

**Table 2.4. Cohort studies of estrogen-only menopausal therapy and endometrial cancer**

Reference, location, name of study	Cohort description	Exposure assessment	Exposure categories	No. of cases/deaths	Relative risk (95% CI)*	Adjustment for potential confounders	Comments
Bakken et al (2004) The Norwegian Women and Cancer (NOWAC) study Norway 1996–1998	A representative, national, population-based prospective cohort study. 31 451 postmenopausal women, aged 45–64 years, with complete information;	Postal questionnaire	Non-users (referent)		1.0	Age, BMI, smoking, ever use of OCs, time since menopause, parity and age at last birth	Cancers identified by linkage to the Norwegian Cancer Registry. Only women with the uterus intact were included in the analyses
			Estrogen only	5	3.2 (1.2–8.0)		
			Estriol	5	3.1 (1.2–7.9)		
Beral et al. (2005) UK 1996–2001	716,738 postmenopausal women aged 50–64 years were recruited between 1996 and 2001 at centres participating in the UK Breast Screening Programme and were followed up for cancer incidence and death by linkage to the National Health Service Central Registers; 1320 incident endometrial cancers diagnosed	Postal questionnaire	Non-users (referent)		1.0	Age, time since menopause, parity, oral contraceptive use, BMI, alcohol, region of residence, SES	4.6 yrs duration and 1.3 yrs since last use of ERT, on average
			Estrogen only	33	1.45(1.02–2.06)		
			All women	NG	4.9 (3.5–7.5)		
			Body-mass index <25 kg/m <sup>2</sup>	NG	3.1 (1.6–6.2)		
			25–29 kg/m <sup>2</sup>	NG	7.0 (3.9–12.6)		
≥30 kg/m <sup>2</sup>	NG	5.1 (1.6–15.7)					

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Lacey et al. (2005) USA 1979–1998	30 379 post-menopausal women enrolled in the Breast Cancer Detection Demonstration Project in 1979 and followed to 1995–1998	Telephone interview and mailed questionnaire	<i>Ever-use</i>				Age, calendar time, household income, age at menarche, parity, duration of oral contraceptive use, current smoking and BMI
			No use	168	1.0		
			Unopposed estrogens only	167	2.7 (2.2–3.4)		
			<i>Duration of use (yr)</i>				
			<5	71	1.7 (1.3–2.3)		
			5–9	38	4.5 (3.1–6.6)		
			≥10	57	10.7 (7.7–14.9)		
			( <i>P</i> -trend)		<0.001		
			<i>Time since last use</i>				
			Current user	63	10.8 (7.9–14.7)		
			Last use <5 y ago	22	2.5 (1.6–3.9)		
			Last use 5–9 y ago	24	2.2 (1.4–3.4)		
			Last use ≥10 y ago	43	1.5 (1.0–2.1)		
			<b>Current use</b>				
			<i>Duration of use (yr)</i>				
			<5	8	2.8 (1.4–5.8)		
			5–9	19	14.0 (8.5–23.0)		
			≥10	36	22.0 (14.9–32.5)		
( <i>P</i> -trend)		<0.001					
Excess RR per year		1.43 (1.00–2.02)					
<b>Last use &lt;5 yr ago</b>							
<i>Duration of use (yr)</i>							
<5	9	1.5 (0.7–2.9)					
5–9	5	3.6 (1.4–8.7)					
≥10	8	6.2 (3.0–2.9)					
( <i>P</i> -trend)		< 0.001					
<b>Last use 5-9 y ago</b>							
<i>Duration of use (yr)</i>							
<5	13	1.7 (0.96–3.0)					
5-9	5	2.8 (1.1–6.8)					
≥10	6	5.7 (2.5–13.0)					
( <i>P</i> -trend)		< 0.001					
<b>Last use ≥10 y ago</b>							
<i>Duration of use (yr)</i>							
<5	32	1.5 (0.99–2.2)					
5-9	8	2.3 (1.1–4.7)					
≥10	3	2.3 (0.7–7.4)					
( <i>P</i> -trend)		0.007					
Lacey et al. (2005) USA 1979–1998 (contd)							

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Lacey et al. (2007) USA 1995–2000	73,211 women, 50-71 years old enrolled in the AARP Diet and Health Study in 1995-1999 and followed through 2000. Cancers identified by linkage to State cancer registries.	Mailed questionnaire	No hormone therapy	225	1.0 (reference)	Age, race, body mass index, menopausal status, and oral contraceptive use	Most women were current users at base-line, and the relative risk estimates for former users were based on small numbers of cases.	
			Estrogen therapy only					
			Ever use	35	1.27 (0.89–1.82)			
			Years of use					
			< 5	16	0.72 (0.43–1.20)			
			6-9	6	3.39 (1.51–7.65)			
			≥ 10	12	4.07 (2.27–7.31)			
			Years since last use					
Current	23	1.23 (0.80–1.89)						
< 5	4	0.73 (0.27–1.96)						
≥ 5	8	3.22 (1.59–6.54)						