

## Effect on endometrium of long term treatment with continuous combined oestrogen-progestogen replacement therapy: follow up study

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### Abstract

**Objective** To determine effects of five years of treatment with an oral continuous combined regimen of 2 mg 17 $\beta$ -oestradiol and 1 mg norethisterone acetate on endometrial histology in postmenopausal women.

**Design** Follow up study in postmenopausal women.

**Setting** 31 menopause clinics in the United Kingdom.

**Participants** 534 postmenopausal women, all with an intact uterus, who had completed nine months of treatment with oral continuous combined 2 mg 17 $\beta$ -oestradiol and 1 mg norethisterone acetate agreed to take part in a long term follow up study. Women were assigned to different groups on the basis of the treatment status immediately before entering the original study: 360 women had taken sequential oestrogen-progestogen hormone replacement therapy, 164 had taken no hormone replacement therapy, and 10 had taken unopposed oestrogen therapy.

**Methods** Endometrial aspiration specimens were taken before the women started the continuous combined regimen, after 9 and 24-36 months, and at the end of the five year treatment period or on withdrawal from the study.

**Main outcome measure** Results of endometrial histology.

**Results** The duration of treatment with continuous combined hormone replacement therapy was 4.4 (range 1.1-5.9) years. Data on endometrial specimens were available for 526 women after nine months of treatment, 465 women after 24-36 months of treatment, and 398 women who completed the five years treatment (345 women) or were withdrawn between the two latter visits for biopsies (53 women). No cases of endometrial hyperplasia or malignancy were detected at biopsy; 69% of women had an endometrium classified as atrophic or unassessable on completion of the study or withdrawal from it. Before the continuous combined therapy was started, complex hyperplasia was detected in 21 women who had taken sequential hormone replacement therapy before the study and in one who had taken

unopposed oestrogen. All of these women had normal results on histological examination of endometrial tissue after nine months of treatment with continuous combined hormone replacement therapy, and hyperplasia did not recur after up to five years of treatment.

**Conclusions** Long term treatment (for up to five years) with continuous combined hormone replacement therapy containing oestradiol 2 mg and norethisterone 1 mg daily was associated with neither endometrial hyperplasia nor malignancy. In women who had complex hyperplasia during previous sequential or unopposed regimens, the endometrium returned to normal during treatment with continuous combined hormone replacement therapy. These findings provide reassurance about the long term safety of this continuous combined regimen in terms of the endometrium.

### Introduction

We reported an increased prevalence of complex endometrial hyperplasia in postmenopausal women receiving standard sequential oestrogen-progestogen hormone replacement therapy compared with those receiving no hormone replacement therapy.<sup>1 2</sup> Other studies reported an increased risk of endometrial carcinoma in women who used such treatments over long periods compared with those who did not.<sup>3 4</sup> Information about the safety of standard sequential oestrogen-progestogen hormone replacement therapy used over long periods, along with a lack of compliance because of withdrawal bleeding, has highlighted the need for alternative types of hormone replacement therapy.<sup>5 6</sup>

Continuous combined hormone replacement therapy, in which oestrogen and progestogen are given together daily, is being used more often. Such regimens avoid the cyclical problems associated with sequential therapy in most women and combine protection of the endometrium with amenorrhoea, so that compliance improves.<sup>7-11</sup> Safety data about such regimens are needed if long term treatment is to be recommended,



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**Table 1** Number (%) of women with different histological classifications of endometrial tissue before treatment with continuous combined hormone replacement therapy

Classification	Previous hormone replacement therapy			Total
	None (n=164)	Sequential (n=360)	Unopposed oestrogen (n=10)	
Unassessable	76 (46)	45 (13)	5 (50)	126 (24)
Inactive or atrophic	68 (41)	32 (9)	0 (0)	100 (19)
Proliferative	3 (2)	62 (17)	1 (10)	66 (12)
Secretory	14 (9)	180 (50)	3 (30)	197 (37)
Pseudo-decidual	0	4 (1)	0	4 (1)
Menstrual	0	6 (2)	0	6 (1)
Complex hyperplasia	0	21 (6)	1 (10)	22 (4)
Atypical hyperplasia	0	0	0	0
Carcinoma	0	0	0	0
Other	2 (1)	8 (2)	0	10 (2)
Missing	1 (1)	2 (1)	0	3 (1)*

\*Includes two patients who completed the follow up study and one patient who was withdrawn.

but such data are limited. Data that are available have looked at periods of use only up to three years.<sup>12 13</sup>

The endometrium becomes atrophic within six months of women starting continuous combined hormone replacement therapy containing 2 mg 17 $\beta$ -oestradiol and 1 mg norethisterone acetate.<sup>14-16</sup> In many cases, the endometrium cannot be assessed because biopsy specimens contain insufficient tissue.<sup>2 8 17</sup> Continuous combined hormone replacement therapy stops bleeding in most postmenopausal women,<sup>2 14-16</sup> and it may transform hyperplastic endometrium into states of atrophy after three to nine months.<sup>2 8</sup>

We investigated the effects of continuous combined hormone replacement therapy containing 2 mg 17 $\beta$ -oestradiol and 1 mg norethisterone acetate on endometrial histology and bleeding patterns in postmenopausal women treated for up to five years. As far as we are aware, this is the largest long term study of its kind, reporting data from 534 women.

## Methods

An open, prospective, multicentre British study investigated women treated with a continuous combined hormone replacement therapy regimen containing 2 mg 17 $\beta$ -oestradiol and 1 mg norethisterone acetate (Kliofem, Novo Nordisk; Kliogest outside the United Kingdom) for nine months.<sup>2</sup> When the study ended, we recruited women who had completed the treatment period and who elected to continue the treatment for up to five years into a long term follow up study. The five year follow up included the nine months of the original study.

We took endometrial aspiration biopsies before continuous combined hormone replacement therapy was started, after nine and 24-36 months of treatment, and after five years of treatment or withdrawal from the study. Biopsy specimens were taken in outpatient clinics, using Pipelle de Cornier samplers (Eurosurgical, Guildford).<sup>18</sup> A single independent pathologist (MW), who was blind to any details of the patients, assessed the histological samples and classified them according to standard criteria (see [bmj.com](http://bmj.com) for details of classification).

## Results

Overall, 534 women provided data for the follow up study. The mean duration of treatment with continu-

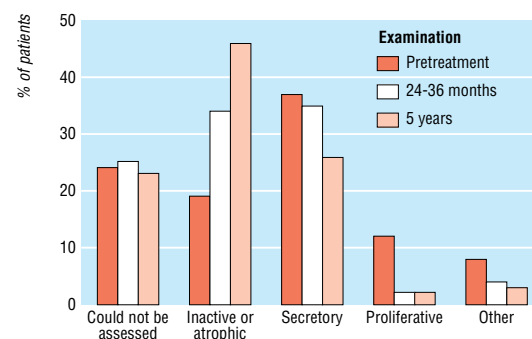
ous combined hormone replacement therapy was 4.4 (range 1.1-5.9) years.

Data about endometrial biopsies were available for 531 women before treatment (table 1), 526 women after nine months of continuous combined hormone replacement therapy (as part of the original study period), 465 (87%) women after 24-36 months (table 2), and 398 (75%) women after 5 years of treatment (345 women) or on withdrawal (53 women). No cases of hyperplasia or malignancy were detected in women whose biopsy specimens were assessable. Most specimens in the "other" category were benign endocervical or endometrial polyps (figure).

Complex hyperplasia was detected in 21 women who had been taking sequential hormone replacement therapy and one woman who had been taking unopposed oestrogen before the study (table 1). Sixteen of these women completed five years of treatment with continuous combined hormone replacement therapy and six withdrew from the study. In all 22 cases, the complex hyperplasia reverted to normal endometrial patterns after nine months of treatment,<sup>2</sup> and hyperplasia had not recurred by completion of or withdrawal from the study. We did not analyse other possible changes in histology from one category of normal histology to another during the study.

## Discussion

No cases of endometrial hyperplasia or malignancy occurred during the five years of the study. We



Results of histological examination of endometrium from women treated for up to five years with continuous combined hormone replacement therapy

previously showed that all women who had complex hyperplasia while taking previous sequential or unopposed hormone replacement therapy reverted to normal after nine months of continuous combined hormone replacement therapy.<sup>2</sup> The current study showed that hyperplasia did not recur and that new cases did not develop in women treated for up to five years. The results give reassurance about the long term endometrial safety of this regimen.

Our results support the findings of previous studies with long term continuous combined hormone replacement therapy.<sup>9 12 13</sup> Staland also found that the combination of oestradiol 2 mg with norethisterone acetate 1 mg was associated with reversion of pre-existing hyperplasia to normal endometrium.<sup>19</sup> A recent population based study has reported that women taking continuous combined hormone replacement therapy did not seem to be at any increased risk of endometrial cancer relative to women who had never received hormone replacement therapy.<sup>20</sup>

Endometrial carcinoma has been reported only rarely in women taking continuous combined hormone replacement therapy regimens.<sup>10 21 22</sup> In most cases the women had a history of unopposed oestrogen or of sequential use with less than 10 days of progestogen, risk factors such as a family history of endometrial carcinoma, or an inadequate dose of progestogen.<sup>23</sup>

In the PEPI (postmenopausal estrogen-progestin interventions) trial, which lasted three years, 3.4% of 352 women treated with sequential hormone replacement therapy developed simple hyperplasia and 1.7% complex hyperplasia—this gives a total of 5.1% of women who developed hyperplasia over three years.<sup>12</sup> In the group of women who received continuous combined hormone replacement therapy, one case of simple hyperplasia (0.8%) occurred; the remaining 119 women had normal histological results at the end of three years. These findings are comparable with those of our preliminary study and the data presented here.<sup>2</sup>

### Meaning of the study

Interest in the use of hormone replacement therapy has increased recently. Many women are considering using such therapy over long periods to try to affect their long term health—particularly in relation to preventing osteoporosis. Women and their doctors need to be reassured that the long term use of hormone replacement therapy will not increase the risk of endometrial cancer, because recent reports showed that this risk may be increased after more than five years of use of sequential oestrogen and progestogen regimens (odds ratios 2.7 (95% confidence interval 1.2 to 6.0) and 2.9 (1.8 to 4.6), respectively),<sup>3 4</sup> but not with continuous combined hormone replacement therapy (0.2 (0.1 to 1.8)).<sup>4</sup> The duration of progestogen treatment in each cycle in sequential regimens is critical: the risk of endometrial cancer is greater when progestogen is taken for less than 10 days.<sup>3 24</sup>

In addition to the length of the progestogen phase, the dose and type of progestogen may be important factors. A recent study by Weiderpass and colleagues showed lower rates of endometrial cancer in women treated with continuous combined hormone replacement therapy that included a 19-nortestosterone

**Table 2** Number (%) of women with different histological classifications of endometrial tissue after 24-36 months of treatment with continuous combined hormone replacement therapy and on completion of 5 years of treatment or withdrawal from study

Classification	Time endometrial sample taken	
	At 24-36 months (n=465)*	On completion of 5 years of treatment or withdrawal (n=398)†
Unassessable	117(25)	92(23)
Inactive or atrophic	157(34)	185(46)
Proliferative	11 (2)	8 (2)
Secretory	162(35)	102(26)
Pseudo-decidual	8 (2)	5 (1)
Menstrual	0	0
Complex hyperplasia	0	0
Atypical hyperplasia	0	0
Carcinoma	0	0
Other	10 (2)	6 (2)

\*307 had received sequential hormone replacement therapy, 150 no previous hormone replacement therapy, and eight unopposed oestrogen.

†264 had received sequential hormone replacement therapy, 127 no previous hormone replacement therapy, and eight unopposed oestrogen.

derivative as the progestogen component than in women who took continuous combined hormone replacement therapy in which a 17-hydroxyprogesterone derivative was the progestogen component.<sup>4</sup> A study in which women mainly took continuous combined conjugated oestrogens and 17-hydroxyprogesterone derivatives showed no differences in the incidence of endometrial cancer.<sup>24</sup> The current study used a continuous combined preparation similar to that taken by most women in the study by Weiderpass et al.<sup>4</sup> The reversal of endometrial hyperplasia (with no recurrence during five years of follow up) seen in our study may relate to this specific combination, which has a relatively strong progestogen component.

This is the largest and longest study of continuous combined hormone replacement therapy to date. In addition, our study is unique in that it includes women with endometrial hyperplasia. The findings of normal histology, together with the reversion of hyperplasia without cytological abnormality, suggest that continuous daily progestogen in such regimens provides greater protection of the endometrium and reassurance that long term treatment does not harm the endometrium.

### Unanswered questions and future research

Despite the reassurance provided by our key results, studies of even longer duration are required. A trend towards the use of continuous combined hormone replacement therapies that include low doses of oestrogens—for example, 1 mg oestradiol or its equivalent—and different combinations of hormones means that the safety of such regimens needs to be evaluated continually.

This article describes the long term follow up to a study recently published in the *British Journal of Obstetrics and Gynaecology*. Other members of the UK Continuous Combined Study Investigators Group were A Bhalla (Bath), J McQueen (Beckenham), W Thompson (Belfast), D Heath (Birmingham), J Newton (Birmingham), D Pugh (Cardiff), R Wallace (County Armagh), I Smith (Coppull), J Lorimer (Durham), H McEwan (Glasgow), D McKay-Hart (Glasgow), T Wheatley (Haywards Heath), D McLintock (Welwyn Garden City), T Mahmood (Kirkcaldy), J Drife (Leeds), F Al-Azzawi (Leicester), A Breeson (Lincoln), W Francis (Liverpool), R Kirkman (Manchester), M Al Samarrai (Neath), G Filshie (Nottingham), D Barlow and M Rees (Oxford),

### What is already known on this topic

Long term use of sequential oestrogen-progestogen hormone replacement therapy increases the risk of endometrial cancer

Continuous combined hormone replacement therapy regimens are safe and effective in the short term treatment of postmenopausal women

Previous trials have involved small numbers of patients (< 100) or short durations of treatment (2-3 years), or both

### What this study adds

All women who had complex hyperplasia while taking sequential or unopposed hormone replacement therapies reverted to normal endometrial patterns

Continuous combined hormone replacement therapies that include continuous progestogen improve endometrial safety when used in the long term (up to five years)

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### One hundred years ago The Simplon Tunnel

That the science of engineering has during the past century progressed beyond all knowledge is a stock platitude. Man has written the story of his conquest over Nature in works more stupendous than his pen can depict. There is, however, one chief aspect of this advance which in our opinion overshadows all the others. It is impossible to look at the noble columns of Karnak or the senseless masses of the Pyramids, at the colossal monoliths of Baalbec, or even the delicate myriad spires of Cologne, without thinking of the tribute of human life which was sacrificed in their erection. The humanitarianism of this age is usually blatant and often misdirected, but no praise can be too high for the precautions which it has prompted modern taskmasters to take on behalf of their workmen. Probably the largest engineering undertaking at present under construction is the Simplon Tunnel...

... The hospitals at both ends are provided with all modern appliances, and are in telephonic communication with the

installation plant and the place at which work is proceeding. The housing of the 4,500 workmen is carefully looked after, and there is but little overcrowding. The vigilance of the contractors and the skill of their medical men, Drs. Volante and Pommata, has been fully rewarded. Seven and a-half miles of the tunnel have been completed, and thus far there have only been 6 deaths from accidents. Of the diseases to which the miners are liable, the commonest are those resulting from the rapid alternations of temperature, such as rheumatism, bronchitis, and intestinal catarrh. Heart disease is rare, as the workmen are medically examined before being taken on. The precautions taken to ensure purity of drinking water have rendered the works till now free from enteric fever and ankylostomiasis. The importance assigned by the contractors to hygienic questions has been of enormous value to their labourers, and must in the long run prove economical to themselves.

(*BMJ* 1902;ii:476)