Women's Health...in the news

NEWS BRIEFS OF THE WEEK ♀ WEEK OF SEPTEMBER 6, 2004

OF NOTE...

As women of the Baby Boomer generation reach menopause, there will be an increasing number of hormone therapy (HT) treatment options available to them, including new transdermal estrogen therapies.

Over the past decade, transdermal estrogen delivery products have become increasingly popular because they allow estrogen to be absorbed directly through the skin into the bloodstream, effectively managing menopausal symptoms with a lower dose of estrogen than oral therapies. New transdermal delivery systems also relieve hot flashes and night sweats by ensuring the body receives a continuous and consistent supply of estrogen throughout the day.

The newest HT option approved by the FDA – a transdermal gel called EstroGel® (estradiol gel) – provides women and healthcare providers with an additional HT treatment option. Applied once daily on one arm from wrist to shoulder, the gel provides continuous delivery of estradiol through the skin in a non-patch transdermal form. Drying in as little as two to five minutes without massaging or rubbing, the new gel minimizes skin irritation often associated with the patch and is visually discrete, which may be important to physically active women.

The only FDA-approved estrogen therapy available as a gel, EstroGel® is a prescribed therapy in Europe. Providing some distinctive advantages over oral estrogen, the new transdermal estrogen gel allows women more choices in tailoring HT to their individual needs and preferences. HT should be individualized to each woman's specific symptoms, medical history and delivery preference. For important safety information, visit www.estrogel.com.

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SIDS

A study from Scotland noted that pregnant women who had high levels of alpha-fetoprotein, signifying placental defects, were nearly 3 times more likely to have a baby who died of SIDS. The authors suggest that stillbirth and SIDS could share common risk factors that are linked to problems that impair fetal growth and development. *[The New England Journal of Medicine (2004;351:978-986)]*

LEPTIN

Beth Israel Deaconess Medical Center reported that the hormone leptin could be helpful in treating exercise-related bone loss, eating disorders, and some forms of infertility. It appears that leptin helps regulate functions that rely on adequate energy balance including reproduction, metabolism and bone formation. *[The New England Journal of Medicine (2004;351:987-997)]*

MAMMOGRAPHY

Researchers from Finland reported that breast cancer tumors that are detected by mammography have a better prognosis than those detected through other screening methods. The results held true even after adjusting for positive lymph node involvement, tumor size, age at diagnosis, and aggressiveness of the tumor. The study found that tumors not detected by mammography were 90% as likely to recur at another site compared to those detected by mammography. Additionally, all tumors that were detected by mammography, except those larger than 30 mm, had significantly better 10-year distant disease-free survival. *[Journal of the American Medical Association (2004;292:1064-1073)]*

BONE DENSITY

Ultra-low dose estrogen delivered via a patch appears to reduce the rate of bone mineral density loss in older women without causing endometrial cell build-up. *[Obstetrics and Gynecology (2004;104)]*

BREAST CANCER

Older women with early-stage breast cancer who undergo lumpectomy do not appear to need radiation therapy following surgery, according to scientists from Massachusetts General Cancer Center. In their study of women over age 70 with tumors smaller than 2 cm that were estrogen-receptor positive, the cancer recurrence rate was 1% in those who received radiotherapy compared to 4% among those who didn't undergo radiation. The cancer recurrence was local to the same breast. In a second study from Canada, there was a distinct advantage for radiation therapy in younger women. The rate of recurrence for women aged 50+ was 7.7% in those who didn't receive post-surgical radiotherapy, compared to less than 1% among women who received radiation. *[The New England Journal of Medicine, September 2, 2004]*

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Analyzing data from the Surveillance, Epidemiology, and End Results (SEER) Program, investigators from the National Cancer Institute reported that women who have breast cancer are more likely to die from that disease if they are diagnosed with advanced stages of the disease at any age or with less advanced disease at a young age. Women with estrogen receptor-negative tumors were more likely to die from the disease than those with estrogen receptor-positive tumors. Black women tended to have higher death risks from breast cancer in general than white women. Additionally, women with localized disease had lower death risks than those whose disease had spread. *[Journal of the National Cancer Institute (2004;96:1311-1321)]*

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