

# JOURNAL FÜR MENOPAUSE

KELLER PJ  
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Once again leading experts are meeting in Interlaken to discuss current aspects of hormone replacement therapy in postmenopausal women. One of the main topics is the influence of sexual steroids on the breast and the risk of breast cancer, an issue that is of special interest at the moment.

The symposium is opened with a paper presented by C. La Vecchia from Milan, discussing possible connections between HRT and breast cancer from the point of view of an epidemiologist. Based on the published re-analysis of the data worldwide available, his conclusion is that long-term therapy carries a slightly increased risk, which disappears, however, five years after the end of medication. Hence, he strengthens the importance of individualized treatment whilst bearing the hereditary risk in mind.

On behalf of H. J. Senn from St. Gallen speaks R. Richter about the influence of estrogens on the incidence of breast cancer. At present only retrospective data with limited validity are available. Prospective, randomized trials are being carried out, but the results will not be available for some time yet. For this reason there is a great interest in alternative compounds such as tibolone, which reduces the formation of estradiol in human breast cancer cells *in vitro* and inhibits the growth of chemically induced breast tumours in rats. Whether a preventive effect in women can be derived from these findings is not yet clear.

Two papers are dealing with the influence of sex steroids on various parameters of cell proliferation. J. R. Pasqualini from Paris shows that progestins inhibit the estrone sulphatase and the  $17\beta$ -hydroxysteroid dehydrogenase activity in breast cancer cells. Conversely the sulphotransferase, which converts estrogens to biologically inactive metabolites is stimulated. This could lead to a new concept, that of selective estrogen enzyme modulation (SEEM), which may provide more specific treatment options.

The paper presented by J.-M. Foidart from Liège deals with, amongst other matters, the effect of noregestrol acetate on apoptosis, the programmed cell death. According to his investigations, the apoptotic rate in normal mammary epithelial cells is particularly high after cessation of progestin, which is not the case in fibroadenoma or carcinogenous cells. A comparable surge is found at the end of the normal menstrual cycle and might be an important antidyplastic and antineoplastic mechanism of the mammary gland.

The summary of the tissue specific effects of tibolone and its metabolites presented by F. A. Helmond from Oss is also of great interest. Presently available clinical and preclinical data suggest that this compound does not stimulate the mammary tissue as estrogens do, hence mastodynia does not occur as often and the mammographic density of the breast does not significantly increase.

The closing presentation from Ch. Jamin from Paris about HRT and the breast in practice points out some clinical aspects. Tibolone, raloxifen and phytoestrogens are, in his opinion, the best candidates for treating women with a risk of breast cancer or fear of the same. It is, however, clearly stated that this assumption is solely based on theoretical hypotheses to be confirmed by long and complex studies.

The fascinating display of biological and clinical findings does not simply satisfy scientific curiosity, but opens real new perspectives which are beneficial to all women. Those unable to attend in Interlaken will certainly profit from reading the printed articles updating the state of the art.

*Prof. Paul J. Keller  
Clinic of Endocrinology  
Departement of Obstetrics and Gynaecology  
University Hospital Zurich*

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