Our Recent Findings!

In a recent Sister Study publication, we examined whether gynecological surgery was related to women’s risk of developing breast cancer. Since many women who undergo a hysterectomy (removal of the uterus) or bilateral oophorectomy (removal of both ovaries) often take hormone therapy, we also considered the combined effects of surgery and hormone therapy. We found that having had a bilateral oophorectomy was associated with a lower incidence of breast cancer, both overall and when accompanied by unopposed estrogen hormone therapy. In contrast, hysterectomy without bilateral oophorectomy was associated with higher incidence of breast cancer, particularly for women who also took estrogen plus progestin hormone therapy. This work was led by a summer intern, Sharonda Lovett, who is currently completing her PhD in Epidemiology.

Pregnancy Complications and Premenopausal Breast Cancer

The pregnancy complications preeclampsia and preterm birth may affect future breast cancer risk in different ways, even though women with preeclampsia are more likely to have a preterm birth. A very large study was needed to disentangle these relationships. In a recently published paper, Sister Study investigators led an analysis of data from 6 different cohort studies, including the Sister Study, to try to understand how preeclampsia and preterm birth may be linked to breast cancer occurring prior to menopause. They found that women who experienced preeclampsia were less likely to develop premenopausal breast cancer. While preterm birth was not associated with premenopausal breast cancer among all women, it was associated with higher rates of premenopausal breast cancer among those who experienced preeclampsia or gestational hypertension (high blood pressure during pregnancy). This study helps to clarify the complicated relationships between certain pregnancy complications and premenopausal breast cancer risk and may help to identify high risk women.

https://tinyurl.com/CancerHypPreg