



GORDON C GUNN, MD, FACOG

CONCIERGE PERSONALIZED CARE
GYNECOLOGY • HORMONE THERAPY
INTEGRATIVE MEDICINE

August 17, 2020

Editorial Board of Journal of the American Medical Association (JAMA)

Atten: Opinion Section

RE: Association of Menopausal Hormone Therapy with Breast Cancer Incidence and Mortality During Long-term Follow-up of the Women's Health Initiative Randomized Clinical Trials

JAMA. 2020;324(4):369-380. doi:10.1001/jama.2020.9482

Dear Members of the Editorial Board of JAMA,

As a practicing gynecologist for over 50 years, I have followed the pros and cons and personal biases of my fellow physicians regarding hormone replacement therapy (HRT) since shortly after Premarin (CEE) was introduced to menopausal and postmenopausal women. Then with no advanced knowledge on July 9, 2002, the **N.Y. Times** published the headlines:

"Study Is Halted Over Rise Seen In Cancer Risk"

"A large federal study of hormone replacement therapy in postmenopausal women was abruptly halted, researchers say, because the drugs caused a slight but significant increase in the risk of invasive breast cancer The directors of the study, known as the Women's Health Initiative, sent letters to the study's participants, which they should receive today, telling them to stop taking their medications".

This breaking news occurred **before your** July 17, 2002; article was published. Physicians and most importantly their patients **ONLY** heard the words: **"Hormones cause Breast Cancer"**. The resulting fear and panic instilled by your July 2002 article as to estrogen (no headline mention of progesterone by the media) *possibly* causing an increased risk in breast cancer paralyzed women, resulting in over 40 million women in the U.S. alone stopping their hormone replacement by 2004. Then your 2004(2) article reporting the estrogen alone arm was also being terminated because there was no demonstrated benefit as to reducing CVD events nor breast cancer risk.

As a result of these publications the NIH, Medicare, and medical insurance companies stopped approving estrogen replacement and medical teaching institutions in the U.S. started teaching students and residents that estrogen should NOT be used in postmenopausal women as it "may increase their risk of breast cancer and heart disease".

So here we are exactly 18 years later, and the same WHI authors are reporting that after 20+ years of estrogen use there is not only NO increase in breast cancer risk; there is actually a REDUCED risk (3). They stop short of saying that there may actually be a protective benefit, other than treating intolerable hot flashes and night sweats for the shortest time possible.

I believe there has been a preventable and monumental tragedy that has impacted 10's of millions of women worldwide as a result of these authors and your editorial board's failure to clarify that estrogen does NOT cause breast cancer. It was the medroxyprogesterone (Provera) that has shown a possible adverse risk on breast cancer (but not death), and they knew this in 2002. Yet, at no time did they make any attempt to stop or correct this misinformation, especially through the mainstream media. In my opinion, they have failed in their oath to "first do not harm" and you have failed in your obligation to correct a grave misrepresentation dating back to 2002. How hard is it to ask the N.Y Times and Washington Post to run a corrected headline: "Good News, Women of the World". "Estrogen does NOT cause an increased risk of breast cancer after all. We were wrong. Sorry for any inconvenience." "The WHI Study data actually shows that long-term estrogen use is "significantly associated with *lower* breast cancer incidence and *lower* breast cancer mortality". "AND "the authors knew this back in 2002 and failed to tell you, the NIH, Medicare and the medical insurance companies."

Respectively yours,

Gordon C. Gunn, M.D.
Fullerton, California

1. Rossouw JE, Anderson GL, Prentice RL, et al; Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. JAMA. 2002;288(3): 321-333. doi:[10.1001/jama.288.3.321](https://doi.org/10.1001/jama.288.3.321)
2. Anderson GL, Limacher M, Assaf AR, et al; Women's Health Initiative Steering Committee. Effects of conjugated equine estrogen in postmenopausal women with hysterectomy: the Women's Health Initiative randomized controlled trial. JAMA. 2004;291(14):1701-1712. doi:[10.1001/jama.291.14.1701](https://doi.org/10.1001/jama.291.14.1701)
3. Rowan T. Chlebowski, MD, PhD; Garnet L. Anderson, PhD; Aaron K. Aragaki, MS; JoAnn E. Manson, MD, DrPH; Marcia L. Stefanick, PhD; Kathy Pan, MD; Wendy Barrington, PhD; Lewis H. Kuller, MD; Michael S. Simon, MD; Dorothy Lane, MD; Karen C. Johnson, MD; Thomas E. Rohan, MBBS; Margery L. S. Gass, MD; Jane A. Cauley, PhD; Electra D. Paskett, PhD; MaryamSattari, MD; Ross L. Prentice, PhD. JAMA. 2020;324(4):369-380. doi:[10.1001/jama.2020.9482](https://doi.org/10.1001/jama.2020.9482)