

**Risk of endometrial cancer after use of fertility drugs**

Dear Sir,

Infertility and subsequent fertility treatments have been suggested as risk factors for female hormone-related cancers (Meirow and Schenker, 1996). Several studies have investigated cancer incidence in infertile women who have been exposed to fertility drugs, suggesting a possible excess risk for ovarian cancer and controversial data for endometrial and breast cancer (Whittemore *et al.*, 1992; Franceschi *et al.*, 1994; Modan *et al.*, 1998; Ricci *et al.*, 1999). An Australian cohort study by Venn *et al.* (1999) found a significant excess of uterine cancer risk in infertile women not treated with fertility drugs. In a cohort study conducted in Israel, Modan *et al.* (1998) showed that the standardized incidence ratio for endometrial cancer was higher in the treated than in the untreated group, although the difference was not significant.

**Table I.** Odds ratios\* (OR) with 95% confidence interval (CI) of developing endometrial cancer by fertility drugs use. Milan, Italy 1983–1988

	Cases <i>n</i> (%)	Controls <i>n</i> (%)	OR (95% CI)
Use of fertility drugs			
No	566 (99.6)	1779 (99.6)	1**
Yes	2 (0.4)	8 (0.4)	0.8 (0.2–4.3)

\*Estimates from multiple logistic regression models including terms for age, education, parity, body mass index, oral contraceptive and hormonal replacement therapy use.

\*\*Reference category.

To provide further information on the association between endometrial cancer risk and fertility drugs, we analysed data from a case-control study conducted in northern Italy between 1983 and 1988, whose general design has already been described (Parazzini *et al.*, 1991). Cases included 568 women aged <75 years with histologically confirmed endometrial

cancer diagnosed within the year preceding the interview. Controls included 1787 women residing in the same area, who had been admitted for acute non-neoplastic, non-gynaecological conditions to the same network of hospitals.

Two (0.4%) cases and eight (0.4%) controls reported ever use of fertility drugs: the corresponding odds ratio, after allowance for age, education, parity, body mass index, oral contraceptive and hormonal replacement therapy use was 0.8 (95% confidence interval 0.2–4.3). The two cases reporting fertility drug use were treated >10 years before diagnosis of endometrial cancer. Consequently, our data do not provide meaningful information on the time-risk relation, nor on type of treatment.

Despite the low frequency of use, and hence the wide confidence interval, our findings indicate that fertility drugs are not a major risk factor for endometrial cancer in Italy.

**References**

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