Flaxseed May Reduce Hot-Flash Frequency

**By Fran Lowry**

Orlando, Fla. — Preliminary data from a phase II pilot study suggest that flaxseed may be a useful alternative to estrogen in the management of hot flashes, according to Dr. Sandhya Pruthi of the Mayo Clinic, Rochester, Minn., and associates.

A 6-week regimen of crushed flaxseed, given at 40 g daily, decreased the number of hot flashes from a mean of 7.3 per day to 3.6 per day in women who did not wish to receive estrogen therapy, Dr. Pruthi and associates reported in the Journal of the Society for Integrative Oncology.

Estrogen therapy has been the effective hot-flash treatment most commonly used, but fears that it may cause breast cancer have made many postmenopausal women reluctant to take it for their menopausal symptoms. Their concerns have prompted a search for nonhormonal alternatives.

The authors tested the tolerability and effect of flaxseed therapy in 28 women who had at least 14 bothersome hot flashes per week for more than 1 month before study entry. Participants were instructed to sprinkle 2 tablespoons of crushed flaxseed on cereal, in juice, yogurt, or on fruit twice daily for 6 weeks. Each tablespoon provided 10 g of flaxseed, and the women were instructed to drink at least 1.5 liters of liquid for each 10 g of flaxseed they consumed (J. Soc. Integr. Oncol. 2007;5:106-12).

In the last week of flaxseed therapy, the hot-flash score—a measure of hot-flash frequency and severity—decreased by a mean of 57%, with a median decrease of 62%. The mean decrease in the number of hot flashes per day (from 7.3 to 3.6) was significant. Participants also reported a statistically significant improvement in quality of life, with less anger, anxiety, and fatigue at the end of the trial than at the beginning.

Abdominal distension or bloating was experienced by half of the women at some time during the study, and six women failed to complete the full 6 weeks of flaxseed therapy because of abdominal cramps, weight gain, or cramping. But Dr. Pruthi and associates reported, “These issues need to be evaluated further in a place- bo-controlled manner. It is possible that initiating flaxseed therapy at a lower dose—and titrating the dose upward—may decrease abdominal symptoms.”

Flaxseed contains weak estrogenic properties that “seem to account for the most likely mechanism of its effectiveness in reducing hot-flash activity,” according to the investigators.

**Endometriosis, Parity Not Linked in Ca Risk**

**By Kate Johnson**

Montreal — The increased risk of cancer seen in patients with endometriosis is unrelated to parity, according to a large study—the first to examine this association.

“We found that contrary to what one might expect, endometriosis and nulliparity did not combine to give a higher cancer risk,” said Dr. Anna Sofia Mellin, who presented the results at the annual meeting of the European Society for Human Reproduction and Embryology. “We could not show a difference in risk between parous and nonparous women.”

Her study identified 63,630 women, using the National Swedish Infertility Register, who were discharged from hospital with a diagnosis of endometriosis between 1969 and 2002. From this cohort, 3,822 cancer cases were subsequently identified, using the National Swedish Cancer Register.

The study found no overall increased risk of cancer associated with endometriosis (standardized incidence ratio [SIR] 1.01); however, significantly elevated risks were found for specific cancers such as endocrine tumors (SIR 1.88), ovarian cancer (SIR 1.37), kidney cancer (SIR 1.36), thyroid cancer (SIR 1.33), brain tumors (SIR 1.27), melanoma (SIR 1.23), and breast cancer (SIR 1.08), said Dr. Mellin of the Karolinska Institute in Stockholm.

Endometriosis was associated with a reduced risk of cervical cancer (SIR 0.71). When parity was considered, no significant differences were noted between parous and nonparous women, although a non-significant decrease in ovarian cancer was noted with parity (from SIR 1.48 in nonparous women to SIR 1.3 in parous women).

Most of the increased cancer risk was seen in women with endometriosis, with only a small but significant increase seen in those with peritoneal endometriosis and no increased risk associated with adenomyosis, she said.

Although the findings are cause for concern, Dr. Mellin said it is too early to recommend that all endometriosis patients receive cancer screening.

“We don’t have any screening for ovarian cancer, so we don’t know how to follow these patients. We know that even if you get an ultrasound every year you still get ovarian cancer and it still may have grown too far,” she said in an interview.