Gynaecological Oncology News

HRT after Gynaecological Cancer

Dear Colleague,

Hormonal Replacement Therapy (HRT) in women with gynaecological cancer is sometimes tricky. Many of us are concerned about the possibility to trigger a recurrence in a patient who would have done well otherwise.

1. Endometrial Cancer – A number of studies comparing oestrogen use (ERT) vs. nil were conducted, most of them were retrospective. None of the studies demonstrated an increase of recurrence or death rate. The only prospective randomized trial on this topic was just published in February 2006: The GOG137 trial found a similar low rate of recurrence in both groups (12 of 618 women assigned to ERT, 10 of 616 patients assigned to placebo). However, the study was closed early after the study of the Women's Health Initiative demonstrated higher cardiovascular and thromboembolic events rates when women used an oestrogen-progestin combination.

2. Cervical Cancer – Premenopausal patients who require a radical hysterectomy for cervical cancer will always be offered preservation of the ovaries (metastasis to the ovaries are incredibly rare). If radiotherapy is required, the ovaries can be transposed outside the radiation field. However, the ovarian failure rate is still very high and many women will have reduced or absent ovarian hormone production as a result of treatment. There is very little evidence for or against HRT from the literature: Patients who required radical radiotherapy for cervical cancer and who were on HRT had similar recurrence rates but significantly lower complication rates associated with radiotherapy. Patients who have not undergone hysterectomy should receive progestins with oestrogen according to current standard guidelines.

3. Ovarian Cancer, Vulval & Vaginal Cancers – While many cancer cells often express hormone receptors, it is generally accepted that the growth of ovarian, vulval and vaginal cancer is not mediated by those hormones. 400 ovarian cancer patients in 2 retrospective studies form the basis of our knowledge about HRT after ovarian cancer. Survival rates were almost identical when HRT users were compared to non-HRT users. I believe that oestrogen should not be withheld if the patients' quality of life is affected by menopausal symptoms following surgery and chemotherapy for these patients.

Alternatives to Oestrogen: Tibolone (Liviel) is often recommended as an alternative to oestrogen for women with cancer. It is a synthetic steroid whose metabolites have estrogenic, androgenic, and progestagenic properties. It has a beneficial effect on bone mineral density and reduces vasomotor symptoms. In one very large study, the risk of developing breast and endometrial was increased. The long-term effects of tibolone on cardiovascular disease are not known. Other alternatives that have been studied are Venlaxafine (75 mg daily), Gabapentin (300 to 900 mg/day) or for patients with hypertension, transdermal Clonidine.

Local (vaginal) treatment is a good option to treat vaginal dryness with a low systemic absorption rate.

Herbal therapies and phytoestrogens (from plants, fruits and vegetables) are widely used to help manage menopausal symptoms. They contain steroid hormones (oesteogenic and anti-oestrogeneic). However, they are classified as nutrients (not medication) and therefore they are not tested in clinical trials for efficacy and safety.

In brief, no single study suggested impaired outcomes of gynaecological cancer patients who were on HRT. Quality of life is affected when women suffer menopausal symptoms. Also, with longer disease-free interval, recurrences will occur less likely and HRT will be even safer. I suggest to start with a low dose and to give it for one or two years only. We do need to be aware that oestrogen replacement for more than a couple of years is associated with increased risk of cardiovascular and thromboembolic disease as well as breast cancer.

Please feel free to contact me (☎ 07 3847 3033) if you wish to receive more information on this topic.
Best wishes.

A/Prof. Andreas Obermair
www.obermair.info