Study: Hormone Tx May Raise Ovarian Ca Risk

BY MARY ANN MOON

A ll hormone therapy—regardless of the formulation, estrogen dose, progestin type, dose regimen, route of administration, or duration of use—appears to raise the risk of ovarian cancer, according to a report. If the association between HT and ovarian cancer proves to be causal, it would mean that as many as 5% of such malignancies could be attributable to the treatment. “Even though this share seems low, ovarian cancer remains highly fatal, so accordingly this risk warrants consideration when deciding whether to use [HT],” said Lina Steinrud Mørch of Copenhagen University and her associates (JAMA 2009;302:298-305). They assessed ovarian cancer using data from the Danish Sex Hormone Register Study, a national 10-year cohort study of nearly 1 million Danish women. Mørch and her colleagues restricted their analysis to the 909,946 women who were perimenopausal or postmenopausal at analysis to the 909,946 women who were taking continuous HT . And ovarian cancer risk was elevated regardless of HT dosage and whether it was delivered by oral tablet, patch, or gel. “If the difference in risk between never users and current users is due to hormone therapy, these results imply that use of HT resulted in about 1 extra case of ovarian cancer for roughly every 8,300 women taking HT each year,” the investigators wrote.

In commenting on the study, Dr. Wulf Utian, executive director of the North American Menopause Society, said, “The possibility of a very slight increase in ovarian cancer risk [with HT] should be added to the risk-benefit discussion between the doctor and the patient. Women who have severe vasomotor symptoms negatively affecting their quality of life are likely to take the risk, he added. Although Dr. Utian said the Scandinavian figures are probably “as reliable as you can get in a public health system,” he said the investigators included in the prog- estin category drugs that are not prog- estins such as cyproterone acetate, an an- tiandrogen, and raloxifene, a selective estrogen receptor modulator (SERM). “What they’ve got here is fruit salad. They’ve got all different kinds of products lumped together, and they haven’t ade- quately broken them out,” he said. Of the progestins that were specified, norethisterone acetate, the one most widely used in the study, was significantly associated with an increased risk of ovarian cancer; however, medroxyprogesterone acetate and levonorgestrel were not associated with increased ovarian cancer risk. In addition, the investigators did not specify the type of estrogen used in their study, he noted. This contrasts with the Women’s Health Initiative, a random- ized, controlled study that found that Premarin (conjugated estrogens) does not increase ovarian cancer risk. Dr. Utian reported no conflicts of interest relevant to the European drugs used in the study, but said he has con- sulted for several pharmaceutical com- panies that make estrogen products, in- cluding transdermal estrogen and SERMs. Ms. Mørch reported no conflicts of interest. Dr. Øyvind Lidægaard, an associate in the Danish study, reported re- ceiving a grant from Schering AG, Berlin, to cover research expenses and has re- ceived fees for speaking from Schering Denmark and Novo Nordisk.

Felicia Rosenblatt Black contributed to this report.

Zygote Screening May Improve Outcome in IVF

BY KATE JOHNSON

A MSTERDAM — A new genetic screen of zygotes performed a few hours after in vit- ro fertilization has advantages over conventional preimplanta- tion genetic screening, particularly in patients with a very poor prognosis, based on results of the first clinical application of the procedure.

Although preimplantation ge- netic screening (PGS) allows ex- amination of only about half of the chromosomes in a 3-day em- bryo, the new technique, known as comparative genomic hy- bridization (CGH), can evaluate all chromosomes and detect aneuploidy. “With standard screening, 39% of these abnor- malities would have not been detected, and 16% of abnor- malities would have been in- correctly diagnosed as normal,” he said.

Only healthy zygotes were al- lowed to mature, resulting in 73 embryos, which were trans- ferred to 35 patients.

The CGH technique is consid- ered less invasive than regular PGS, because it does not require a day 3 biopsy of embryonic cells, which some experts con- sider damaging to the embryo. Instead, CGH involves the re- moval and examination of polar bodies, which are by-products of fertilization and not necessary for embryo development. Dr. Fragouli did not declare any conflicts of interest.