HRT Causes Breast Cancer? What the Research ACTUALLY Shows in 2025 Transcript

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The 2002 Study That Changed Everything

In 2002, a large In 2002, a large study was study was stopped early, stopped early, and the headline read and the headline read that that that hormone replacement therapy (HRT) causes HRT) causes breast cancer. This breast cancer. This headline shaped how an headline shaped how an entire generation of entire generation of women and their women and their doctors think about doctors think about hormone therapy.

hormone therapy. 20 years later, the evidence 20 years later, the evidence has become more subtle. has become more subtle. The FDA just changed its The FDA just changed its guidelines in guidelines in 2025, and millions of 2025, and millions of women are still making women are still making decisions based on decisions based on headlines from a time before smartphones. Today smartphones. Today I'm going to tell you what the research actually shows.

research actually shows. Welcome to my channel. Welcome to my channel. I am Dr. Elizabeth I am Dr. Elizabeth Tatakin, a Tatakin, a licensed naturopathic doctor practicing in sunny practicing in sunny Arizona. I Arizona. I work with women every week who are work with women every week who are making decisions making decisions about HRT. And the conversation about HRT. And the conversation about breast cancer about breast cancer almost always almost always starts in the same starts in the same place. Fear place. Fear that has formed that has formed due to incomplete due to incomplete information, usually information, usually since 2002. Today I since 2002. Today I want to give you the want to give you the factual evidence, the factual evidence, the absolute absolute absolute risk figures, the difference between estrogen- risk figures, the difference between estrogen- only HRT only HRT and combined HRT, and combined HRT, what the what the WHI study actually measured and what WHI study actually measured and what its real its real limitations were, and what limitations were, and what changed in 2025 changed in 2025 when the FDA updated its when the FDA updated its guidelines. This is not guidelines. This is not necessarily a video in necessarily a video in support of HRT. This is support of HRT.

What the WHI Trial Actually Measured

This is a video with real a video with real photography. Here's what photography. Here's what really happened in really happened in 2002. The Women's Health Initiative study was Women's Health Initiative study was terminated early. The reason was the. The reason was the increased risk of increased risk of breast cancer breast cancer in women taking in women taking combination combination combination hormone therapy.

The headlines were The headlines were immediate and immediate and alarming. Within a alarming. Within a year, the prescription of HRT year, the prescription of HRT was halved.

was halved. The fear never The fear never completely disappeared. And here's the completely disappeared. And here's the thing, the research was thing, the research was real, and the real, and the results were results were real. This is not to ignore ignore concerns, but the concerns, but the study also study also had significant had significant design limitations design limitations that changed how the results should be interpreted. And these results should be interpreted. And these restrictions almost restrictions almost never made never made headlines.

headlines. headlines. Most importantly, the average age of women in the average age of women in the WHI study WHI study was 63 years. The was 63 years. The typical woman who typical woman who starts HRT to starts HRT to treat menopause treat menopause is between 50 and 52 is between 50 and 52 years old. So, years old. So, the study the study the study answered a very answered a very specific question. What specific question. What happens when you happens when you prescribe HRT to prescribe HRT to women who women who have been have been postmenopausal postmenopausal postmenopausal for 10 years or for 10 years or more? Is more? Is HRT safe if HRT safe if started during started during menopause? These are two menopause? These are two

different questions, and different questions, and the answers to them are two the answers to them are two different things. There is a different things. There is a second limitation that second limitation that almost no one almost no one talks about.

talks about. The progestogen The progestogen used in the used in the pooled arm of pooled arm of this study this study was was was madroxyprogesterone acetate madroxyprogesterone acetate, a synthetic, a synthetic progestin, not progestin, not progesterone. The progesterone. The breast cancer link breast cancer link in this study in this study may be may be specific to this specific to this compound and not to compound and not to hormone therapy hormone therapy in general. The study in general. The study answered a different answered a different question than question than most people think. And most people think.

The Absolute Risk Numbers Explained

And most women have most women have never heard that never heard that part. Here's what the part. Here's what the actual actual actual absolute risk figures look like.

absolute risk figures look like. The ones that almost never The ones that almost never make the make the headlines. headlines. headlines. Risk communication Risk communication in medicine has a in medicine has a problem.

problem. problem. Relative risk measures Relative risk measures are used are used are used almost everywhere, and they almost everywhere, and they sound too big.

sound too big. Absolute risk indicators are those that tell are those that tell you what is really you what is really important for your important for your individual individual individual life. And they life. And they look completely look completely different. Let me different. Let me show you what show you what I mean. For I mean. For combined combined combined estrogen plus estrogen plus progestin HRT, the progestin HRT, the progestin HRT, the absolute increase in absolute increase in risk is risk is approximately two approximately two additional cases of additional cases of breast cancer breast cancer per 1000 women over 5 per 1000 women over 5 years of use. 6 years of use. 6 per 1000 over 10 per 1000 over 10 years. This is an actual years. This is an actual number. Not a percentage, not a number. Not a percentage, not a relative increase, relative increase, but an actual number. Here's but an actual number. Here's something that puts it into something that puts it into perspective.

perspective. perspective. Regular Regular Regular alcohol consumption, one to two alcohol consumption, one to two drinks per day, drinks per day, increases the increases the risk of breast cancer by a similar level risk of breast cancer by a similar level. A BMI. A BMI over 30 adds even over 30 adds even more. These risks more. These risks are rarely discussed are rarely discussed with the same intensity. But with the same intensity. But here's the part of this here's the part of this story that is story that is almost never almost never told. Women in the told. Women in the WHI trial who WHI trial who took took took estrogen alone, that is, women estrogen alone, that is, women who had their who had their estrogen removed and did not estrogen removed and did not need need need progestin, were progestin, were about 20% less about 20% less likely likely likely to be diagnosed with to be diagnosed with breast cancer than breast cancer than women who took a women who took a placebo. Same placebo. Same study, two study, two groups and opposite groups and opposite signals. This signals. This complexity was completely complexity was completely lost when lost when the headlines appeared.

the headlines appeared. And that's why And that's why percentage percentage percentage wording is important. When you wording is important. When you hear about a 23% increased risk of increased risk of breast cancer breast cancer from HRT, it sounds from HRT, it sounds alarming. But this 23% refers to the basic refers to the basic level, which is already very level, which is already very low. The absolute low. The absolute number that this number that this percentage gives is percentage gives is two additional two additional cases per 1,000 women cases per 1,000 women over 5 years. That's what the calculations actually say.

the calculations actually say. In my practice, I In my practice, I explain this explain this to patients every week. And almost to patients every week. And almost every time a woman every time a woman hears an actual number, hears an actual number, rather than a percentage, a number, rather than a percentage, a number, her entire body visibly

her entire body visibly relaxes. She relaxes. She felt a fear that felt a fear that was much greater was much greater than the actual risk.

What Changed in 2025 With FDA Guidance

than the actual risk. The evidence The evidence has changed significantly since has changed significantly since 2002. Here's what 2002. Here's what has changed in the has changed in the last 2 years. In last 2 years. In 2025, two 2025, two important things happened that important things happened that most women haven't most women haven't heard about. The first was heard about. The first was regulatory. In regulatory. In November 2025, the FDA November 2025, the FDA removed the removed the black box warning from black box warning from many many many HRT products. If you've never HRT products. If you've never heard of a black box warning, it's black box warning, it's the most serious the most serious the most serious warning the FDA warning the FDA places on medications.

places on medications. Its removal is no Its removal is no small matter. This is a signal small matter. This is a signal that a nuanced that a nuanced picture of risk and picture of risk and benefit is no longer benefit is no longer served by a served by a served by a blanket blanket blanket warning of warning of high severity.

high severity. The evidence has changed. The evidence has changed. Federal Federal Federal guidelines guidelines guidelines changed with changed with them. The second shift them. The second shift was clinical. In was clinical. In September 2025, a panel of September 2025, a panel of experts experts experts published published published updated updated updated recommendations in the recommendations in the journal Menopause.

They recommended that They recommended that some women with a some women with a personal history of personal history of breast cancer breast cancer consider systemic consider systemic HRT to improve HRT to improve quality of life after an quality of life after an individual individual individual discussion with their discussion with their doctor. Let doctor. Let me explain clearly me explain clearly what this means. This is not a what this means. This is not a general general general recommendation. This is not a recommendation. This is not a resolution for everyone, but resolution for everyone, but it reflects it reflects how significantly how significantly clinical opinion has changed clinical opinion has changed since 2002. There is since 2002. There is another aspect that is another aspect that is now widely now widely accepted in the accepted in the industry. It industry. It is called the is called the is called the time hypothesis. HRT time hypothesis. HRT started within 10 started within 10 years of years of menopause, what menopause, what researchers call the researchers call the critical window, has a critical window, has a significantly more favorable significantly more favorable safety profile than safety profile than HRT started HRT started 10 or more years 10 or more years after menopause. The WHI after menopause. The WHI studied late studied late initiators.

initiators. initiators. Most menopausal women Most menopausal women are early are early starters. This starters. This distinction significantly distinction significantly changes the changes the risk equation. This does not mean risk equation. This does not mean that HRT is risk-free.

This means This means the conversation needs to be the conversation needs to be more specific more specific about you, your type of about you, your type of HRT, your timing, and HRT, your timing, and your individual your individual risk factors. If risk factors. If you found this you found this helpful, if you have helpful, if you have made decisions made decisions about HRT based on about HRT based on incomplete information, please incomplete information, please subscribe. I subscribe. I publish publish publish honest, honest, honest, evidence-based content about evidence-based content about hormonal health every week.

hormonal health every week.

The Individual Risk Framework

Stay with me Stay with me to receive to receive personalized personalized risk framework information. The question most women ask is: does most women ask is: does HRT cause HRT cause breast cancer? This is breast

cancer? This is n't a wrong n't a wrong question, but it's question, but it's also not the also not the most useful one. The better most useful one. The better question, given question, given my specific my specific situation, is what is my situation, is what is my individual individual individual risk/ risk/ benefit calculation? Because benefit calculation? Because the answer is different for the answer is different for every woman.

Let me Let me explain what explain what actually changes actually changes the equation. The first the equation. The first variable is the type. variable is the type.

Estrogen alone Estrogen alone versus combined versus combined HRT do not have the HRT do not have the same same same risk profile. Oral risk profile. Oral combined HRT using combined HRT using synthetic synthetic progestins has a progestins has a slight increase in the slight increase in the risk we risk we discussed earlier.

discussed earlier. Transdermal Transdermal Transdermal estradiol estradiol estradiol combined with combined with oral oral oral micronized micronized micronized progesterone (bioidentical bioidentical bioidentical progesterone) progesterone) progesterone) appears to have a different appears to have a different profile. They are not profile. They are not interchangeable. Type interchangeable. Type matters. The second matters. The second variable is duration.

variable is duration. Short-term Short-term Short-term use of up to five use of up to five years has a different years has a different risk profile than risk profile than long-term use. This is a conversation that. This is a conversation that should be discussed with should be discussed with your doctor before you your doctor before you start, not after. The third variable is time. When did your. When did your menopause begin? If you menopause begin? If you are within are within 10 years of the onset of 10 years of the onset of menopause, you menopause, you are in a are in a critical window. This is critical window. This is the scenario with the the scenario with the most favorable most favorable most favorable safety data. The WHI safety data. The WHI studied women who studied women who were well outside were well outside this window.

this window. Most women who Most women who start HRT start HRT today today today are are are within it. The within it. The fourth variable is fourth variable is you. Family history of you. Family history of breast cancer, breast cancer, Braque status, Braque status, previous biopsies previous biopsies showing atypical showing atypical cells, dense cells, dense breast tissue breast tissue,,, alcohol use, BMI over 30.

alcohol use, BMI over 30. All of these raise your All of these raise your baseline risk before baseline risk before HRT even HRT even comes into the conversation. And comes into the conversation. And that should be part of the that should be part of the conversation. That's why I conversation. That's why I tell my patients tell my patients that the goal is not to that the goal is not to find a "yes " or a "no." The goal is to find your number, find your number, your individual your individual risk, weighed against risk, weighed against your your your individual individual individual symptoms, symptoms, symptoms, your quality of life, and your your quality of life, and your specific specific specific health history. This is the health history. This is the conversation that is worth conversation that is worth having. And it requires a having.

What to Bring to Your Doctor Conversation

And it requires a doctor who understands doctor who understands both sides. Here's both sides. Here's the gist of what to go with. The purpose of this video The purpose of this video was never was never to tell you to take to tell you to take HRT or avoid it.

HRT or avoid it. It was about It was about making sure that making sure that whatever decision you whatever decision you make, you make, you make it based on make it based on accurate accurate accurate information. So, here's what you should information. So, here's what you should bring with you bring with you to your next conversation with to your next conversation with your doctor. Know the your doctor. Know the absolute absolute absolute risk number. Two extra risk number. Two extra cases of cases of breast cancer per 1000 breast cancer per 1000 women during 5 women during 5 years of combined years of combined HRT. Not a percentage, but HRT. Not a percentage, but a number. If your doctor a number. If your doctor tells you a tells you a relative relative relative risk percentage, you now risk percentage, you now know what to know what to ask: "What does that ask:

"What does that look like in look like in absolute absolute absolute terms?" Know terms?" Know the results obtained the results obtained with with with estrogen alone. If you have had estrogen alone. If you have had a hysterectomy, a hysterectomy, estrogen-only HRT estrogen-only HRT showed a reduced showed a reduced risk of breast cancer risk of breast cancer in the WHI. Your in the WHI. Your risk equation is risk equation is fundamentally fundamentally fundamentally different from different from that of a woman that of a woman taking combined taking combined HRT. Make sure HRT. Make sure this distinction is this distinction is part of your part of your conversation. Ask conversation. Ask about the type of medication.

about the type of medication. Oral Oral Oral combined HRT with combined HRT with synthetic synthetic synthetic progestin and progestin and transdermal transdermal transdermal estradiol with estradiol with bioidentical bioidentical bioidentical progesterone do not progesterone do not have the same have the same risk profile.

risk profile. Ask which one is Ask which one is recommended to you and recommended to you and why. Ask about why. Ask about your time. When your time. When did your did your menopause begin? Are menopause begin? Are you you you within this 10-year within this 10-year window, window, window, called the called the called the critical window? This very critical window? This very question could question could rethink the entire rethink the entire conversation about risk. And conversation about risk. And finally, honestly finally, honestly compare your compare your risks.

risks. risks. Alcohol consumption, increased Alcohol consumption, increased BMI, and a sedentary BMI, and a sedentary lifestyle all lifestyle all carry a risk of carry a risk of breast cancer. They breast cancer. They rarely cause the rarely cause the same fear as same fear as HRT. Make sure HRT. Make sure you are weighing the you are weighing the right things right things against each other. The against each other. The FDA's 2025 update of recommendations FDA's 2025 update of recommendations is a signal.

is a signal. The evolution of the The evolution of the clinical community's position is a signal. The conversation is a signal. The conversation definitely changed the subject.

definitely changed the subject. Make sure Make sure yours is too. That's what we yours is too. That's what we looked at today. The breast cancer scare breast cancer scare surrounding HRT was surrounding HRT was based on based on real real real studies with studies with real real real limitations that were limitations that were almost never almost never explained. The explained. The WHI study WHI study studied women with an studied women with an average age of 63 years. Most women who. Most women who start HRT are between the start HRT are between the ages of 50 and 52. This is a ages of 50 and 52. This is a different population that different population that answers a different answers a different question. The absolute question. The absolute risk of combined risk of combined HRT is two HRT is two additional cases per additional cases per 10,000 women over 5 10,000 women over 5 years. Not zero, but years. Not zero, but not what the not what the headlines implied either. HRT headlines implied either. HRT with estrogen with estrogen showed a showed a showed a productive signal productive signal in the same study.

in the same study. The FDA updated its The FDA updated its guidelines in guidelines in November 2025. The clinical community clinical community has changed, and the type of HRT, has changed, and the type of HRT, timing of initiation, and your timing of initiation, and your individual individual individual risk factors risk factors have changed the equation.

Bring actual Bring actual numbers to your numbers to your next conversation. You next conversation. You deserve a deserve a decision based on the decision based on the real picture, real picture, not a headline from not a headline from 2002. If this has changed 2002. If this has changed your perception of HRT, the your perception of HRT, the natural next natural next video to watch video to watch would be my analysis of would be my analysis of bioidentical and bioidentical and synthetic HRT. It explains in detail why the type of explains in detail why the type of progesterone progesterone progesterone seems to seems to matter for matter for breast cancer risk, breast cancer risk, and that's the thread and that's the thread we we we started with today. I'll give started with today. I'll give the link here. It is worth the link here. It is worth noting that the fear noting that the fear was not was not irrational. It was irrational. It was based on based on incomplete information.

incomplete information. Now you have the complete Now you have the complete picture. Leave picture. Leave a comment and tell a comment and tell me if the me if the 2002 WHI study has influenced 2002 WHI study has influenced your your your attitude towards HRT?

attitude towards HRT? I sincerely wonder I sincerely wonder how many women still how many women still make decisions make decisions based on based on this headline alone. And this headline alone. And if you've been looking for honest, if you've been looking for honest, grounded grounded grounded education about education about hormonal health hormonal health without intimidation in without intimidation in any direction, any direction, then this channel is for then this channel is for you. Subscribe so you you. Subscribe so you don't miss what's don't miss what's next.