

POSTER ABSTRACTS

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Risk of Additional Breast Evaluation with Initiation, Discontinuation, and Continuing Use of Hormone Replacement Therapy

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Background: Hormone replacement therapy (HRT) continues to be used for menopausal symptoms and in the prevention of osteoporosis. However, HRT use can adversely affect the accuracy of screening mammography. Estimates of the influence of HRT on the likelihood and costs of additional imaging are important to anticipate the impact of diagnostic evaluations on healthcare costs and to facilitate cost-effectiveness analyses of alternative evaluation strategies.

The objective of this study was to evaluate the affects of initiating HRT, discontinuing HRT, and continuing HRT on recall rates while simultaneously evaluating additional factors that may impact recall such as breast density, body mass index, and age.

Methods: Subjects were women enrolled in Group Health Cooperative (GHC). Information on enrollment, health care utilization, prescription fills, and diagnosis were obtained from GHC automated databases. The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry was used to identify breast cancer cases. Information on demographics, health and screening history, risk factors, and all data related to screening results and recommendations were obtained from GHC's Breast Cancer Screening Program.

We investigated the frequency and costs of recall and diagnostic assessment among women 40 years and older with at least two successive mammogram screenings within 11-26 months. In order to assess whether the additional diagnostic tests were required for the detection of breast carcinomas, we estimated the number of false positive screenings and false negative screenings for each of the HRT groups. HRT use at the time of each screening was defined as the use of systemic estrogen either alone or in combination with progestin. We compared recall rates for the following patterns of HRT use: nonusers, continuous users, discontinuers, and initiators. Nonusers included women who were not using HRT at either screening; continuous users included women who were using HRT at both screenings; discontinuers included women who were using HRT at the first screening and not using HRT at the second screening; and initiators included women who were not using HRT at the first screening and using HRT at the second screening

Results: Analyses are currently being conducted and results are expected by mid February 2004.