

I have a family history of breast cancer; can I take HRT?

What is HRT?

HRT stands for Hormone Replacement Therapy and can be used to relieve symptoms of the perimenopause and menopause. HRT replaces hormones that naturally decline around the time of the menopause. Low levels of hormones can cause symptoms such as hot flushes, night sweats, anxiety, mood swings, brain fog, and vaginal dryness and discomfort.

There are different types of HRT and various ways to take it. Some HRT contains both the hormones oestrogen and progesterone (known as combined HRT), whereas other types contain only oestrogen.

HRT and breast cancer risk

Some types of HRT have been shown to increase the risk of breast cancer. This risk depends on the type of HRT, how long it is taken for and a woman's age.

Combined HRT increases a woman's risk of breast cancer if it is taken for more than a year. There is uncertainty about the amount the risk is increased by. It might be up to 1 extra case per 50 women taking it for 5 years.

- The risk is less for women in their 50s, compared to those in their 60s and 70s.
- How long it is taken for is also important, with lower increases in risk with HRT taken short-term (less than 5 years) than long-term (more than 5 years).
- the type of progestogen used affects the risk; with the highest risks with norethisterone

However, some HRT combinations such as an oestrogen gel or patch with an oral progesterone tablet (Utrogestan) do not appear to significantly increase the risk of breast cancer, at least for the first 5 years.

Oestrogen only HRT has the smallest effect on breast cancer risk but this can only be taken by women who have had a hysterectomy (had their womb removed).

Oestrogen only vaginal gels are not associated with an increased breast cancer risk, but are only effective for vaginal symptoms.

Can I take HRT?

Anyone can develop breast cancer and it is relatively common, therefore, lots of women will have a family history of it. Not all of these women will be at increased risk. Your personal risk is determined by many things including lifestyle, genetics and hormones. This information will be used to categorise your risk and decide whether you are offered additional breast screening and/ or other options.

There isn't much research looking specifically at HRT in women with an increased risk of breast cancer. However, it is likely that the effect of HRT on risk is relatively small, as it is for other women. Having a family history of breast cancer does not automatically mean you cannot take HRT.

Women who have had a breast cancer diagnosis are generally not advised to take HRT. Your oncology team should be able to give you more details about this.

For women who have had an early menopause (before 50), either naturally or after having their ovaries removed, taking HRT up until 50 is generally recommended. The level of replaced oestrogen is lower than in the average woman of this age and has protective benefits including on bone density.

When deciding whether to take HRT it is important to weigh up the potential benefits, as well as the risks. HRT can greatly improve quality of life for many women, by reducing menopausal symptoms as well as helping to prevent osteoporosis (weakening of the bones).

Everyone has a different perception of risk and the level they feel is acceptable or comfortable with so it is a very personal decision. We would encourage you to discuss your options further with your GP maybe showing them this leaflet.

Sources of further information

The Menopause Charity <https://www.themenopausecharity.org/>

Women's Health Concern <https://www.womens-health-concern.org/>

Mae gen i hanes teuluol o ganser y fron; a allaf gymryd HRT?

Beth yw HRT?

Mae HRT yn sefyll am Therapi Adfer Hormonau a gellir ei ddefnyddio i leddfu symptomau'r perimenopos a'r menopos. Mae HRT yn cymryd lle'r hormonau sy'n dirywio'n naturiol o gwmpas amser y menopos. Gall lefelau isel o hormonau achosi symptomau fel pyliau o wres, chwysu yn y nos, gorbryder, newidiadau mewn hwyliau, niwl yr ymennydd, a theimlad sych ac anghysurus yn y wain.

Mae yna wahanol fathau o HRT a gwahanol ffyrdd i'w gymryd. Mae rhai HRT yn cynnwys yr hormonau oestrogen a progesteron (a elwir yn HRT cyfun), tra bod mathau eraill yn cynnwys oestrogen yn unig.

HRT a risg canser y fron

Dangoswyd bod rhai mathau o HRT yn cynyddu'r risg o ganser y fron. Mae'r risg hon yn dibynnu ar y math o HRT, pa mor hir y mae'n cael ei gymryd ac oedran menyw.

Mae **HRT cyfun** yn cynyddu risg menyw o ganser y fron os caiff ei gymryd am fwy na blwyddyn. Mae ansicrwydd ynghylch faint y mae'r risg yn cael ei chynyddu. Gallai fod hyd at 1 achos ychwanegol fesul 50 o fenywod sy'n ei gymryd am 5 mlynedd.

- Mae'r risg yn llai i fenywod yn eu 50au, o'i gymharu â'r rhai yn eu 60au a'u 70au.
- Mae faint o amser mae'n cael ei gymryd hefyd yn bwysig, gyda chynnydd is mewn risg gyda HRT sy'n cael ei gymryd yn y tymor byr (llai na 5 mlynedd) o'i gymharu â'r tymor hir (mwy na 5 mlynedd).
- Mae'r math o progesteron a ddefnyddir yn effeithio ar y risg; gyda'r risgiau uchaf gyda norethisterone

Fodd bynnag, nid yw'n ymddangos bod rhai cyfuniadau HRT fel gel neu batsh oestrogen gyda thabled progesteron a gymerir drwy'r geg (Utrogestan) yn cynyddu'r risg o ganser y fron yn sylweddol, o leiaf am y 5 mlynedd gyntaf.

HRT oestrogen yn unig sy'n cael yr effaith leiaf ar risg canser y fron, ond dim ond menywod sydd wedi cael hysterectomi sy'n gallu cymryd hyn (wedi cael llawdriniaeth i dynnu eu croth).

Nid yw **geliau oestrogen yn unig ar gyfer y wain** yn gysylltiedig â risg uwch o ganser y fron, ond maent ond yn effeithiol ar gyfer symptomau'r wain.

A allaf gymryd HRT?

Gall unrhyw un ddatblygu canser y fron ac mae'n gymharol gyffredin, felly, bydd gan lawer o fenywod hanes teuluol ohono. Ni fydd pob un o'r menywod hyn yn wynebu risg uwch. Mae eich risg bersonol yn cael ei phennu gan lawer o bethau gan gynnwys ffordd o fyw, geneteg a hormonau. Bydd y wybodaeth hon yn cael ei defnyddio i gategoreiddio'ch risg ac i benderfynu a fyddwch chi'n cael cynnig prawf sgrinio'r fron a/neu opsiynau eraill ychwanegol.

Nid oes llawer o ymchwil sy'n edrych yn benodol ar HRT mewn menywod sydd â risg uwch o ganser y fron. Fodd bynnag, mae'n debygol bod effaith HRT ar risg yn gymharol fach, fel y mae ar gyfer menywod eraill. Nid yw cael hanes teuluol o ganser y fron yn golygu'n awtomatig na allwch gymryd HRT.

Yn gyffredinol, ni chynghorir menywod sydd wedi cael diagnosis o ganser y fron i gymryd HRT. Dylai eich tîm oncoleg allu rhoi mwy o fanylion i chi am hyn.

Ar gyfer menywod sydd wedi cael menopos cynnar (cyn 50), naill ai'n naturiol neu ar ôl tynnu eu ofariau, argymhellir yn gyffredinol eu bod yn cymryd HRT hyd at 50 oed. Mae lefel yr oestrogen sy'n cael ei adfer yn is nag ydyw yn y fenyw gyffredin o'r oedran hwn ac mae ganddo fuddion amddiffynnol gan gynnwys ar ddwysedd esgyrn.

Wrth benderfynu a ddylid cymryd HRT mae'n bwysig pwysu a mesur y buddion posibl, yn ogystal â'r risgiau. Gall HRT wella ansawdd bywyd llawer o fenywod yn fawr, trwy leihau symptomau menopos yn ogystal â helpu i atal osteoporosis (gwanhau'r esgyrn).

Mae gan bawb ganfyddiad gwahanol o risg a'r lefel maen nhw'n teimlo sy'n dderbyniol neu'n gyffyrddus â hi felly mae'n benderfyniad personol iawn. Byddem yn eich annog i drafod eich opsiynau ymhellach gyda'ch meddyg teulu gan ddangos y daflen hon iddyn nhw.

Ffynonellau gwybodaeth bellach

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