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Abstract

Hormone replacement therapy (HRT) in women with previously treated primary breast cancer

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Background: To assess the incidence of contralateral or recurrent breast cancer among women prospectively treated with HRT after initial breast cancer diagnosis. **Methods:** A community-based prospective, single-arm, pilot study of HRT among 232 women with previously treated primary breast cancer. **Results:** Median duration of HRT is 73+ months (range 12–136+). Median interval from initial surgery to initiation of HRT is 57 months (range 2–361 months). Follow-up to date is 100%. Actual disease-free survival (DFS), disease-specific survival (DSS), & median duration of HRT by stage are:

Stage	Number of Patients	Actual Disease-Free Survival	Actual Disease-Specific Survival	Median Duration of HRT (Months)
T0N0	68	87%*	100%	73+
T1N0	108	84%**	97%	68+
T2N0	22	85%***	100%	58+
T1N1	24	79%****	96%	68+
T2-3N1	11	73%*****	91%	57+
All Patients	232	84%	98%	73+

* T0N0: 2 LCIS recurred locally after lumpectomy alone. 1 DCIS recurred locally after lumpectomy/RT. 3 contralateral tumors (2 DCIS, 1 T1N0). 1 distant recurrence - liver.
 ** T1N0: 6 local recurrences after lumpectomy/RT. 4 contralateral tumors. 7 distant recurrences - 3 lung, 2 liver, 2 bone. 3 died.
 *** T2N0: 1 local recurrence after lumpectomy/RT. 2 distant recurrences - lung. **** T1N1: 1 local recurrence after lumpectomy/RT. 2 contralateral tumors. 2 distant recurrences - 1 bone, 1 supra-clavicular node. 1 died.
 ***** T2-3N1: 3 distant recurrences - 1 cervical node, 2 bone mets. 1 died.

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Seventy four patients have stopped HRT (32%), 37 because of breast cancer development (16%), 2 because of the development of non-breast cancers, 2 died of nonmalignant disease, 2 because of HRT-associated symptoms, 1 because of pulmonary emboli without clinical phlebitis, and 30 because of anxiety about taking HRT. Actuarial DFS to

20 years for T1N0 patients was 73% versus 56% for comparable T1N0 patients who did not receive HRT.

Conclusions: No evidence to date of increased development, recurrence or of breast cancer-related death associated with post diagnosis HRT.

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