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Age, Education, and Surgical History Affect Hormone Use After Oophorectomy

New study identifies frequency of hormone therapy use and predictors of its use in women who underwent preventive oophorectomy as a result of carrying the BRCA gene

CLEVELAND, Ohio (August 12, 2020)—Removal of the ovaries before natural menopause (surgical menopause) often exacerbates menopause symptoms and places women at increased risk for heart disease, osteoporosis, and cognitive decline. A new study identified the frequency of hormone therapy (HT) use and factors that determine who is more likely to use hormones after oophorectomy to manage symptoms. Study results are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Women who carry the high-risk *BRCA* gene may be likely to develop ovarian cancer. As a result, these women often undergo an oophorectomy to mitigate the risk. However, the preventive removal of the ovaries before a woman reaches natural menopause typically creates added problems, including severe hot flashes, sleep disturbances, mood changes, vaginal dryness, and decreased libido, in addition to potential long-term adverse effects on health.

Hormone therapy has proven to be one of the most effective means for managing these symptoms and reducing long-term risks, but its use is somewhat limited because of concerns in this population of an increased risk of breast cancer, which was shown in women with a uterus who used a combination of estrogen plus a progestin in the Women's Health Initiative trials. A new study involving nearly 800 premenopausal women who underwent a preventive oophorectomy as a result of carrying the *BRCA* gene sought to understand how often women use HT after surgery and what factors most influence their decision to do so.

Researchers found that 61% of study participants used HT after their oophorectomies. The clinical and demographic factors that most influenced their decision were age, education, and surgical history. In particular, women who were younger at the time of surgery, who had a higher level of education, and who had also undergone a preventive mastectomy were more likely to use HT for the management of their menopause symptoms. The researchers hope that by understanding the factors that influence women's decisions regarding therapy options, healthcare providers may be better positioned to address barriers to HT use and help improve women's overall quality of life after surgery.

Study results appear in the article “Factors associated with use of hormone therapy after preventive oophorectomy in *BRCA* mutation carriers.”

“This study highlights some of the factors associated with hormone therapy use in younger women with *BRCA* gene mutations who underwent risk-reducing oophorectomy before the natural age of menopause. These findings are particularly important, given the potential long-term adverse health consequences of hormone therapy avoidance in these young women and may help clinicians individualize treatment of menopause symptoms without increasing breast cancer risk,” says Dr. Stephanie Faubion, NAMS medical director.

For more information about menopause and healthy aging, visit www.menopause.org.

Founded in 1989, The North American Menopause Society (NAMS) is North America’s leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit www.menopause.org.