The initial Women’s Health Initiative clinical trials began in the 1990s and ended more than 10 years ago. But scientific work aimed at improving women’s health has been ongoing through contact with you, the study participants. In 2015, the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) extended its commitment to funding the WHI study. WHI scientists are working to better understand cardiovascular disease, cancer, fractures, and other important medical issues affecting women.

The average age of WHI participants is now over 80, and because a large number of women are still involved in WHI, investigators are able to examine how factors related to aging can affect quality of life for older adults. WHI researchers are working with the rich set of information already collected while inviting WHI participants to become involved in additional studies that will further our understanding of women’s health. We could not do this without your continued and active support—thank you!

A number of WHI participants are taking part in a study that looks at whether increased physical activity can reduce heart disease and stroke in older women. This NHLBI-funded study is led by Dr. Marcia Stefanick of Stanford University, Dr. Andrea LaCroix of the University of California San Diego, and Dr. Charles Kooperberg of Fred Hutchinson Cancer Research Center.

Another group of participants, including some who were in the Long Life Study in 2012–2013, are again wearing a monitor to track physical activity. These women will wear the monitor for three periods over three years and keep a sleep diary. This NIH-funded study will provide important information about aging and the role of physical activity in maintaining health.

Continued on p. 2
WHI CONTINUES WORKING TO ADVANCE WOMEN’S HEALTH

Continued from cover

Many WHI participants were invited to join the COcoa Supplement and Multivitamin Outcomes Study (COSMOS), an exciting new clinical trial of 18,000 people nationwide led by Dr. JoAnn Manson and Dr. Howard Sesso of Brigham and Women’s Hospital and Dr. Garnet Anderson of Fred Hutchinson Cancer Research Center. Relatives and friends of WHI participants are also being invited to join the trial. COSMOS is testing whether taking two cocoa extract capsules and a standard multivitamin every day can reduce the risk of developing cardiovascular disease and cancer. Women 65 and older and men 60 and older in the United States who have not had a heart attack or stroke or a new diagnosis of cancer within the past two years are eligible to participate. Participants should be willing to forgo personal use of multivitamin supplements during the study. Eligible WHI participants were the first to be invited to enroll in COSMOS, but whether or not you are personally joining the study, we hope you will spread the word about COSMOS to your male and female relatives and friends. For more information, please go to www.cosmostrial.org or call (800) 633-6913.

Women who participated in the original Diet and Vision Study (2001–2004) are participating in a follow-up study. The original study revealed that healthy food choices combined with physical activity, limited smoking, and adequate vitamin D may work together to better preserve eye health. In the follow-up study, funded by the NIH, investigators are continuing to study whether certain aspects of diet contribute to age-related eye changes, including the development or progression of macular degeneration and loss of vision function. This research is led by Dr. Julie Mares of the University of Wisconsin-Madison, Dr. Steven T. Bailey of Oregon Health & Science University, Dr. Robert Wallace of the University of Iowa, Dr. Barbara Blodi of the University of Wisconsin-Madison, and Dr. Karen Gehrs of the University of Iowa.

The Life and Longevity After Cancer (LILAC) study, funded by the National Cancer Institute, will continue through 2017. The study follows women who have been diagnosed with certain types of cancer. More than 10,000 women have been invited to participate in this study. Participants are contributing important information about how their cancer diagnosis and treatment have affected their lives. Investigators are also characterizing cancer treatments and collecting tumor tissue for future studies about cancer survival, quality of life, and health after cancer. The study is led by Dr. Garnet Anderson of Fred Hutchinson Cancer Research Center, Dr. Bette Caan of Kaiser Permanente Northern California, and Dr. Electra Paskett of Ohio State University.

The WHI Memory Study (WHIMS) will continue for another five years with funding from the National Institute on Aging. In addition to studying the predictors of cognitive decline and impairments, WHIMS researchers will be investigating cognitive resilience. (A sub-study of COSMOS called COSMOS-Mind will determine whether the COSMOS supplement improves or protects cognitive functioning. This sub-study is open to non-WHIMS participants who are enrolled in COSMOS.)
FOCUS ON FINDINGS

IN THE PAST YEAR, 181 papers using WHI data have been published in scientific journals! Here are summaries of just a few of the papers published in the past year.

Coffee and Caffeine Consumption and the Risk of Hypertension in Postmenopausal Women
(American Journal of Clinical Nutrition, 2016)

High blood pressure, or hypertension, is a risk factor for many diseases, including stroke and heart failure. This study by Dr. Jinnie J. Rhee of Stanford University School of Medicine and her colleagues looked at the link between coffee and caffeine consumption and high blood pressure in nearly 30,000 WHI participants. They found that caffeinated coffee, decaf coffee, and caffeine are not risk factors for hypertension in postmenopausal women. Previous studies of these associations had produced mixed results.

They found that progressively higher consumption of added sugars is associated with increasing odds of depression among postmenopausal women. The source of dietary sugars is important—for example, they discovered that increased consumption of fruit (not including juice) is not associated with increased risk of depression. The study also found that as consumption of whole grains increases, risk of depression decreases.

High Glycemic Index Diet as a Risk Factor for Depression

Dr. James E. Gangwisch of Columbia University and his colleagues used WHI data to examine the association between a high-glycemic diet—such as one heavy in refined carbohydrates and sugary beverages and snack foods—and the risk of depression.

Electric Blanket Use and Risk of Thyroid Cancer in the WHI Observational Cohort
(Women Health, 2015)

Thyroid cancer is the fifth most commonly diagnosed cancer in U.S. women, and thyroid cancer rates continue to increase. The best-established risk factor is exposure to ionizing radiation, and other environmental factors have been suspected. A study by Dr. Ikuko Kato of Wayne State University and her colleagues used WHI data to look at one suspected risk factor: use of electric blankets, which emit non-ionizing radiation in the form of extremely low-frequency electromagnetic fields. They found no association between electric blanket use—of any duration—and subsequent risk of thyroid cancer among postmenopausal women.
Accessible SEATING

What Are Your Rights?

The Americans with Disabilities Act (ADA) has made it easier for users of wheelchairs (and other mobility devices, such as electric scooters) to enjoy activities they love, including attending movies and performances and eating out. Most public facilities are required to meet specific requirements to ensure that accessible seating is available to anyone who needs it. Compliance can vary, however, so here are some important things to know about your rights.

Ticketed Venues
The ADA requires ticketed venues—such as movie theaters, concert halls, and sports arenas—to offer accessible seating. That means space designed to accommodate a wheelchair as well as an accessible way to get to that space.

Here are some of the key requirements for ticketed venues:

• Accessible seats must be available for sale during the same hours that regular seats are sold and using the same methods (such as box office, online sales, and/or phone).

• Customers cannot be charged more for an accessible seat than a regular seat in the same section.

• Tickets for accessible seats must be available at all price levels that are offered to the general public.

• Customers can buy up to three additional seats for companions in the same row as the accessible seat, if they are available.

• Venues cannot ask for proof of disability before selling an accessible seat, but they can ask customers to affirm their need for an accessible seat.

• Accessible seats cannot be released for general purchase unless the rest of the section, price range, or venue is sold out.

Restaurants
Restaurants are subject to these requirements, among others, with certain exceptions in older buildings:

• Five percent of all eating surfaces in a restaurant must be accessible, and they must be dispersed throughout. For example, if a restaurant has a bar, a dining room, and outdoor seating, it must offer accessible seating in all three areas.

• Restaurants must provide a path at least 36 inches wide to reach the accessible seating.

• To accommodate wheelchair users, accessible restaurant tables must have at least 27 inches of clearance underneath and must be between 28 and 34 inches high.

For more information, visit www.ADA.gov.
How Has WHI Changed Your Health Habits?

Four women reflect on how being a study participant has affected their choices

Alva Bustamante Torres, age 84

Alva Bustamante Torres of Tucson, Arizona, is unequivocal about the benefits of WHI for her health and her family’s health: “It changed our lives,” she says.

Torres learned two crucial things when she enrolled at age 57. “Right away, they found out I had osteoporosis, which I would never have guessed at that age,” she says. And by keeping a food diary, she learned that her diet was high in fat. Born in Tucson, she was raised on the food of her Mexican heritage, which included lard.

“I knew that if I could educate myself, I could educate my children and grandchildren,” she says. She changed her diet, began taking extra vitamins, and started exercising regularly. In recent years, she switched from riding a bicycle to using a stationary bike, which she keeps in her kitchen. “That way, it makes me get on it—more than if I had it in another room,” she says. Her great-grandchildren also use it when they visit.

In 2016, Torres had a bad fall—she tumbled off a porch, breaking her pelvis. But she says her recovery has been remarkably fast. “I really feel that if I had not been doing all these things that began with the Women’s Health Initiative, I wouldn’t be in as good health now,” she says.

Her experience with the WHI even led her to write a small cookbook on healthy Mexican cuisine, which she gives out for free, asking only that people make a donation to a food bank or other organization that feeds the hungry. “All of this came out of the Women’s Health Initiative,” she says.

Torres says she has no ongoing health problems besides a sun allergy. She has never smoked, and she drinks a small amount of red wine with dinner or eats a square of dark chocolate each day.

“I owe my longevity and good health to the Women’s Health Initiative,” she says. “It helped the entire family.”

Beth Silvercloud-Severance, age 79

Beth Silvercloud-Severance enrolled in the WHI in 1998, after reading about how much medical research—including breast cancer research—was done on men. “And then I heard that the funding had come through for studies on women,” she said. “And I thought: that makes good sense; I want to be part of that.”

Her participation in the study began around the same time as her interest in natural medicine, which has led her to take a number of herbal supplements, vitamins, and amino acids—and to gradually get off all prescription medications, including medication for Raynaud’s disease.

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She wants to avoid putting strain on her liver and kidneys and to keep her organs healthy so she can be an organ donor one day. “I was determined that when I don’t need my organs anymore, they’ll be passed on to someone who needs healthy ones,” she says.

Silvercloud-Severance is currently in the Life and Longevity After Cancer (LILAC) study, having had colon cancer. She has been in remission since 2004. She lives in Georgia and has three children and six grandchildren.

She is one-quarter Native American, with Cherokee and Chickasaw heritage, and she hopes that Native American women can be better represented in medical research, given the health issues that many of them face.

“I just think it’s wonderful that women’s health and the things that are likely to affect women’s health have actually now been codified and studied and researched and can become basic information that can be harvested,” she says. “The value of the Women’s Health Initiative has been recognized by funding sources again and again. And I applaud that—because that doesn’t always happen.”

Ann Tyler, age 81
Ann Tyler of Pittsfield, Massachusetts, says that her participation in WHI has led to better eating habits and overall health, as well as greater awareness of preventive measures because of the required checkups and tests. She enrolled in 1998 and has participated in the randomized hormone therapy, dietary modification, and calcium/vitamin D studies and is currently in the COcoa Supplement and Multivitamins Outcomes Study (COSMOS).

“I feel that these studies are very important to find the impact on women’s lives of various treatments,” she says.

Tyler was diagnosed as pre-diabetic about two years ago. “I was able to bring my blood sugar under control by changing my diet and losing weight. I don’t diet, I just eat properly,” she says. She has lost about 60 pounds. She says that the only prescription medication she takes is for high blood pressure.

Tyler spent 36 years working for General Electric and had a second career as a tax advisor with an accounting firm. She has lived in the same home for 60 years and now spends winters in Florida. She has two children, five grandchildren, and 18 great-grandchildren.
Mary Jo Alexander, age 83

Mary Jo Alexander of Newton Center, Massachusetts, recalls her motivation to join the WHI study in 1993. “I was hearing about how clinical trials were mostly done with men, and this study was focusing on women,” she says. Her participation in the dietary modification study changed her eating habits for the better. After being diagnosed with lymphoma 12 years ago, Alexander lost weight and had to focus on gaining it back. What she learned through WHI helped her in that effort, she says. She is still undergoing chemotherapy, but her appetite has improved and she is exercising again. She is now enrolled in the Life and Longevity After Cancer (LILAC) study. A clinical social worker, Alexander still sees several patients in her private practice. “It keeps my mind on something else,” she explains. Despite lingering fatigue and a slow recovery from a hip replacement nearly two years ago, “I’m still here,” she says. About the WHI study, she adds, “We found out something. It was an important thing to do, and it’s something I’m glad I participated in.” Alexander has six children, all of them working in service professions, and 12 grandchildren.

Legacy pendants

The positive response to WHI’s 20th Anniversary token sent to participants in 2014 included requests to re-create it in gold. In response, we have produced a sterling silver and a 22-karat gold plated Legacy pendant that are available for sale on the WHI website (www.whi.org/participants).

Order yours today!

“[participation in WHI] was an important thing to do, and it’s something I’m glad I participated in.”
— Mary Jo Alexander

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.
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.

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