

A PUBLICATION OF THE WOMEN'S HEALTH INITIATIVE • 2015-2016

## What's New

**T**HE WOMEN'S HEALTH INITIATIVE continues to collect health updates each year from the over 93,000 women still participating in the WHI Extension Studies, helping researchers learn more about women as they age. By mid-2015, over 1100 papers using the WHI data had been published on women's health, many of which changed medical practice around the world. Another milestone in 2015: the first WHI participants turned 101 years old! We appreciate each and every one of the incredibly committed WHI women who have already provided so much over the years, and the many who continue to do so each year.

In addition to the annual health updates, more than 340 "ancillary" studies, additional studies that supplement what we are already learning in WHI, are being done. One important WHI ancillary study, the LILAC (Life and Longevity After Cancer) study, continues to enroll cancer survivors, helping us learn how different types of cancer and treatments may affect women's health and well-being over time. There are currently nearly 7,000 women enrolled in the LILAC study, and additional women will be asked to join through 2016. While many ancillary studies are in progress or have already been completed, new studies are starting all the time. Two of these studies, described below, were launched this year to look at the benefits of multivitamins, cocoa, and exercise. "These new studies could have a lot of public health significance," said Dr. Lesley Tinker, a staff scientist at the WHI's Clinical Coordinating Center (CCC). "The WHI has provided researchers with a wealth of data over the years that have led to important health findings for post-menopausal women. With these two trials, we have the opportunity for additional groundbreaking results."

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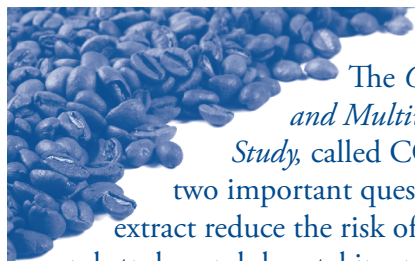


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## WHAT'S NEW *Continued from cover*



### COSMOS

The *Cocoa Supplement and Multivitamin Outcomes Study*, called COSMOS, is asking two important questions: does cocoa extract reduce the risk of heart disease and stroke, and does taking multivitamins help reduce the risk of cancer in older adults? Previous research suggests that cocoa extract and multivitamins may provide health benefits, but there have been no large-scale randomized trials to confirm these studies. The COSMOS study is unique for WHI because in addition to enrolling WHI women, this study will also enroll men, who will be recruited nationwide. In this study, half of the 12,000 participants will take pills containing cocoa bean extract and half will take a placebo (inactive pill) for four and a half years. As delicious as this may sound, participants shouldn't get their hopes up—the study pills do not actually taste like chocolate!

In addition to the cocoa pills, COSMOS participants will also be randomized to receive either a multivitamin supplement or placebo, which will help researchers determine whether a multivitamin supplement helps to reduce the risk of cancer. Given that half of the U.S. adult population takes supplements, it is clearly important to study their possible health benefits (and risks). COSMOS study leaders include Drs. JoAnn Manson and Howard Sesso of Harvard and Brigham and Women's Hospital in Boston, and Dr. Garnet Anderson, at the WHI CCC.

### WHISH

Another exciting new study, the *Women's Health Initiative Strong and Healthy (WHISH) Study* will determine if increasing (or maintaining) physical activity can reduce heart disease and stroke or improve well-being as post-menopausal women age. We have already found that WHI participants who are more physically active have fewer health problems, but these observations do not prove that women are healthier *because* they are more active. The *WHISH* study is funded by National Heart Lung and Blood Institute of the National Institutes of Health – the same agency that funds WHI. The *WHISH* study is based on *Go4Life* materials ([www.nia.nih.gov/Go4Life](http://www.nia.nih.gov/Go4Life)) developed by the National Institute on Aging to promote national recommendations for physical activity for older adults. Dr. Marcia Stefanick at Stanford University, Dr. Charles Kooperberg at the WHI CCC, and Dr. Andrea LaCroix at the University of California at San Diego—all long-time WHI investigators—are the principal investigators of this study.



### Participating in Ancillary Studies

Note that each WHI ancillary study has its own sampling and eligibility requirements—some include only women in a certain age range or of a specific ethnicity or living in a particular area of the country. Some ancillary studies involve a small number of women, while some involve thousands. Not every WHI participant is invited to join an ancillary study. Over time, you may be invited to join several ancillary studies, or you may not be asked to join any—it all depends on what each study is looking for. If you are ever invited to join, your participation in these studies is completely voluntary and will not impact your participation in WHI in any way. As always, we appreciate everything you do for the WHI!



## Focus on Findings



**A**S OF MAY 2015, 1127 papers using WHI data have been published in scientific journals, with 144 published in 2014 alone! Here are summaries of just a few of the papers published in the past year.

### ■ **Body Measurements and Kidney Disease**

*(Clinical Journal of Society of Nephrology, December 2014)*

Many studies have shown that body mass index (BMI; calculated using weight and height) and waist size are associated with poor health outcomes. In this study, Dr. Nora Franceschini and her colleagues looked at the association of BMI and waist size with end-stage renal (kidney) disease (ESRD) in 20,000 WHI participants. After 11 years of follow-up, 212 participants had developed ESRD and an additional 3104 had died. Results showed that both a higher BMI and waist size were linked to a higher risk of developing kidney disease and a higher risk of death from ESRD over time. The authors note that obesity is linked to hypertension and diabetes, which also contribute to kidney disease.

### ■ **Depression after Breast Cancer Diagnosis**

*(Journal of Cancer Survivorship, February 2015)*

Distress and reduced quality of life (QOL) are common among people with cancer. Previously, no study had compared these factors before and after a diagnosis of breast cancer. Dr. Salene Jones and other WHI researchers looked at nearly 7000 women enrolled in WHI who had been diagnosed with breast cancer during the years they were in the study. Health-related quality of life (physical function and mental health), depression, stressful life events, sleep disturbance, and pain were measured when women first joined the study and

at other time points over the next several years. Compared with pre-cancer levels, depression increased in the first year after diagnosis, while physical function and mental health decreased. Ten years after the diagnosis, symptoms of depression returned to pre-cancer levels, but quality of life remained significantly lower. At more than 10 years after the diagnosis, physical function and mental health were still lower than before the cancer; women who reported experiencing pain several years after their diagnosis showed lower levels of physical function than those without pain. Increased depression and decreased quality of life were most apparent in the first year after diagnosis, and while quality of life continued to be impacted for many years, the decreases were small after several years.

### ■ **Chocolate Candy and Weight Gain**

*(Obesity, February 2015)*

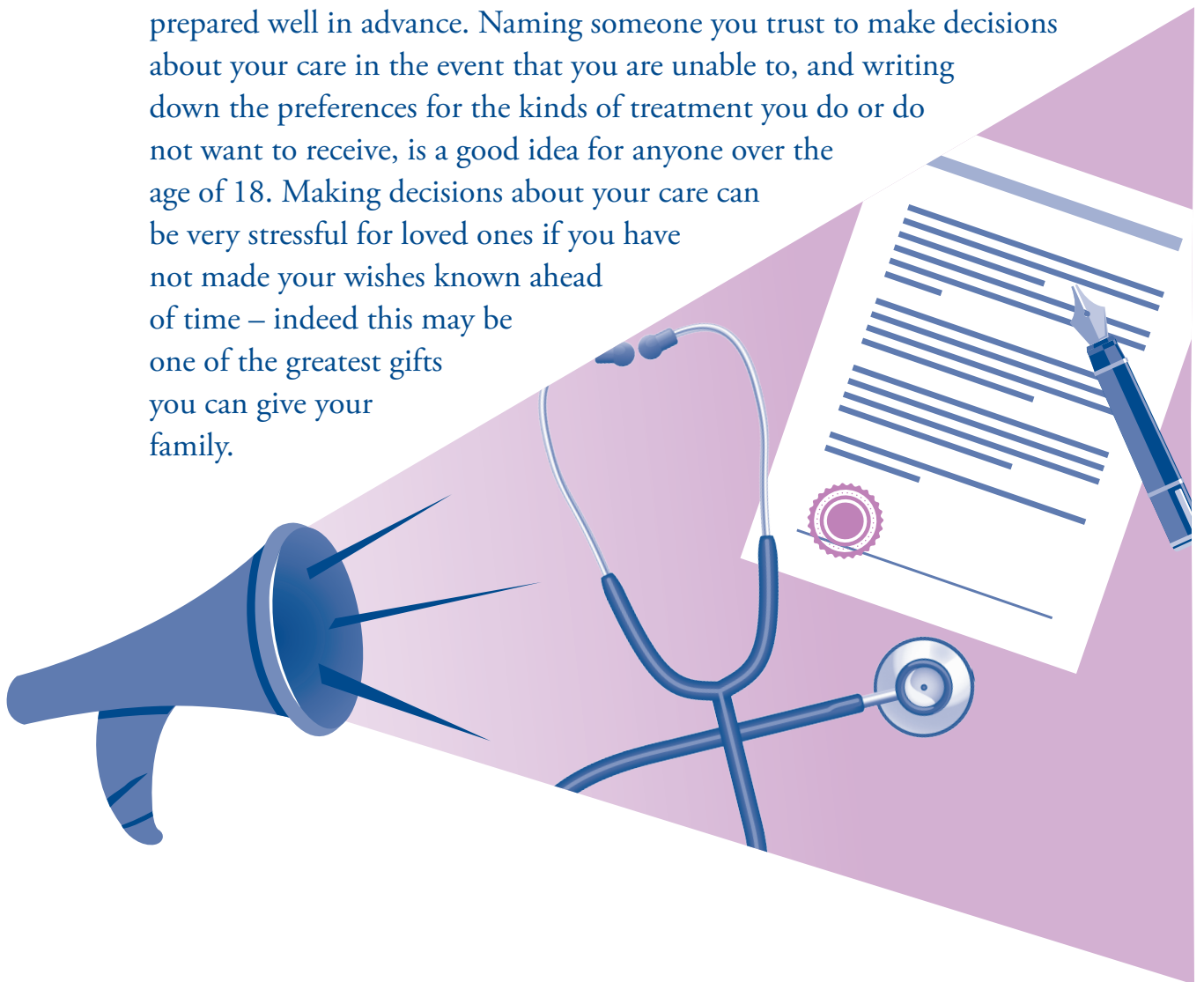
In this study, Dr. James Greenberg and other WHI scientists looked at the association between chocolate candy intake and weight gain. WHI participants were weighed at study enrollment and again at their year three clinic visit. The amount of chocolate candy eaten by participants was measured using the Food Frequency Questionnaire. Not surprisingly, women who ate a one ounce serving of chocolate candy less than once a month had gained less weight at the year three visit than those who ate that amount once a month, once a week, or three or more times a week. A weight gain of about two pounds was associated with each additional one ounce of candy eaten per day over the three year period.



# Directing

## YOUR HEALTH CARE

Most people would rather not think about what would happen if they became unable to direct their own medical care because of an accident, illness, or advanced age. While it may seem too soon to worry about now, it's better to be prepared well in advance. Naming someone you trust to make decisions about your care in the event that you are unable to, and writing down the preferences for the kinds of treatment you do or do not want to receive, is a good idea for anyone over the age of 18. Making decisions about your care can be very stressful for loved ones if you have not made your wishes known ahead of time – indeed this may be one of the greatest gifts you can give your family.





There are two main types of documents that allow you to describe your wishes for medical care, a **durable power of attorney for health care** and a **living will**. These documents may go by a different name in your state, for example, in some states, they are referred to as **advance directives**.

### Durable Power of Attorney

In a durable power of attorney for health care, you name someone you trust to be your health care proxy or agent. This person will make any necessary health care decisions for you and make sure that your health care providers give you the type of care you wish to receive.

### Living Will

A living will details the type of care you want or don't want if you ever become unable to communicate your preferences directly, for example, if you are unconscious. A living will specifically relates to health care and has nothing to do with a conventional will, which is used to divide up your property when you die. A living will can be as simple or detailed as you'd like it to be.

A **do-not-resuscitate (DNR) order**, indicating that you do not want cardiopulmonary resuscitation (CPR) in the event of heart or lung failure, may be included in the living will or may be in a separate

document. In most states, another form, called a **physician orders for life sustaining treatment (POLST)**, allows you to state your wishes about emergency care, for example, whether or not you would want intubation to help you breathe or to use feeding tubes.

To create these documents, you must legally be an adult and of sound mind, that is, able to understand what the documents contain and how they are intended to work. Health care documents only take effect if you lack the ability, also called the capacity, to make your own health care decisions. If you are so ill or injured that you cannot convey your health care wishes, these documents will immediately go into effect, until you have the ability to again take over your own care. Your written health care documents will remain in effect as long as you are alive, unless you change or cancel them. In some cases, these documents may also include your wishes for issues that may occur after death, for example, an autopsy or organ donation.

Each state has requirements for having the documents notarized or witnessed, and different names for the specific types of forms. To access free advance directive forms for your state, visit the Caring Connections section of the National Hospice and Palliative Care Organization's website at [www.caringinfo.org](http://www.caringinfo.org).

**Letters:** We love to hear feedback on the newsletter.

We regret that we cannot answer questions about individual medical conditions.

Send letters to:

**WHI Matters**

Fred Hutchinson Cancer Research Center

1100 Fairview Ave. N

M3-A410

P.O. Box 19024

Seattle, WA 98109

### Staff Information:

WHI Matters is produced by the

WHI Coordinating Center at the Fred Hutchinson Cancer Research Center.

Editor: Julie Hunt, Ph.D.





## GRIEF

# Wisdom

By WHI Participant Charlene Baldridge

**W**HAT DOES A WISE DAUGHTER do at age 50, when she realizes that her time is shorter than predicted, and that her aged mother could and likely would fall into the abyss without their bond of artistry, love and support?

She issues an assignment.

What does an aged mother/writer/editor do when her beloved daughter dies?

She fulfills her assignment. And then listens for the others that come along later in disguise.

In November 2008, shortly after our return from an annual mother/daughter cruise that culminated in St. Petersburg and the White Nights celebrations, my 48-year-old daughter, Laura Morefield, was diagnosed with stage-four colon cancer. Determinedly, she fought through two major surgeries and bi-weekly chemotherapy treatments until her reluctant death in July 2011 at the age of 50.

Along the way, Laura wrote an astonishing body of work, both prose and poetry. Shortly before her death, she made the first assignment: “Mom, do me a favor. Collect and edit my post-diagnosis poetry—I think it’s my best—and make a chapbook for me. I always wanted a book.”

The day she died I began the work, which was completed about a year later, titled *The Warrior’s Stance* and published by Laura’s husband, Dan Morefield to benefit the Colon Cancer Alliance. All the while I looked for Laura, unaware that we were very close through her words and mine. When the book was completed, Laura appeared vividly in my dreams, dressed as Groucho Marx (so like her) and with a cigar dangling from her mouth, said, “Okay, Miss Mommy. What next?”

Immediately I began writing a dialogue that resulted in a one-act play titled *The Warriors’ Duet*. It was produced in workshop at the 2013 San Diego Fringe Festival and later became a semifinalist in the Eugene O’Neill Play Festival.

Also along the way, my chapbook titled *The Rose in December* was published by Finishing Line Press and I completed a 50,000 word memoir titled *Warriors: the Books We Never Wrote*.

Also before she died, Laura sent her top ten poems to American composer Jake Heggie (*Dead Man Walking* and *Moby-Dick*), whom she had befriended on our mother/daughter trips (he has set my work since 2004), especially on the White Nights cruise. When Jake received a commission for a new vocal work, he chose Laura’s “The Work at Hand” as the text. The beautiful setting premiered in 2015, and the Mommy was on hand both



Laura Morefield with her mother, Charlene Baldrige

at Carnegie Hall and at Pittsburgh Symphony. Seeing Laura's work so wondrously realized and affecting so many people is extremely gratifying. Apparently there will be more performances.

My assignments now include following *The Work at Hand* wherever it goes, selling Laura's chapbook, trying to get *The Warriors' Duet* produced again, and trying to find an agent for the memoir that comprises the books we never wrote. People who saw us on our travels always asked how we managed to get along so well, two similarly gifted, stubborn women. The answer, of course, is that we worked very hard at it. The memoir concerns a relationship changed by physical separation, yet never-ending, and a celebration of Laura's creativity, determination, and wisdom.

Here I am, at 81, still fulfilling assignments.

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*Charlene Baldrige is a freelance arts writer who writes for regional and national publications and has three blogs, including one for her project, The Warriors' Duet, on the ongoing relationship between mother and daughter.*

## Poems

### **I've Been Waiting**

by Laura Jeanne Morefield

I've been waiting for my mother to die  
so I could find my own voice,  
come out  
from her wide shadow, her net of friends  
and admirers (who all are told without fail  
that I am her greatest accomplishment),  
break free from her overpowering center  
of gravity. So I could find my own  
orbit.

The invaders have taught me  
That I have had my own voice  
all along. All that is left  
is to open my mouth,  
to part my lips,  
to speak.



### **The Tender Gap**

by Charlene Baldrige

Between the two vessels,  
the sea heaved and tossed, rendering  
the gap even more formidable,  
the timing, impossible  
*Come on, Mommy, you can make it!*  
she yelled into the wind.  
I leapt from tender to ship,  
the gap not nearly so wide  
as it seemed.

Laura and Charlene's poetry collections are available online at [www.thewarriorsstance.com](http://www.thewarriorsstance.com): *The Warrior's Stance*, a volume of poems by Laura Morefield. Sales (\$20) entirely benefit Colon Cancer Alliance, Washington D.C. *The Rose in December*, a collection of Charlene Baldrige's poetry written post-diagnosis, published by Finishing Line Press



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## Stay in Touch } Please call your Regional Center if your address or phone number changes.



To locate your Regional Center, find the name of your WHI clinic center on the list below.  
 The Regional Center and phone number for each center is shown in the right-hand column.

### WESTERN REGIONAL CENTERS

Kaiser Permanente/Bay Area Clinic, Oakland, CA	<b>Stanford University</b> (650) 725-5307 (888) 729-8442
South Bay WHI Program, Torrance, CA	
Stanford University/San Jose Clinical Center, Palo Alto, CA	
UCLA Center for Health Sciences, Los Angeles, CA	
University of California, Davis, CA	
WHI-UC Irvine Clinical Center, Orange, CA	
Center for Health Research, Portland, OR	<b>University of Arizona</b> (520) 626-5487 (800) 341-7672
University of Arizona, Phoenix, AZ	
University of Arizona, Tucson, AZ	
University of Hawaii School of Medicine, Honolulu, HI	
University of Nevada, Reno, NV	
UC San Diego Clinical Center, Seattle, WA	<b>Fred Hutchinson Cancer Research</b> (800) 514-0325
Seattle Clinical Center, Seattle, WA	

### MIDWESTERN REGIONAL CENTERS

Evanston Hospital (Northwestern University), Evanston, IL	<b>Ohio State University</b> (614) 688-3563 (800) 251-1175
Northwestern University, Chicago, IL	
Medical College of Wisconsin, Milwaukee, WI	
Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL	
Ohio State University, Columbus, OH	
University of Cincinnati College of Medicine, Cincinnati, OH	<b>University of Iowa</b> (515) 643-4840 (800) 347-8164
Berman Center for Outcomes and Clinical Research, Minneapolis, MN	
University of Iowa, Davenport, IA	
University of Iowa, Des Moines, IA	
University of Iowa, Iowa City, IA	
University of Wisconsin, Madison, WI	
Detroit Clinical Center, Detroit, MI	<b>Univ. of Pittsburgh</b> (412) 624-3579 (800) 552-8140
University of Pittsburgh, Pittsburgh, PA	

### NORTHEASTERN REGIONAL CENTERS

New Jersey Medical School, Newark, NJ	<b>University at Buffalo</b> (855) 944-2255 (716) 829-3128
UMDMJ – Robert Wood Johnson Medical School, New Brunswick, NJ	
Albert Einstein College of Medicine, Bronx, NY	
School of Medicine, SUNY, Stony Brook, NY	
University at Buffalo, Buffalo, NY	
Brigham and Women's Hospital, Chestnut Hill, MA	<b>Brigham and Women's Hospital</b> (617) 278-0791 (800) 510-4858
Charlton Memorial Hospital, Fall River, MA	
Memorial Hospital of Rhode Island, Pawtucket, RI	
UMASS/FALLON Women's Health, Worcester, MA	
George Washington University, Washington, DC	<b>Nation's Capital Medstar</b> (855) 944-2255 (716) 829-3128
WHI of the Nation's Capital – Medstar, Hyattsville, MD <i>(Please contact the Buffalo Regional Center at the numbers provided.)</i>	

### SOUTHEASTERN REGIONAL CENTERS

UNC Women's Health Initiative, Chapel Hill and Durham, NC	<b>Wake Forest University School of Medicine</b> (336) 713-4221 (877) 736-4962
Women's Health Initiative of the Triad, Greensboro, NC	
Women's Health Initiative, Winston-Salem, NC	
University of Tennessee, Germantown, TN	
University of Tennessee – Medical Center, Memphis, TN	
Baylor College of Medicine, Houston, TX	<b>University of Florida, Gainesville</b> (352) 294-5211 (800) 944-4594
University of Texas Health Science Center, San Antonio, TX	
University of Alabama, Birmingham, AL	
Emory University, Decatur, GA	
University of Florida Clinical Center, Gainesville, FL	<b>University of Florida, Jacksonville, FL</b> (800) 944-4594
University of Florida Clinical Center, Jacksonville, FL	
University of Miami School of Medicine, Miami, FL	

### WHI CLINICAL COORDINATING CENTER

Fred Hutchinson Cancer Research Center, Seattle message line (800) 218-8415