

THE SAFETY CHECK LIST BEFORE STARTING HT

This safety checklist was designed by the Endocrine Society in 2015 to minimize the chance of giving hormone therapy to women who may be negatively affected by it. The check list has 4 boxes in reference to **estrogen**, with one added in reference to **progesterone**. Please answer the questions below, and keep going down if in each individual box the answer is good.

ARE YOU AT THE RIGHT AGE? The so-called “**Window of Opportunity**” is age below 60 or 10 years from your last period. Hormone therapy is likely to reduce the risk of heart disease, while it has been shown to increase the chance of heart disease if started after 60



Yes

CONSIDERED CIRCUMSTANCES WHERE HORMONES ARE NOT A GOOD IDEA. These are called “**Contraindications**”.



NONE

EVALUATE RISK OF HEART ATTACK/STROKE. Use NAMS or American College of Cardiology App. Cholesterol values (and Blood pressure) are needed.



LOW – MEDIUM

EVALUATE RISK OF BREAST CANCER. Use the online tool created by the National Cancer Institute called ‘**Breast Cancer Risk Assessment Tool**’.



LOW – MEDIUM

In the next few pages, I will discuss how to complete the question asked in each box, and the tools at our disposal. Knowing the cholesterol levels and blood pressure is required.

PREVENTING UTERINE CANCER. In women who have a uterus, adding the correct dose and type of progesterone is very important.

CIRCUMSTANCES WHERE HORMONES MAY NOT BE A GOOD IDEA

CONTRAINDICATIONS TO HORMONE THERAPY

There are situations when adding hormone therapy, even for women who have severe menopausal symptoms, may not be a good idea. The classical example is breast cancer. If you had, or have any of the conditions below, there are non-hormonal options.

Have **you** ever had, or have, any of these illnesses?

ABSOLUTE CONTRAINDICATIONS (when HT is practically a no, no)

- Breast cancer
- Stroke or mini stroke (Transient Ischemic attack - TIA)
- Hypertension (high blood pressure), not controlled by medications
- Heart attack (Myocardial Infarction, MI)
- Blood clot in leg or lungs (Venous Thromboembolism, Pulmonary Emboli VTE, DVT, PE)
- Known blood clotting disorder

RELATIVE CONTRAINDICATIONS (HT can be used with caution)

- Liver disease (depending on the type and severity)
- Uterine cancer (endometrial)
- Abnormal vaginal bleeding (until explained and treated)
- High triglycerides
- Gallbladder disease
- Increased risk of heart disease (see NAMS, MenoPro app, ACC/AHA)
- Increased risk of breast cancer (see breast cancer risk assessment tool)
- Migraine with aura
- Diabetes

Please note that some of these conditions preclude estrogen administration completely (the absolute ones), such as previous breast cancer, stroke, heart disease, but others may preclude one route, for example, with gallbladder or liver disease, you can still use the creams or gels (transdermal route) but not the oral pills.

CALCULATING THE RISK OF HEART DISEASE

There are many different **calculators**, either online or as an App, that when given a certain information, will provide a risk estimation (low, intermediate or high). The classical ones are the Framingham, Reynolds and the American College of Cardiology (ACC/AHA). I use the later because it is integrated with an App called MenoPro (by the North American Menopause Society), that also give advice about menopause. The questions asked by the ACC/AHA calculator are:

1. How old are you? _____ years
2. Have you ever been treated for high blood pressure? **Yes** **No**
3. Have you ever been treated for diabetes? **Yes** **No**
4. Do you smoke? **Yes** **No**
5. What is your race? **African American** **Other**

TO BE COMPLETED BY THE PHYSICIAN

6. Blood pressure _____mmHg
11. Total cholesterol _____mg/dL HDL _____ mg/dL

After the information is entered, the program will calculate the risk of heart disease. The results are shown as a 10 year risk, comparing to women of the same age. If you are low, or even intermediate risk, using hormones is usually safe, as long as the other parameters are also low or absent.

Table 6. Evaluating CVD Risk in Women
Contemplating MHT

10-y CVD Risk	Years Since Menopause Onset	
	<5 y	6 to 10 y
Low (<5%)	MHT ok	MHT ok
Moderate (5–10%)	MHT ok (choose transdermal)	MHT ok (choose transdermal)
High (>10%) ^a	Avoid MHT	Avoid MHT

CVD risk calculated by ACC/AHA Cardiovascular Risk Calculator (144).

our risk is _____

CALCULATING THE RISK OF BREAST CANCER

The **Breast Cancer Risk Assessment Tool** is an online interactive tool designed by scientists at the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) to estimate a woman's risk of developing invasive breast cancer. The survey includes 8 questions that can be completed online (<https://www.cancer.gov/bcrisktool>) or below.

Please answer the 5 questions below (there are 3 others such as your, such as your age):

1. How old were you when you had your first period? _____ years

2. How old were you when you had your first live birth of a child? _____ years

3. Do you have a history of any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="radio"/> Breast cancer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Ductal carcinoma in situ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Lobular carcinoma in situ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Hodgkin lymphoma of the chest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> BRCA1 or BRCA 2 gene? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> Any genetic syndrome? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> A breast biopsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="radio"/> How many biopsies have you had? | _____ | |
| <input type="radio"/> Did biopsy show atypical hyperplasia? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4. How many first-degree relatives (**mother, sisters, daughters only**) have had breast cancer?

One Two Three More

5. What is your race/ethnicity? (Apologies for asking this question) _____

After the information is entered, the program will calculate the risk of breast cancer. The results are shown as a 5-year risk and lifetime risk, comparing to women of the same age. Below are the 5-year calculations. If you are low, or even intermediate risk, using hormones is usually safe, as long as the other parameters are also low or absent.

Table 7. Breast Cancer Risk Cutoffs for Counseling Before Recommending MHT^a

Risk Category ^a	5-y NCI or IBIS Breast Cancer Risk Assessment, %	Suggested Approach
Low	<1.67	MHT ok
Intermediate	1.67–5	Caution ^b
High	>5	Avoid

Your risk is _____

PREVENTING UTERINE CANCER - ADEQUATE PROGESTERONE PROTECTION

All the previous questions refer to the use of estrogen. Estrogen makes the lining of the uterus, called the endometrium, to grow thicker. **Estrogen** is like a ‘fertilizer’ to the lawn. In women who only take estrogen, the likelihood of developing endometrial cancer (uterine cancer) is markedly increased. **Progesterone** counteracts estrogen growth effect, working as a “lawn mower”. Progesterone is not necessary in women who had a hysterectomy, although some feel better using it. It may even reduce the number of hot flushes by itself. Sometimes we’ll try it alone in women who had a contraindication to using estrogen, such as migraines with aura.

There are many progesterone’s available, in a natural or synthetic form, cream or pill versions, and different dosages. The choice of the type, route and dosage of estrogen is, however, much simpler than that of estrogen. The best one is a natural pill call **micronized progesterone or Prometrium**, at a dose of 100 mg orally at night on a daily basis, or 200 mg at night for 2 weeks of the month. This natural progesterone is ‘neutral’ (safe), that is, it does not increase or decrease the cholesterol, or the chance of getting breast cancer.

The other oral progesterone’s are synthetic, and although they may be good at protecting against endometrial cancer, they may increase the cholesterol and the risk of breast cancer. Progesterone creams are not advised, as the absorption through the skin is erratic.

IN A NUTSHELL

Not all women need hormone treatment during or after menopause. But the decision to take HT is one of the most complex and emotional choices that women have to make in their life. My role is to help patients come to a mature decision, which can only be accomplished by education, individual evaluation, monitoring the response to the treatment, and adjust accordingly. If the check list indicates safety, then we can proceed to choose the type, dosage and route of estrogen and progesterone.

Dr Roberto Leon. This information is available at www.drleon.ca.