Thank you to participants of the Women's Health Initiative for your continued support of this important study!

WHI Today

Recruitment of women to join WHI continues. We started asking women to join the study in the fall of 1993 and will continue to recruit participants for the next few years. If you have any friends or relatives who may be interested in joining WHI, have them call our toll-free recruitment number, 1-800-54-WOMEN. By calling this number, they will be put in touch with a Clinical Center in their area. There are over 40 WHI sites across the U.S., so there may be a center near them. This is an important national study on the health of all women, so the more women who join, the more we can learn about women's health.

We recently began inviting women to join the Calcium and Vitamin D program. If you are in either the Dietary or Hormone programs, you may be asked to join the Calcium and Vitamin D program during your first annual visit. The purpose of this program is to see if taking calcium and vitamin D daily reduces the risk of bone fractures and cancers of the colon and rectum. Joining this program does not increase the number of years you spend in the WHI study. We hope you'll consider joining this important program.

Those of you in either the Dietary or Hormone programs will soon be or already have been attending follow-up visits at your Clinical Center. During the visits you fill out health forms and have several health checks. Those of you in the Observational Study will be

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WHI Today
Continued from cover

asked to come to your Clinical Center for a
follow-up visit three years after your enrollment,
in addition to completing the health forms
mailed to you each year. It is very important for
all women to complete their forms and attend
their visits. That way, we can keep up-to-date
health information in your files and make sure
that the study continues to be safe for you.
During your follow-up visits, if the tests we
do show that something is wrong, we'll let you
know right away. If necessary, you will be
referred to your own health care provider. If you
miss a follow-up visit, don't worry: we still want
you to stay in the study. But if you do miss a
visit, call your Clinical Center to re-schedule.
It is very important for all women to stay in the
study as long as they are able. Remember - you
are part of the answer and no one can take your
place!
We hope you enjoy your newsletter! To make
sure that you continue to receive the newsletter
each year, please be sure to contact your Clinical
Center if your address or phone number
changes.

A Word From the National Institutes of Health (NIH)

Greetings from the
National Institutes of
Health! We are
pleased that you
support the need for
research on some of the
most important health
issues facing post-
menopausal women.
There has been a huge
response from women
cross the country
wanting to join the
Women's Health Initia-
tive (WHI). Our first 16
Clinical Centers began
recruiting women in late
1993 and 24 new
Clinical Centers opened in early 1995. We expect
all clinics to reach their recruitment goals by early
1998. We are confident that by 1998, over
160,000 women will have joined WHI.
In addition to the many enthusiastic
women who are already a part of WHI, we
are looking for more women to join all parts
of the study, including the Hormone
Program, the Dietary Program, and the
Observational Study. I call upon you, as a
WHI participant, to tell other women about
the value of this study and to encourage them
to join WHI. Be sure to tell your friends
about the important contributions made by
special women like you, who choose to "be
part of the answer."
As women, we should be very proud that
this study on women's health is finally being
done. Although WHI cannot study every
aspect of women's health, it will look at some
of the major health issues for women, such as
coronary heart disease, cancer of the breast
and colon, and osteoporosis.
So, I invite you to encourage your friends
and relatives to join WHI, so that our daugh-
ters and granddaughters can benefit from
what we learn. LET'S ALL TAKE THE
INITIATIVE!

Loretta P. Finnegon, M.D.
Director, Women's Health Initiative
National Institutes of Health
Teacher Gives WHI an A+

Janet Dooley is certainly not a bored retiree with time on her hands. Instead, this energetic Fairfield, Iowa resident keeps busy with multiple volunteer projects, near and distant grandchildren, and participation in WHI.

Jane joined WHI in 1994, thinking it might be informative: "I had just retired from teaching 25 years in a grade school, and this was going to be a new adventure," she recalls. "Iowa City [site of the WHI Clinical Center] is about 60 miles away, and it's a very nice place to go from a smaller town of 10,000." So she attended an informational meeting and decided to join: "The nurse was so interesting and enthusiastic about the program that I thought, 'If I were able to do this, this sounds great!'"

Seeking learning opportunities may stem from Jane's career as a teacher. Over the years, she taught hundreds of young children, mainly second-graders, and says she loved them all. As part of a small community, she's been able to keep up with most of her former pupils, too. "I have a scrapbook," she explained, "and when these children graduate from high school, I take a picture and put it beside the one that I have of them when they were in my class. Every once in a while, I will see one, and their children, too."

"Mrs. Dooley" was so revered by her students and fellow teachers that she was once chosen as "Teacher of the Year" for Fairfield.

Her love of children is shared by her husband of 39 years, Dwain, who retired recently after serving as a principal for 38 years. Together, they raised three daughters and now enjoy their eight grandchildren. Despite living in three different time zones, the family reunites at the Dooley home every December and July.

The July gathering of the Dooley clan led Jane to enter and win a recipe contest for Midwest Living magazine in 1993. The magazine was seeking favorite picnic spots and recipes from its readers. Jane wrote to the journal and described the typical menu and historical town where four generations of her family meet for a reunion each summer. To Jane's delight, the picnic site tip and recipe awarded her a spot in the "Perfect Picnics" article.

When she's not busy visiting with her family, reading, or fishing at a nearby lake with Dwain, Jane continues her involvement with children as a volunteer. Through her church, she tutors young students after school. She has also served as a "Rochie Reader," which connects retirees with school children in a one-on-one reading program.

Of her WHI Dietary program experience, Jane says, "I really am very sold on the program."

The staff members are so understanding and interested in each person. I feel like we are individuals there [at the Clinical Center], not just a group. It's been a very, very positive experience."

She added, "We all have a lifetime of learning, and I've learned a lot." Spoken like a true teacher!
WHI May Be a Lifesaver!

When Margaret Dugas first walked into her WHI clinic, she had no idea she would walk out with lifesaving information. During her screening visit in 1993, the clinic nurse found trouble: "They took my blood pressure and told me I was a good candidate for a stroke because my blood pressure was very high. I didn't know anything about it."

The nurse then called Margaret's doctor and made a follow-up appointment for her. "She said if my blood pressure was brought down, I could come into the program," recalls Margaret.

Determined to join WHI and regain control of her health, Margaret followed her doctor's advice and spent the next two months watching what she ate, exercising, and taking a daily water pill. When she returned to her doctor, the physician measured her blood pressure and said, "I have to take this blood pressure again; I just don't believe it! It was up to 200, and now it's 120 over 80, just like a teenager!"Triumphant and in better health, Margaret joined the WHI Dietary program at Brigham and Women's Hospital in Boston in April 1994.

Margaret feels a lot of pride in being part of WHI. She recently heard a news story about WHI, and says, "It made me feel important! One of my sons was visiting and he said, 'Oh, Ma—that's the program that you're on!' He was all excited over it. You have to start thinking about your health, and your children's health, and your grandchildren's health. This is helping the new generation."

Margaret lives in Norton, Massachusetts, near Boston. Fifty-four years of marriage has produced five children, 10 grandchildren, and three great-grandchildren, most of whom also live in Massachusetts. Margaret worked as a nurse in local hospitals for many years and retired 13 years ago. Her husband passed away in 1991.

A Boston native, Margaret remembers the events and changes that have shaped the city for many years. She recalls the Barnum and Bailey Circus coming to town and setting up their huge tent in a field, now the site of Northeastern University. She often went to that same field for picnics with her family. During the Depression, she also enjoyed a weekly tour of the Museum of Fine Arts; for a dime, the children saw the museum, received an art lesson, and had refreshments. Her favorite part was viewing the mummies in the basement, for whom the children had made up pet names. Margaret feels lucky to have grown up in a culturally rich city like Boston during the Depression; for instance, she was able to take classical piano lessons for 25 cents at the New England Conservatory of Music.

These days, Margaret's more likely to be doing the "Achy Breaky" than playing Bach. Her exercise program of country line dancing has become her hobby. She took lessons and now dances three times a week, often with one of her daughters. Her enthusiasm for line dancing led her to join dance marathons for the Muscular Dystrophy Association at a local salon for the past two years. At the first marathon, the organizers expected Margaret, at 74 years old, to dance for only a few hours. "Everyone thought I was going to be one of the first ones to drop out because I was old, but when the first four hours were done, I said, 'Oh, I can do a couple more hours.'" Instead, she danced for the entire 12 hours of the marathon! Although she was tired afterwards, she felt proud of her accomplishment.

Still kicking up her heels at 75, Margaret says, "I don't think life begins at 50. I believe it begins at 74, when I first joined [WHI]. I've done one year now and I have 11 more years to go. I have to take care of myself. I made that commitment."
Going the Distance for WHI

Marathons were out of the question when WHI participant Mary Young started running 16 years ago. After one lap around the track, she was out of breath and her side hurt. "It was very difficult," she recalls. "Two laps was really a killer. When people talked about running one or two miles, I used to think, 'Wow!' Now people say that about Mary: at age 61, she runs daily and regularly competes in 26-mile marathons.

Recently, Mary was selected as one of the "community heroes" for Sacramento, California, to carry the Olympic torch in preparation for the Summer Olympic Games in Atlanta.

Besides the triumphant moments of being in the spotlight or crossing the finish line, Mary sees many bonuses to being active. Her mother is 95 years old, and her father was 96 when he died. "At 61, I'm looking at 35 more years, and I want quality years," she explains. "It's all in your mind how you perceive life and quality of life. When I exercise, I feel better and look at life differently." Running also helps her relax. "I don't have the high stress that a lot of people have," she says.

WHI has been part of Mary's life since 1993, when she joined the Hormone program. She recently joined the Calcium and Vitamin D part of the study, too. Mary hopes that WHI will provide answers for her daughter and future generations. "Through the study, if it may be something as simple as a special diet," she says, "let's find out about it. If it's a matter of taking your calcium and vitamin D, let's find out about it.

Mary lives in Antelope, California (near Sacramento), where she works as an administrative assistant at a cable TV company. She also attends night school and is working toward a degree in gerontology. When she's not working, exercising, or studying, Mary enjoys doing repairs on her home and gardening. She also belongs to a 50+ fitness association and is working to start a Sacramento chapter. Despite her full schedule, she prioritizes her involvement in WHI. "You have to make the time," Mary stresses. "I'm working full-time, I'm going to school at night, and yet, when I have an appointment, I am there. You have to make a commitment."

In 1994, Mary's three children sent her to Europe for her 60th birthday. She scheduled her trip for the same time as the Berlin Marathon. In addition to running the race with her daughter, Sherri, she toured Germany and Austria. She also ran marathons last year in San Francisco, Portland, and the California International in Sacramento; in fact, she placed second for her division in the San Francisco competition. "I think everyone should have a dream and a goal, and then go for it," she explains, as she plans her next marathon in Hawaii.

Working with senior citizens is another of Mary's goals. Once she finishes her gerontology degree, she hopes to find work as an activities coordinator for seniors. "I want to be there with them," she states. "I know many times they are discouraged because they feel the children aren't there, but you have to make a life of your own. Make friends and stay healthy."

Tying her own advice, Mary is particularly inspired by a fellow runner who is 88 years old and is still running marathons. "These are the women that I look up to," she says. "This woman is 27 years older than I am and she is still out there. It is possible."

Proving that attitude, goals, and determination are keys to longevity and happiness, Mary Young lives up to her name.
Put Your Best Foot Forward

As women, the deck is stacked against our feet: our shoes, childbearing, and aging all play a role in foot problems. According to an American Academy of Orthopedic Surgeons' report, more than 80% of all foot operations are performed on women. Furthermore, women account for 90% of all procedures to correct chronic conditions like corns.

The number one reason for foot problems sits in our closets. A man's shoe is basically a rectangle, just like the human foot. But most women's shoes have toe areas that are triangular. High heels, of course, are the worst offenders. Depending on the height of the heel, they can double the amount of pressure on the ball of the foot and shove the toes into an uncomfortable V-shaped wedge. Female feet are not just smaller than male feet; there are differences in the way they are built and function. Women's feet need shoes that are firmer in the heel and more supportive in the arch.

In addition, many women's shoes are just too tight. One study found that most women with significant foot pain wear shoes that are a full two sizes too narrow. As we age, our feet become flatter, longer, and wider in a process called "splaying" because the ligaments that hold the bones of our feet in place lose tone with age. Pregnancy can make this happen earlier and be more severe. Splaying can cause our shoe size to increase by one or two sizes as we get older.

Unfortunately, many people continue to wear the same size they've always worn, which can cause foot ailments.

Four out of five Americans over age 50 suffer from at least one foot problem, says the American Orthopedic Foot and Ankle Society. Aging causes wear on the fat pads on the balls of our feet, which cushion our steps and absorb shock. Just like the padding of a carpet, years of use make our fat pads thinner and lead to problems. Another common concern is loss of moisture in the skin of the feet, which often occurs after age 30. This results in itchy feet, often leading to fungal infections.

GETTING FURTHER

- Wear athletic or walking shoes whenever you're on your feet.
- When you need to dress up, try a pair of "walking pumps." They have wider toe room, cushioned insoles.
- Pick shoes by feel, not by size. Your feet have probably expanded since you last wore them.
- Try new shoes on late in the day and while standing and swell during the day. Shoes should be comfortable "in period" for shoes.
- Wear socks that allow your toes to move. Pantyhose are painful as tight shoes.
- Keep your feet clean and well ventilated. If you have infections.
- To prevent ingrown toenails, clip your nails straight across.
- Exercise your feet. A regular walk will increase blood flow running your feet over a golf or tennis ball.
- Pamper your peds. Put lotion on dry skin, but no massage.
FIGHT THE FUNGUS

Athlete’s foot fungus thrives in warm, moist areas like shoes, and leaves feet scaly, itchy and reddened. To fight it:

- Buy over-the-counter medicine for foot fungus. Lotions are better than creams, since creams can trap moisture.
- When you take off your socks, rub one up and down between each toe to dry them.
- If your feet sweat a lot, you can roll some antiperspirant on your feet after showering.
- Swap shoes often. Shoes are full of moisture and need at least a day’s rest to dry out. Also, spray them with a disinfectant (like Lysol®) at the end of the day.
- Sprinkle some baking soda on your feet daily to absorb excess moisture. If you use a foot powder, don’t use one with cornstarch, which can make a fungus worse.

CORNs AND CALLUSES

Corns are lumps of dead skin that build up on the bony areas of your feet, such as toes. Calluses are basically corns on non-bony places, like the soles of your feet. Both are caused by friction, usually by wearing too-tight shoes. To avoid them:

- Wear shoes with enough room so your feet won’t rub against the footwear.
- Use lotion daily on your feet to keep skin soft.

If you have corns or calluses:

- Rub the area gently with an emery board or pumice stone.
- Do not use unprescribed medicines or sharp instruments on corns and calluses.

ARE YOUR SHOES TOO SMALL?

- Stand barefoot on a piece of paper and trace the outline of your foot ... place your shoe next to the outline and compare the two. Look for: A shoe that’s larger than the widest part of your foot ... a toe box large enough to give your toes “wiggle room” ... 3/8-inch to 1/2-inch space between the tip of the shoe and your longest toe ... a snug fit around the heel.

To receive free information on foot health conditions and concerns, such as arthritis, diabetes, footwear, nail problems, and others, call the American Podiatric Medical Association at: 1-800-FOOTCARE
Hear Ye, Hear Ye

Do you ever miss the punch line of a joke, not because you didn’t understand it, but because you didn’t hear it? Is it hard for you to hear how words like tan, fan, and pan sound different? Do you often strain to hear conversations, either on the phone or in a crowded room or restaurant? Do you find yourself nodding in answer to a question, unsure of what was asked, but not wanting to admit it? Incidents like these could mean you have some loss of hearing.

It’s hard to admit a hearing loss. But it is important to face the truth if you suspect a problem. Hearing problems don’t go away by themselves, and they can get worse. Hearing loss can make you appear confused, unresponsive, or uncooperative. When, in fact, you just didn’t hear what someone said, or didn’t hear it clearly.

Most hearing loss happens naturally as people grow older. By the age of 65, three out of five people have some degree of hearing impairment. Because it occurs slowly, many people don’t realize they have a hearing loss. They think they can still hear people speaking, but they can’t understand all of the words. That’s because hearing losses are often greatest in the high frequencies. Some consonant sounds, like sh, ch, t, f, h, and s are in this range, and if you miss them, words won’t make sense and conversations can be frustrating.

Physical conditions such as infections, heart conditions, high blood pressure, head injuries, and tumors can all have an impact on your hearing. Long exposure to loud noises can also injure your hearing. Even too much ear wax can make it hard to hear.

A simple hearing test you can do yourself is to rub your thumb and forefinger together about six to eight inches from your ear. If you don’t hear a scratching noise, you may have hearing loss. Other signs that you should have your hearing checked include:

- Needing to turn up the volume of the television or radio to the point that others complain
- Straining to hear conversations
- Having trouble understanding other people
- Finding that the effort to hear makes you irritated and tired
- Experiencing ear infections, ringing in the ears, or dizziness

If you experience some signs of hearing loss, see your doctor. He or she will give you a complete ear exam to find out how serious the problem is. There may be an easy way to fix it, such as flushing the ear canal to remove wax.

If you need a hearing aid, make sure your hearing aid specialist will work with you over several visits. A good specialist will teach you how to wear, maintain, and adjust your hearing aid, and will be available in the years to come if you need additional service. Before you buy, find out exactly what is included in the total purchase price. Ask if there is a minimum 30-day trial to wear the hearing aid and a one-year electronics warranty. Also, determine how much money will be refunded if you need to return the hearing aid.

For people with hearing loss too severe to be helped by standard hearing aids, cochlear implants are available. The implants use a microphone worn behind the ear, a calculator-sized processor that can be worn on a belt, a receiver surgically implanted in the ear, and electrical contacts that run through the innermost part of the ear. Cochlear implants are
approved for deaf people whose auditory nerve is still intact, and for those who understand less than 30% of speech with hearing aids. Most implant users have some hearing improvement. There is a risk, however: it fails in about 2% of cases, and these patients lose any natural hearing they may have had prior to the operation.

The average person waits five to seven years after first noticing a hearing problem to seek help for it. Those can be years of unnecessary isolation and frustration, because the earlier you seek help, the sooner you can be treated.

To your health!

TYPES OF HEARING AID MODELS

1) Behind-the-ear model
   In this type, the microphone, speaker, and amplifier are in a curved case that fits behind the ear. A short plastic tube conducts sound from the case to an ear piece inside the ear. This model offers several advantages: the batteries last a long time, they have room for powerful circuitry, and they provide better sound quality.

2) In-the-ear model
   These are custom-molded to fit the shape of your ear. All the components are in a case that fits directly in the ear. The aid itself, the volume control, and the battery compartment are all quite small.

3) In-the-canal model ("canal aids")
   This type fits entirely within the ear canal, and is barely visible from the outside. This is a cosmetic advantage, but there are some drawbacks. They are too weak for people with a severe hearing loss. Also, it takes good manual dexterity to reach the controls and change the battery.
For Your Health

✓ Count your moles to check your risk of malignant melanoma, the most dangerous form of skin cancer. If you have six or more large moles one-fifth of an inch (the size of a pencil eraser) or larger, you may be at increased risk. The moles can be flat or raised, dark or flesh-colored. For hard-to-see areas like your back, ask someone to count the moles for you. Any mole that changes size, texture, or color, or that itches, bleeds, or feels should be checked by a doctor.

✓ Drink the leftover milk from your breakfast cereal. A large amount of the vitamins added to your cereal ends up in the milk, so it’s very nutritious.

✓ The number of Americans 65 and older grew 22% in the 1990s, more than double the growth of the nation as a whole. This is largely as a result of medical and public-health advances. As a result, more and more families are made up of multi-generations, according to the latest Census Bureau report. More children will grow up with the support of older relatives, and more people in their 60s—the ‘young elderly’—will be called upon to care for their 80- and 90-year-old parents.

✓ If you have hay fever and the pollen count is high, wash your hair after spending a long time outside. This will rid pollen and may help prevent a urticarial or angioedema attack caused by pollen that falls from your hair onto your pillow. Also, don’t let pets into your bedroom if they have been outdoors.

✓ If you have a cold, along with a fever and muscle aches, take Ibuprofen (generic is fine) and, if you wish, a simple decongestant for nasal congestion. Don’t take aspirin or acetaminophen, since these may increase nasal stuffiness.

✓ Don’t take leftover antibiotics for a cold or the flu. Many people incorrectly think that antibiotics can kill viruses. Penicillin and most other antibiotics work only on bacterial infections, such as strep throat, not against viral infections like colds and the flu. Take antibiotics only when your doctor prescribes them. Take them for the full length of time recommended so that you don’t have any left over. Don’t keep any leftovers for future use. Widespread usage of antibiotics contributes to the development of drug-resistant bacteria.

✓ Everyone should receive a tetanus booster shot every 10 years. The protection from the tetanus antibodies in a shot decreases with time and age. Only about 60% of the antibodies remain in people over 70 who were given shots when they were younger.

✓ Thirst may decrease with age, yet drinking enough fluids daily (about 64 ounces) is even more important as you get older. Water helps regulate body temperature. Because of a decrease in sweating and other temperature-regulating responses, older persons are at risk for hypothermia and dehydration.

✓ If you often have heartburn at night, try raising the head of your bed by at least six inches: wooden blocks or phone books work well. This may stop the most common cause of heartburn, the back-up of stomach acid into the lower esophagus.

✓ When you change your clocks in the spring and fall, make sure you change the batteries in your smoke detectors at the same time. Don’t rely on the beep of a smoke detector to alert you to a low battery. You may be away from home at the time and miss the signal.

✓ Always ask your doctor or pharmacist whether medicine (prescription or over-the-counter) should be taken with food or on an empty stomach. This can affect the drug’s absorption significantly. Some drugs interfere with nutrient absorption, so if you take vitamins/mineral supplements, ask if it’s okay to take them at the same time as your medicine.

✓ The trouble with vacations is they eventually end. To ease the letdowns: before your vacation, plan a special event for the week you return. Make it something you can look forward to. Leave your job and home in order. After a trip, arrive home 24 hours before you must return to your normal routine. Unpack, make calls, read your mail, and ease back into everyday life.
Long-Distance Love

Grandparents are more important than ever. In an age of double incomes and divorce, grandparents and other relatives can provide reassuring stability for a child. Even great distance need not stop grandparents (or aunts or uncles) from being a regular presence in the life of a child they love.

Relationships from afar take creativity and commitment. These ideas can help you get started:

- Become pen pals. In addition to standard letters, exchange a questionnaire about your favorite things (foods, TV shows, colors). Share childhood stories: tell how holidays were celebrated or what school was like when you were young. Tuck in stickers, a piece of gum, or a photo for a surprise.
- Send tape-recorded messages or songs so your grandchild is familiar with your voice. Create your own "read-along" book by buying a book for your grandchild, and record yourself reading it.
- Go beyond birthdays and holidays by acknowledging special happenings in the child's everyday life, from preschool graduation or getting braces removed, to learning how to swim.
- Ask the parents to send you copies of the child's school activity calendar or team schedule. Follow these activities when phoning, such as tracking the youngster's soccer season and recording updates in a notebook.
- Send a sachet of your perfume to set by your picture so they recognize your scent.
- Consider getting a personal 800 number; it's bound to boost your calls from the grandchildren. Or, set up an electronic mail account on your home computer. Day-to-day correspondence will be easier and faster.
- Play chess or do a crossword puzzle together through the mail.
- Videotape events in your life—a golf match or dinner party, for example. Young children would delight in a videotape of you singing silly songs, along with hand motions.
- Clip comic strips that make you laugh, or articles you find interesting, and pass these along to your grandchild.

While long-distance relationships take special effort, the rewards are wonderful. Your deeds will earn you a special place in your grandchildren's lives and memories.

Letters
We'd love to hear from you, so please let us know if you have any questions, suggestions, or ideas. Send a letter to:

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Address Correction Requested

Spred the Word

WII continues to recruit study participants. Those eligible are women 50-79 who are postmenopausal. If you know someone who might be interested, have them call 1-800-54-WOMEN to be put in touch with their local Clinical Center.

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