

Hormone Replacement Therapy in Healthy Females and Gynecologic Cancer Survivors

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Hormone replacement therapy (menopausal hormone therapy, MHT) is safe for healthy and symptomatic females who are within 10 years of menopause or younger than 60 and do not have contraindications to MHT such as a history of breast cancer, coronary heart disease, a previous venous thromboembolic event or stroke, or active liver diseases (1).

- MHT should be used in females with a uterus as combination of estrogen-progestin and unopposed estrogen is recommended in post-hysterectomy. For females with vaginal atrophy symptoms only, vaginal estrogen may be recommended (2).

- MHT is currently not recommended to prevent chronic diseases such as cardiovascular or bone diseases (3).

- No increase in either coronary heart disease (CHD) or breast cancer risk was observed in unopposed estrogen use (4).

- Combined hormone therapy increases CHD events, stroke, venous thromboembolism (VTE) and breast cancer, while it decreases fracture and colorectal cancer risk (5).

- The absolute risk of complications for healthy and postmenopausal females taking MHT for five years is very low (3).

- In gynecologic cancer, all treatment modalities (surgery, chemotherapy or radiation) cause ovarian failure, hypoestrogenism and menopausal symptoms.

- MHT is recommended for a short course only for breast cancer gene (BRCA) mutation carriers undergone risk-reducing hysterectomy and salpingo-oophorectomy menopausal symptoms and no contraindications to HRT and no personal history of breast cancer.

- MHT is contraindicated in BRCA mutation carriers with a history of hormone receptors positive breast cancer.

- MHT is not recommended in Lynch syndrome gene mutation carriers, since dysregulation may occur in gene mismatch repair after estrogen exposure. Exception is

the young carrier with menopausal symptoms after risk-reducing surgery which a short course of HRT could be offered.

- MHT is offered in the early-stage endometrial cancer after comprehensive staging and total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH & BSO) for a short course. Only estrogen based at small possible dose recommended. At present there is no evidence to show that HRT is safe in type II endometrial cancer.

- MHT may be recommended as a short course for epithelial ovarian cancer survivors with symptoms. In survivors that their tumors express estrogen-progesterone, extreme caution is necessary.

- MHT appears to be safe in cervical cancer survivors (6).

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