



## **Statement from Dr Rodney Baber, President IMS re the recent report on ovarian cancer risk associated with HRT usage published in The Lancet, 13<sup>th</sup> February 2015**

“This meta-analysis of 52 epidemiological studies has reported an increased risk of ovarian cancer with use of HRT.

This topic has been a contentious issue for some years with a majority of observational studies failing to show an increased risk of ovarian cancer with HRT use whilst two large studies from the UK and Denmark did find an increase.

It is important to note that the largest Randomised trial of HRT in post menopausal women, The Women's Health Initiative, did not find any increase in risk of ovarian cancer for users of oestrogen or oestrogen plus progestogen therapy after more than 5 years use.

This meta-analysis does not suggest that HRT causes ovarian cancer but does find an association between HRT use and increased risk of two specific types of epithelial ovarian cancer, serous and endometrioid.

It also finds a reduced risk of mucinous ovarian cancer with HRT use.

There is no correlation with dose of HRT, although this is, on average, probably higher than that used today, nor is there any distinction between oral and non-oral administration or between sequential and continuous progestogen use.

The prospective data in this meta-analysis is heavily influenced by two studies, MWS and DaHoRS. The author's state they were not allowed access to individual data in DaHoRS due to Danish privacy laws. We also know DaHoRS did not correct for prior HRT use or weight amongst other co variables.

The retrospective data contains only one study (Negri et al) which found a significant increase in risk and the pooled retrospective trial data shows no increase in risk.

Therefore, this study looks at a heterogeneous study population, with, in some cases, incomplete data and tries to attribute cause and effect between HRT use and a heterogeneous group of ovarian cancers of which two types out of four purportedly showed an increased risk.

That this risk in absolute terms then comes down to one excess case of ovarian cancer per 1000 users after 5 years ( or less according to my own calculations) means that for women using HRT this risk is very very low in absolute terms and may be beyond the capacity of a meta-analysis of observational studies to accurately predict.

My advice to women using HRT would be that this study at worst suggests a very small increase in risk with use of HRT, that this is no reason for them to stop taking their HRT, that the benefits of HRT in their own individual case should be weighted up against this information and that they should discuss this with their own doctor.”

Dr Rodney Baber

President IMS.