



Women's Health Initiative
 Fred Hutchinson Cancer Research Center
 1100 Fairview Avenue N, M3-A410
 PO Box 19024
 Seattle, WA 98109

2019-2020 Change Service Requested

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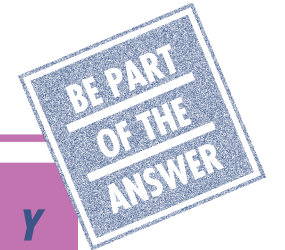
Stay in Touch } Please call your Regional Center if your address or phone number changes.



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 (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	University of Arizona (520) 626-5487 (800) 341-7672
Center for Health Research, Portland, OR	
University of Arizona, Phoenix, AZ	
University of Arizona, Tucson, AZ	
University of Hawaii John A. Burns School of Medicine, Honolulu, HI	
University of Nevada, Reno, NV	Fred Hutchinson Cancer Research (800) 514-0325
UC San Diego Clinical Center, Seattle, WA	
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
Detroit Clinical Center, Detroit, MI	
University of Pittsburgh, Pittsburgh, PA	
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	

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	
George Washington University, Washington, DC	Brigham and Women's Hospital (617) 278-0791 (800) 510-4858
WHI of the Nation's Capital – Medstar, Hyattsville, MD	
Brigham and Women's Hospital, Boston, MA	
Charlton Memorial Hospital, Fall River, MA	
Memorial Hospital of Rhode Island, Pawtucket, RI	
UMASS/FALLON Women's Health, Worcester, MA	
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 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 Email address participant@whi.org	



A PUBLICATION OF THE WOMEN'S HEALTH INITIATIVE • 2019-2020

You are invited!

A Vision of Women's Health – a WHI Celebration in Washington, DC

On May 6-7, 2020, we will commemorate the remarkable success of the WHI study. Presentations at this meeting will celebrate and feature **YOU** – our dedicated study participants! We will highlight how your efforts in WHI have helped to improve the lives of women and advance knowledge of women's health. We will also preview what's next—how we all can contribute to this important mission.

The success of WHI would not be possible without your commitment. **We would love for you to celebrate with us!** An invitation to the celebration will be mailed in early 2020. Even if you can't attend in person, you can be included. Send us your picture and a few sentences about yourself and what being a WHI participant means to you. Feel free to use our email or postal address. See page 7 for our contact information.

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WHI Annual Meetings



Since the inception of the study in 1993, a two-day meeting has been organized annually to bring together WHI researchers, along with other scientists from throughout the world. At the recent 2019 meeting in May, WHI scientists presented the findings of their latest research and learned about new proposals and future directions of the WHI study.

The 2019 meeting had two keynote speakers from the National Institutes of Health and 13 scientists presented their WHI research on poster boards. Special lectures were held on healthy aging, cancer, the health status of women of color, cardiovascular disease, and bone health.

Update on the Life and Longevity After Cancer (LILAC) Study



Information from the WHI LILAC ancillary study has been collected and is available as a resource for WHI scientists to better understand women's health and quality of life among cancer survivors. An application to extend the study was submitted to the National Cancer Institute late last year, with the goal of improving our understanding of how cancer treatment and survival affects the aging process. If this new study in WHI is funded, additional information will be collected from WHI women who have not had cancer and they will serve as a comparison group to the cancer survivor group. This will allow WHI scientists to look at the differences in health and aging between women who have and have not had cancer.



Focus on Findings: The Objective Physical Activity and Cardiovascular Disease (OPACH) Study



BETWEEN 2012 AND 2017, over 7,000 of you participated in the OPACH study, which was an ancillary study of the WHI. In the OPACH study, women wore a small red device, called an accelerometer, on their hip for a week that allowed researchers to collect information about physical activity, as well as sitting time and other sedentary behaviors. Participants also answered a physical activity questionnaire and some women were given a 13-month calendar that helped them to track daily whether or not they had fallen.

The main purpose of the OPACH study was to better understand how physical activity and sedentary behavior relates to the development of cardiovascular disease (for example, how do hours spent sitting each day affect one's risk of heart disease?). In addition, the OPACH study allowed scientists to look at whether different levels of physical activity affected the risk of falling and experiencing an injury from a fall. Specific details about the study's design and methods are described in a publication in the scientific journal, *BMC Public Health*, authored by the study's principal investigator, Dr. Andrea Z. LaCroix (February 2017).

The OPACH study has now concluded and all of the data are collected, entered, cleaned, and prepared for analysis. We would like to share with you some of the findings. In this special "Focus on Findings" section, we summarize the key papers published from the OPACH study. If you wish to read the full version of any of these papers, feel free to contact us and we will gladly send you a copy.



Has Your Proxy Changed?

We'd like to express our gratitude for your many years of dedication to the WHI study. Your participation has been vital to discovering and learning more about women's health. As the WHI carries on, it is important that we are able to continue to keep track of your health.

Many of you still provide us with your own health information, but there may be a time when you might be unable to do this due to illness (or death). That's why it's good to designate a proxy who can tell us about your health. The person you should pick to be your proxy should be someone you talk with often and who knows you well enough to tell us about your health.

In the past, we asked you to complete a form that identifies your proxy. If the person you previously chose is still the right person to serve as your proxy, great! There's no need to do anything. However, if you want to change who will serve as your proxy or you need to have one designated, please complete the information below and mail it back to us. Feel free to call us toll-free at 1-800-218-8415 for a WHI self-addressed stamped envelope – we're happy to send you one! You may also email us your proxy information at participant@whi.org.

Remember to let your proxy know that you have selected him or her to answer questions about your health, if needed, and that you have shared their contact information with the WHI team.

Provide your proxy contact information below and return this form to the WHI at the mailing address below.

Name of Proxy: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Other Phone #: _____

Relationship to me: _____

Signature of Participant _____ Date _____

CORRESPONDENCE

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

Email us at: whimatters@whi.org

Or, send letters to:
Fred Hutchinson Cancer Research Center
1100 Fairview Ave. N
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.





Seeing CLEARLY?

TIPS FOR TAKING CARE OF YOUR EYES

WHILE A DIMINISHED ABILITY to see is not a normal process of aging, there are changes that can occur to your vision that are more likely when you get older.


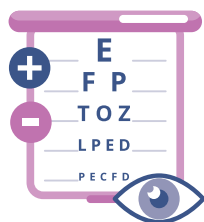

These include:

- Finding it harder to focus on things up close.
- Greater difficulty adjusting to glare.
- Trouble distinguishing between colors or gauging an object's distance.
- Requiring more light to see well or more time to adjust to changes in light.

When these changes happen, and they can start as early as while in your 40s, it can become more challenging to do everyday tasks, such as reading, taking medicines, and driving.

Additionally, several aging-related eye diseases, such as macular degeneration, cataracts, diabetic retinopathy, and glaucoma, can cause vision loss.

Here are some things you can do to help you preserve your sight:

- **Visit an eye care professional every year** for a comprehensive dilated eye exam. In the early stages of the eye diseases mentioned above, there are no warning signs or indications that you might have the condition. The only way to diagnosis them is with a dilated eye exam. For this type of exam, the provider puts drops in your eyes to widen the pupils, which allows him or her to better evaluate your eyes for any disease. 
- While you are at the eye doctor, take a vision exam too. Often, any vision changes you experience with aging can be corrected with glasses or contact lenses. 
- Know your family's eye health history.
- Wear sunglasses (with UV protection) and a wide-brimmed hat if you are out in bright sunshine.
- Wear eye protection when playing sports.
- Eat a healthy diet that includes fish and green leafy vegetables. 
- Stay physically active and don't smoke.
- Maintain normal blood pressure.
- If you have diabetes, work with your physician to help you keep it under control.

For more ideas and information, visit the National Eye Institute at <https://nei.nih.gov/nehep>.

EyeCare America offers eye exams to older adults, usually with no out-of-pocket costs. See if you qualify at <https://www.aao.org/eyecare-america>.

Physical Activity Intensity, Heart Rate, and Other Factors in Older Women

(Preventive Medicine Reports, September 2015)

For both research and health recommendations, physical activity is typically described by intensity level – how much effort you are exerting or how fast your heart beats when you are active. Typically, activity intensity ranges from sedentary to light to moderate to vigorous. While numerous studies have been done to help figure out the intensity level of a given type of exercise, they usually involved younger adults and may not be as relevant to older women due to changes in our bodies as we age. To address this, Dr. Kelly Evenson and her team recruited 200 ethnically-diverse older women, the majority of whom were OPACH participants, for a laboratory-based study. In Dr. Evenson's study, the participants wore accelerometers on their hip and wrist, a heart rate monitor, and calorimeter (a machine to measure oxygen) while performing 8 different tasks of varying intensities. For example, one task was assembling a jigsaw puzzle and another task was walking on a treadmill. Dr. Evenson aligned and calibrated the amount of accelerometer movement with the level of exercise exertion based on the information collected from the heart rate monitors and calorimeters. This allowed her to determine thresholds of intensity level for use with the accelerometer data. This pivotal study laid the foundation for the analysis of accelerometer-based data collected from older women, importantly, the data collected for the OPACH study.

Light Intensity Physical Activity and Cardiovascular Disease

(JAMA Network Open, March 2019)

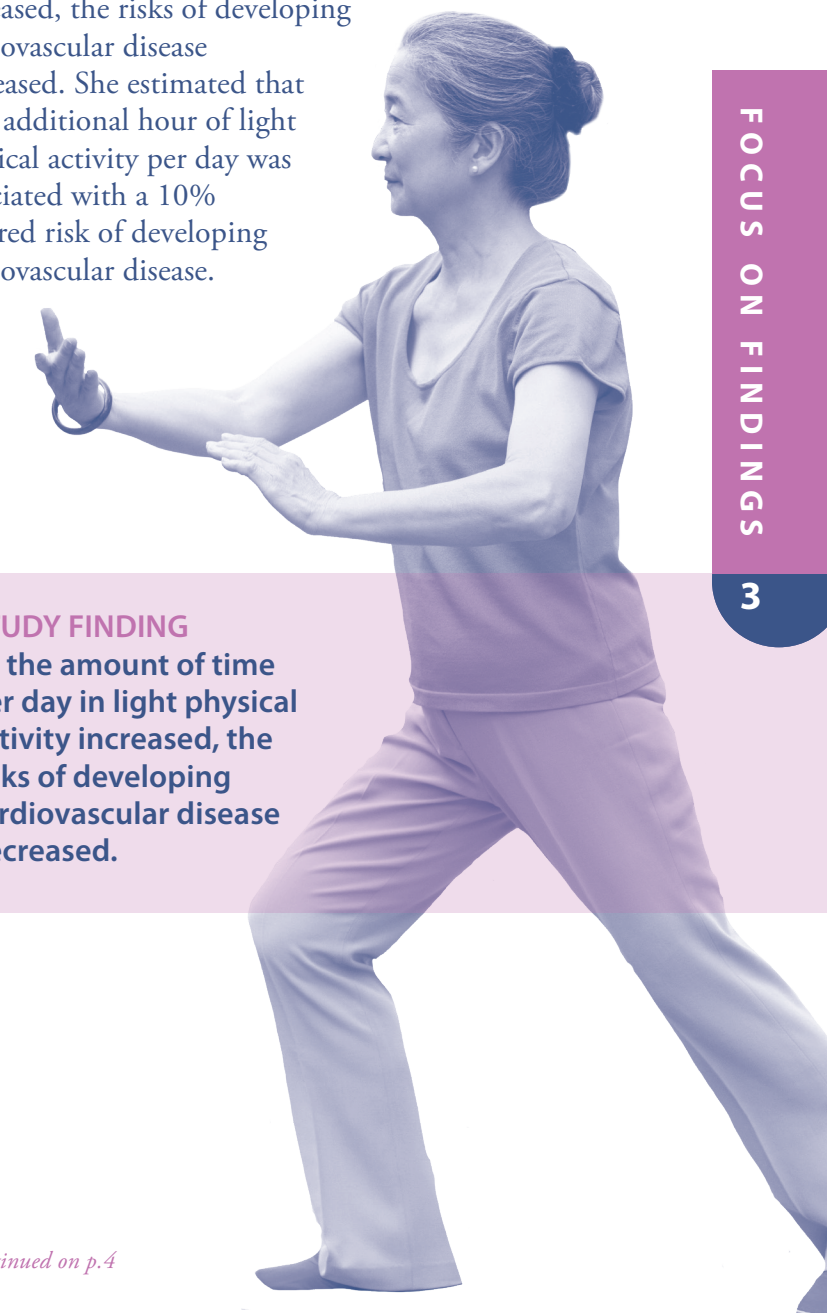
Much of the health research and recommendations on physical activity focus on moderate and vigorous intensity. However, attaining this high level of exertion on a day-to-day basis can be difficult or impractical for older adults. Less attention has been given to the possible health benefits of

light intensity physical activity, such as leisurely walking, light housework, or Tai Chi, despite it being a level of exercise intensity that might be more achievable for most older people. To address this gap, Dr. Andrea LaCroix and her colleagues examined whether higher amounts of light intensity physical activity was associated with developing cardiovascular disease. Dr. LaCroix found that as the amount of time per day in light physical activity increased, the risks of developing cardiovascular disease decreased. She estimated that each additional hour of light physical activity per day was associated with a 10% lowered risk of developing cardiovascular disease.

STUDY FINDING

As the amount of time per day in light physical activity increased, the risks of developing cardiovascular disease decreased.

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■ Associations of Physical Activity with Cardiometabolic Risk Factors and with Mortality

(Journal of the American Heart Association, October 2017 and Journal of the American Geriatrics Society, November 2017)

Cardiometabolic risk factors are clinically-collected measures that help health care providers understand a person's likelihood of developing cardiovascular disease. They include cholesterol and glucose levels, which are measured from a blood sample, and blood pressure and body mass index. There is also a measure called the 'Reynolds Risk Score' that combines all these factors into one score that can be used to predict a person's cardiovascular disease risk (a higher score means a higher risk). Dr. Michael LaMonte and his team were interested in learning whether different levels of physical activity intensity were associated with these cardiometabolic risk factors, so he analyzed 4,832 OPACH women who also provided a blood sample. He found that women who spent more time being physically active – either at light or moderate-vigorous intensity – had better levels of high-density lipoprotein (the “good” cholesterol), triglycerides, and glucose, and lower Reynolds Risk Scores and body mass index. Although the levels appeared to be better for those who engaged in more moderate-vigorous activity, there was also an improvement when doing lighter activities, suggesting that any level of exercise intensity is likely beneficial for reducing one's risk factors for cardiovascular disease.

In a separate study, Dr. LaMonte and his colleagues looked at the relationship of physical activity intensity with death rates and discovered very similar results: women who spent more time engaged in either light or moderate-vigorous activity had lower risks of death from any cause and from cardiovascular-disease specific death. However, these relationships were not noted for cancer-specific deaths. Again, these mortality risks were lowest among those who did more vigorous activities, but there was also a benefit seen among those who did lighter intensity exercise.

■ Moderate to Vigorous Physical Activity and Falling

(Journal of the American Geriatric Society, July 2017)

In the research community, there is a debate about whether doing higher intensity physical activity lowers or raises the risk of falling. On one hand, moderate-to-vigorous activity strengthens the muscles and improves balance, which might be good for preventing falls. On the other hand, that level of intensity requires more movement and results in more fatigue, which might trigger more falls. To help unravel this debate, Dr. David Buchner and his colleagues analyzed over 5,500 OPACH women who also kept track of their falls using the 13-month calendar. He discovered that women with the lowest amount of time spent in moderate-vigorous activity had the highest rates of falls, but *only if* they had poor lower-limb functioning (for example, poor balance and mobility) or a history of two or more past falls. In other words, women who had poor physical functioning or experienced falls in the past were at greater risk of experiencing a fall if they did low amounts of moderate-vigorous exercise. Those who participated in higher amounts of moderate-vigorous exercise were not at greater risk of falls, even if they had poor

functioning or had a history of falling. This study provides compelling evidence in the debate that engaging in moderate-vigorous activity does not increase the risk of falling.



Lowering one's sitting time by just 1 hour per day could reduce the risk of heart disease by 26%.

■ The Relationship of Sedentary Behavior with Diabetes and with Cardiovascular Disease

(The Journals of Gerontology: Series A Biological Sciences and Medical Sciences, May 2018 and Circulation, February 2019)

The majority of people spend a large proportion of their waking hours sedentary (sitting with limited movement). For example, women in the OPACH study were sedentary for an average of 9-10 hours every day. But, how is that time accrued on a given day? Do people tend to get up and move around every few minutes or hours? Or, do they tend to sit for very long stretches of time? Importantly, does getting up and moving around harm, benefit, or have no effect on health? Dr. John Bellettiere and his colleagues set to answer these questions using diabetes and cardiovascular disease as health endpoints.

In his studies, Dr. Bellettiere used the accelerometer data from the OPACH study to examine whether certain behavior patterns while sedentary were associated with a higher likelihood of having diabetes and with a higher risk of developing cardiovascular disease. The findings were similar in both studies: women who had the highest total amounts of sitting time per day were more likely to have diabetes and had a higher risk of cardiovascular disease. Furthermore, he found that those who tended to sit for long stretches of time as opposed to getting up periodically and limiting the length of time they remained sitting had a higher prevalence of diabetes and a greater risk of cardiovascular disease. In his study on cardiovascular disease, he estimated that lowering one's sitting time by just 1 hour per day could reduce the risk of heart disease by 26%.

Ditch the Multitasking

By WHI Participant
Janey M. Rifkin



The secret to productivity is NOT doing more. Rather, it is simplifying – clearing away obstacles like stress or clutter – to free you up to do what makes you happy. Here's how:

Toss your to-do list! Endless long-range tasks merely create stress. Instead, create a “today list” with no more than three projects or goals that you know are doable in a single day. To complete them brings a sense of success and accomplishment.

Quit working all the time. Bring more balance into your life by deciding on a stop time each day...and stick to it! Then, do something stimulating with your personal time. Creative activities such as writing short stories or even playing video games help you to recover from your work tasks, increase your control over your own time, and actually help you to develop new skills. Great satisfaction follows learning something new – you become more interesting and can get back to the daily grind with a renewed perspective.

Multitasking is actually counterproductive. Switching from one task to another is stress inducing and rarely gratifying. Case in point: close Facebook, Twitter, and Instagram until you finish what you are doing. You will become more efficient and free to do what makes you happy.

Janey Rifkin is a journalist, syndicated health columnist, and contributing writer for the WHI Matters Newsletter.