

# HOT FLASH

WHEN NORA UNDERWOOD TURNED 50, HER DECISION ABOUT HORMONE REPLACEMENT THERAPY COULD HAVE MEANT THE DIFFERENCE BETWEEN LIFE AND DEATH

**MY MOTHER WAS ONLY 63** WHEN SHE FIRST DISCOVERED THE LUMP IN HER BREAST — a tumour, doctors later figured, that had probably been in the making for a decade. Two-and-a-half years later, in March 1986, she died. Nine months after that, my father suffered a fatal heart attack. Somewhere in there, I had my 28th birthday. With the deaths of my parents, my family doctor, who has taken care of me since I was kid, was propelled into a highly anxious state, ordering me into regular mammograms, getting even more brutal about my smoking and tossing off a comment that I've never quite shaken: "No HRT for you, my dear." Four years ago, six days after her 57th birthday, my sister died of colon cancer. Later, as my doctor was writing out instructions for yet more screening tests, I asked him whether or not it was possible that hormones left to their own wild devices in the years leading up to menopause and beyond might not be the trigger for certain cancers. "Good question," he said.

I turned 50 this year, and I confess it's been hard to embrace it — god knows, it's hard enough to type it though not only for the reasons one might imagine. I have the usual concerns, of course — the ones that most of us have when we're not busy positively reinforcing each other about this incredible new chapter of our lives. I still feel 28 and act like it most of the time, and yet whenever I'm struck with how old I really am, it's like waking up happy then remembering your boyfriend dumped you the night before. I worry about losing my appeal to employers, worry about losing *any* appeal I might have. But more important than that, I worry that I won't be around for my kids as they get older, won't know my grandchildren, won't be able to have a lovely long indulge in all the good things older age really can bring. After all, for the only other two women in my immediate family, getting older didn't really happen.



When it comes to HRT and menopause, some like it hot ... or not. Marilyn cools off and provides hot flashes of the Monroe kind.

As near as I can figure, things were starting to move in the wrong direction for them when they were right about the age I am now.

High risk. I've been wearing that label for a long time. And I've pretty much acted accordingly: I quit smoking years ago, eat pretty well, exercise regularly, take my D, drink moderately, um, most of the time. But still, this question: does being high risk for cancer mean I can't get any relief if my hormones make me miserable?

Like my own doctor, there were always many health-care professionals who didn't like the idea of prescribing hormones to a high-risk woman. But in 2002, hormone replacement therapy was dealt a most severe blow — and, many experts believe, quite unfairly. The Women's Health Initiative was a 15-year study looking at the major causes of death and disability among postmenopausal women — cancer, heart disease and osteoporosis — involving tens of thousands of participants. But three years before the scheduled end of the study, researchers pulled the plug after early results in the hormone replacement component indicated that women on HRT

were at higher risk for heart disease, stroke, pulmonary embolism and breast cancer. Almost immediately, literally millions of women flocked to their doctors to be taken off HRT, and sales of the pills tanked. (So did the breast cancer rate in the United States, coincidentally or not, down to 126 cases per 100,000 women from 135.)

While the researchers took the only ethical course of action by cutting the study short, questions about the specifics of the participants started to emerge, and there has been criticism that the WHI research was not carried out with women who really represented those on hormone replacement drugs. For one thing, the average age of participants was 63, more than a decade older than many women starting to experience menopausal changes. In addition, a third to a half of the participants had histories of smoking or high blood pressure or other things that might have elevated their risk.

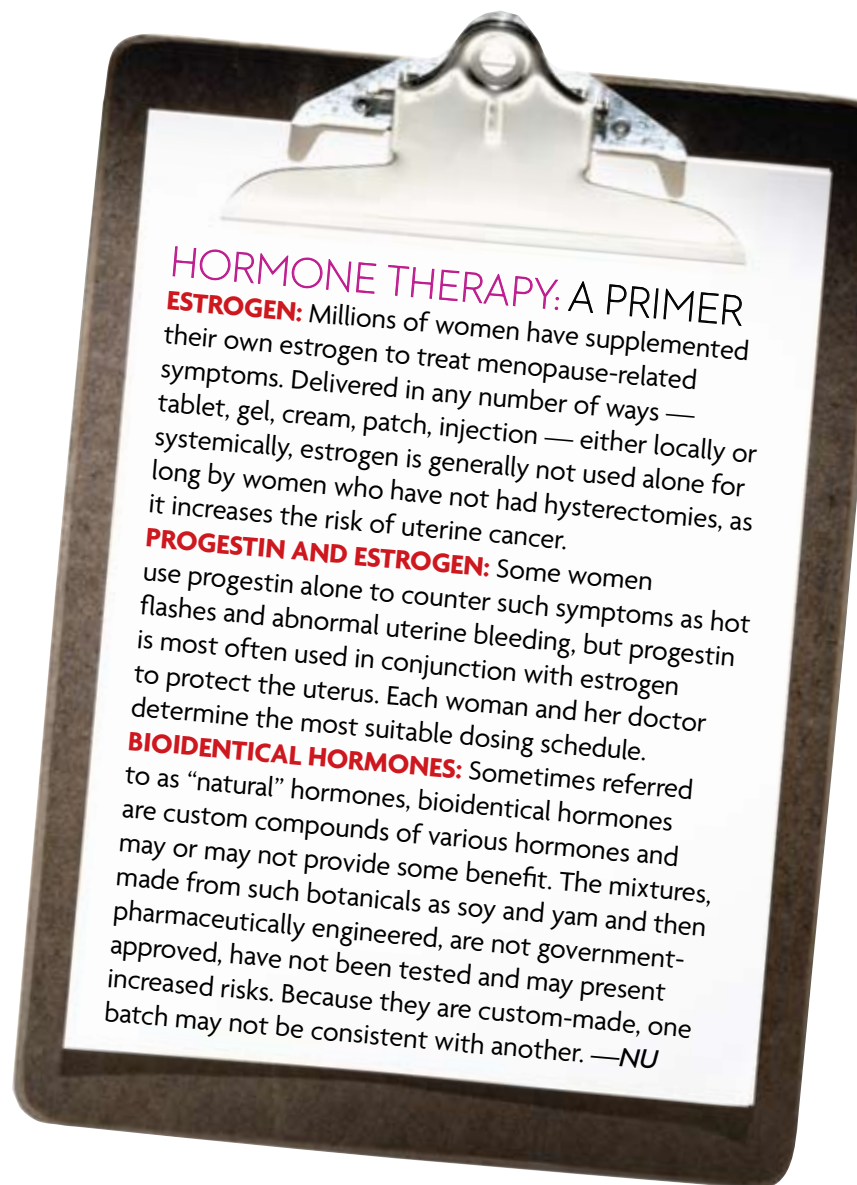
Dr. Marla Shapiro, a Toronto physician and author of *Life in the Balance: My Journey with Breast Cancer*, explains that the data on women in their 50s on HRT looks completely different than the information gathered on those in their 60s: the absolute risk for women between 50 and 59 per 10,000 in the group that was given a combination of estrogen and progestin compared to placebo was 4, meaning there were four extra cases of breast cancer per 10,000 women treated. For women who had had hysterectomies and were taking estrogen only, the risk was -8, meaning there were eight fewer cases of breast cancer per 10,000 women treated. “The Women’s Health Initiative was reported in sound bites,” says Shapiro. As a result, some of the findings were misinterpreted, people quickly reacted and the damage was done. “The data just doesn’t support this kind of hysteria,” she adds. “I think that women, in fact, have been done a great disservice because they’ve had a very important pharmaceutical approach to treatment taken away from them.”

At a summit on menopause (yes, it’s true) in Zurich in March 2008, global experts in menopause-related issues looked at evidence about the safety of and risks associated with hormone replacement and concluded that most women have little to fear about HRT under certain circumstances. Acknowledging the slight increase in risk for breast cancer with certain types of HRT, the experts maintained that healthy women in the early postmenopausal years on the lowest doses and for the shortest period of time to control really troublesome symptoms should have no problems.

But experts, including Dr. Wulf Utian, executive director of the North American Menopause Society, also stress that the risk and benefits need to be weighed in each individual case. Does a family history of breast cancer necessarily preclude a woman from using HRT, for example? Not necessarily, says Utian, depending on whether the cancer was estrogen-receptor positive or negative. Age, health and other factors, including severity of the symptoms, have to be assessed. “We have a lot of information, of understanding the risk on both sides,” says Utian. “We have ways of evaluating the degree of discomfort in relation to the symptoms at this point in time, and we have good information on potential risks of hormones going forward.” In the end, he adds, “you can have an informed consumer and informed provider, but the bottom line is the consumer is the one who is going to have to make the decision.”

He expressed concern that unwarranted fear of pharmaceutical HRT may send women to so-called bioidentical hormones, something that “celebrity” spokesperson Suzanne Somers has lauded. Bioidentical hormones are supposedly identical to the hormones women produce but are compounded in a lab to match the individual’s hormone profile. “The great promise is that these are natural, and you’re getting it back the same way you got it when you were of reproductive age, and it only carries the benefits and no risks,” says Utian. “It’s nonsense.” Shapiro agrees that this alternative, which is not regulated or put through clinical trials, is worrisome. “In some people’s minds, natural means without harm, and it’s not.”

There are people like me who’d like their doctor to say, with all the evidence to back it up, “Do this and you’ll be fine.” Unfortunately, when it comes to HRT, medicine is just not there yet. “It’s complicated, and women have to understand that it’s complicated,” says Shapiro. “No medication is without potential risk. It’s as simple as that. It’s all a question of what we know — what is absolute science — combined with our perception and belief system.” **Z**



## HORMONE THERAPY: A PRIMER

**ESTROGEN:** Millions of women have supplemented their own estrogen to treat menopause-related symptoms. Delivered in any number of ways — tablet, gel, cream, patch, injection — either locally or systemically, estrogen is generally not used alone for long by women who have not had hysterectomies, as it increases the risk of uterine cancer.

**PROGESTIN AND ESTROGEN:** Some women use progestin alone to counter such symptoms as hot flashes and abnormal uterine bleeding, but progestin is most often used in conjunction with estrogen to protect the uterus. Each woman and her doctor determine the most suitable dosing schedule.

**BIOIDENTICAL HORMONES:** Sometimes referred to as “natural” hormones, bioidentical hormones are custom compounds of various hormones and may or may not provide some benefit. The mixtures, made from such botanicals as soy and yam and then pharmaceutically engineered, are not government-approved, have not been tested and may present increased risks. Because they are custom-made, one batch may not be consistent with another. —NU

