



Selección de Resúmenes de Menopausia

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Hormone replacement therapy after risk-reducing salpingo-oophorectomy minimises endocrine and sexual problems: A prospective study.

Vermeulen RFM, Beurden MV, Kieffer JM, Bleiker EMA, Valdimarsdottir HB, Massuger LFAG, et al.

BACKGROUND: There has been some doubts raised in earlier studies about the efficacy of hormone replacement therapy (HRT) in reducing endocrine and sexual problems in women who have undergone a risk-reducing salpingo-oophorectomy (RRSO). **METHODS:** In this prospective, observational study, we recruited 178 premenopausal women with a high risk for ovarian cancer. Fifty-seven women opted for RRSO and 121 for gynaecological screening (GS). Women completed questionnaires before surgery (T1) and 3 (T2) and 9 (T3) months post surgery, or at equivalent time points for the GS-group. Menopausal symptoms were assessed with the Functional Assessment of Cancer Therapy-Endocrine Subscale (FACT-ES) and sexual functioning with the Sexual Activity Questionnaire (SAQ). Groups were compared using repeated measures mixed effect models for continuous variables, and generalised estimating equations for longitudinal ordered categorical data. **RESULTS:** Twenty-seven women who underwent RRSO used HRT after surgery (HRT-users) and 30 did not (HRT-non-users). There were no significant group differences at baseline on the outcome variables. Compared to the HRT-users, the HRT-non-users exhibited a significant increase in overall endocrine symptoms ($p = 0.001$, effect size (ES) = -0.40 and $p < 0.001$, ES = -0.59 at T1 and T2, respectively), and in sexual discomfort ($p < 0.001$, ES = 0.74 and $p < 0.001$, ES = 1.17). The effect size provides an indication of the magnitude of the observed group differences. An effect size of 0.50 or greater is generally considered to be clinically relevant. No significant differences over time were observed between the HRT-users and the GS-group on any of the outcomes. **CONCLUSION:** Our results suggest that HRT use in the first year after RRSO has beneficial effects in terms of minimising endocrine symptoms and sexual symptoms in premenopausal women who have undergone RRSO.

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Metformin and breast cancer risk: A meta-analysis and critical literature review.

Ochs L, Springmann V, Aragaki AK, Chlebowski RT.

25 Background: Observational studies have suggested that metformin, commonly used for diabetes treatment that increases insulin sensitivity and improves glycemic control, decreases the incidence of several common cancers. However, findings regarding metformin and breast cancer incidence have been mixed. To explore this issue, a systematic literature review and meta-analysis were performed with a focus on potential biases. **METHODS:** We conducted a comprehensive literature search for all pertinent studies addressing metformin use and breast cancer risk by searching Pub Med, Cochrane Library, Scopus (which includes Embase, ISI Web of Science) using the Mesh terms: "metformin" or "biguanides" or "diabetes mellitus, type 2/therapy" and "cancer" or "neoplasms". When multiple hazard ratios (HR) or odds ratio (OR) were reported, the most adjusted estimate was used in the base-case analysis. We pooled the adjusted HR using and performed sensitivity analyses on duration of metformin use (> or < 3 years use), study quality (assessed using the GRADE system), and initial observation year of the cohort (before vs after 1997). **RESULTS:** From a total of 421 citations, 13 full-text articles were considered, and 7 independent studies were included. All were observational (4 cohort and 3 case control). Our combined OR for metformin association with invasive breast cancer of all 7 studies was 0.83 (95% CI, 0.71-0.97). Funnel plot analyses did not suggest publication bias. Stronger associations were found when analyses were limited to studies estimating the impact of longer metformin duration (OR = 0.75, 95% CI, 0.62-0.91) or among studies that began observing their cohort before 1997 (OR=0.68, 95% CI, 0.55-0.84). Stratification according to study quality did not affect the combined OR but higher quality studies had smaller CI and achieved statistical significance. Interpretation is limited by the observational nature of reports and different comparison groups. **CONCLUSIONS:** Our analyses support a protective effect of metformin on invasive breast cancer incidence among postmenopausal women with diabetes. Clinical trials are needed to determine whether metformin reduces breast cancer risk.

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Breast cancer and vitamin D in postmenopausal minorities.

Khosla P.

Background: Bone health is a particular concern for breast cancer survivors, because these women have 15% higher fracture risk than women without a history of breast cancer. Many studies have suggested that vitamin D deficiency may be involved in breast cancer initiation, progression, and prognosis. This study examines the prevalence of vitamin D deficiency among postmenopausal breast cancer patients in minority population. METHODS: This retrospective study reviewed the electronic records of 200 postmenopausal breast cancer patients from ethnic groups of blacks, Hispanics and Asians. RESULTS: Of the 200 patients, 84 (42%) had their 25-OHD levels checked at least once. Of patients, 42.7% found body mass index (BMI)>30kg/m². There was significant difference between race and BMI (p<0.05). Black Vitamin D deficiency (level< 20ng/mL) found in 35 (41.7%), vitamin D insufficiency (level range 20-30ng/mL) found in 30 (35.7%) of the patients. The median serum 25-OHD level was 21 (range 4-65ng/ml). The serum 25-OHD levels did not have significant difference among blacks and Hispanics. Tumor stages found negatively correlated with 25-OHD levels r=-0.227 and p=0.04. CONCLUSIONS: This study revealed that vitamin D deficiency has a high prevalence among postmenopausal breast cancer minority population. Data from Third National Health and Nutrition Examination survey showed that mean serum 25-OHD levels among white, Hispanic and black women were 76ng/ml, 56.7ng/ml and 45.3ng/ml, respectively. Also, prevalence rate of vitamin D deficiency is reported in the studies among breast cancer patients are approximately 30%. Our data compared with this general population's numbers is low; our median 25-OHD level was 21ng/ml. Our study found negative correlation with Vitamin D levels and stages of the breast cancer. Information is lacking on direct prognostic effect of vitamin D in breast cancer but these findings including our study support the hypothesis that vitamin D has a role in the pathogenesis of breast cancer. In the setting of breast cancer diagnosis either for bone health, or for breast cancer prognosis in postmenopausal women, we advocate routine 25-OHD levels screening for the vitamin D deficiency especially in minority populations would be beneficial.

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Association between body mass index and osteoporosis in women from northwestern Rio Grande do Sul.

Mazocco L, Chagas P.

OBJECTIVE: To investigate the association between body mass index (BMI) and bone mineral density (BMD) in postmenopausal women. METHODS: Observational study with postmenopausal women who underwent bone densitometry in Palmeira das Missões - RS. Sociodemographic data, risk for osteoporosis and food intake were assessed through a specific form. BMI was calculated according to WHO criteria. The assessment of BMD was performed by dual-energy X-ray absorptiometry (DXA) and classified according to WHO. Statistical analysis was performed using prevalence ratios (PR) and their respective 95% confidence intervals for the factors studied. Variables associated with p<0.20 with the different outcomes (osteopenia and osteoporosis) were included in a Poisson regression model with robust variance to adjust for potential confounding factors. A 5% significance level was considered. RESULTS: 393 postmenopausal women with a mean age of 59.6±8.2 years participated. After the adjustments, the normal weight women had 1.2 times the prevalence of osteopenia of obese women (PR=1.2; CI 95% 1.3-1.5). Considering osteoporosis, the PR of euthophic women was twice the PR of obese women (PR=2; CI 95% 1.4-2.9) and was 1.7 times greater for overweight group compared to obese category (PR=1.7; CI 95% 1.2-2.5). CONCLUSION: Obese women had lower prevalence of osteopenia compared with normal weight subjects and also with lower prevalence of osteoporosis as compared to normal- and overweight women.

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Vitamin D and osteosarcopenia: an update from epidemiological studies.

Bruyère O, Cavalier E, Reginster JY.

PURPOSE OF REVIEW: The review summarizes recent epidemiological studies that examined the relationship between osteoporosis and sarcopenia to assess the impact of vitamin D status or supplementation on health outcomes related to these two medical conditions. RECENT FINDINGS: Osteoporosis and sarcopenia are major public health problems, but whether these two diseases should be considered alone or combined into a single condition is not clear. No consensual definition of osteosarcopenia is largely accepted. Most observational studies demonstrate some

relationship between muscle and bone health. Vitamin D status is generally lower in study participants with bone or muscle wasting. Studies on the effects of vitamin D supplementation on muscle or bone health have provided conflicting results, likely because of the heterogeneity between studies. However, the most positive results were observed in study participants with low vitamin D status and in studies that avoided massive boluses of vitamin D.

SUMMARY: More observational and interventional studies are needed to confirm the exact role of vitamin D in the pathophysiology and treatment of osteosarcopenia.

Taiwan J Obstet Gynecol. 2017 Aug;56(4):482-486. doi: 10.1016/j.tjog.2017.05.002.

Relationship between alcohol consumption and age at menopause: The Korea National Health and Nutrition Examination Survey.

Choi JI, Han KD, Lee DW, Kim MJ, Shin YJ, Lee HN.

OBJECTIVE: We used data from the 2011-2014 Korean National Health and Nutrition Examination Surveys (KNHANES) to investigate whether the age at menopause is related to alcohol consumption in South Korean women.

MATERIALS AND METHODS: This was a cross-sectional study of the data for 940 women who became menopausal within the 3 years preceding the KNHANES. **RESULTS:** The numbers of nondrinkers, mild to moderate drinkers, and heavy drinkers in this group were 345 (34.7%), 573 (62.2%), and 22 (3%). Body mass index (BMI), smoking, and exercise were adjusted in model 1 and age was additionally adjusted in model 2. The mean ages at menopause were 51.6 ± 0.2 , 50.8 ± 0.1 , and 50.4 ± 0.5 years ($p = 0.0025$) in model 1 and 51.7 ± 0.2 , 51.1 ± 0.1 , and 50.1 ± 0.5 years ($p = 0.0018$) in model 2 for nondrinkers, mild to moderate drinkers, and heavy drinkers, respectively. BMI, smoking, exercise, educational level, income, duration of menopause, age at menarche, age at first delivery, and gravidity were adjusted in model 3, and the respective mean ages at menopause were 51.3 ± 0.2 , 50.7 ± 0.2 , and 50.1 ± 0.8 years ($p = 0.0402$). The population was classified into groups using the Alcohol Use Disorders Identification Test (AUDIT) scores of <5 ($n = 778$), <10 ($n = 108$), and ≥ 10 score ($n = 54$). The mean ages at menopause according to AUDIT score were 51.3 ± 0.1 , 50.5 ± 0.3 , and 50.4 ± 0.4 years ($p = 0.0222$, model 1), 51.4 ± 0.1 , 50.8 ± 0.3 , and 50.8 ± 0.3 years ($p = 0.0261$, model 2), and 51.1 ± 0.1 , 50.6 ± 0.4 , and 49.5 ± 0.6 years ($p = 0.0241$, model 3) respectively. **CONCLUSION:** In Korean women, alcohol consumption was associated with younger age at menopause. A higher AUDIT score was also related to younger age at menopause.

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Menopausal hormone therapy for primary prevention: why the USPSTF is wrong.

Langer RD, Simon JA, Pines A, Lobo RA, Hodis HN, Pickar JH, Archer DF, Sarrel PM8, Utian WH.

The US Preventive Services Task Force (USPSTF) Draft Recommendation statement on Menopausal Hormone Therapy: Primary Prevention for Chronic Diseases, released in May 2017, perpetuates a major disconnect between the primary population affected, **women** within roughly 10 years of menopause, and the data cited. Furthermore, major elements of the evidence relied upon have been misinterpreted or misstated, particularly in regard to coronary heart disease and breast cancer, for which there is no statistically significant evidence of harm. As currently drafted, the recommendations reiterate the USPSTF statements of 2012, 2005 and 2002, and will perpetuate egregious harm to the public health. In an attempt to avoid that outcome and to facilitate a return to rational discourse regarding menopausal hormone therapy, an ad hoc group of experts in menopausal health submitted this comprehensive response to the USPSTF.