CORRESPONDENCE

Decline in Hormone Replacement Prescription and Fall in Breast Cancer Incidence

An Epidemiologic Discussion

by Prof. Dr. med. Andreas Stang in volume 16/2008

Pointed Comment

The author deserves thanks for his well worded, cautious epidemiological assessment of the coincidences mentioned.

In the course of discussing pros and cons in the light of many cited references, however, a potential—albeit small—risk increase has somehow escaped attention. Interested parties can find lists in many other places that clarify the known causes for a correspondingly higher incidence of breast cancer.

Hence my pointed comment: As long as the cited epidemiological studies about any comprehensive tumor registries do not consider changes in weight, age at menarche, number of children, duration of breast feeding, alcohol consumption, and age at menopause in women with breast cancer over the years, even subtle interpretations of the "hazards of HRT" are only a crime against trees—the printed paper used to perpetuate such an amount of one-eyed theories is not balanced out by the amount of information conveyed.

Applying US statistics in isolation to small-scale German circumstances is not helpful either if the baseline conditions do not fit: the substances used for HRT in the two countries are fundamentally different. Other countries' divergent observations only confirm the observations of endocrinology experts: we cannot assume simple group effects for therapy with sex hormones.

In terms of tumor biology, declines in the incidence rates of breast cancer within 2 years after stopping HRT are unlikely.

I hope that all further authors will pay heed to your recommendation and wait a few years!

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In Reply:

I agree with Neumann's view that a more comprehensive study of the factors influencing breast cancer incidence is desirable. However, he is asking for something that currently does not exist worldwide: cancer registration that captures not only the few cancer-characterizing variables but also the named risk factors. Even such a collection of data would not be sufficient. To assess the importance of such factors over time, a regular collec-

tion of these factors would also be required in women without breast cancer. This just seems altogether unaffordable.

With respect to the issue about transferability of US data to other populations, my article mentions that initial German analyses (Schleswig-Holstein) have shown a comparable decrease in incidence rates as well as in HRT prescriptions.

Epidemiologically, such notable and sudden decreases have not been observed in the incidence of breast cancer. The factors that Neumann lists (weight, age at menarche, number of children, duration of breast feeding, age at menopause) have changed over time. However, these factors do not change suddenly or drastically, so the sudden drop in incidence cannot be explained that way. The most important alternative explanation is the registration artifact of cancer registries, which was discussed extensively in the article.

Neumann criticizes that the usual substances prescribed as HRT in Germany differ from those prescribed in the United States. I do not understand this criticism as this is clearly addressed in my article. Why are epidemiologists so impressed by the sudden drop in incidence? Because over the past 30 years, the incidence of breast cancer has been increasing steadily and in a seemingly unstoppable manner, and no preventive measures have been able to stop this rise. DOI: 10.3238/arztebl.2008.808b

REFERENCES

1. Katalinic A, Rawal R: Decline in breast cancer incidence after decrease in utilisation of hormone replacement therapy. *Breast Cancer Res Treat* 2008; 107: 427–30.

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Conflict of interest statement

The authors of both the letter and the reply declare that no conflict of interest exists according to the Guidelines of the International Committee of Medical Journal Editors.