

Comments to CAMS Project

“Best Management of the Menopause”

by

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Portuguese Menopause Society

Gainesville, FL September 2000

Recommended Screening tests

Appendix

(next to page 14)

WOMEN 55-65

FSH test *“if you take postmenopausal hormones, to determine biological efficacy”*

Why?

Lipid profile *“every other year”*

Why?

CBC *“only if you have symptoms of an iron deficiency?”*

Why?

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“mammography every 3-5 years for a woman at low risk who has nonfibrotic breasts”

Why?

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What is “*the goal to create a hormonal milieu wherein estrone or estradiol is predominant*”?

Why should oral and transdermal estrogens be, respectively, indicated?

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- What is a “*weak estrogen*”?
- What is the correlation between SHBG and the vaginal maturation index?
- What is the meaning of an FSH assay to assess estrogenicity?
- What is the meaning of an estradiol assay when conjugated estrogens are given?

“Low BMD”
(page 28) Fig 3

“ET alone”

Why?

“P (even if hysterectomized)”

Why?

Progestagens are only added to estrogens in order to protect the endometrium.

They may negatively affect mood and may also counteract some positive metabolic effect of estrogens.

If progestagens are added to estrogens there may be a higher risk for breast cancer than with estrogens alone.

Therefore, ERT should be preferable to HRT.

Therefore, it is possible

- to protect the endometrium with a progestagen loaded IUD, and
- to give an ERT by any route

Furthermore,

This approach is also contraceptive.

A FRAMEWORK FOR CLINICAL DECISIONS REGARDING HORMONE REPLACEMENT THERAPY

Nananda F. Col, MD, MPP, MPH, Anne W.
Moulton, MD, and Michele G. Cyr, MD

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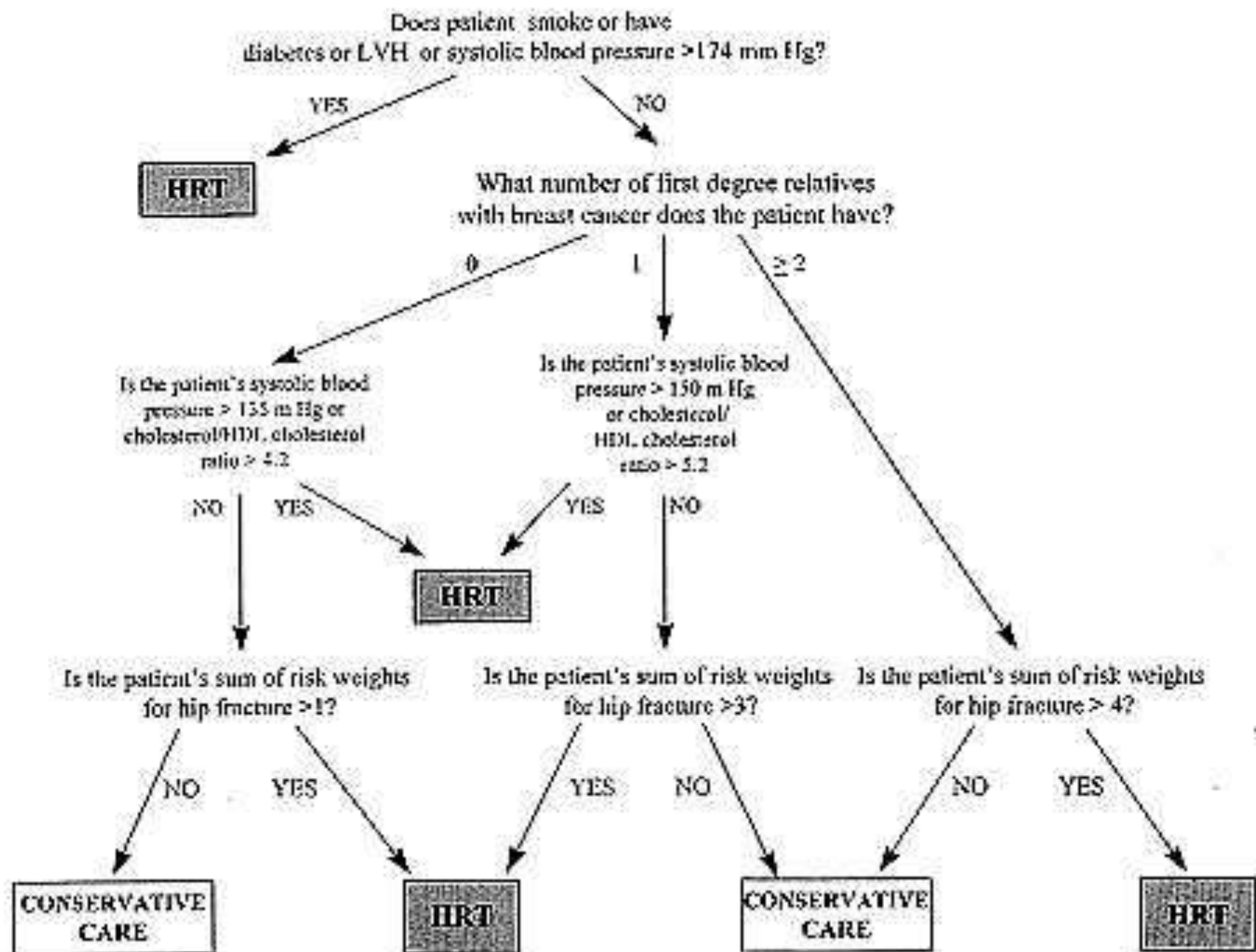
Page 229

Individualizing Therapy to Prevent Long-term Consequences of Estrogen Deficiency in Postmenopausal Women

Nananda F. Col, MD, MPP, MPH, Stephen G. Pauker, MD; Robert J. Goldberg, PhD; Mark H. Eckman, MD; Richard K. Orr, MD, MPH; Elizabeth M. Ross, MD; John B. Wong, MD

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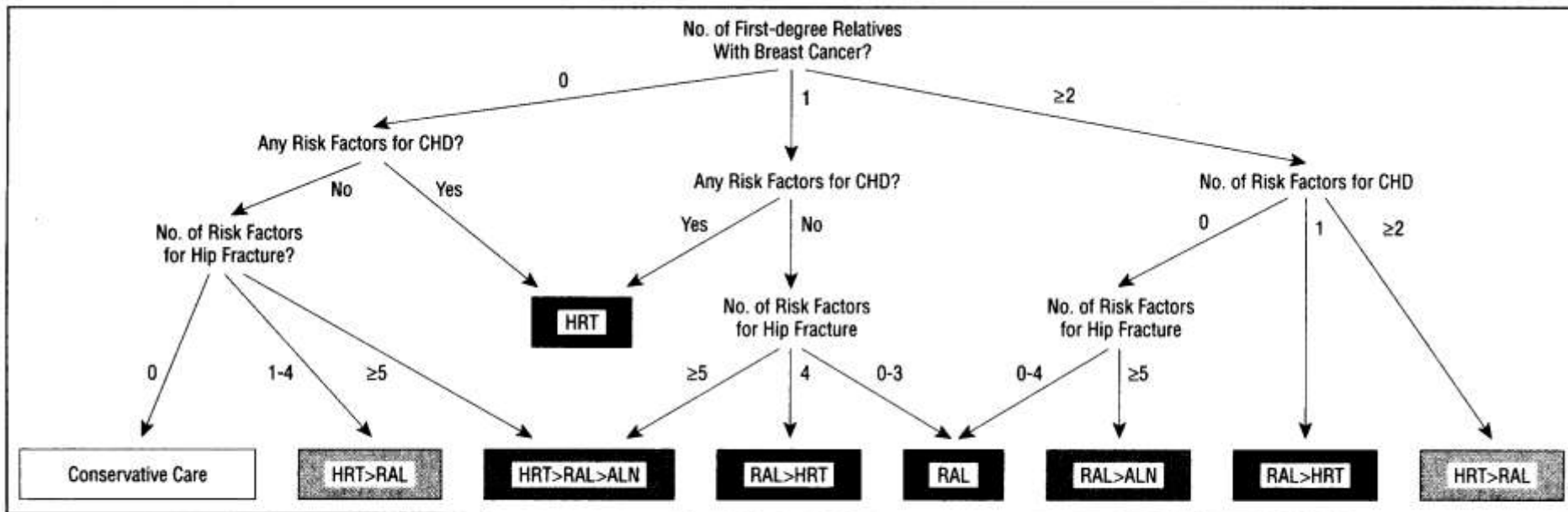
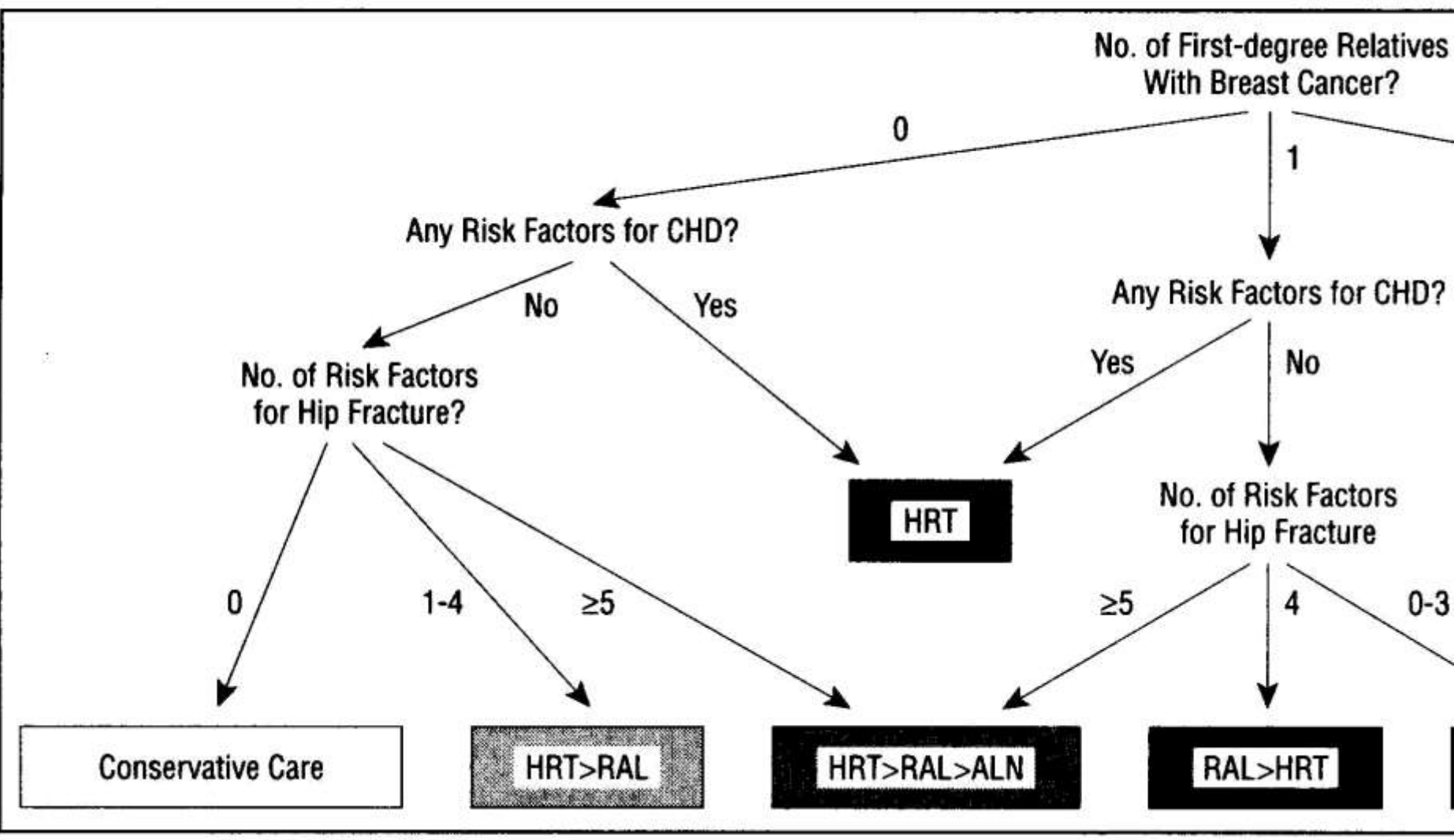


Figure 2. Preferred therapy for 50-year-old women with different levels of risk for hip fracture, coronary heart disease (CHD), and breast cancer. Each shaded rectangle depicts treatments associated with a gain in life expectancy of 6 months or more compared with conservative care. The unshaded rectangle indicates that none of the drug choices is associated with a gain in life expectancy of 6 months. Rectangles with multiple treatments indicate that all listed choices are associated with gains of 6 months or more, listed from highest to lowest gain. HRT indicates hormone replacement therapy; RAL, raloxifene hydrochloride therapy; and ALN, alendronate sodium therapy.



No. of First-degree Relatives With Breast Cancer?

1

≥ 2

Any Risk Factors for CHD?

Yes

No

No. of Risk Factors for CHD

0

1

≥ 2

No. of Risk Factors for Hip Fracture

No. of Risk Factors for Hip Fracture

≥ 5

4

0-3

0-4

≥ 5

RAL>HRT

RAL

RAL>ALN

RAL>HRT

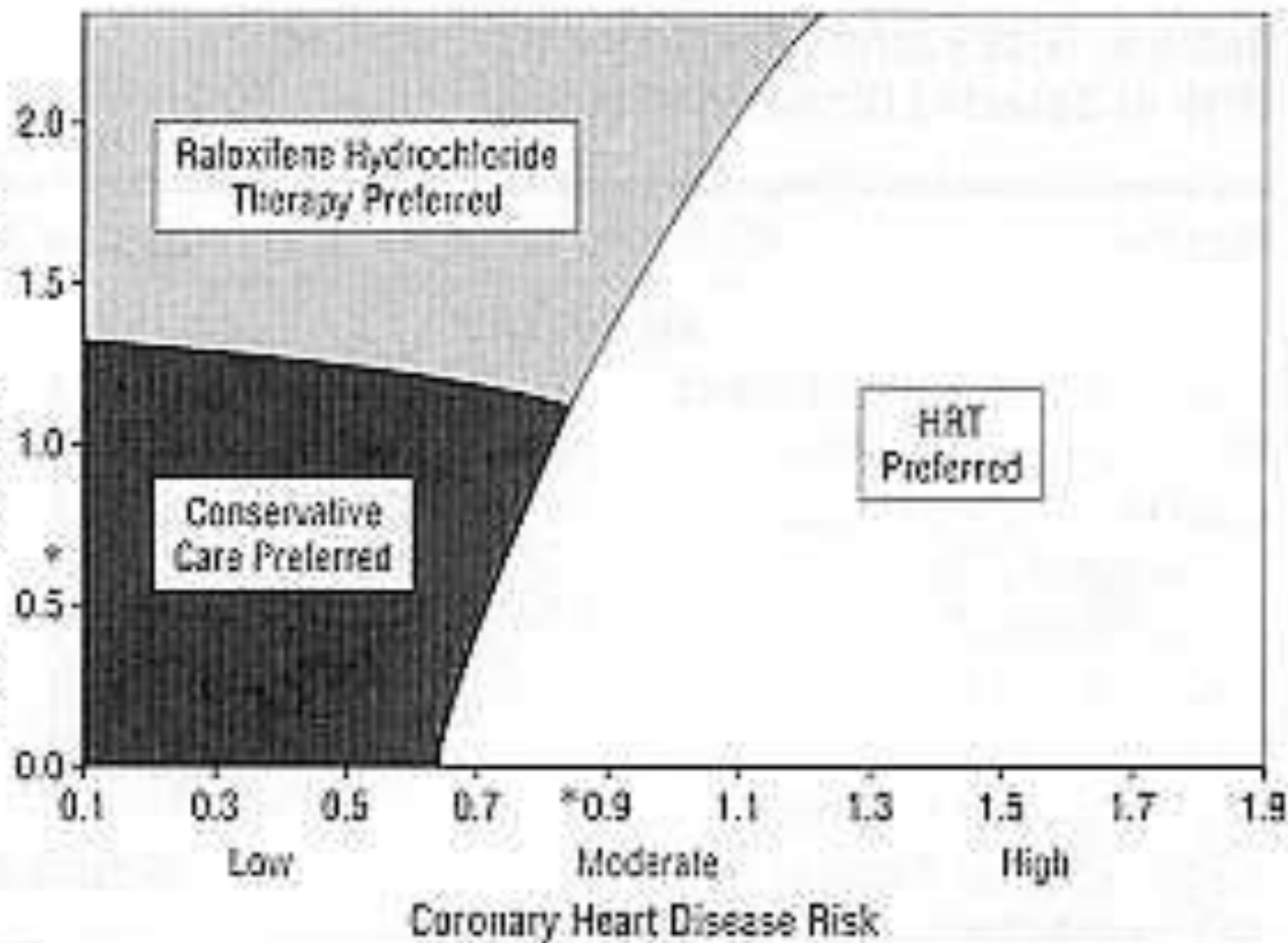
HRT>RAL

Risk Factor	Risk Weight*
Coronary heart Disease	
Systolic blood pressure (mm Hg)	
100	0
110	0.09
120	0.17
130*	0.24*
140	0.31
150	0.37
160	0.43
170	0.48
180	0.54
Total cholesterol/HDL ratio	
2	0
3	0.29
4*	0.49*
5	0.66
6	0.79
7	0.90
8	0.99
9	1.08
10	1.15

Left ventricular hypertrophy on electrocardiography		0.59
History of diabetes		0.38
Cigarette smoking		0.28
Breast cancer		
Age at menarche (years)		
<12		0.20
12-13*		0.10*
>13		0.01
Number of previous benign breast biopsies		
0*		0*
1		0.24
≥2		0.48
Age at first live birth (years)	Number of first degree relatives with breast cancer	
<20	0	0
	1	0.96
	≥2	1.92
20-24	0	0.22
	1	0.99

Breast Cancer Risk

High
Moderate
Low



Raloxifene Hydrochloride
Therapy Preferred

Conservative
Care Preferred

HRT
Preferred

The Role of Hormone Replacement Therapy in the Prevention of Postmenopausal Heart Disease

Lori Mosca, MD, PhD

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Hormone replacement therapy and breast cancer

H S Jacobs

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