

Spotlight

By Anne Forde

Postmenopausal Hormone Therapy and Endometrial Cancer

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Postmenopausal endometrial cancer is increasing in all Nordic countries except Denmark. Increased body weight and low parity are determining factors. Postmenopausal hormone therapy is also known to have an impact on cancer rate.

This Finnish, nationwide, case-controlled study analyzed hormone therapy use by over 7,000 women diagnosed with endometrial cancer from 1995 to 2007. The authors had previously shown that continuous estrogen--progestagen therapy (EPT) was protective for endometrial cancer whereas sequential (a monthly progestagen course) and long cycle EPT (progestagen course every 3 months) were associated with increased risk after 5 years of usage. Similar findings in Europe and the USA have been published.

In this study, the authors look in more detail at the influence of hormone therapy duration, the nature of the steroids and administration location over a 10-year period. Hormonal therapy use of under 5 years with either sequential EPT, continuous EPT or continuous estradiol with local progestagen release using an intrauterine device led to a reduced risk of developing endometrial cancer. The latter regime offered the best protection, with an odds ratio of 0.39. On the other hand, long-cycle EPT resulted in an increased risk of 1.4 with 5 years of use to up to 3 times the risk with 10 years or more hormone treatment.

The study pinpoints variations in hormone treatments that can have a significant impact on endometrial cancer. Long-cycle EPT increases the risk even in the short term. Continuous estradiol with local uterine progestagen release appears to be the most promising. This study is significant as it is the first to investigate a large group of patients over a time period of 10 years or more.