New Lancet MHT Study May Not Be Relevant to Modern Body-Identical Formulas

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Reference

Design and participants
A meta-analysis of epidemiological studies and randomized trials on long-term follow-up of post-menopausal women prescribed menopausal hormone therapy (MHT). The analysis looked at 58 studies published between 1992 and 2018 and more than 100,000 women who received a breast cancer diagnosis during that time. The majority of the data was derived from prospective studies.

Key findings
A slight but statistically significant increased risk of breast cancer was detected for every type of MHT except vaginal estrogen. For a woman of average weight who has never used MHT, the absolute risk of breast cancer in the age range of 50 to 69 years is 6.3%. According to this analysis, that risk increases to 6.8% for estrogen-only MHT; 7.7% for formulations with intermittent progestin; and 8.3% for formulations with daily progestin.

Practice implications
The first takeaway is that no cancer risk was detected for topical vaginal estrogen, a reassuring finding for patients who require vaginal estrogen for dryness and other symptoms of the genitourinary syndrome of menopause (GSM).

To understand the safety of OMP, we have to look to other studies such as the 2018 systematic review “The impact of micronized progesterone on breast cancer risk.” Conducted by an international expert panel, the review acknowledged the relative scarcity of data for body-identical progesterone and did not conduct a meta-analysis. Instead, they reviewed the data of 19 studies and made the following recommendations: “(1) estrogens combined with oral (approved) or vaginal (off-label use) micronized progesterone do not increase breast cancer risk for up to 5 years of treatment duration; (2) there is limited evidence that estrogens combined with oral micronized progesterone applied for more than 5 years are associated with an increased breast cancer risk; and (3) counseling on combined MHT should cover breast cancer risk - regardless of the progestogen chosen.” They found no evidence for the effectiveness or safety of transdermal progesterone.

In conclusion, the new Lancet study demonstrates that non-body-identical types of MHT such as oral conjugated equine estrogen and medroxyprogesterone acetate probably do increase the risk of breast cancer, albeit slightly. We should, of course, advise patients of that risk within the broader conversation of risks versus benefits. We should also make patients aware that other types of MHT, such as body-identical transdermal estradiol and OMP, may not carry the same risk. Finally, we could inform patients of the work of Professor Prior, and her recommendation that OMP can be used on its own, without estrogen.

Oral micronized progesterone (OMP) is different from progestins in that it is identical to the body’s progesterone. OMP is available in Canada as Prometrium® (not accessible by all ND prescribers) or as a compounded capsule. It can be prescribed together with estrogen or on its own, a treatment strategy proposed by Canadian researcher Jerilynn Prior. In two randomized controlled trials, Professor Prior found that OMP-alone may relieve the symptoms of both perimenopause and menopause. Both studies were small and of short duration and did not assess for the long-term safety of progesterone.
About the Author

Dr. Lara Briden, ND graduated from CCNM in 1997. She is author of the bestselling book “Period Repair Manual” and is a passionate communicator about women’s health.

References


