

## **ESTROGEN RISKS**

### ***Estrogen Use During Menopause*** (continued)

It has been speculated that a women's cumulative **life-time exposure of >1,500 milligrams** of estrogen may be a **trigger point for breast cancer** as was shown in a 1980 study on two Los Angeles retirement communities (Ross RK, 1980). Endometrial and ovarian cancer may be triggered **even sooner** (see endometrial and ovarian cancer risks). The **addition of progestins** to estrogen (eg: HRT) does not lower the risk of breast cancer, **but raises it significantly**. New studies continue to prove that HRT increases the risk of breast cancer by **10% for each 5 years of use** (Ross RK, 2000). The mountain of evidence linking estrogen compounds to reproductive cancers as well as blood clots and strokes has been **basically ignored for many years**.

### ***Ramifications of the HERS and WHI Studies***

\*The recently released results of two huge landmark studies, "The Heart and Estrogen/Progestin Replacement" (**HERS**) Trial and the "Women's Health Initiative" (**WHI**) in 2002 which examined menopausal women on hormone replacement therapy (HRT; eg: Prempro), has prompted the FDA to make mandatory label changes for all hormone products stating clearly of their deadly side-effects (Hendrix SL, 2003). The studies' specific findings were that treatment with estrogen plus progestin (HRT; eg: Prempro) for up to 5 years is **not beneficial overall, but harmful; there is actually early harm for coronary heart disease, continuing harm for stroke and venous thromboembolism, and increasing harm for breast cancer** (Chlebowski RT, 2003). Both studies proved HRT caused undeniable and significant increases in heart disease and breast cancer (Good AE, 2003, Johnson K, 2003, Hulley S, 2003). The huge, randomized, controlled WHI Trial, sponsored by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) had to end prematurely in July, 2002 when the results early on showed overwhelmingly that HRT was not beneficial overall, but harmful. The researchers found HRT's risks definitely outweighed any benefits, and it was not at all protective of the heart, but detrimental to it. There were **significant losses of life from aggressive and invasive forms of breast cancer as well as heart disease and sudden strokes, and all within a very short period of time**. This trial began in 1993 and involved 16,608 women ages 50 to 79 years with an intact uterus taking combined HRT or placebo. It was to run until 2005 but was **prematurely halted in July of 2002**. The study concluded that during **just the first year of HRT** use in 10,000 postmenopausal women with a uterus, there would be 8 more cases of invasive breast cancer, 7 more heart attacks, 8 more strokes, and 18 more blood clots (including 8 in the lungs) than within a similar group of 10,000 women not taking HRT. The NIH equates this to:

**26% increase in breast cancer**

**22% increase in total cardiovascular disease**

**100% increase in venous thromboembolism (blood clots)**

**41% increase in strokes**

**29% increase in heart attacks** (Shah SH, 2003).

### ***Drug Manufacturers' Response***

\*After the HERS and WHI studies were release, physicians' and women's views on HRT and ERT dramatically changed, especially for the prevention of heart disease which was **totally abandoned** (Vogel RA, 2003). However, drug manufacturers fervently battled the decline in the use of these, their most popular and lucrative drugs, as they watched sales drop in half. Lower dosages were then made in hopes that these lower levels would not cause as many cases of cancer and heart disease. The FDA required only that the drug companies put stronger warnings on hormone product labels, adding more descriptive language regarding their relationship to **aggressive forms of breast cancer**. Ads in magazines, on TV, and especially on the internet in glaring banners on major web browsers continued more than ever to try and coax women into

## **ESTROGEN RISKS**

### **Drug Manufacturers' Response** (continued)

starting on or resuming the hormones with little regard to their irrefutable deadly side-effects exposed in the HERS and WHI studies. Drug reps simply explained to physicians that the new studies had flaws, and that dosages were lower now and therefore safer to prescribe, especially to women suffering from moderate to severe menopausal symptoms as long as it was for a short period of time. Some gynecologists began to question the new studies' results too and in 2003, HRT experts, as well as the American College of Obstetricians and Gynecologists, recommended that doctors not withhold treatment from women who they felt truly needed it (Burger H, 2003). Instead of doing a nutritional analysis on women suffering from hormone-related problems and stepping up their micronutrient intake and lowering their dietary fat, etc., they just waited for the women who went off the hormones to come back begging for the new lower dosed ones. Overall though, about **half of the women on HRT and one third of the women on ERT abandoned their prescriptions. Up until 2002, about 30% of US women over 50 were on some form of HRT or ERT** (not to mention the millions of younger women on contraceptive hormones which contain the same ingredients).

### **Release of the December, 2006 Breast Cancer Epidemiology Report**

\*In what appeared to be startling news to health care professionals still promoting HRT and ERT, the government released another major eye-opening report. On December, 14th, 2006, breast cancer epidemiologists gathered at the **San Antonio Breast Cancer Symposium** in Texas and announced that an overall **drastic drop in breast cancer rates of over 7% had occurred in 2003, one year after many women stopped taking hormones. The drop was even greater-12% in women over 50, the age group taking HRT and ERT, and who were diagnosed with estrogen-receptive tumors.** There were 14,000 fewer cases of breast cancer in the nation than had been expected according to the researchers (M.D. Anderson News Release, 2006). The decline was seen **across the US in every single cancer registry** reporting information to the government yet no significant decrease occurred with any other major type of cancer. In California, especially in the wealthiest counties where HRT use as well as breast cancer rates were the highest, breast cancer rates plummeted the most. The rate of breast cancer in the US had been on a steady escalating path ever since significant use of hormones began in 1945. **It rose even faster at a rate of almost 2% a year starting in 1990 when replacement hormones began being prescribed to almost any women over 45** and for almost any reason, including unfounded claims such as preventing skin wrinkles, dementia, urinary incontinence, and heart disease. Breast cancer rates started dropping slightly in 1998 after smaller studies continued to trickle in associating their use with more cancer and heart disease. **Then in 2002, breast cancer rates did an amazing about turn and dropped 2.5% from the previous year.** Again in 2003 overall rates dropped a striking 7%. The drop was even greater-a whopping **15% from August, 2002 to December, 2003** (Kolato G. 2006). The cancer experts could give no other explanation for this drop except for the fact that **half of the women on HRT and a third of the women on ERT stopped treatment by the end of 2002.** It is clear that at least 14,000 US women were spared breast cancer in 2003 because they finally heeded the warnings from the HERS and WHI studies and got off the drugs, especially those over age 50.

### **Concluding Remarks**

\*During the summer of 2002, important government studies **finally tipped the scales in disfavor of the widespread use of estrogen-containing hormones during menopause, whether they contained progestins or not, and their use as wellness drugs was completely abandoned** (Vogel RA, 2003). The important December, 2006 government epidemiology report clearly showed for the first time since records were kept beginning in the 1970's with the advent of "The Pill," that breast cancer rates significantly decline in tandem with abandonment of HRT and ERT use.

## **ESTROGEN RISKS**

### **Concluding Remarks** (continued)

*The report closed any doubt regarding the accuracy of the conclusions drawn from the HERS and WHI studies as well as countless smaller ones that had been basically ignored for the past 60 years. Even though the pharmaceutical industry has reacted by offering slightly lower dosages of hormone pills, a whole new group of studies will be necessary to confirm that these drugs have significantly reduced risks compared to the older ones, and that their benefits clearly outweigh their risks. Also, the **safe use of estrogen and progestin containing contraceptives in younger women begs to be more seriously challenged** especially because these hormones are being consumed at a time when significantly high quantities are already being produced by their own bodies. They are also being prescribed at increasingly younger ages and for different reasons. The amount of **estrogen and/or progestin** in the new emergency contraceptives, **Plan B and Preven, is especially high and their safety should be reexamined as well**. It must not be forgotten that in December of 2002 the NIH declared **estrogen a carcinogen**, and according to many experts, including those within the American Cancer Society, **progesterone compounds (eg: progestin)** play a significant role in cancer development as well, and they too **may soon be added to the list** of substances known to cause human cancers. In conclusion, it's time for men to step up to the plate and help out with birth control and for women to make better life-style changes that promote good hormonal health. Maintaining normal weight, eating wholesome, organic foods free of hormones and pesticides, taking multivitamins and minerals, and using holistic techniques to reduce stress may be all that is needed to correct hormonal imbalances and menopausal symptoms. Women need to also refrain from being used like experimental animals in steroid sex hormone research. The analogy made long ago by NIH's endocrinology expert and OB/GYN doctor, Roy Hertz, during the Nelson Hearings regarding the dangers of "The Pill" should now be ringing clearly in everyone's ears: **"estrogens are to cancer what fertilizer is to the wheat crop."** (Rinzler CA, 1996).*

## **ESTROGEN RISKS REFERENCES**

- Burger H.** *Hormone replacement therapy in the post-Women's Health Initiative era. Climacteric.* 2003 May;6 Suppl 1:11-36.
- Chlebowski RT, Hendrix SL, Langer RD, Stefanick ML, et al.** *WHI Investigators. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the Women's Health Initiative Randomized Trial. JAMA.* 2003 Jun 25;289(24):3243-53.
- Curtis KM, Chrisman CE, Peterson HB; WHO Programme for Mapping Best Practices in Reproductive Health.** *Contraception for women in selected circumstances. Obstet Gynecol.* 2002 Jun;99(6):1100-12.
- Graziani G, Tentori L, Portarena I, et al.** *Valproic acid increases the stimulatory effect of estrogens on proliferation of human endometrial adenocarcinoma cells. Endocrinology.* 2003 Jul;144(7):2822-8.
- Hammes B, Laitman CJ.** *Diethylstilbestrol (DES) update: recommendations for the identification and management of DES-exposed individuals. J Midwifery Womens Health.* 2003 Jan-Feb;48(1):19-29.
- Hendrix SL.** *Hormone therapy: evolving concepts. Curr Opin Rheumatol.* 2003 Jul;15(4):464-8.
- Kaufman RH, Adam E, Hatch EE, Noller K, Herbst AL, Palmer JR, Hoover RN.** *Continued follow-up of pregnancy outcomes in diethylstilbestrol-exposed offspring. Obstet Gynecol.* 2000 Oct;96(4):483-9.
- Kolato G.** *Breast Cancer Rates Fall in US, Study Shows. The New York Times. Health , Dec. 14, 2006.*
- Kruse K, Lauver D, Hanson K.** *Clinical implications of DES. Nurse Pract.* 2003 Jul;28(7 Pt 1):26-32,35, table of contents; quiz 35-7.
- Laitman CJ.** *DES exposure and the aging woman: mothers and daughters. Curr Womens Health Rep.* 2002 Oct;2(5):390-3.
- M.D. Anderson News Release.** *Decline in Breast Cancer Rates Likely Linked to Reduced Use of Hormone Replacement. <http://www.mdanderson.org>. University of Texas, MD Anderson Cancer Center. Dec 14, 2006.*
- Mittendorf R.** *Teratogen update: carcinogenesis and teratogenesis associated with exposure to diethylstilbestrol (DES) in utero. Teratology.* 1995 Jun;51(6):435-45.
- NIH press Release.** *NHLBI Stops Trial of Estrogen Plus Progestin Due to Increased Breast Cancer Risk, Lack of Overall Benefit. Press Release, 2002 Jul 9. <http://www.nhlbi.nih.gov/new/press/02-07-09.htm>.*
- Palmer JR, Hatch EE, Rao RS, Kaufman RH, Herbst AL, Noller KL, Titus-Ernstoff L, Hoover RN.** *Infertility among women exposed prenatally to diethylstilbestrol. Am J Epidemiol.* 2001 Aug 15;154(4):316-21.
- Rinzler CA, Colditz, GA.** *Estrogen and Breast Cancer : A Warning to Women.* 2nd Edition. Alamedo, CA, Hunter House, Inc., 1996.
- Ross RK, Paganini-Hill A, Gerkins VR, Mack TM, Pfeffer R, Arthur M, Henderson BE.** *A case-control study of menopausal estrogen therapy and breast cancer. JAMA.* 1980 Apr 25;243(16):1635-9.
- Shah SH, Alexander KP.** *Hormone Replacement Therapy for Primary and Secondary Prevention of Heart Disease. Curr Treat Options Cardiovasc Med.* 2003 Feb;5(1):25-33.
- Vieiralves-Wiltgen C, Engle VF.** *Identification and management of DES-exposed women. Nurse Pract.* 1988 Nov;13(11):15-6, 19-20, 22 passim.
- Vogel RA.** *The changing view of hormone replacement therapy. Rev Cardiovasc Med.* 2003 Spring;4(2):68-71.
- Weiss K.** *Vaginal cancer: an iatrogenic disease? Int J Health Serv.* 1975;5(2):235-51.