Menstrual manipulation

(JULY 2010)

TO THE EDITOR: In the article, "Menstrual manipulation: Options for suppressing the cycle,"[1] the authors described advantages and disadvantages of various hormone-based methods of menstrual manipulation, including prolonged use of oral contraceptives. We believe the authors underemphasized the risks associated with oral contraceptives. Blood clots, stroke, and death are often included in print and television ads by law firms recruiting patients harmed by these drugs. In addition, the authors failed to mention the risk of premenopausal breast cancer due to oral contraceptives, which are now classified as group 1 carcinogens by the World Health Organization.[2]

In October 2006, we published the most current meta-analysis to date regarding oral contraceptive use and the risk of premenopausal breast cancer.[3] We found that 21 out of 23 studies showed a positive trend or positive risk for premenopausal breast cancer with oral contraceptive use prior to first-term pregnancy. This resulted in a highly statistically significant cumulative risk of 44% (ie, odds ratio 1.44, 95% confidence interval 1.24–1.68). Our meta-analysis remains the most recent study in this area and updates the Oxford pooled analysis,[4] which relied on older studies with older women (two-thirds of whom were over age 45).

A more recent collaborative study coauthored by investigators from the National Cancer Institute, the Hutchinson Cancer Research Center, and the University of Washington includes oral contraceptives in the list of risk factors for breast cancer in younger women.[5] We ask your readers to consider that patients are entitled to know about this important risk factor before making a decision regarding hormonal menstrual manipulation.

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IN REPLY: Thank you for reading our article. Although the focus was geared more toward a comparison of different means of menstrual manipulation, we appreciate your comments on oral contraceptives and the link to premenopausal breast cancer.

As you noted, oral contraceptives have been linked to an increased risk of breast cancer, both in your meta-analysis[1] and again more recently in a prospective study of 116,608 female nurses from 25 to 42 years of age.[2] Interestingly, data from the latter study suggested that different formulations of oral contraceptives may pose different risks, and specifically that the use of triphasic preparations with levonorgestrel as the progestin had the highest risk. However, there is otherwise a paucity of data regarding the risk of specific formulations. There is currently no evidence of an association between oral contraceptive use and death from breast cancer, nor is there evidence that longer use of an oral contraceptive increases one's risk of death from breast cancer.[3]

Oral contraceptives have also been associated with a reduced risk of ovarian cancer,[4] and they appear to protect against death from ovarian cancer and uterine cancer.[3]

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Therefore, the clinician must consider the individual patient before making treatment recommendations, taking into account personal risk factors and other health concerns. (For a full list of contraindications to oral contraceptives, please refer to **TABLE 2** in our original article.) Further guidelines may also be obtained from the "US Medical Eligibility Criteria for Contraceptive Use 2010," issued by the US Centers for Disease Control and Prevention in May 2010,[5] which delineates the eligibility criteria for initiating and continuing specific contraceptive methods, including oral contraceptives.

Thank you again for sharing your concerns. We appreciate the opportunity to clarify this important point.

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