



MHT and breast cancer risk: Clinician guide

This clinician guide is designed to help guide discussions about menopausal hormone therapy (MHT) and breast cancer risk so you can support patients to make informed, evidence-based decisions.

This guide is a companion to the patient resource, [MHT and breast cancer risk](#), and is intended to support discussions with patients.

Putting risk in perspective

The lifetime risk of breast cancer in Australian women is 1 in 7.¹ This risk may be affected by family history, personal medical history and lifestyle factors.

The risk of breast cancer associated with MHT use is low.² In the Women's Health Initiative study, the increased risk of breast cancer was 1 extra case per 1000 women per year using combined MHT after 5 years of treatment.¹⁷

Several common modifiable lifestyle factors have an equivalent or greater effect on breast cancer risk than MHT, including obesity, physical inactivity and alcohol consumption,² which can be sensitive topics for your patient.

An estimate of risk can be obtained using an online risk calculator, several of which are available.

In Australia the iPrevent Risk Calculator, developed by the Peter MacCallum Cancer Centre, is an RACGP-accepted clinical resource.

It is available at iprevent.net.au

Helping your patient understand risk factors

In the accompanying [patient resource](#) there is a plain English explanation of risk factors. You may find it useful to run through this with your patient before you start discussing risk factors.

You can explain that while some risk factors cannot be changed, many can. You might want to stress that just because a woman has some risk factors for breast cancer, it does not automatically mean she will develop it.

Comparing risks and benefits

In most women under 60 or those who are within 10 years of menopause onset, MHT's benefits are considered to outweigh its risks.^{2,3,4} Evidence shows MHT can relieve common menopausal symptoms, including vaginal dryness,^{5,6} night sweats that disturb sleep,^{5,6} and vasomotor symptoms.^{3,5,7,8}

While more research is needed, MHT may also improve musculoskeletal aches and pains⁹ and mood changes.^{6,7,8}

In women under 60 years, MHT may also help lower the risk of developing:²

- osteoporosis^{3,7,10}
- bone fracture (although the effect decreases once MHT is ceased)^{5,11}
- heart disease in women who do not already have it^{7,12} (MHT should not be used to prevent heart disease)
- new-onset diabetes mellitus.

Different medicines and dose forms have different risks

Evidence indicates that not all MHT poses the same level of breast cancer risk.

- Estrogen-only MHT (appropriate for women who have undergone a hysterectomy) is associated with a lower risk of breast cancer than that of combined MHT regimens.^{16,17,18}
- The increased risk of breast cancer is primarily associated with the addition of a synthetic progestogen to estrogen therapy (e.g. conjugated equine estrogens plus medroxyprogesterone acetate continuous combined therapy) and related to duration of use.¹⁷
- The risk appears lower with micronised progesterone in the first 5 years of use, or with dydrogesterone, than with other synthetic progestogens, and this may be associated with a better risk profile for breast cancer.^{16,18}
- Data does not suggest any increased breast cancer risk from topical vaginal delivery of hormones in women with no history of breast cancer.²
- The risk of breast cancer is no different when comparing oral and transdermal estrogen.
- Cyclical combined regimens may pose lower risk than continuous combined regimens, and are recommended for perimenopausal women with an intact uterus.¹⁶
- Some studies suggest a possible small increase in breast cancer risk associated with progestogen intrauterine contraceptive devices (IUDs). This risk needs to be considered in the light of reductions in the risk of pregnancy, heavy menstrual bleeding, endometrial cancer and ovarian cancer associated with the progestogen IUD.

- For more specific information about specific MHTs and their risks, see these references:

[Australian Menopause Society: Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence](#)

[The Lancet: Risks and Benefits of MHT](#)

Managing your patient's risk

While many breast cancer risk factors are not modifiable, evidence shows, several lifestyle factors that can be addressed in primary care are associated with a lower risk, including:

- achieving or maintaining a healthy weight^{19,21,22,23}
- engaging in regular physical activity^{23,24,25,26}
- limiting alcohol intake^{27,28,29}
- not smoking.^{30,31,32}

When MHT is ceased, the risk of breast cancer subsides.

What is the best choice for my patient?

Before prescribing MHT, clinicians should evaluate a woman's baseline breast cancer risk, including factors such as their age, family and reproductive history, lifestyle factors and breast density where relevant.^{2,18}

Discussing how MHT may influence baseline risk – and balancing this against the severity of menopausal symptoms and the benefits of treatment – can help women make personalised, informed decisions about whether MHT is appropriate.

If your patient appears to be at a higher risk of breast cancer, consider referring for specialist advice.

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Evidence and medical knowledge is constantly changing. The authors have taken care to ensure that the information in this document is accurate and up to date at the time it was created.

We write health information for people with diverse backgrounds, experiences and identities. We use the terms 'woman and women', but we acknowledge that these terms are not inclusive of all people who may use our content.

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