Introduction/Background The standard treatment course for ovarian cancer virtually always induces menopause with subsequent symptoms. Even though climacteric morbidity has been intensely investigated over the past decades, HRT remains a contentious matter, especially in the Ovarian Cancer (OC) setting. This review evaluated the impact of Hormone Replacement Therapy (HRT) on the Overall Survival (OS) and Progression-Free Survival (PFS) of OC patients.

Methodology A systematic literature search was conducted in the most popular English databases. Included publications evaluated the OS and PFS in these patients. End-point analysis targeted values of log(HR) and its Standard Error (SE).

Results Up to 1 September 2022, 11 studies were included in the qualitative synthesis. Eight publications, totaling 4191 patients, were included in the meta-analyses. Eight studies were considered for the OS analysis and pooled an HR of 0.66 with respective 95% CI between 0.57 and 0.76, with a p-value < 0.00001 at a Z value of 5.7, in favor of the HRT group. Results for PFS showed an overall HR of 0.73 in favor of the HRT group; CI between 0.57 and 0.95, p = 0.02 at a Z value of 2.36. Further subgroup analyses for both OS and PFS based on the type of included studies, the stage of the disease, the grade of differentiation, the radicality of surgery, and the age of participants showed no difference in the HRT vs. never-users groups, highlighting the non-inferiority of this treatment.

Conclusion Patients treated for OC that receive HRT for menopausal symptoms after various treatments appeared to have better OS than never-users while not affecting the PFS—however, detailed analysis after data sequencing highlighted a statistically insignificant difference. Even so, in this setting of non-inferiority, HRT can be safely considered for lessening secondary morbidities due to treatment.

Disclosures No disclosures