

# **The Women's Health Initiative: Hormone Therapy Trials**

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***WHI Webinar  
March 17, 2021***

INSIDE HARKEN AND HALLIBURTON • THE OLDEST SKULL

# Newsweek

July 22, 2002

newsweek.msnbc.com

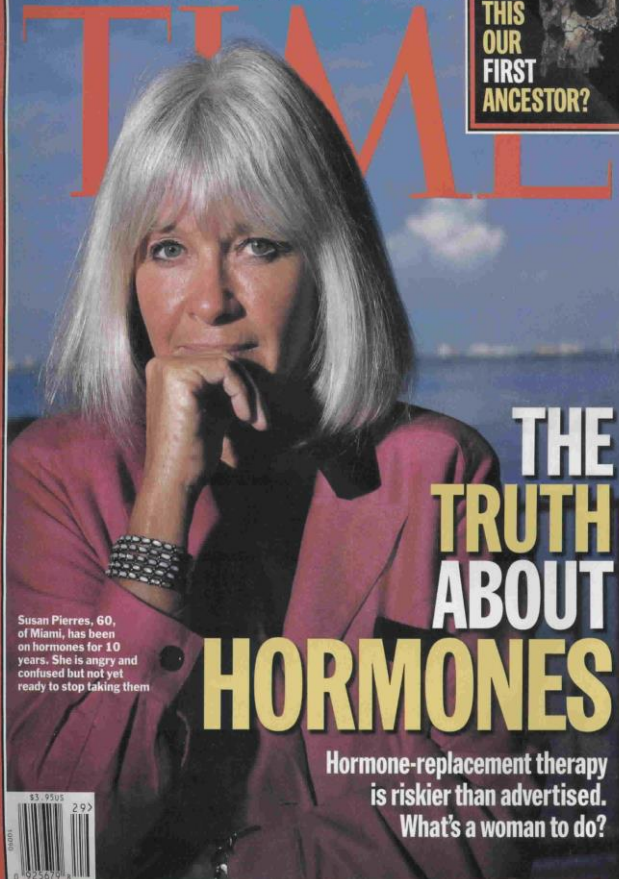
A New Study  
Raises Fears  
About the Risks  
For Millions  
Of Women.  
Here's What  
You Should Do

## Beyond Hormone Therapy

JULY 22, 2002

WALL STREET: LOSING SAVINGS—AND TRUST

IS  
THIS  
OUR  
FIRST  
ANCESTOR?



Susan Pierres, 60, of Miami, has been on hormones for 10 years. She is angry and confused but not yet ready to stop taking them

## THE TRUTH ABOUT HORMONES

Hormone-replacement therapy  
is riskier than advertised.  
What's a woman to do?



www.time.com AOL Keyword: TIME

MARTHA'S HARD TIME • KERRY'S VP HUNT

# U.S. News & WORLD REPORT

MARCH 15, 2004

www.usnews.com

## THE MENOPAUSE MAZE

WHAT WOMEN NEED TO KNOW NOW  
NEW RISKS AND REWARDS OF TREATMENT  
HOW MEN ARE AFFECTED



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# Women's Health Initiative (WHI), Ages 50-79

## Hormone Program Design

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Women who had  
prior hysterectomy  
at start of study

**YES**  
**N= 10,739**

**Conjugated equine  
estrogens (CEE) 0.625 mg/d**

**Placebo**

**Hysterectomy**

Women who had  
an intact uterus at  
start of study

**NO**  
**N= 16,608**

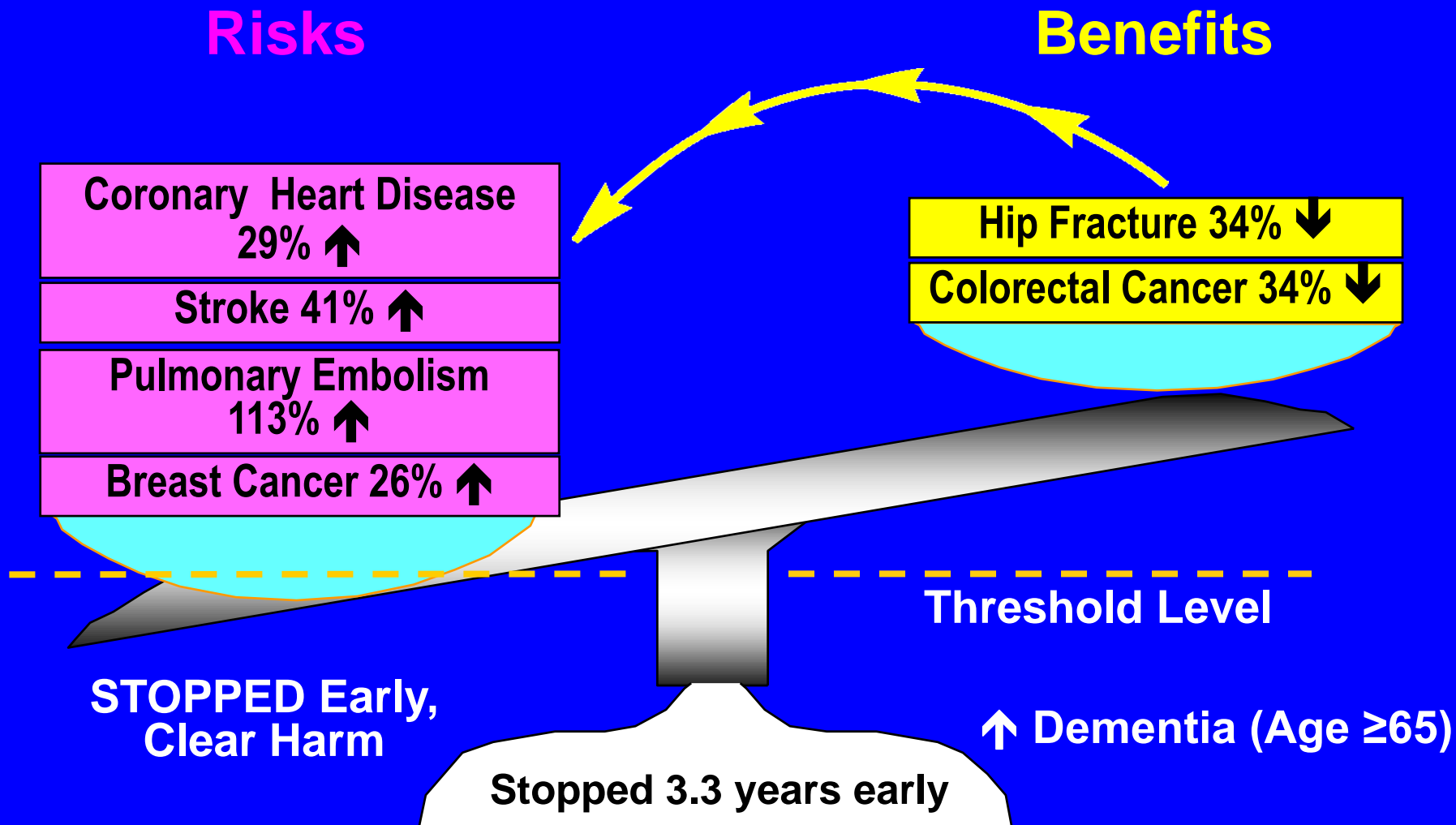
**CEE 0.625 mg/d +  
medroxyprogesterone  
acetate (MPA) 2.5 mg/d**

**Placebo**

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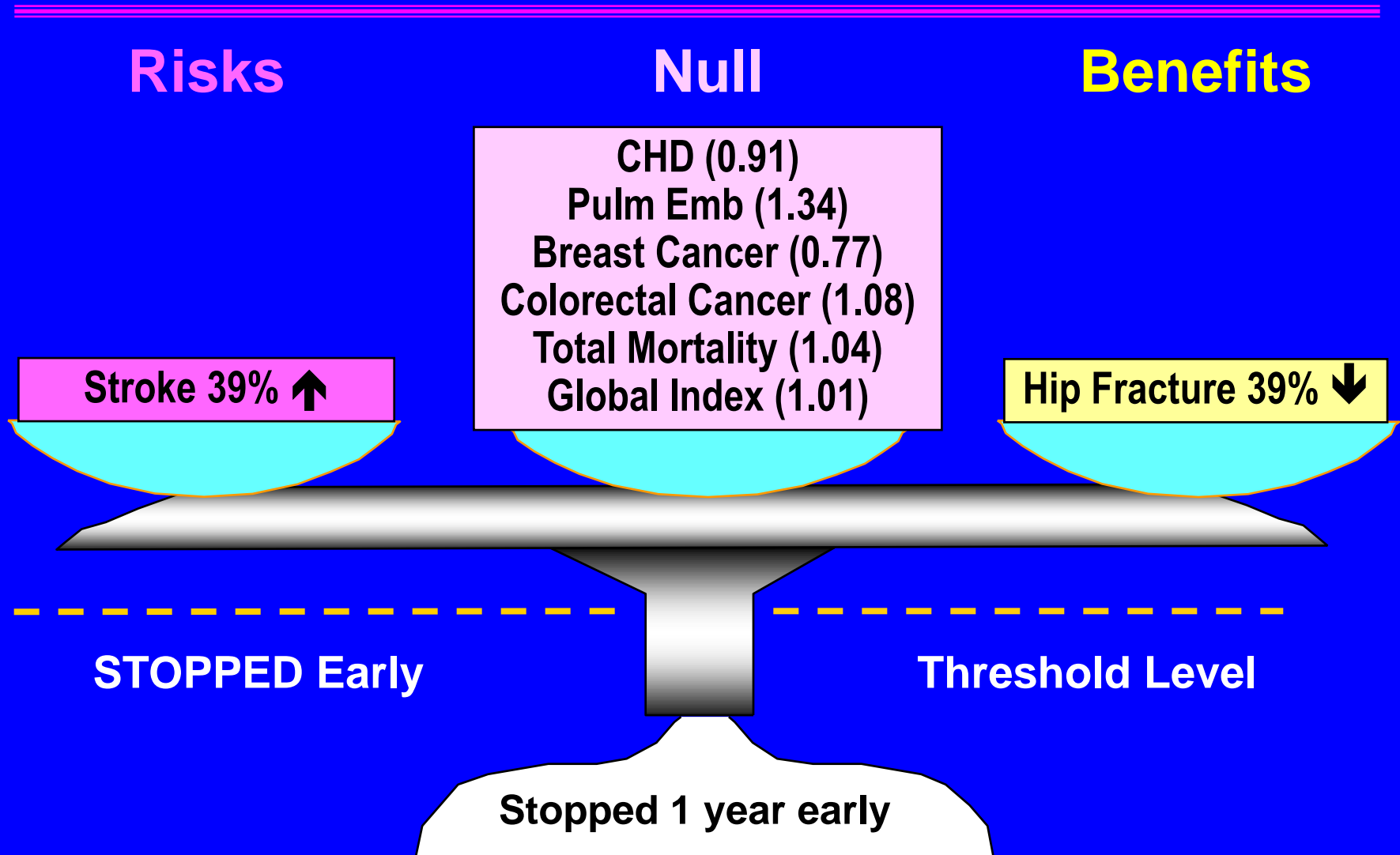
# WHI Estrogen+Progestin Trial Findings, July 2002

( N=16,608; mean age 63 yrs; mean follow-up 5.2 yrs)



# WHI Estrogen-Alone and Health Outcomes

(N=10,739; mean age 63.6 yrs; mean follow-up 6.8 yrs)



# WHI Hormone Therapy Trials: Absolute Risks (cases per 10,000 person-years) for Outcomes in the Estrogen-Progestin and Estrogen-Alone Trials, by Age Group



Source: Manson JE, Chlebowski RT, Stefanick ML, et al. *JAMA* 2013.

# WHI HT Trials: Summary of Results for Primary and Other Major Endpoints by Study Phase

Major Endpoints	Intervention		Post-Intervention	
	CEE+MPA	CEE	CEE+MPA	CEE
CHD	0	0	0	0
Breast cancer	↑	↓	↑	↓
Stroke	↑	↑	0	0
PE	↑	0	0	0
Colorectal cancer	↓	0	0	0
Endometrial cancer	0	NA	↓	NA
Hip fracture	↓	↓	0	0
All-cause mortality	0	0	0	0
Global index	↑	0	0	0

Source: Manson, Chlebowski, Stefanick, et al. *JAMA* 2013;310:1358-68.

# Estrogen+Progestin Therapy and Risk of Heart Attack in WHI: Results According to Time Since Menopause

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<u>Time since Menopause Onset</u>	<u>HR</u>
<10 yrs	Neutral
10-19 yrs	Slightly ↑
≥20 yrs	2x ↑

**P, interaction = 0.01**



# WHI Estrogen-Alone Trial: Results for Heart Attack by Age Group

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<u>Age Group</u>	<u>Risk</u>
50-59	↓
60-69	↔
70-79	↑

**P, interaction = 0.02<sup>†</sup>**

# Absolute Risks (Cases per 1000 Women Over 5 Years) by Age in the WHI HT Trials

	<u>E+P Trial</u>			<u>E-Along Trial</u>		
	<u>50-59</u>	<u>60-69</u>	<u>70-79</u>	<u>50-59</u>	<u>60-69</u>	<u>70-79</u>
<b>Total mortality</b>	<b>-5</b>	<b>+2</b>	<b>+2</b>	<b>-6</b>	<b>0</b>	<b>+13</b>
<b>Global Index†</b>	<b>+6</b>	<b>+11</b>	<b>+19</b>	<b>-10</b>	<b>-1</b>	<b>+25</b>

†Global index is a composite outcome of CHD, stroke, pulm embolism, breast cancer, colorectal cancer, endometrial cancer, hip fracture, and mortality.

# Conclusions

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- **Current evidence does not support the use of HT for the prevention of cardiovascular disease or other chronic diseases (due to increased risk of venous blood clots and stroke/breast CA [E+P] in all age groups).**
  - **A personalized approach to decision making is recommended for women with menopausal symptoms.**
  - **The best candidates for systemic HT are recently menopausal and symptomatic women in generally good health (low absolute risks and greater quality-of-life benefits).**
  - **Additional studies of different HT formulations, doses, routes of delivery, and of non-hormonal options are needed.**
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# Thanks to the Participants, Investigators, and Staff of WHI and other Research Studies



*Thank you!*