

A PUBLICATION OF THE WOMEN'S HEALTH INITIATIVE • 2017-2018

12-Year Anniversary of the WHI Extension!

THE WHI CLINICAL TRIALS first began enrolling women in 1993 with the main phase concluding 12 years later in 2005. At that time, the WHI Extension Study began for WHI women who decided to continue to provide health information annually for the next 12 years. As of February 2017, 75,420 of you have participated in the WHI Extension Study! The WHI Extension Study will collect health data through 2020.



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INSIDE THIS ISSUE



WHI participants are rightfully proud of their commitment to advancing women's health and were sent a Legacy pendant in 2014 as a token to celebrate WHI's 20th Anniversary. These Legacy pendants have been recreated in sterling silver or plated in 22-karat yellow gold and are available for purchase online at www.whi.org/participants.



Focus on Findings

WITH THE ENDURING COMMITMENT of WHI participants, scientists and researchers continue to add to and deepen knowledge about health in women, and seniors more generally. Data analyzed from the WHI study have resulted in approximately 1500 scientific papers, with nearly 200 in the past year alone! Here are the results of a few of these published studies.

Without your support and commitment, this work would not be possible! Your dedication is amazing and we THANK YOU!

■ Pet Ownership and Cancer Risk

(Cancer Epidemiology, Biomarkers & Prevention, June 2016)

A number of people own pets and it has been suggested that having a pet might offer some health benefits. David Garcia, PhD, and his colleagues were interested to find out if owning a pet lowers the risk for developing cancer. They analyzed over 123,500 WHI women from the Observational Study and Clinical Trials. At

enrollment in 1993 to 1998, 66% of the women did not own a pet, while 17% had a dog, 16% had a cat, and 1% had a bird. They looked at any cancer and specific types of cancer that developed through August 2013. They discovered that the risk of cancer was not different for women who were pet owners compared to women who did not own a pet.

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■ Alcohol Use and Mortality in Breast Cancer Patients

(Cancer Epidemiology, Biomarkers & Prevention, August 2016)

Drinking alcohol increases the risk of breast cancer and breast cancer recurrence, but it was not clear whether alcohol use is related to mortality (death) among women who have been treated for breast cancer. Using data from 7835 WHI women who had been diagnosed with breast cancer, Sarah Lowry, PhD, and her colleagues found that, compared to women who never drank alcohol, those who did drink—whether it was before their breast cancer diagnosis or after it—were not at higher risk of dying from breast cancer or from any other possible cause. They concluded that alcohol use was not associated with mortality among women with breast cancer.

Alcohol use was not associated with mortality among women with breast cancer.



■ Telomeres and Sedentary Behavior

(American Journal of Epidemiology, August 2016)

Cells are the building blocks of our bodies. Inside our cells is our DNA, which is packaged in a structure called a chromosome. Throughout our lives, the cells divide and our DNA is copied for the new cell. Over time, our cells age and stop dividing. This causes the chromosome to shorten, which can lead to the cell eventually dying. At the tip of chromosomes are structures called telomeres. Every time a cell divides, the telomere shortens. Knowing this information about telomeres, scientists can now measure the telomere length and get an idea of the cell's age or a person's biological age. The shorter the telomere, the older the person is biologically.

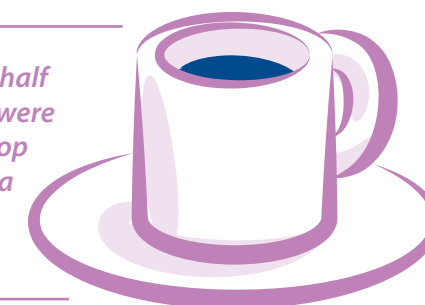
Researchers have learned that there are certain behaviors, such as smoking, that can cause cells to age more quickly. One WHI researcher, Aladdin Shadyab, PhD and his colleagues wanted to better understand the impact of sedentary behavior and physical activity on cell aging. They examined nearly 1,500 older women who participated in the WHI Objective Physical Activity and Cardiovascular Health Study. These women provided blood samples and wore an activity monitor. The activity monitor measured how many hours of the day they were sedentary or did not move much. It also tracked how much time a woman was physically active. They found that, among the women who had low physical activity, those that were the most sedentary (spent 10 hours and 13 minutes or more of their day not moving much), had the shortest telomere lengths. They estimated that these women had cells that were an average of 8 years "older" (biologically) compared to women who were the least sedentary (spent 8 hours and 10 minutes or less of their day not moving much). Women who had higher physical activity levels had less shortening of telomeres, even if they spent a large amount of their day being sedentary.

■ Caffeine Intake and Risk for Dementia

(Journals of Gerontology: Medical Sciences, September 2016)

Laboratory studies of primates have shown that caffeine may protect against aging-related memory loss. This association might also occur in people, but the results have not been as consistent. To offer some clarity, Ira Driscoll, PhD and her team looked at data from about 6,500 women who participated in the WHI Memory Study and reported drinking coffee, tea, or cola (the main sources of caffeine in people's diet) within 6 months of enrolling in the memory study. They ranked the women by the amount of caffeine they consumed and compared the half who consumed the most caffeine ("top half") to the half that consumed less caffeine ("bottom half"). The high caffeine group averaged 261 mg of caffeine per day, while the lower half consumed an average of 64 mg. To offer some context, an 8-ounce cup of brewed coffee has about 95 mg of caffeine. The study investigators looked at memory changes over 10 years to see if probable dementia or mild cognitive impairment developed. Their results showed that women who were in the top half of caffeine intake were less likely to develop these conditions than women who were in the bottom half, even after accounting for other risk factors. The authors acknowledged that more research on this topic is needed, especially to understand how caffeine might work to protect against cognitive decline.

Women in the top half of caffeine intake were less likely to develop probable dementia or mild cognitive impairment.



Continued on p. 4



■ Neighborhood Walkability and Abdominal Obesity

(American Journal of Preventive Medicine, November 2016)



A study by Urshila Sriram, MSPH, and colleagues used data from 6,500 women who participated in the WHI Long Life Study to see whether one's neighborhood environment was associated with being obese. They calculated the neighborhood's walk score by measuring how far the woman's address was from certain types of businesses, such as restaurants, shopping centers, schools, and parks. Walk scores ranged from 1 (not walkable) to 100 (very walkable). They found that the average body mass index, a measure of body size using a person's height and weight, was not different in neighborhoods with low compared to high walk scores. However, women who lived in neighborhoods with higher walk scores were less likely to have abdominal obesity, which means having a waist circumference more than 88 centimeters. The relationship between neighborhood walkability and abdominal obesity was partly explained by the amount of walking the women did, which seems to suggest that women living in more walkable neighborhoods tended to walk more than women who lived in less walkable neighborhoods.

■ Fracture Risk after Ending Hormone Therapy

(The Journal of Clinical Endocrinology and Metabolism, November 2016)



One finding from the WHI hormone therapy clinical trials was that taking hormones offered some protection from fractures. However, it was unclear whether that protection changed after women stopped taking hormone therapy. To investigate this, Nelson Watts, MD and his colleagues looked

at fractures that occurred in the WHI women who participated in the hormone therapy trials. They examined over 15,000 women who were assigned to either take hormone therapy or a placebo during the WHI trial, but then stopped for about 5 years after the trial ended. They found that hip fracture rates were not different between the two groups of women after stopping study pills. For total fracture, however, a small protection persisted for estrogen alone (among women with hysterectomy), but not for estrogen plus progestin (among women with an intact uterus). They concluded that a small amount of bone protection continues after stopping estrogen alone, but not after stopping combination hormones. Stopping hormone therapy did not raise the risk of getting fractures.

■ Sleep and Sexual Functioning

(Menopause, June 2017)



Changes to a woman's sleeping patterns and sexual behaviors are common during and after the menopause. Juliana King, MD, MPH and her colleagues were interested in understanding if these changes might be related to each other. To do this, they examined associations between sleep disturbances and sexual functioning using information provided from over 93,000 women in the WHI Observational Study. They analyzed how sleeping characteristics, such as hours of sleep at night, insomnia and sleep-disordered breathing, relates to sexual activity and sexual satisfaction. They discovered that women who slept less than 7 hours per night were less likely to be sexually active and satisfied. They also found that women with insomnia were less likely to say they were satisfied sexually. These relationships were still seen even after accounting for conditions that might affect sleep and sexual function, such as depression.



■ Ongoing WHI Ancillary Studies

In addition to doing research and improving knowledge, WHI ancillary studies continue. These studies are designed to answer even more questions about women's and senior health. Three of the largest studies are described below.

• LILAC (Life and Longevity After Cancer).

The goal of this study is to better understand the factors that affect health, survival, and quality of life after a diagnosis of certain types of cancers. One year after enrollment, information and tissue samples have been collected from over 6000 women. The tissue samples are an important resource for scientists to explore the origin and development of specific cancers. Data collection for LILAC continues through 2017. The investigators leading this study are Dr. Garnet Anderson (Fred Hutchinson Cancer Research Center), Dr. Bette Caan (Kaiser Foundation Research Institute), and Dr. Electra Paskett (Ohio State University).



- **COSMOS (COcoa Supplement and Multivitamin Outcomes Study).** This clinical trial looks at whether taking a capsule that contains cocoa flavanols, natural compounds in cocoa beans, and/or a daily multivitamin can lower the risk of cardiovascular disease and cancer in women at least 65 years old and men at least 60 years old. COSMOS, which is led by Dr. JoAnn Manson and Dr. Howard Sesso (Brigham and Women's Hospital) and Dr. Garnet Anderson (Fred Hutchinson Cancer Research Center), is planned to last about 5 years, including 1 year of recruitment and 4 years of the trial. Recruitment to join COSMOS is complete for WHI participants.
- **WHISH (Women's Health Initiative Strong and Healthy).** This trial tests whether being more active and sitting less lowers the chances of cardiovascular disease and helps to maintain independence in older women. Over 21,000 WHI women are participating in this study, led by Dr. Marcia Stefanick (Stanford University), Dr. Andrea LaCroix (University of California, San Diego), and Dr. Charles Kooperberg (Fred Hutchinson Cancer Research Center), which began in 2015 and lasts for 4 years.

CORRESPONDENCE

We enjoy receiving feedback on the newsletter and **we now have E-mail!**

Email us at: whimatters@whi.org

Or, send letters to:
Fred Hutchinson Cancer Research Center
Attn: WHI Matters
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M3-A410
P.O. Box 19024
Seattle, WA 98109

Due to the volume of correspondence we receive, we will not be able to respond to everyone individually. We also regret that we cannot answer questions about individual medical conditions.

Staff Information:

WHI Matters is produced by the WHI Coordinating Center at the Fred Hutchinson Cancer Research Center.





Recognizing Depression in Older Adults

IN THE LATER STAGES OF OUR LIVES, we can experience many life changes. This might include retirement, a different living arrangement, death of a partner or close friends, or a diagnosis of a new health condition. These types of big changes can bring initial feelings of sadness, anxiety, and frustration, but after a period of adjustment, many older adults recover and feel fine again.

However, when these feelings don't improve or they get worse and they interfere with normal, everyday activity, it may be a sign of depression. It's important to recognize the symptoms, since not all older adults with depression feel sad. Here are some other signs:

- Losing interest or enjoyment in activities
- Feeling hopeless or pessimistic
- Feeling guilty or helpless
- Lower energy and feeling tired
- Eating more or less than usual and having unplanned weight change
- Thoughts of death or suicide or attempting suicide
- Trouble focusing or making decisions
- Difficulty sleeping or sleeping more than usual
- Feeling restless or irritable
- Body pains (for example, headaches, stomach aches, or cramps) that don't get better with treatment

If you or someone you know has had several of these symptoms for two weeks or more, it would be worthwhile to speak to a doctor or mental health professional. Depression is a medical condition. It doesn't happen as a normal part of aging and it doesn't go away over time. Fortunately, for many older adults, depression can be alleviated or controlled with the right treatment. The most

common and effective treatments for depression are antidepressant medication and counseling.

If you know someone who is suffering from depression, there are ways you can help!

- Have them visit with a doctor, if they haven't already done so. Make sure they have a way to get to the doctor.
- Encourage them to be honest about their feelings and remind them that their feelings are not a sign of weakness.
- Be patient and positive.
- Talk with them and be a good listener.
- Invite them to join you for a walk or an activity they used to enjoy.
- Never ignore remarks about suicide or wanting to hurt themselves. Report these comments to their doctor.

This article was summarized using information provided by the National Institute of Mental Health. For more, visit their website at <https://www.nimh.nih.gov/health/topics/depression/index.shtml> or the National Institute on Aging at <https://www.nia.nih.gov/health/depression-and-older-adults>.

If you need help finding a mental health treatment center, locate one in your state at <https://www.findtreatment.samhsa.gov/>.



The Meaningful Volunteer

By WHI Participant Janey M. Rifkin

One of the great ironies of life is this: He or she who serves others always benefits more than those being served.

Volunteering is an activity where people give of their time, skills, and efforts—either to help children, adults, seniors, or for a community project. Opportunities abound and it is a way to use the interests, skills, and talents that you have learned and loved through the years.

Choose an activity that is familiar to you. It may be as simple as offering your services to a neighbor in need or to a local school, library, animal control facility, or nearby senior center. Your time and thoughtfulness will make a real difference in someone else's life and you are productive!

There is an intrinsic value to volunteering that could never be measured by money. Making new friends along the way is energizing. When your focus is on someone other than yourself, it interrupts the usual tension and withdrawal we may sometimes feel and allows an attitude of optimism and pleasure to take over. Being a meaningful volunteer raises our self-esteem and returns us to the mainstream of life.

Studies have shown a relationship between a lower rate of depression, illness, and stress for those who are involved in volunteering compared to those not involved. Volunteers do not necessarily have the time—they have the heart!

Janey Rifkin is a journalist and syndicated health columnist who generously volunteered to write an article for the WHI Matters Newsletter.

Do you volunteer?

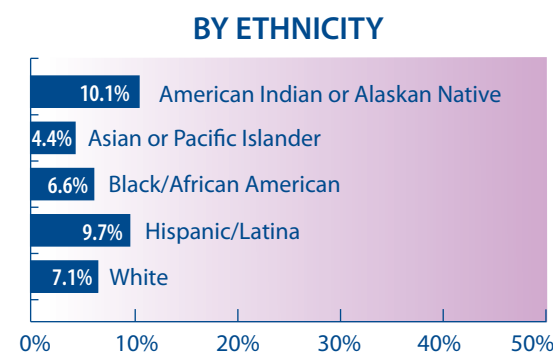
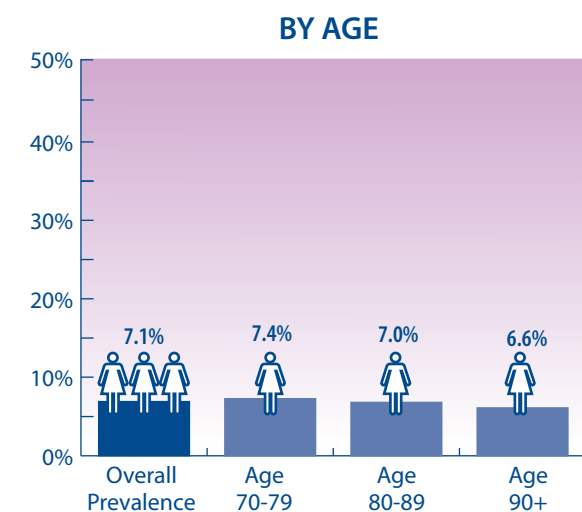
Share with us your efforts and we may highlight it in an upcoming newsletter! (See p. 5 for submission contact information.)



As a WHI participant, you have already answered a few simple questions that screened for depressive symptoms. These questions have been asked throughout WHI so researchers have been able to better understand more about depression, including who is susceptible, risk factors, and how depression relates to other illnesses. **THANK YOU AGAIN FOR YOUR CONTRIBUTION TO THIS IMPORTANT AREA OF RESEARCH!**

Here, we share a small snapshot of how common depression is among 76,412 WHI participants from the Extension study:

Percent of WHI Extension Study Participants Experiencing Depression*



*As of September 2016



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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 | Stanford University (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 | University of Arizona (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 | Fred Hutchinson Cancer Research (800) 514-0325 |
| Seattle Clinical Center, Seattle, WA | |

MIDWESTERN REGIONAL CENTERS

| | |
|---|--|
| Evanston Hospital (Northwestern University), Evanston, IL | Ohio State University (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 | University of Iowa (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 | Univ. of Pittsburgh (412) 624-3579 (800) 552-8140 |
| Detroit Clinical Center, Detroit, MI | |
| University of Pittsburgh, Pittsburgh, PA | |

NORTHEASTERN REGIONAL CENTERS

| | |
|---|---|
| New Jersey Medical School, Newark, NJ | University at Buffalo (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 | Brigham and Women's Hospital (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 | Nation's Capital Medstar (855) 944-2255 (716) 829-3128 |
| WHI of the Nation's Capital – Medstar, Hyattsville, MD (Please contact the Buffalo Regional Center at the numbers provided.) | |
| | |

SOUTHEASTERN REGIONAL CENTERS

| | |
|--|--|
| UNC Women's Health Initiative, Chapel Hill and Durham, NC | Wake Forest University School of Medicine (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 | University of Florida, Gainesville (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 | |
| 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