

***Women taking horse estrogens should . . .***

**JUST SAY “WHOA!”**

by

Marsha Henry Goff

*Neigh* to equine estrogens! I will always believe that the little pink pill containing estrogen and progestin that I swallowed daily caused my breast cancer. Only after my double mastectomy and reconstructive surgery did I read every tiny word of the manufacturer’s fine print warnings — and that foolhardy admission has undoubtedly set my lawyer father spinning in his grave.

My normal caution about medications was overcome by my gynecologist’s persuasive arguments that hormone replacement therapy allowed me to trade a tiny — she held her thumb and forefinger a millimeter apart — risk of breast cancer for long-term cardiovascular and bone health. The trade was even more tempting because progestin promised protection from the risk of uterine cancer posed by estrogen alone.

Still, at each annual physical, when my doctor reached for her prescription pad, I expressed mild concern. “The risk is very small,” she insisted, “and you have no other risk factors so you needn’t worry.” A subsequent gynecologist echoed the comments of the first. “You shouldn’t have the slightest hesitation,” she said comfortingly when I asked about risks, “I plan to take estrogen when I’m menopausal.”

If she does, she will join over 20 million women who take Premarin or Prempro, the tiny oval-shaped pills manufactured by Wyeth-Ayerst. And she is fortunate that, unlike mine, hers will be an informed decision because of completed studies which show the danger of adding progestin to estrogen. I did not realize I was taking a drug for which the risks were unknown.

But now we know. The Women’s Health Initiative, a federal study begun in 1997 to assess those risks, recently was halted because the study overwhelmingly concluded that the overall health risks from the estrogen/progestin combo substantially exceeded the benefits. The study was expected to continue for eight years, but stopped after five, because researchers said that given the increased risks — 26 percent for breast cancer, 29 percent for heart attack and 41 percent for stroke — it would be unethical to continue giving the hormones to women taking part in the study. According to Dr. Claude Lenfant, director of the National Heart, Lung and Blood Institute, “The cardiovascular and cancer risks of estrogen plus progestin outweigh any benefits and a 26 percent increase in breast cancer risk is too high a price to pay, even if there were a heart benefit.”

According to Wyeth-Ayerst’s own caution: *You and your doctor should reevaluate whether or not you still need estrogens at least every six months.* Does your doctor do that? My doctor didn’t, nor do my friends’ doctors. I acknowledge that I have

a responsibility for maintaining my own health, but — because there were no published studies showing the extent of the danger — I relied on my doctor's assurances that the drugs were safe. I had only intuition to guide me, as evidenced by my doctor's inclusion in her records of a statement made by me shortly after I commenced hormone replacement therapy: "I'm not sure this estrogen/provera stuff is good for me."

Several years ago, I required gallbladder surgery. I was unaware then that Premarin and Provera — the estrogen/progestin combo I took before the drugs were combined into the single pill Prempro — might have caused my disease. Later, I noticed the circular accompanying my Prempro prescription warned that: *women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.*

While one of my reasons for taking estrogen was to preserve my cardiovascular health, the manufacturer does not cite that as a benefit. Look at Wyeth-Ayerst's carefully worded statement: *Some research has shown that estrogens taken without progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself.* Translation: Women who take estrogen are generally health-conscious. They are physically active, slimmer and less likely to have diabetes; in short, they already possess characteristics known to protect against heart disease.

With regard to bone health, according to Wyeth-Ayerst: *only women who are likely to develop osteoporosis should use estrogens for prevention.* However, women who take estrogens in an effort to avoid osteoporosis may receive the same benefit with adequate calcium and Vitamin D intakes along with weight-bearing exercise. For women whose bones are already thinning, new drugs and treatments are effective against osteoporosis without increasing the risk of breast cancer.

Animal rights groups continue to express concern over alleged mistreatment of pregnant mares from which estrogen-rich urine is extracted for use in Premarin and Prempro. "Don't you just know," I exclaimed to my husband only half-jokingly, "that if the practice of prescribing horse estrogens for women is ceased or curtailed, it will be because of concern for horses, rather than women!"

Breast cancer rates have risen dramatically in recent years. Currently, one out of eight women will get the disease. According to a study published by the Journal of the American Medical Association, the combination of estrogen and progestin may increase a woman's breast cancer risk by eight percent per year, while women who take only estrogen face an increased risk of one percent per year. For that reason alone, when it comes to Premarin and Prempro — or horse estrogens by any other name — I firmly believe that women should just say "Whoa!"