

Why everything you thought you knew about HRT is wrong

Just how safe is hormone therapy? A new book busts the myth that it gives you cancer.

By Anna Maxted

Hmm, is the dubious response from my fiftysomething friends when I say that 60 years of clinical evidence suggests that taking oestrogen doesn't raise your risk of breast cancer. In fact, the breast cancer risk from taking Premarin — the unglamorous oestrogen made from horse's pee — is no greater than being left-handed (ie bogus, not to worry left-handers). Many studies have found that, even if you have survived breast cancer, taking oestrogen does not increase the risk of recurrence.

Not only that, hormone replacement therapy (HRT) — oestrogen plus progesterone — is the only medicine clinically shown to reduce the risk of dementia, by 45 to 60 per cent. (Exercise, olive oil and crossword puzzles, not so much.) Oestrogen also lowers the risk of heart disease by 50 per cent. And while vitamin D and calcium help to strengthen bones before menopause, they don't prevent fractures in older women. Oestrogen, however, protects by increasing the internal flexibility of bone.

Women are sceptical, and fair enough. They've read terrifying headlines. They know someone who took HRT and got breast cancer. Their GP advises taking it, but at the lowest dose for the shortest time. (Eh? So is it dangerous or not?) Or perhaps, the very idea of hormones feels

“My wife has had oestrogen therapy since 1994. She's doing very well

misogynistic, implying that women over 50 are deficient or decrepit.

This information in support of therapy comes from a leading oncologist, Dr Avrum Bluming, a former senior investigator for the National Cancer Institute in the US. He has studied the benefits and risks of hormone replacement therapy given to women with a history of breast cancer for more than two decades. He is a co-author, with the social psychologist Dr Carol Tavris, of a new book, *Oestrogen Matters*. “The overwhelming data at this point shows that oestrogen does not cause breast cancer,” he says.

Neither author gains by championing HRT. “Neither of us has a vested interest personally or professionally in this argument,” Tavris says. She didn't take HRT after her menopause “to my regret, now. But I had no symptoms.” (She's 73. Bluming is 78. They look younger.) Dr Bluming adds: “We're not looking to sell oestrogen.”

What they want is to provide facts to empower women to decide for themselves, because despite what we think we know about oestrogen, most of us, GPs included, have based our beliefs on false information, they say.

Oestrogen Matters scrutinises decades of global research and data and explains how HRT was demonised by a single study — The Women's Health Initiative (WHI) — which was agenda-led and “misleading in the extreme”. The book is a systematic take-down of its claims.

Talk of data is no match for the fear in your heart, though. Many of Bluming's patients, treated for breast cancer at his practice, were tipped into menopause by their chemotherapy. Suffering insomnia or sweats, they'd beg for help. What could they take? He'd suggest, as one approach, they consider oestrogen. Easy for him to say, they would respond. What if I were your wife, they would ask.

Dr Bluming smiles. “My wife is also my business manager for my practice,



so I would take them to my wife's office. My wife, Martha [who was diagnosed with breast cancer aged 45 in 1988], has been on oestrogen therapy since 1994. She's doing wonderfully.” Meanwhile, his daughter, now in her late forties, underwent

treatment for a tumour in her breast at 35. She started HRT two months ago. He didn't persuade her either way. Any intervention, even taking vitamins, carries a risk, he says. “It was a decision she made with my help. She is very happy.” So if the “mosaic” of

evidence shows that oestrogen is beneficial, how is it that so many of us are convinced it is harmful?

Some fear arises from confusion. If women genetically predisposed to breast cancer have their ovaries removed when premenopausal, their breast cancer risk falls by 50 per cent, Bluming says. “The incidence... falls by 50 per cent... ergo it must be oestrogen that is responsible for that increased risk of breast cancer. However, if you give these premenopausal women replacement oestrogen after you have removed their ovaries, that decreased risk of breast cancer persists.”

Dr Bluming also studied what would happen if a woman got pregnant after having breast cancer, because levels of oestrogen rise dramatically in pregnancy. “It turns out it has no negative effect. It may even have a positive effect.” Such analogies prompted him to launch a study in 1992 in which breast cancer survivors suffering menopausal symptoms were given HRT to determine whether they showed an increased incidence or recurrence of breast cancer. They did not. Other studies throughout the 1990s showed similar findings.

Then perception changed. The destruction of HRT's reputation — obliterating decades of research — occurred in 2002 and the WHI, a study of 16,000 women, half of whom got Premarin (oestrogen only) or

Premarin plus progesterone, the other half a placebo. That year, skipping the protocol of first presenting their findings in a peer-reviewed medical journal, the WHI investigators informed the global press that they had had “to stop the study three years early because of the increased risk of breast cancer”. (That “increased risk” actually amounted to about eight additional cases of breast cancer for ten thousand women taking the hormones for a year.) “They also reported increased risks of heart disease and stroke,” Bluming says. Cue, Tavris says, “hysterical headlines”. The effect was immediate. Of the millions of women taking HRT, between 50 and 70 per cent discontinued it within the year or soon after. Thousands of lawsuits were filed — by 2012 Pfizer had paid \$896 million to resolve about 60 per cent of cases. Research on hormones stopped cold.

Yet the WHI study had many flaws (*Oestrogen Matters* cites ten). For instance, Bluming says, “the median age of women put on this study was 63. Half were former or current smokers. Up to 70 per cent were overweight or obese. And nearly 36 per cent were being treated for high blood pressure.” In other words, the majority of participants already exhibited factors that increase the risk of heart disease and stroke. “Hardly typical of the perimenopausal female

population,” Bluming says. “Most women who take hormones take them when they're starting menopause, in their late forties, early fifties.”

Plus, he says, when you look at the study “there was no increased risk of breast cancer among women taking Premarin alone. And the small increased risk of breast cancer among those taking Premarin and progesterone was not statistically significant. According to scientific convention, that means the result was weak and could have occurred by chance. Well, the breaking of that convention was terrible.”

Oestrogen Matters details risks too, but they are very small, he says. “We know that oestrogen can cause platelets to clump, which might block already narrowed small arteries. If you give oestrogen to women who already have narrowed arteries, you may cause an event due to blocking that artery. That may be true of women with a median age of 63. It does not appear to be true when women who are younger are given hormones.” In fact, as Tavris adds: “It keeps the arteries flexible.”

In subsequent years, Bluming says, some of the study's authors have admitted that they probably were presumptuous “and now think that if women start hormones within ten years of menopause those increased vascular problems are no longer an issue”.

But, Tavris says, although “many of the WHI investigators have been quietly walking back their original alarmist panic, we have never read: ‘WHI investigators apologise for scaring women around the world! No. We have not had that headline.’ Looking back at *The Times*, there is a headline from July 23, 2004, “HRT: Don't be afraid”, but doubt had already taken root.

Bluming doesn't believe there was any “nefarious ulterior motive. It's just that people can be blinded by their own prejudices.” Tavris says the belief that oestrogen is harmful guided investigators before they even began.

The impact remains. Many women with difficult menopausal symptoms simply suffer, others take homeopathic remedies — which are given short shrift in *Oestrogen Matters*. Some women reject Premarin (although other forms of oestrogen are also available on the NHS) in favour of privately prescribed expensive bio-identical hormones, usually oestrogen in the form of estradiol, derived from yams (and progesterone, because oestrogen alone can increase the risk of uterine cancer).

Tavris chuckles. “We call them concierge doctors. They take your money and make you feel — oh dear, oh dear!”

Sixty years of data suggests Premarin is most beneficial, Bluming says. “It contains at least ten forms of oestrogen, one of which is equilin, which is the most helpful in preserving brain function.” He adds: “Natural is very nice, but ‘data’ trumps it.”

Many women, however, feel that if they are advised to consider hormones, they are being told they

need medication to avoid turning into mad old crones. Part of the problem, Tavris says, derives from Premarin's early marketing. “That ludicrous ‘feminine forever’ idea in the 1960s hyperventilating bestseller by the New York gynaecologist Robert Wilson was a shill for the pharmaceutical industry.”

Suspicion of misogyny persists. “Many women's health activities and feminists hate the language of hormone ‘replacement’ therapy, as if we're deficient now that we're in menopause. How insulting!” But let's separate condescension from fact. In menopause, she says, “oestrogen drops to 1 per cent of what it was. It's gone! So it really is about replacing a very beneficial hormone.” Not feminine forever, but “healthier longer”.

Their chapter on how oestrogen protects the brain is a lesson in science. Bluming says: “There is only one medication that has been shown in numerous studies to significantly reduce the risk of dementia and Alzheimer's disease, and that is oestrogen. It's so far and away superior to the very small and potentially short-term benefits that are seen with meditation or yoga or exercise, and it's being ignored.”

How oestrogen benefits bone is also explained. It protects the tensile strength of the bone, whereas, Tavris says, “taking calcium supplements affects the external shell, not the interior of the bone, which is what is necessary if you want to avoid fractures”.

Why are we so resistant to accepting any of this? “Once you commit to a belief,” Tavris says, “you spend a lot of time and energy looking for information that confirms the wisdom and correctness of your belief, and you will minimise, reject, forget and overlook any information that suggests you're wrong and it's time to change your mind.”

Not so long ago, she says, radical mastectomy was the appropriate response to breast cancer. “It was based on a logical belief that cancer spreads to continuous tissue, and it was wrong.” In 1978 Bluming organised a study of lumpectomy for treating breast cancer in California. Tavris says, however, that when it was suggested to doctors, who believed they were doing the best for their patients, that the radical treatment was not needed, that “you could just remove the lump”, the initial collective reaction was: “Sod off, and take your stupid data with you.”

They doubt the medical establishment will thank them for *Oestrogen Matters*. They admit that theirs remains a minority view. “Avrum has many allies in medicine and science who likewise have read the literature, the medical studies. He's not a lone crank,” Tavris says. Disagree, they say, but read the data, not the headlines. “We hope that the scientific argument is really persuasive. That's all we can do. Offer this evidence, hope people can access it open-mindedly, and say, ‘Holy cow, I had no idea!’”



Classical Spain TOUR

INCLUDES THE SERVICES OF AN EXPERIENCED TOUR MANAGER



SEVEN DAYS FROM

£599

PER PERSON

Return flights plus six nights at three and four-star hotels, with breakfast

Visit Granada's stunning Alhambra

Visit to Cordoba with a guided tour of the Mezquita

Guided tour of Seville

Andalucía is one of the most beautiful corners of Europe, where the excesses of modern life do not seem to have taken root and travellers are welcomed as honoured guests. Explore the winding streets which have inspired writers, become a muse to artists and loved by people from around the world. Let the history wash over you as you embrace its charm and serenity.

Personalise your holiday and enjoy an authentic flamenco show in Seville. Witness a spectacular flamenco performance filled with passion and energy in a charming theatre, from £30pp.

Departures up to November, 2018 and March to November, 2019.

RIVIERA TRAVEL

Call now to book, quoting KM648

0330 160 5884

thetimes.co.uk/riviera-cs

THE TIMES THE SUNDAY TIMES