



**Table 2: Detailed summary of relative and absolute risks and benefits during current use from age of menopause and up to age 69, per 1000 women with 5 years or 10 years use of HRT**

Risks associated with combined estrogen–progestogen HRT					
	Duration of HRT use (years)	Total cases per 1000 women with no HRT use* (RR= 1)	Total cases (range) per 1000 women using HRT†	Extra cases per 1000 women using HRT	Risk ratio (RR) (95% CI)‡
<b>Cancer risks</b>					
<b>Breast cancer</b>					
<i>Overall combined HRT</i>					
Current use from age 50	5	13	21	<b>+8</b>	1.62
	10	27	47	<b>+20</b>	1.74
Total risk from age 50 to 69 (HRT use + past use)	5	63	80	<b>+17</b>	1.27
	10	63	97	<b>+34</b>	1.54
<i>Sequential HRT</i>					
Current use from age 50	5	13	20	<b>+7</b>	1.54
	10	27	44	<b>+17</b>	1.63
Total risk from age 50 to 69 (HRT use + past use)	5	63	77	<b>+14</b>	1.22
	10	63	92	<b>+29</b>	1.46
<i>Continuous combined HRT</i>					
Current use from age 50	5	13	23	<b>+10</b>	1.77
	10	27	52	<b>+25</b>	1.93
Total risk to from age 50 to 69 (HRT use + past use)	5	63	83	<b>+20</b>	1.32
	10	63	103	<b>+40</b>	1.63
<b>Endometrial Cancer</b>					
age 50–59	5	2	2 (2–3)	NS	1.0 (0.8–1.2) <sup>4</sup>
	10	4	4 (4–5)	NS	1.1 (0.9–1.2)
age 60–69	5	3	3 (2–4)	NS	1.0 (0.8–1.2) <sup>4</sup>
	10	6	7 (5–7)	NS	1.1 (0.9–1.2)
<b>Ovarian Cancer</b>					
age 50–59	5	2	2 (2–3)	<b>+ &lt;1</b>	1.1 (1.0–1.3)
	10	4	5 (4–6)	<b>+1</b>	1.3 (1.1–1.5)
age 60–69	5	3	3 (3–4)	<b>+ &lt;1</b>	1.1 (1.0–1.3)
	10	6	8 (7–9)	<b>+2</b>	1.3 (1.1–1.5)
<b>Cardiovascular risks</b>					
<b>Venous thromboembolism (VTE)§</b>					
age 50–59	5	5	12 (10–15)	<b>+7</b>	2.3 (1.8–3.0)
age 60–69	5	8	18 (15–24)	<b>+10</b>	
<b>Stroke</b>					
age 50–59	5	4	5 (5–6)	<b>+1</b>	1.3 (1.1–1.4)
age 60–69	5	9	12 (10–13)	<b>+3</b>	
<b>Coronary heart disease (CHD)</b>					
age 50–59	5	9	12 (7–19)	NS	1.3 (0.8–2.1)
age 60–69	5	18	18 (13–25)	NS	1.0 (0.7–1.4)
age 70–79	5	29	44 (29–61)	<b>+15</b>	1.5 (1.0–2.1)
<b>Benefits<sup>¶</sup></b>					
<b>Fracture of femur</b>					
age 50–59	5	1.5	1 (0.8–1.5)	NS	0.7 (0.5–1.0)
age 60–69	5	5.5	4 (3.5–5.5)	NS	



Risks associated with estrogen-only HRT use					
	Duration of HRT use (years)	Total cases per 1000 women with no HRT use* (RR= 1)	Total cases (range) per 1000 women using HRT†	Extra cases per 1000 women using HRT	Risk ratio (RR) (95% CI)‡
<b>Cancer risks</b>					
<b>Breast cancer</b>					
Current use from age 50	5	13	16	<b>+3</b>	1.2
	10	27	34	<b>+7</b>	1.33
Total risk from age 50 to age 69 (HRT use + past use)	5	63	68	<b>+5</b>	1.08
	10	63	74	<b>+11</b>	1.17
<b>Endometrial cancer</b>					
age 50–59	5	2	6 (5–7)	<b>+4</b>	3.0 (2.5–3.6)
	10	4	36 (25–52)	<b>+32</b>	9.0 (6.3–12.9)
age 60–69	5	3	9 (8–11)	<b>+6</b>	3.0 (2.5–3.6)
	10	6	54 (38–77)	<b>+48</b>	9.0 (6.3–12.9)
<b>Ovarian cancer</b>					
age 50–59	5	2	2	<b>+ &lt;1</b>	1.1 (1.0–1.3)
	10	4	5 (5–6)	<b>+1</b>	1.3 (1.2–1.5)
age 60–69	5	3	3	<b>+ &lt;1</b>	1.1 (1.0–1.3)
	10	6	8 (7–9)	<b>+2</b>	1.3 (1.2–1.5)
<b>Cardiovascular risks</b>					
<b>Venous thromboembolism (VTE)</b>					
age 50–59	5	5	7 (5–9)	<b>+2</b>	1.3 (1.0–1.7)
age 60–69	5	8	10 (8–14)	<b>+2</b>	
<b>Stroke</b>					
age 50–59	5	4	5 (5–6)	<b>+1</b>	1.3 (1.0–1.4)
age 60–69	5	9	12 (10–13)	<b>+3</b>	
<b>Coronary heart disease (CHD)</b>					
age 50–59	5	14	8 (6–15)	NS	0.6 (0.4–1.1)
age 60–69	5	31	28 (22–37)	NS	0.9 (0.7–1.2)
age 70–79	5	44	48 (35–66)	NS	1.1 (0.8–1.5)
<b>Benefits‡</b>					
<b>Fracture of femur</b>					
age 50–59	5	0.5	0.3 (0.2–0.5)	<b>0</b>	0.6 (0.4–0.9)
age 60–69	5	5.5	3 (2–5)	<b>–2</b>	

\* Background incidence from: Hospital Admissions in England (HES) for stroke and VTE; placebo arms of Women's Health Initiative (WHI) trial for coronary heart disease (CHD) and fracture; the International Agency Research on Cancer (IARC) for ovarian cancer and endometrial cancer; and from Office for National Statistics (ONS) for England for 2015, calculated for never-users in the Collaborative Group on Hormonal Factors in Breast Cancer meta-analysis for breast cancer.

† Best estimate and range based on relative risk and 95% confidence intervals (CI).

‡ Risk ratios and 95% CI from: meta-analysis of prospective observational studies for breast cancer (95% CI not available); meta-analyses of RCTs and observational studies for endometrial cancer, ovarian cancer and VTE; meta-analyses of randomised controlled trials (RCTs) for stroke; and from WHI trial for CHD and fracture risk.

§ Latest evidence suggests that transdermal HRT products have a lower risk of VTE than oral preparations.

¶ Menopausal symptom relief is not included in this table but is a key benefit of HRT and will play a major part in the decision to prescribe HRT.

NS=non-significant difference.