The Women's Health Initiative is one of the most important women's health studies ever done and is now part of medical history. People around the world are still talking about the findings from this landmark study. Now, the WHI Extension Study is helping us find even more answers to questions about women's health. Over 115,000 women representing all of the WHI programs – Hormone, Dietary, Calcium/Vitamin D, and the Observational Study – have joined the WHI Extension Study. Information from the Extension Study will help us learn even more about women's health, including:

- Changes in health that women face as they get older
- If longer follow-up reveals new information about the impact on women's health from any of the WHI interventions – from the use of hormones, calcium/vitamin D supplementation, or the dietary change eating plan
- New ideas for research on women's health

You have already given so much to the cause of women's health. We are glad you are a part of finding these new answers as well!

Recent WHI Activities
We have just completed collection of the first annual health questionnaires from all Extension Study participants. Response to our mailings has been very successful and most participants have completed and returned their first packet. You can expect to receive additional packets each year until 2010. Receiving your annual health updates is essential for us to assess health changes in older women. We are very grateful for your willingness to complete these questionnaires.

Your WHI Website
We continue to update the WHI participant website with the latest study findings and other news about the study. If you are able to access the internet, please visit www.whi.org. This website was created specifically for you, as a WHI participant. We are now including the WHI Matters newsletters on the website, so if you have a friend you'd like to share the newsletter with, or if you misplace your copy, please refer to the site.
Scientists and Participants Gather to Celebrate WHI
Women’s Health Initiative Legacy to Future Generations of Women Conference

In February 28th and March 1, 2006, many of the nation’s top scientists and experts on women’s health joined hundreds of WHI study participants at a conference to celebrate the legacy of the Women’s Health Initiative. The conference, sponsored by the National Heart, Lung, and Blood Institute (NHLBI) and the Office of Research on Women’s Health (ORWH), was held in Bethesda, Maryland on the campus of the National Institutes of Health (NIH).

Nationally-recognized presenters included Elias A. Zerhouni, M.D., director of the NIH; Elizabeth G. Nabel, MD, director of the NHLBI and current director of WHI; Vivian Pinn, MD, director of the ORWH; and Bernadine Healy, MD, who first launched the study as the head of NIH in 1991. Other featured presenters included study leaders from the NIH and WHI clinical center investigators and scientists from around the nation. Most importantly, several participants from each of the three Clinical Trials shared their personal experience of being a part of this historic study.

Conference speakers discussed the findings from the WHI Clinical Trials and Observational Study, the impact of WHI on public health, the WHI Extension Study, and plans for future research using the stored blood and genetic samples. The conference was attended by around 800 guests, including staff from many of the WHI clinics, reporters from several national magazines, newspapers, and radio programs, health care providers, representatives from national organizations such as the National Research Center for Women and Families and the National Women’s Health Network, and participants from clinical centers in the surrounding areas.

Reflecting on her experience at the conference, Judy LaCour, a Seattle Clinical Center participant who participated on a participant panel, said, “When I was first contacted about attending the WHI conference in Bethesda I thought that my contribution would be such a small part of the entire event that I would probably spend much of my time there being rather bored. To my surprise, however, I really enjoyed the entire event. I met such wonderful women from all over the country whose backgrounds were different from mine but whose experiences with WHI were quite similar to my own. The speakers were good and the information that they presented easy to follow, sometimes surprising, and definitely interesting. In all, it was a great experience...thanks WHI for allowing me to be a part of it.”

“The conference was a wonderful example of giving back to study participants some of the lessons learned from their efforts,” said Dr. Jacques Rossouw, WHI Project Officer at NHLBI. “They could see and hear how much progress has been made in our understanding of the major issues facing older women. The several occasions on which their contributions were applauded from the platform and from the floor were richly deserved. The conference marked the end of the first phase of the program; however, the information gained from that phase will continue to emerge as investigators analyze the data and blood specimens...
in greater detail. And of course, much more is to be learned from the efforts of the large number of women who have decided to continue their participation during the 5-year extension to 2010. Truly, this has been and continues to be a landmark program.”

Several of the WHI participants attending the conference gathered at the end of the day for a photo to commemorate the occasion.

**Enjoy the conference on the web!**

We wish that each and every WHI participant could have attended the conference. While that was not possible, it is possible for you to view a taping of the conference. If you have access to the internet, visit the following website links to enjoy video coverage about WHI and the WHI conference.

**http://www.nhlbi.nih.gov/whi/**

This links to a special video honoring WHI participants that was created especially for the conference. The video features a description of the WHI studies and interviews with scientists and WHI participants. If you have friends or family members who are interested in understanding what WHI is about, this 20 minute video is a great introduction.

**http://orwh.od.nih.gov/WHIConference.htm**

This links to actual coverage of the two day conference. Once you’ve gone to the link, you can select which of the conference segments you’d like to view. Also included at the site are the final agenda and slides from the presentations, a summary of the studies, and a photo gallery of the conference.
Dr. Elias Zerhouni,
NHI Director
“The WHI has replaced conventional wisdom about women’s health issues with evidence-based research findings, and reminded us that there aren’t always simple, universal answers to complex questions. It also influenced the ways in which scientific studies involving women are now designed and conducted. These are just a few of the many contributions from a study that will continue to enhance the lives of women for decades to come.”

Dr. Elizabeth Nabel,
NHLBI Director
“It’s wonderful to be here with all of you today. This is really a grand day and a grand occasion.

We could not have done this study without the one hundred and sixty-one thousand women who participated, and I know some of you are here today. You really are the legacy of the WHI. We’ve had an opportunity to speak with a lot of media folks over the past couple weeks, and the one theme that we emphasize over and over and over again is the enthusiasm and the gift that you all gave to this study and this will really be the legacy of the study.

As I look at the study it’s very clear that the study has resulted in health messages for women across the country in broad health areas that are important to women. The breadth and depth of knowledge that we’ve gained has truly been extraordinary. This study has connected women within communities and it has connected women within families. This is a study that I’ve had conversations with my mother and daughters about, knowing that the results from this study will affect how they approach their health. I’m sure that’s the case for many of you and your families as well. Be assured that the NHLBI is very committed to the future of the WHI.”

Dr. Vivian Pinn, ORWH Director
“The ORWH (Office of Research on Women’s Health) has been and continues to be very proud of the monumental interdisciplinary collaborative effort in this landmark study of post-menopausal women’s health. That this study is recognized around the world is a tribute to the ambition of the magnitude of the study that has been realized through years of effort by researchers across the nation and
to, most importantly, the women who participated.

The ORWH is especially impressed and pleased with the demonstration that large numbers of women are not just participants but are proud participants of this history-making study. To the women who are here who are participants, you will hear thank you over and over again. This conference was put together not only to bring forward the design of the study, what we've learned from the study, what the questions are that remain or that have been stimulated as a result of what we've learned so far, but also to honor and celebrate the participants."

Dr. Marcia Stefanick, Chair, WHI Executive Committee

"I have had the privilege of being the chair of the Steering Committee of the investigators, and I must say that the WHI investigators are some of the most amazing people you'll ever meet. Each one of the investigators has an incredible research team, and we do want to celebrate the staff of those sites, the clinic managers, the clinic practitioners, the nutritionists, the data folks, and the outcomes folks. We want to honor all of them, but the participants, the hundred and sixty-one thousand eight hundred and eight women who participated in the Women's Health Initiative for the last eight to twelve years, are really the focus of our celebration today."

Marcia Mazur, WHI participant (GWU)

"I'm proud that I made it eight years, and I finished the whole course, and I'm delighted that I did that. Of course, I'm so glad I'm part of the WHI and the legacy. Whatever else I've done in my life, I've been a small part of this vastly important study, and I'm very proud of that. And I thank everybody. Everyone is thanking us, but we're lucky, I think, that we got into these programs. I feel like I won the lottery. Thank you all."

Betty Cintas, WHI participant (Stanford)

"I'm proud that someone had the foresight to prepare this for us, to figure it out. It was all excellent. From day one, we were given the tools and the training to be effective. I am an American of Mexican descent – Hispanic. I saw the need then for ethnic diversity to be a part of this, so that we could have a well-represented outcome. I am proud I kept my commitment."

continued next page
The Latest Findings from WHI

In the years following the release of the history-making WHI Hormone Study findings, scientists have continued to analyze data provided by the participants in the Estrogen plus Progestin (E+P) and Estrogen Alone (E-Alone) studies. A few of these recent findings are described below.

Effects of Estrogen-Alone on Risk of Stroke (Circulation, May 2006)
The WHI Hormone Study was designed to assess the health benefits and risks of estrogen with progestin and estrogen alone in healthy postmenopausal women. One of the health outcomes scientists studied was comparing the risk for stroke in women taking active hormone pills versus a placebo. When results from the Estrogen plus Progestin Trial were released in 2002, WHI scientists reported that estrogen with progestin increased the risk for stroke in postmenopausal women.

WHI scientists recently released findings from the Estrogen-Alone Trial that estrogen alone caused a significant increase in the risk of ischemic stroke (when blood flow to part of the brain is blocked), but not in hemorrhagic stroke (when blood leaks into part of the brain). Over an average of 7.1 years, there was an increased risk of ischemic stroke in women taking estrogen.
alone: 142 women taking estrogen alone (0.38% of women per year) and 95 women taking placebo (0.25% of women per year) developed ischemic stroke. This risk for stroke due to estrogen alone was not affected by women's race/ethnicity, age, smoking status, blood pressure, or prior cardiovascular disease.

These results in the two WHI trials (Estrogen plus Progestin and Estrogen-Alone) strengthen the concern that ischemic stroke risk is higher for women taking hormones and that estrogen (rather than progestin) may be the more likely cause. Many women, particularly those who have had a hysterectomy, use estrogen alone therapy for relief of menopausal symptoms like hot flashes, often for many years. The decision to use estrogen therapy should therefore be carefully discussed with a health care provider, who can help a woman weigh her risk of stroke along with the other known risks and benefits of taking estrogen.

Venous Thrombosis & Estrogen-Alone (Archives of Internal Medicine, April 2006)
Postmenopausal hormone therapy has previously been associated with an increased risk of blood clots known as venous thromboembolism (VTE), including blood clots in the lungs (pulmonary embolus or PE) and legs (deep vein thrombosis or DVT).

Recent findings from the WHI describes the risk of VTE among generally healthy postmenopausal women enrolled in the E-Alone Trial. The E-Alone Trial enrolled 10,739 women aged 50-79 without a uterus. Participants were randomly assigned to take estrogen alone (conjugated equine estrogen) or a placebo.

Over an average 7.1 years, there was an increased risk of VTE in women taking estrogen alone: 111 women taking estrogen-alone (0.30% of women per year) and 86 women taking placebo (0.22% of women per year) developed VTE. This increased risk of VTE was highest during the first two years after joining the study. However, the risk for VTE was not as high as it was for women in the other part of the WHI Hormone Study – the E+P Trial who were taking estrogen plus progestin or compared to placebo.

DVT among women in the WHI E-Alone trial was reported in 85 women taking estrogen alone and in 59 women taking placebo. The risk was similar to that for PE with 52 women taking estrogen alone and 39 taking placebo developed PE.

These results confirm guidelines that say women should use estrogen alone only after careful consideration of risks and benefits, especially if they have other risk factors for VTE such as previous VTE, being older, or being heavier.

Letters
We’d love to hear feedback on the newsletter. We regret that we cannot answer questions about individual medical conditions. Send a letter 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.
Design: Sunny Bay Design
<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical College of Wisconsin</td>
<td>Milwaukee, Wisconsin</td>
<td>(414) 865-7040</td>
</tr>
<tr>
<td>Memorial Hospital of Rhode Island</td>
<td>Pawtucket, Rhode Island</td>
<td>(401) 729-2865</td>
</tr>
<tr>
<td>Nevada Clinical Center</td>
<td>Reno, Nevada</td>
<td>(775) 784-4906</td>
</tr>
<tr>
<td>New Jersey Medical School</td>
<td>Newark, New Jersey</td>
<td>(973) 972-2944</td>
</tr>
<tr>
<td>New Brunswick Medical School</td>
<td>New Brunswick, New Jersey</td>
<td>(732) 235-6546</td>
</tr>
<tr>
<td>Northwestern University</td>
<td>Chicago, Illinois</td>
<td>(312) 908-5790</td>
</tr>
<tr>
<td>Ohio State University</td>
<td>Columbus, Ohio</td>
<td>(614) 688-3563</td>
</tr>
<tr>
<td>Stanford Women's Health Initiative</td>
<td>San Jose, California</td>
<td>(650) 725-5307</td>
</tr>
<tr>
<td>Stony Brook Clinical Center</td>
<td>New York</td>
<td>(631) 444-9800</td>
</tr>
<tr>
<td>South Bay WHI Program</td>
<td>Torrance, California</td>
<td>(310) 222-2217</td>
</tr>
<tr>
<td>UCLA Women's Health Initiative</td>
<td>Los Angeles, California</td>
<td>(310) 825-9502</td>
</tr>
<tr>
<td>UAB Preventive Medicine</td>
<td>Birmingham, Alabama</td>
<td>(205) 934-2294</td>
</tr>
<tr>
<td>UCONN Women's Health Initiative</td>
<td>Storrs, Connecticut</td>
<td>(860) 486-4552</td>
</tr>
<tr>
<td>University at Buffalo</td>
<td>Buffalo, New York</td>
<td>(716) 829-3128</td>
</tr>
<tr>
<td>University of California, Davis</td>
<td>Sacramento, California</td>
<td>(916) 434-5562</td>
</tr>
<tr>
<td>University of California, Irvine</td>
<td>San Diego</td>
<td>(714) 456-7241</td>
</tr>
</tbody>
</table>

Stay In Touch
Don't forget to call your local Clinical Center if your address or phone number changes!

Albert Einstein College of Medicine
Bronx, New York  •  (718) 931-1010

Arizona Prevention Center
Phoenix, Arizona  •  (602) 341-7672

Tucson, Arizona  •  (520) 321-7440

Baylor College of Medicine
Houston, Texas  •  (713) 798-4033

Berman Center for Clinical Research
Minneapolis, Minnesota  •  (612) 341-7921

Brigham and Women's Hospital
Chestnut Hill, MA  •  (617) 732-9560

Center for Health Research
Portland, Oregon  •  (503) 335-2400

Charleston Memorial Hospital
Fall River, Massachusetts  •  (401) 729-2865

Detroit Clinical Center
Detroit, Michigan  •  (313) 966-8000

Emory University
Decatur, Georgia  •  (404) 370-7355

Evanston Hospital
Evanston, Illinois  •  (312) 906-5790

Fred Hutchinson Cancer Research Center
Seattle, Washington  •  (206) 667-6551

The George Washington University
Washington, DC  •  (202) 872-3700

Kaiser Permanente—Bay Area Clinic
Oakland, California  •  (510) 991-3201

Medical College of Wisconsin
Milwaukee, Wisconsin  •  (414) 865-7040

Memorial Hospital of Rhode Island
Pawtucket, Rhode Island  •  (401) 729-2865

Nevada Clinical Center
Reno, Nevada  •  (775) 784-4906

New Jersey Medical School
Newark, New Jersey  •  (973) 972-2944

New Brunswick, New Jersey  •  (732) 235-6546

Northwestern University
Chicago, Illinois  •  (312) 908-5790

Ohio State University
Columbus, Ohio  •  (614) 688-3563

Chicago, Illinois  •  (312) 563-2209

Stanford Women's Health Initiative
San Jose, California  •  (650) 725-5307

Stony Brook Clinical Center
Stony Brook, New York  •  (631) 444-9800

South Bay WHI Program
Torrance, California  •  (310) 222-2217

UAB Preventive Medicine
Birmingham, Alabama  •  (205) 934-2294

UCLA Women's Health Initiative
Los Angeles, California  •  (310) 825-9502

UMASS/FALLON Clinical Site
Worcester, Massachusetts  •  (508) 856-5452

University at Buffalo
Buffalo, New York  •  (716) 829-3128

University of California, Davis
Sacramento, California  •  (916) 734-5562

University of California, Irvine
Orange, California  •  (714) 456-7241

University of California, San Diego
San Diego, California  •  (858) 822-5222

University of Connecticut
Storrs, Connecticut  •  (860) 486-4552

University of Florida
Gainesville, Florida  •  (352) 392-1920

Jacksonville, Florida  •  (904) 392-1920

University of Iowa
Iowa City, Iowa  •  (319) 335-2155

University of Miami
Miami, Florida  •  (305) 243-4800

University of North Carolina
Chapel Hill, North Carolina  •  (919) 966-3165

University of Pittsburgh
Pittsburgh, Pennsylvania  •  (412) 624-3598

University of Wisconsin
McFarland, Wisconsin  •  (608) 261-1867

UTHSC
San Antonio, Texas  •  (210) 567-1850

UT Prevention Center
Memphis, Tennessee  •  (901) 448-8405

WHL of the Nation's Capital
Washington, DC  •  (202) 675-4770

WHL of the Triad
Greensboro, North Carolina  •  (336) 716-2243

Winston-Salem, North Carolina  •  (336) 716-2243

Women's Health Hawaii
Honolulu, Hawaii  •  (808) 441-5555

---

If you have any questions about the WHI Extension Study, or if your address or phone number changes, please call your WHI clinic at the number listed above. If you have moved to a new area, you should contact the center where you originally joined the study. There are still WHI staff on hand at your clinical center to record address changes and answer your questions. Thank you!