Table 2: Detailed summary of relative and absolute risks and benefits during current use from age of menopause and up to age 69, per 1000 women with 5 years or 10 years use of HRT

	Duration of HRT use (years)	Total cases per 1000 women with no HRT use* (RR= 1)	Total cases (range) per 1000 women using HRT†	Extra cases per 1000 women using HRT	Risk ratio (RR) (95% CI)‡
Risks associated with combined estrogen–progestogen HRT					
Cancer risks					
Breast cancer					
Overall combined HRT					
Current use from age 50	5	13	21	**+8**	1.62
	10	27	47	**+20**	1.74
Total risk from age 50 to 69 (HRT use + past use)	5	63	80	**+17**	1.27
	10	63	97	**+34**	1.54
Sequential HRT					
Current use from age 50	5	13	20	**+7**	1.54
	10	27	44	**+17**	1.63
Total risk from age 50 to 69 (HRT use + past use)	5	63	77	**+14**	1.22
	10	63	92	**+29**	1.46
Continuous combined HRT					
Current use from age 50	5	13	23	**+10**	1.77
	10	27	52	**+25**	1.93
Total risk to from age 50 to 69 (HRT use + past use)	5	63	83	**+20**	1.32
	10	63	103	**+40**	1.63
Endometrial Cancer					
age 50–59	5	2	2 (2–3)	NS	1·0 (0·8–1·2)[4]
	10	4	4 (4–5)	NS	1·1 (0·9–1·2)
age 60–69	5	3	3 (2–4)	NS	1·0 (0·8–1·2)[4]
	10	6	7 (5–7)	NS	1·1 (0·9–1·2)
Ovarian Cancer					
age 50–59	5	2	2 (2–3)	**+ <1**	1.1 (1.0–1.3)
	10	4	5 (4–6)	**+1**	1·3 (1·1–1·5)
age 60–69	5	3	3 (3–4)	**+ <1**	1.1 (1.0–1.3)
	10	6	8 (7–9)	**+2**	1·3 (1·1–1·5)
Cardiovascular risks					
Venous thromboembolism (VTE)§					
age 50–59	5	5	12 (10–15)	**+7**	2·3 (1·8–3·0)
age 60–69	5	8	18 (15–24)	**+10**	
Stroke					
age 50–59	5	4	5 (5–6)	**+1**	1.3 (1.1–1.4)
age 60–69	5	9	12 (10–13)	**+3**	
Coronary heart disease (CHD)					
age 50–59	5	9	12 (7–19)	NS	1·3 (0·8–2·1)
age 60–69	5	18	18 (13–25)	NS	1·0 (0·7–1·4)
age 70–79	5	29	44 (29–61)	**+15**	1·5 (1·0–2·1)
Benefits⸸					
Fracture of femur					
age 50–59	5	1.5	1 (0.8–1.5)	NS	0·7 (0·5–1·0)
age 60-69	5	5.5	4 (3-5.5)	NS	

Risks associated with estrogen-only HRT use					
	Duration of HRT use (years)	Total cases per 1000 women with no HRT use* (RR= 1)	Total cases (range) per 1000 women using HRT†	**Extra cases per 1000 women using HRT**	Risk ratio (RR) (95% CI)‡
Cancer risks					
Breast cancer					
Current use from age 50	5	13	16	**+3**	1.2
	10	27	34	**+7**	1.33
Total risk from age 50 to age 69 (HRT use + past use)	5	63	68	**+5**	1.08
	10	63	74	**+11**	1.17
Endometrial cancer					
age 50–59	5	2	6 (5–7)	**+4**	3.0 (2.5–3.6)
	10	4	36 (25–52)	**+32**	9.0 (6.3–12.9)
age 60–69	5	3	9 (8–11)	**+6**	3.0 (2.5–3.6)
	10	6	54 (38–77)	**+48**	9.0 (6.3–12.9)
Ovarian cancer					
age 50–59	5	2	2	**+ <1**	1.1 (1.0–1.3)
	10	4	5 (5–6)	**+1**	1·3 (1·2–1·5)
age 60–69	5	3	3	**+ <1**	1.1 (1.0–1.3)
	10	6	8 (7–9)	**+2**	1·3 (1·2–1·5)
Cardiovascular risks					
Venous thromboembolism (VTE)					
age 50–59	5	5	7 (5–9)	**+2**	1.3 (1.0–1.7)
age 60–69	5	8	10 (8–14)	**+2**	
Stroke					
age 50–59	5	4	5 (5–6)	**+1**	1.3 (1.0–1.4)
age 60–69	5	9	12 (10–13)	**+3**	
Coronary heart disease (CHD)					
age 50–59	5	14	8 (6–15)	**NS**	0·6 (0·4–1·1)
age 60–69	5	31	28 (22–37)	**NS**	0·9 (0·7–1·2)
age 70–79	5	44	48 (35–66)	**NS**	1·1 (0·8–1·5)
Benefits⅌					
Fracture of femur					
age 50–59	5	0.5	0.3 (0.2–0.5)	**0**	0·6 (0·4–0·9)
age 60-69	5	5.5	3 (2-5)	**−2**	

* Background incidence from: Hospital Admissions in England (HES) for stroke and VTE; placebo arms of Women's Health Initiative (WHI) trial for coronary heart disease (CHD) and fracture; the International Agency Research on Cancer (IARC) for ovarian cancer and endometrial cancer; and from Office for National Statistics (ONS) for England for 2015, calculated for never-users in the Collaborative Group on Hormonal Factors in Breast Cancer meta-analysis for breast cancer.

† Best estimate and range based on relative risk and 95% confidence intervals (CI).

‡ Risk ratios and 95% CI from: meta-analysis of prospective observational studies for breast cancer (95% CI not available); meta-analyses of RCTs and observational studies for endometrial cancer, ovarian cancer and VTE; meta-analyses of randomised controlled trials (RCTs) for stroke; and from WHI trial for CHD and fracture risk.

§ Latest evidence suggests that transdermal HRT products have a lower risk of VTE than oral preparations.

⅌ Menopausal symptom relief is not included in this table but is a key benefit of HRT and will play a major part in the decision to prescribe HRT.

NS=non-significant difference.