hormones and getting breast cancer. The studies were done in 2001, 2002 and 2003 (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 mentioned in the WHI article, barely anyone pointed out the conclusion of the second half of the WHI study — it wasn't even reported until 2004. The report represents a group of women who only received Premarin (the horse estrogen) without Provera (the synthetic progestin medroxyprogesterone acetate). That study showed 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 that were interviewed makes reference to it. Provera is virtually never talked about by anyone in the media or included in any physician interviews. The 7% reduction in newly diagnosed cases of breast cancer could easily be related to the discontinuation of Provera.

Taking hormones for one year cannot render a change in the number of existing cancers.

It is estimated that breast cancer takes at least ten years for the growth to become large enough to be detected. None of the women in the WHI study were on hormones prior to beginning the study. Any newly discovered tumors were already pre-existing (for years). Differences in new tumors had to be related to the therapy and how the tumors appeared on the mammogram. Since the only

increase was in the Provera group, Provera must make breast tumors grow in a way that makes them become more detectable on a mammogram. Prempro and Premarin still hold over 50% of the total menopausal hormone market. Even after the drop in use, Wyeth-Ayrest still makes over 1 billion dollars a year with these two drugs.

I'm not aware of any studies (past or current) that compare breast cancer rates in users of Provera to recipients of real, natural, bioidentical progesterone (or even of the birth control synthetics found in Fem- HRT and Activella). Often people focus exclusively on estrogen — there is massive data about estrogen and breast cancer that shows only a small difference in breast cancer rates. Unfortunately, there are no large, long-term studies regarding the use of balanced, bioidentical hormones in modest, monitored doses. I know of none that are even beginning. A recent article merely showed total new breast cancer diagnosis rates. We know little about the individual patients. Hopefully, future studies will help clarify the situation.

Keep in mind: Newly found cancers such as lung cancer and breast cancer, reveal what was going on in a patient's body years to even decades before the diagnosis. Most smokers begin smoking in their early teens. Most lung cancers are diagnosed in people in their late 40s to 70s (even in their 80s). Many times a diagnoses comes decades after the patient stopped smoking. The cause of breast cancer and finding a lump can be decades apart. A one-year change is only about initially detecting the disease, not the cause. We must live life as it comes, without perfect data to make our life decisions. Even women that were on Prempro, (in the WHI study) had a lower total mortality than the women who took placebos. Despite the much-publicized increase in breast cancer rates, it is essential that we need to look at the whole picture.