fractures published between 1990 and 1994. Subjects: Eleven separate study populations with about 90 000 person years of observation time and over 2000 fractures. Main outcome measures: Relative risk of fracture for a decrease in bone mineral density of one standard deviation below age adjusted mean. Results: All measuring sites had similar predictive abilities (relative risk 1.5 (95% confidence interval 1.4–1.6)) for decrease in bone mineral density except for measurement at spine for predicting vertebral fractures (relative risk 2.3 (1.9–2.8)) and measurement at hip for hip fractures (2.6 (2.0–3.5)). These results are in accordance with results of case-control studies. Predictive ability of decrease in bone mass was roughly similar to (or, for hip or spine measurements, better than) that of a 1 S.D. increase in blood pressure for stroke and better than a 1 S.D. increase in serum cholesterol concentration for cardiovascular disease. Conclusions: Measurements of bone mineral density can predict fracture risk but cannot identify individuals who will have a fracture. We do not recommend a programme of screening menopausal women for osteoporosis by measuring bone density.

96129552
Late menopause
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REPROD. HUM. HORM. 1996 9/2 (109–113)

Late menopause is not well defined. A last spontaneous period happening after the age of 55 can be considered to constitute a late menopause. Late menopauses are associated with a higher risk of cancer of the endometrium and breast cancer, especially when the total duration of months of menstruation (obtained by subtracting the number of months of pregnancy and breast-feeding from the total length of the reproductive life) is long. On the other hand, they have a proven protective effect on bone mineral loss. Late menopauses are often noted in women with fibroids, women whose last pregnancy is late in life and obese women. But the causal relationships between these observations have not been established. It is known that obesity, hyperinsulinism, therefore android obesity, promote the development of gynecological cancer and vascular complications. The question therefore is: is there a risk of cancer with all these late menopauses or is it only in obese women? This is a question that future research may help to solve.

96163013
Laparoscopic lateral ovarian transposition
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FERTIL. STERIL. 1996 65/6 (1229–1231)

Objective: To determine if the new technique laparoscopic lateral transposition of the ovaries before pelvic radiotherapy for anal canal carcinoma prevents radiation-related ovarian failure. Design: A case report. Setting: The operating room of a Canadian teaching hospital. Patients: A single patient with anal canal carcinoma, requiring pelvic radiotherapy, who desired preservation of ovarian function. Interventions: Laparoscopic ovarian transposition to the level of the pelvic brim. Main Outcome Measures: Follow-up clinical and laboratory evidence of ovarian failure. Results: Initially ovarian failure was confirmed with the appearance of postmenopausal symptoms and the elevation of serum gonadotropins. These symptoms resolved by 8 months after radiotherapy, normal menstrual cycles resumed, and normal FSH levels were detected at that time. Conclusions: The laparoscopic, lateral transposition of this patient's ovaries was effective at preventing radiation-related ovarian failure.

96169787
Urinary excretion of relaxin after estradiol treatment of postmenopausal women
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CLIN. EXP. OBSTET. GYNECOL. 1996 23/2 (65–69)

The influence of estradiol treatment on the urinary excretion of relaxin, a hormone in earlier years only found during pregnancy and presently associated with functions in the cardiovascular system, was investigated in postmenopausal women. Thirteen postmenopausal women were treated with transdermal estradiol and 12 women with oral estradiol for 4 weeks. A new radioimmunoassay for human-relaxin (rec-hRLX-2) was used. With transdermal, but not with oral administration, a significant increase of urinary relaxin excretion was registered. Further experiments are necessary to elucidate the source of urinary relaxin and its role in the hormone replacement therapy of postmenopausal women.

96171149
Hormone replacement therapy in breast cancer survivors: A cohort study
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AM. J. OBSTET. GYNECOL. 1996 174/5 (1494–1498)

Objective: Our purpose was to measure any adverse effect (if one exists) of hormone replacement therapy administered to breast cancer survivors. Study Design: Forty-one patients from a group of 77 patients who received hormone replacement therapy after therapy for breast cancer were matched with 82 comparison patients not receiving hormone replace-

ment therapy. Both groups were taken from the same population on the basis of cancer registry of the Cancer Surveillance Program of Orange County and were compared with regard to survival results. Results: An analysis of survival time and disease-free time revealed no statistically significant difference between the two groups. Conclusions: No obvious adverse effect of hormone replacement therapy could be shown in this pilot study. A case is made for a prospective randomized trial.