To Use or Not to Use?
WHI Weighs In On Hormone Question with Early Study Results

Women and doctors around the world were surprised in July 2002 when the Women's Health Initiative revealed that estrogen plus progestin hormone treatment — long believed to help postmenopausal women maintain good health — actually increases the risk for several serious diseases.

In the face of history-making results for one part of the study, WHI women have remained committed to stay involved in this significant clinical trial. Many participants have commented on how wonderful it is to be a part of something so big and important. When asked how she felt about her participation in the Hormone Program, New York Clinical Center participant Peggy Murphy said, “I feel I am a part of history.” Participant Jeanne Gaumont from the Worcester clinic shared, “My daughter called me and thanked me for being a part of the study, for doing it for her and her friends.”

“We're finally getting answers now, but not the answers we expected,” says Dr. Annlouise Assaf, principal investigator for the Pawtucket, Rhode Island, WHI Clinical Center. Past studies led health care professionals to believe that the combination of these hormones helped cardiovascular health, but that conclusion was based on observational studies. Because such studies can't pinpoint cause and effect with certainty, it was impossible to know whether

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hormones made women healthier, or if healthy women were more likely to take hormones. It is estimated that about 6 million American women take estrogen plus progestin.

WHI represents the search for clear answers. Half of the 16,608 participants (women with a uterus when they joined WHI) in the estrogen plus progestin part of the Hormone Program were randomly assigned to take the hormone combination; the other half took a placebo. This part of the study was supposed to continue from 1993 through 2005, but these participants were asked to stop taking their pills three years early. The reason? The WHI Data and Safety Monitoring Board (DSMB) had become increasingly certain that women on combined estrogen-progestin were at a greater risk for heart attacks, strokes, blood clots and breast cancer. On the benefits side, fewer women taking these hormones had colorectal cancer and hip fractures.

These results made headlines around the world. In the U.S., Time and Newsweek magazines both ran cover stories about hormone use. Nearly every newspaper across our nation covered WHI’s first major study results. “Good Morning America” and “The Today Show” featured the news, along with advice for hormone users. Countless other publications and news programs pointed out the importance of these findings.

These are exciting times for women’s health — made possible by every WHI participant’s determination to provide accurate information and help get answers for future generations of women. Even though women in the estrogen plus progestin study were asked to stop taking their study pills, their ongoing participation is very important. We need to learn more about how women’s risk for disease changes after stopping this hormone combination.

For women in other parts of WHI, everything continues as before. Participants in the estrogen alone study have shown no increased risk of breast cancer at this time. The Dietary Program continues to look at whether a low-fat eating pattern, high in fruits, vegetables, and grains, will decrease breast cancer, colorectal cancer, and heart disease. The Calcium/Vitamin D Program is looking at the role of these supplements on reducing bone fractures and colorectal cancer. And the huge Observational Study continues to track lifestyle factors, such as exercise, smoking, and social support, to see what effect they may have on women’s health. The Observational Study will also provide much-needed data on minority women, a group previously underrepresented in large clinical trials.

Eileen McIntyre, a participant in the estrogen alone study at the Pawtucket Clinical Center, heard the news about the estrogen plus progestin study. When she came in for a clinic visit, she was uncertain about continuing her own study pills. In the end, though, she said, “In thanks to all of these women, I want to continue. These women have left an invaluable legacy.” Every woman in WHI is leaving her mark on medical history. Thank you for continuing in these groundbreaking efforts!

To learn more about the scientific findings, refer to:


For more information about the estrogen plus progestin study and other aspects of WHI, visit the WHI website at www.whi.org and the National Heart, Lung, and Blood Institute website on the WHI at www.nhlbi.nih.gov/whi.
HI has come a long way in more than one sense. Nine years after the first participant joined, we now have less than three years to go! From a time when some scientists questioned the need for the study, we are now at a point where they look to WHI for answers to many of the important health questions facing women. The study has already recently provided invaluable information about the risks and benefits of the hormone combination, estrogen and progestin. WHI is one of the more important programs ever carried out by the National Institutes of Health and is a model for other large clinical trials.

For all of these reasons, I would like to thank you, the dedicated women of WHI. Many will benefit from your efforts, whether you are a Dietary participant, in the Hormone Study, in the Calcium and Vitamin D study, or in the Observational Study. Your participation, including your responses to WHI forms, are always important. We would like to remain in contact with every woman enrolled in any part of WHI, no matter what activities they’re currently involved with.

What does the future hold for WHI? Because WHI is a long-term study of women’s health, the next three years are extremely important. We will only have good information on the long-term effects of the study treatments or certain health habits if you stay with the program in the final stages. This is a time for continued strong efforts—for WHI staff and for you.

The information from the WHI is so valuable and has such potential to benefit women’s health that the WHI scientists have made a strong case to the National Heart, Lung, and Blood Institute that it should be continued for at least another five years beyond 2005, to 2010. Of course, this plan still has to be reviewed and funded. If the study is continued, we will ask you to keep providing information about your health since even longer term information is needed. However, we will not ask you to continue taking study pills or changing your eating habits. Together we will learn more valuable information about women’s health.

It continues to be a privilege and a pleasure to work with you and the WHI scientists and staff. Everyone’s effort and enthusiasm has made this a great study! I look forward to our working together for many more years to come.

Yours in appreciation,

Jacques E. Rossouw, M.D.
Women’s Health Initiative Program Office
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Where Ovarian Cancer Screening is Really At

Following the publication of the article, “Searching For Clues in the Blood” (WHI Matters, 7A), several participants wrote about Internet articles or lab advertisements they had seen about CA-125 and other tests as already-proven methods for screening all women for ovarian cancer. Unfortunately, science isn’t as far along as some of these ads claim. This article will shed some light on what is actually known about CA-125. It is important to be able to evaluate the health information you see because it is not always of the same quality. Remember that solid scientific discoveries are often made through baby steps, not giant leaps, and what is shown in a small study may be disproven by larger, more thorough and valid testing.

CA-125 is a blood test that has been documented to be helpful for monitoring ovarian cancer patients for evidence of return of cancer. For this reason, it is a test known by physicians and an increasing number of women. However, CA-125 has not yet been shown to be valuable for ovarian cancer screening. There are two randomized trials underway that are testing whether screening with CA-125 and transvaginal ultrasound for early detection reduces ovarian cancer deaths. The U.S.-based study, sponsored by the National Cancer Institute, is called the Prostate, Lung, Colorectal and Ovary (PLCO) trial. It has enrolled approximately 74,000 women. Half of these women were randomized (assigned by chance) to be screened annually with CA-125 and ultrasound; the other half receive their usual medical care. Women in both groups will be followed to see whether there are fewer ovarian cancer deaths in the screened group than in the usual care group. In the United Kingdom, a study is underway to test whether ultrasound alone or CA-125 plus ultrasound reduces ovarian cancer. This trial will enroll 200,000 women, of which 100,000 will be randomized to receive no screening and 50,000 will be randomized to each of the two screening groups. Both of these studies require long follow-up periods to see results; PLCO expects to have results in 2015. These studies will provide the highest quality evidence about the value of CA-125 and ultrasound screening for ovarian cancer. Before then, routine CA-125 screening of healthy, average-risk women will probably not be recommended. Note that, to date, no other blood tests or screening methods have been promising enough to justify large-scale testing.

Why are these studies necessary? First, neither CA-125 nor ultrasound has been shown to be accurate enough to justify routine screening of the general population. Both methods make errors—finding “cancer” when there is none (false positive) and missing cancers that are there (false negative). Both types of errors create problems, because of the risks and costs involved and the stress and worry of the women affected. Because ovarian cancer is quite rare (only about 45 out of every 100,000 postmenopausal women will be diagnosed each year), these errors tend to be important. Early research suggests that these screening methods lead to unnecessary surgeries (only one in 20 turns out to actually have cancer). This makes the false-positive rate unacceptable, because surgery is not risk-free.

Second, finding cancer early is valuable only if it actually increases the chance of survival. Lengthening the period of time in which a woman knows she has cancer, but not improving her chance of survival, tends to reduce quality of
life, not improve it. The only way we can tell whether early detection improves survival is through a randomized trial, comparing results for similar women who are either screened or not.

There are known problems with CA-125: the blood levels are elevated in only 85 percent of the women known to have ovarian cancer. Importantly, CA-125 is not elevated in about 50 percent of the women who are found to have cancers that are more curable. CA-125 is elevated in women who have some inflammatory conditions. Because of this “miss rate,” or false positive and negative rate, many researchers are looking for other biomarkers (substances in the blood) that may be more accurate. This is the research mentioned in the last article we published on ovarian cancer screening. The blood samples from WHI participants will help with this work on early detection for ovarian cancer.

The blood samples collected from WHI women will not be used to test every biomarker that gets mentioned in the scientific literature or in the media. WHI specimens are an incredibly valuable and unique, but limited, resource.

Many of the biomarkers identified turn out to be false leads and this can often be discovered with less precious specimens from other groups of women. WHI researchers have a plan for evaluating biomarkers so that only the most promising will be tested in WHI blood samples.

These studies certainly point to the need for continuing research in women’s health. Thank you for contributing to these studies through your participation in WHI.

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**Vital Signs**

**Detecting Diabetes**

Diabetes is a chronic disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to help the cells in our body change sugar, starches, and other foods into energy needed for daily life. The cause of diabetes is unknown and there is no cure. Both genetics and lifestyle factors appear to play roles in this disease.

There are two types of diabetes. Type 1, where the body does not make any insulin, is most common in children and young adults. People with Type 1 diabetes must take insulin daily to stay alive. Type 2, where the body cannot make enough insulin or properly use it, is more common (up to 95 percent of all cases).

There are almost 16 million people in the U.S. with diabetes. Unfortunately, over 5 million of those don’t know it, according to the American Diabetes Association. Over 8 million women are affected. While diabetes affects people of all ages and races, some groups have a higher risk of developing the disease than others: African Americans, Latinos, Native Americans, Asian-Americans, and Pacific Islanders, as well as older adults.

Often diabetes isn’t diagnosed right away because many of its symptoms seem so harmless. Recent studies indicate that early detection and treatment can decrease the chance of developing complications from diabetes.

Some common symptoms of diabetes are:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased tiredness
- Irritability
- Blurry vision

If you have one or more of these symptoms, see your health care provider right away.

Untreated diabetes can lead to serious health complications, such as eye problems or loss of vision, heart disease, foot injuries or infections, and kidney problems.
A Diagnosis of Breast Cancer

The issues of breast cancer are probably not unknown to you. You may already know someone who has had this disease. It may be your mother, or sister, or friend. You may have even had breast cancer yourself. There are two million women in the United States currently living with breast cancer. One in eight women will develop breast cancer sometime in their lives. With numbers like these, it is not surprising that breast cancer touches so many people all across America. These alarming statistics are one of the reasons the WHI Dietary Study was launched, to see whether a low-fat dietary pattern can reduce women's risk for developing this serious disease.

Even though you may have some experience with breast cancer, there are probably some aspects that remain a mystery. This article provides some facts about this mystery, including some of the ways that it is diagnosed and treated.

What is Breast Cancer?

Breast cancer is a malignant tumor that develops from the cells of the breast. The main components of the female breast are lobules (milk-producing glands), ducts (passages that connect the lobules and the nipple), and stroma (fatty tissue and ligaments surrounding the ducts and lobules, blood vessels, and lymphatic vessels). If breast cancer always stayed just in the breast, it would not be life-threatening. The problem is that the breast cancer cells spread into the nearby lymph vessels and blood vessels and travel to other parts of the body where they can multiply, grow, and interfere with critical organ functioning. This is why it is so important to detect breast cancer at a very early stage, before it has had the chance to spread elsewhere in the body.

How is Breast Cancer Diagnosed?

There are three main ways in which breast cancer is first found. One is through a mammogram, where cancers as small as the very tip of a pencil can be detected. This is the best way to detect breast cancer because when the cancer is this small, it is much more likely to be cured. A second way of detecting breast cancer is by a healthcare provider's examination. A third way breast cancer is found is when a woman finds a lump or notes some other change in her breast. This may be through a breast self-examination, or by chance.

Once an abnormality is found, a healthcare provider usually orders more tests to determine whether the abnormality is cancer or not. A mammogram is completed if one has not already been done. Sometimes an ultrasound or other tests may be done to better determine the characteristics of the lump or abnormality. If there is concern about the possibility of cancer following these tests, the doctor will remove a piece of tissue from the lump or abnormality in order to look at the individual cells under a microscope. This can be done with a small needle (called needle aspiration), with a large needle (called needle biopsy), or with a biopsy, where a surgeon makes a cut in the breast and removes the suspicious lump. A pathologist then looks at the cells under the microscope to determine if they are cancerous or not.

How is Breast Cancer Treated?

If the diagnosis is cancer, the doctor will determine how advanced the cancer is. This information is important in deciding on the best treat-
ment and is often gathered during surgery to remove the lump (lumpectomy) or the entire breast (mastectomy). The surgeon examines and removes lymph nodes near the breast, which are examined by the pathologist to see if the cancer has spread to them. To determine if the cancer has spread to other parts of the body, doctors do a variety of tests, including bone scans, CT scans, and X-rays. If the cancer is in the in situ stage (which means it hasn’t spread beyond the ducts or lobules where it began), then treatment may be simpler and the cancer is, in almost all cases, curable. If the cancer has spread to lymph nodes or further, then more aggressive treatment will be needed.

To help explain the size and location of the cancer, healthcare providers use five different labels to describe what “stage” the breast cancer is at:

**The Stages of Breast Cancer**

**In Situ Breast Cancer:**
- **Stage 0**
  Treatment of carcinoma in situ, which means the cancer is non-invasive and confined to the ducts and/or lobules, usually includes surgery to the breast, with or without radiation therapy. Hormonal therapy may be used, but not chemotherapy. The survival from ductal carcinoma in situ is excellent: almost 100 percent of women with this diagnosis are still alive five to ten years after their diagnosis. Clinical studies have shown that the drug tamoxifen may reduce risk of developing a new or recurring breast cancer in breast cancer survivors.

**Early Stage Breast Cancer:**
- **Stages 1 and 2**
  Stage 1 and 2 invasive breast cancers are generally considered “early stage.” In stage 1 breast cancer, the tumor is smaller than one inch and the cancer has not spread to the lymph nodes under the arm or other sites beyond the breast. In stage 2 breast cancer, the tumor is between 1 to 2 inches or it has spread to the lymph nodes under the arm.
  Patients with early stage breast cancer are usually treated first with mastectomy or lumpectomy, plus radiation. The surgeon will commonly remove some of the underarm lymph nodes to determine if the breast cancer has spread. Most doctors recommend radiation therapy for women who have a lumpectomy. Patients may also be treated with chemotherapy or specific types of hormone therapies, depending on the characteristics of the cancer and the calculated risk of recurrence.

**Regional Stage Breast Cancer:**
- **Stage 3**
  Stage 3 breast cancer is a more advanced cancer and has not spread outside of the breast or surrounding tissues or lymph nodes. Patients with stage 3 breast cancer usually are treated with surgery followed by chemotherapy and radiation therapy. Other therapies may be added depending on the characteristics of the cancer.

**Metastatic Breast Cancer:**
- **Stage 4**
  With this stage of breast cancer, the tumor has spread to distant areas, such as the liver, lungs, bones, brain, or lymph nodes beyond the underarm. This type of breast cancer is generally considered incurable, although there is wide variation in the number of years for which patients may live with this disease. Physicians and researchers are optimistic that some women with stage 4 breast cancer may achieve long-term survival with new forms of treatment.

**What about Life after Breast Cancer?**
While the diagnosis and treatment of breast cancer is a very difficult thing for women to go through, more and more women with this disease are surviving and thriving. Many women find that making lifestyle changes helps them take charge of their health in general. These changes may include stress reduction, dietary changes, extra rest, and more self-care.

For many breast cancer patients and survivors, an exercise program during treatment can help increase energy and stamina and improve quality of life. If you or anyone you know has breast cancer and wants to learn more about exercise as a way to improve quality of life, there are several sources of information that can help. Team Survivor (www.teamsurvivor.org) is a

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A group of women cancer survivors at all levels of fitness who exercise together in many areas of the country. Many local YWCAs have programs for cancer survivors. Oncologists and cancer hospitals may also have information about resources in your area.

Parts of this article are adapted from "Breast Fitness: An Optimal Exercise and Health Plan for Reducing Your Risk of Breast Cancer" by Anne McTiernan, MD, PhD, Julie Gralow, MD, and Lisa Talbott. Dr. McTiernan is a WHI physician and investigator from the Fred Hutchinson Cancer Research Center.

Further Reading
There are many useful books about cancer and cancer treatment. Those listed below are just a few; you will find others at your library, in bookstores, and listed on the Internet. Be sure to take into account the qualifications of the authors when evaluating the information you find.

- American Cancer Society Booklets (1-800-ACS-2345 or www.cancer.org): Breast Cancer Dictionary (#4675), Breast Reconstruction after Mastectomy (#4630; Spanish #4637)
- Breast Cancer: A Handbook, Linda Brown Harris, Melomene Institute for Women's Health (651-842-1951 or www.melomene.org)

FOCUS ON FINDINGS

Obesity is an increasing epidemic in the United States, and its causes are not fully understood. In this ongoing column, we feature WHI research results. The focus in this issue is on a scientific paper written by JoAnn Manson, MD, DrPH, Principal Investigator at the Boston WHI Clinical Center, and other WHI scientists. Their findings were published in the Clinical Journal of Women's Health. The researchers looked at the role of ethnicity, socioeconomic status, and lifestyle factors (including diet and physical activity) in explaining differences in body weight among WHI participants. A total of 98,705 postmenopausal women aged 50 to 79 years were included in the analyses.

Body mass index (a measure of weight adjusted for height) was found to vary substantially across different groups of women. In every ethnic group (white, African American, Hispanic, Asian, and American Indian), women with lower levels of education and income tended to be heavier (more obese) than women with higher levels. Regardless of education and income, women were more likely to be obese if they had a high percentage of their calories from total or saturated fat, had a sedentary lifestyle (no regular exercise), or had four or more children.

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Letters
We'd love to hear feedback on the newsletter and your story ideas. We regret that we cannot answer questions about individual medical conditions. Published letters may be edited. Send a letter to:

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In summary, the frequency of obesity varied according to educational level, household income, ethnicity, and several lifestyle factors in this large population of postmenopausal women. Although lifestyle modifications could have a powerful impact on reducing obesity, further research is needed to reveal the underlying causes and to control this increasing epidemic.


The Power of Observation
Why the WHI Observational Study is So Important

If information is power, there’s a lot of strength building in WHI. That’s because the women in the largest part of the study—the Observational Study—have been doing an amazing job of completing questionnaires and clinic visits. In fact, the 93,676 Observational Study participants have completed over a half million forms to date! At this point, many women have already reached their eighth year in the study and over 94 percent are still actively completing forms. This is an outstanding accomplishment that every participant can be proud of. All of that information makes the Observational Study a powerful part of WHI, indeed. Never before have so many women, their health, habits, and life events, been tracked for so long.

While this part of the study doesn’t ask women to change or add anything like diet or medications, it is still extremely important. Part of the reason so many women’s health questions remain unanswered is the absence of consistent, long-term information from women going about their normal lives. This part of the study is looking at how many factors—such as exercise, occupations, caregiving responsibilities, sleep habits, and relationships—affect health.

If you’re an Observational Study participant, here’s what you can do to make your participation count:

- Keep up the great work completing and returning any WHI forms mailed to you.
- Notify your Clinical Center if you move or if your contact information changes.
- Sign medical release or other forms, if you’re asked to by your WHI clinic.
- Remind your proxy (the person you’ve asked to give WHI information about you) that he/she is your link to the study if you are unable to complete your health forms for any reason in the future.
- Be sure to attend your Year 6 clinic visit if you are a participant at a bone density site (Birmingham, Tucson/Phoenix, Pittsburgh).

Most importantly, never forget that you are an important part of finding answers to the many women’s health questions yet to be answered.
Historic and Present-Day Pioneers Attract Writer

When Houston WHI participant Beatrice Levin wanted to attend college in the 1920s, her mother responded, “A college education? God forbid!” Beatrice was the first woman in the history of her family to seek higher learning. Her own parents didn’t attend school beyond third grade. “They looked at me as if I were peculiar,” she recalls. “They said, ‘You’re going to get married anyway’ and the next sentence was, ‘You can wash diapers without it.’”

Her sights set beyond diapers, Beatrice began writing for publication in high school, where she edited a student literary magazine. She enrolled at what is now Rhode Island College. At the time, it was tuition-free. There she wrote several plays and contributed to the college newspaper. Eventually, she became the newspaper’s editor. After graduation, Beatrice worked for the “Encyclopedia Americana.” Later, she served in the Army, where she wrote a column, “The Soldier is a Gal.” Serving in the Army gave her the GI Bill, which led her to the University of Wisconsin, where she taught Freshman English, and earned her Master’s degree. Moreover, she met the man of her life, Franklyn Levin.

They were married in 1946, while they both pursued graduate degrees. Over the next six years, she had three sons. But there has always been more to Beatrice’s focus than her family. She began a career in the written word and spent 25 years teaching continuing education courses in creative writing. A prize-winning playwright, Beatrice has published short stories, 16 books, and more than 1,000 articles. At 82 years old, she’s still writing for four antique magazines and volunteers at three Houston museums, offering her public relations and writing skills. “I really feel that it keeps my mind alert,” she says of her busy pace.

Beatrice’s labor of love is “Women and Medicine,” recently published in its third edition. This grandmother of four has always been interested in medicine: “I think if I could have afforded it, I would have been a doctor.” Her curiosity and feminist philosophies led her to research pioneering women in healthcare. “I believe that the most significant change in the past century in health and medicine has been the role of women,” she explains.

“Women and Medicine” covers everything from early riots in medical schools when women tried to enroll, to the contributions of women in Civil War medicine and the fight for birth control. She includes biographies of accomplished leaders like Florence Nightingale and Elizabeth Blackwell, America’s first female doctor, and all the female geniuses who won the Nobel Prize in Medicine.

An adamant believer in equal opportunities for women, Beatrice eagerly joined the WHI Hormone Program. “I’m convinced that when you’ve looked at everything from the role of diet in determining a woman’s health to the role of

Women and Medicine (ISBN 0-8108-4238-6) is available at bookstores or through the publisher, Scarecrow Press (1-800-462-6420 or www.scarecrowpress.com).
hormones, you are actually encouraging women to live healthy lives,” she says. “WHI has enhanced my interest in my regular diet and exercise.”

Beatrice admits that getting to her clinic visits is sometimes difficult. “Traffic in Houston is horrendous,” she explains, “but I’m willing to do it because it has sharpened my discipline to do things I might not have done. At this point, I can swim a mile with ease and walk a mile or two, which I don’t think I could have done if it hadn’t been for this program.”

Beatrice believes women in the 21st century are living in remarkable times. “We are at an age when more and more discrimination is disappearing. Women may aim for anything they want—they can aim for the stars!”

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**FOR YOUR HEALTH**

- To increase your energy when you’re feeling tired, try eating a high-fiber snack, such as fruit, baby carrots or popcorn; the fiber prolongs the release of glucose into your blood stream to help maintain energy. Some more tips: Drink a large glass of water. Breathe slowly and deeply for a few minutes to promote calmness and oxygen flow. Splash cold water on your face.

- If you regularly drink three or more alcoholic drinks daily, you should talk with your doctor before using any over-the-counter pain relievers, including aspirin, acetaminophen (Tylenol), ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), or ketoprofen (Orudis). All of these medicines now carry this warning on their labels because of possible liver or kidney damage, as well as stomach irritation.

- To maintain good blood circulation to your feet and reduce the risk of ankle swelling, clots, or nerve compromise: put your feet up when you are sitting or lying down, stretch and move your legs and ankles if you’ve had to sit for a long while, walk, have a gentle foot massage, or take a warm foot bath.

- Before having surgery, set up a “recovery station” at home. Place the television remote control, radio, telephone, medicine, tissues, waste basket, and water pitcher and glass next to the spot where you will spend the most time while you recover.

- For minor burns, cool the burned area under cold running water for 15 minutes or cool it with cold compresses. Cooling the burn reduces swelling and ongoing damage by carrying heat away from the skin. Never put ice on a burn, as this can cause frostbite, further damaging your skin.

- If you frequently take over-the-counter antacids for stomach problems, be cautious. Overuse of antacids containing magnesium can cause diarrhea. Using too many calcium- or aluminum-based antacids can lead to constipation.

- Your blood pressure may be slightly higher—usually less than 5 mm Hg—in your dominant arm compared to your other arm. For example, if you’re right handed, your right arm is usually dominant and may have a slightly higher reading than your left arm. However, a difference of more than 10 mm Hg between your arms may be a sign of an underlying problem. Therefore, your doctor may recommend you do several alternate-arm blood pressure readings or will measure blood pressure in both arms at the same time.
Stay In Touch

Don’t forget to call your local Clinical Center if your address or phone number change!

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If you have questions, use the telephone number listed above to contact your Clinical Center.