



Table 1: Summary of HRT risks and benefits* during current use and current use plus post-treatment from age of menopause up to age 69 years, per 1000 women with 5 years or 10 years use of HRT

	Risks over 5 years use (with no use or 5 years current HRT use)		Total risks up to age 69 (after no use or after 5 years HRT use [†])		Risks over 10 years (with no use or 10 years current HRT use)		Total risks up to age 69 (after no use or after 10 years HRT use [†])		
	Cases per 1000 women with no HRT use	Extra cases per 1000 women using HRT	Cases per 1000 women with no HRT use	Extra cases per 1000 women using HRT	Cases per 1000 women with no HRT use	Extra cases per 1000 women using HRT	Cases per 1000 women with no HRT use	Extra cases per 1000 women using HRT	
Risks associated with combined estrogen-progestogen HRT									
Breast cancer	13	+8	63	+17	27	+20	63	+34	
Sequential HRT	13	+7	63	+14	27	+17	63	+29	
Continuous combined HRT	13	+10	63	+20	27	+25	63	+40	
Endometrial cancer	2	-	10	-	4	-	10	-	
Ovarian cancer	2	+ <1	10	+ <1	4	+1	10	+1	
Venous thromboembolism (VTE)[§]	5	+7	26	+7	8	+13	26	+13	
Stroke	4	+1	26	+1	8	+2	26	+2	
Coronary heart disease (CHD)	14	-	88	-	28	-	88	-	
Fracture of femur	1.5	-	12	-	1	-	12	-	
Risks associated with estrogen-only HRT									
Breast cancer	13	+3	63	+5	27	+7	63	+11	
Endometrial cancer	2	+4	10	+4	4	+32	10	+32	
Ovarian cancer	2	+ <1	10	+ <1	4	+1	10	+1	
Venous thromboembolism (VTE)[§]	5	+2	26	+2	10	+3	26	+3	
Stroke	4	+1	26	+1	8	+2	26	+2	
Coronary heart disease (CHD)	14	-	88	-	28	-	88	-	
Fracture of femur	0.5	-	12	-	1	-	12	-	

*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.

[†]Best estimates based on relative risks of HRT use from age 50 (see [table 2](#) for relative risks). For breast cancer this includes cases diagnosed during current HRT use and diagnosed after HRT use until age 69 years; for other risks, this assumes no residual effects after stopping HRT use.

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