



Women's Health Care Bibliography January 2004

1: Acta Obstet Gynecol Scand. 2004 Jan; 83(1): 103-7.

Dietary supplementation with l-arginine or placebo in women with pre-eclampsia.

Staff AC, Berge L, Haugen G, Lorentzen B, Mikkelsen B, Henriksen T.
Departments of Obstetrics and Gynecology, Ulleval University Hospital, The National Hospital, University of Oslo, Oslo and the Hospital of Ostfold, Fredrikstad, Norway.

BACKGROUND: To investigate the effect of dietary intake of the NO-donor l-arginine on the diastolic blood pressure in women with pre-eclampsia. **METHODS:** A randomized double-blind study was designed to compare the effect of l-arginine and placebo in pre-eclamptic women with gestational length ranging from 28+0 to 36+0 weeks. The women received orally 12 g of l-arginine or placebo daily for up to 5 days. The primary end-point was to identify a difference in diastolic blood pressure alteration between the two groups after 2 days of intervention. Secondary end-points included the interval from study start to delivery, the proportion of women delivered after 2, 5 or 10 days from treatment start and mean birth weight. **RESULTS:** There was no statistically significant alteration in diastolic blood pressure in the l-arginine group compared with the placebo group after 2 days of treatment ($p = 0.4$). No differences in the proportions of women delivered by day 2, 5 or 10 after study start, in the mean interval from study start to delivery, or in mean birth weight percentile were observed between the two groups. **CONCLUSIONS:** Oral l-arginine supplementation did not reduce mean diastolic blood pressure after 2 days of treatment compared with placebo in pre-eclamptic patients with gestational length varying from 28 to 36 weeks. Whether l-arginine treatment could be clinically beneficial for the mother or the fetus if started earlier in the disease process than for the women in our study remains to be seen.

PMID: 14678093 [PubMed - in process]

2: Acta Obstet Gynecol Scand. 2004 Jan; 83(1): 85-8.

The influence of body mass index on the prevalence of complications after vaginal and abdominal hysterectomy.

Rasmussen KL, Neumann G, Ljungstrom B, Hansen V, Lauszus FF.
Departments of Gynecology and Obstetrics, Herning Central Hospital, Silkeborg Central Hospital and Holstebro Central Hospital, Denmark.

AIM OF STUDY: To investigate the association between obesity and peri- or postoperative complications after hysterectomy for nonmalignant bleeding disorders. **MATERIAL AND METHODS:** Data from 444 vaginal hysterectomies and 503 abdominal hysterectomies indicated by benign bleeding disorders were drawn from a regional database. Data on peri- or postoperative complications and postoperative

stay were related to preoperative body mass index (BMI). RESULTS: Obesity was related to longer operation time for vaginal as well as abdominal hysterectomy and to large perioperative blood loss for vaginal hysterectomy only. No association was found between BMI and serious complications such as ileus, infection or hematomas except for a higher prevalence of wound hematoma after abdominal hysterectomy in underweight and normal weight patients. Neither was any association found between BMI and use of blood transfusion, reoperation or prolonged postoperative stay. CONCLUSION: Vaginal and abdominal hysterectomy have a significant risk of complications, but obese patients did not experience an increased risk of serious morbidity compared to normal weight women. Obesity per se is not a contraindication of vaginal or abdominal hysterectomy in otherwise healthy women. PMID: 14678090 [PubMed - in process]

3: Altern Ther Health Med. 2004 Jan-Feb; 10(1): 52-7.

Complementary and alternative medicine use by women after completion of allopathic treatment for breast cancer.

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CONTEXT: A growing number of women are being diagnosed and successfully treated for breast cancer. Therefore, many women are living with a history of breast cancer. The use of complementary and alternative therapies within this patient population has increased. OBJECTIVE: To determine post breast cancer treatment health behaviors with regard to use of complementary and alternative therapies. DESIGN: Survey participants were asked about their use of 15 complementary and alternative medicine (CAM) therapies. In order to determine the relative importance of the hypothesized predictor variables, standard logistic regression was performed with CAM use as the dependent variable. PARTICIPANTS: 551 women who had been diagnosed with breast cancer and were post treatment. INTERVENTION: Telephone Survey. RESULTS: Telephone interviews were conducted with 551 females in the Portland, Oregon, metropolitan area who had been diagnosed with breast cancer an average of 3.5 years earlier. Two-thirds (66%) of the women used at least one CAM therapy during the previous 12 months, and the majority of them perceived that their CAM use was without the recommendation of their doctor. Relaxation/meditation, herbs, spiritual healing, and megavitamins were used most often. Significant predictors of CAM use included younger age, higher education, and private insurance. The majority of the CAM therapies were perceived by their users to be at least "moderately important" in remaining free of cancer. The reasons given for using CAM were to enhance overall quality of life, to feel more in control, to strengthen the immune system, and to reduce stress. CONCLUSIONS: Two-thirds of women in this study followed conventional treatment for breast cancer with one or more CAM therapies, which, they believed, could prevent cancer recurrence and/or improve their quality of life. CAM use did not reflect negative attitudes towards conventional medical care, but rather an orientation to self-care in the optimization of their health and well being. PMID: 14727500 [PubMed - in process]

4: Am J Cardiol. 2004 Jan 15; 93(2): 217-8.

Effect of simvastatin on serum C-reactive protein during hormone replacement therapy.

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Because statins seem to attenuate the early, increased cardiovascular hazard induced by hormone replacement therapy (HRT), we treated 16 postmenopausal

hypercholesterolemic women with coronary artery disease with combined HRT, simvastatin, and the combination of HRT and simvastatin in a double-blind, crossover, placebo-controlled study; we also evaluated C-reactive protein (CRP) levels at the end of each treatment period. We found that only HRT significantly increased CRP compared with placebo, whereas the combination of HRT with simvastatin did not. We concluded that statins may reduce the inflammatory adverse effects associated with the CRP increase induced by HRT.
PMID: 14715352 [PubMed - in process]

5: Am J Clin Nutr. 2004 Jan; 79(1): 47-53.

Plasma lycopene, other carotenoids, and retinol and the risk of cardiovascular disease in women.

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BACKGROUND: Growing evidence suggests that lycopene has significant in vitro antioxidant potential. Lycopene has rarely been tested in prospective studies for its role in cardiovascular disease (CVD) prevention. **OBJECTIVE:** We examined the association between plasma lycopene and the risk of CVD in middle-aged and elderly women. **DESIGN:** A prospective, nested, case-control study was conducted in 39 876 women initially free of CVD and cancer in the Women's Health Study. Baseline blood samples were collected from 28 345 (71%) of the women. During a mean of 4.8 y of follow-up, we identified 483 CVD cases and 483 control subjects matched by age, smoking status, and follow-up time. Plasma lycopene, other carotenoids, retinol, and total cholesterol were measured. **RESULTS:** In analyses matched for age and smoking, with adjustment for plasma cholesterol, the relative risks (RRs) and 95% CIs of CVD in increasing quartiles of plasma lycopene were 1.00 (referent), 0.78 (95% CI: 0.55, 1.11), 0.56 (0.39, 0.82), and 0.62 (0.43, 0.90). In multivariate models, the RRs were 1.00 (referent), 0.94 (0.60, 1.49), 0.62 (0.39, 1.00), and 0.67 (0.41, 1.11); those in the upper compared with the lower half of plasma lycopene had an RR of 0.66 (0.47, 0.95). For CVD, exclusive of angina, women in the upper 3 quartiles had a significant multivariate 50% risk reduction compared with those in the lowest quartile. The stepwise addition of individual plasma carotenoids did not affect the RRs. **CONCLUSIONS:** Higher plasma lycopene concentrations are associated with a lower risk of CVD in women. These findings require confirmation in other cohorts, and the determinants of plasma lycopene concentrations need to be better understood.

PMID: 14684396 [PubMed - in process]

6: Am J Epidemiol. 2004 Jan 15; 159(2): 148-54.

Hair-coloring Product Use and Risk of Non-Hodgkin's Lymphoma: A Population-based Case-Control Study in Connecticut.

Zhang Y, Holford TR, Leaderer B, Boyle P, Zahm SH, Flynn S, Tallini G, Owens PH, Zheng T.

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A population-based case-control study was conducted in Connecticut in 1996-2002 to test the hypothesis that lifetime hair-coloring product use increases non-Hodgkin's lymphoma risk. A total of 601 histologically confirmed incident female cases and 717 population-based controls were included in the study. An increased risk of non-Hodgkin's lymphoma was observed among women who reported

use of hair-coloring products before 1980 (odds ratio = 1.3, 95% confidence interval (CI): 1.0, 1.8). The odds ratios were 2.1 (95% CI: 1.0, 4.0) for those using darker permanent hair-coloring products for more than 25 years and 1.7 (95% CI: 1.0, 2.8) for those who had more than 200 applications. Follicular type, B-cell, and low-grade lymphoma generally showed an increased risk. On the other hand, the authors found no increased risk of non-Hodgkin's lymphoma overall and by subtype of exposure and disease among women who started using hair-coloring products in 1980 or later. It is currently unknown why an increased risk of non-Hodgkin's lymphoma was found only among women who started using hair-coloring products before 1980. Further studies are warranted to show whether the observed association reflects the change in hair dye formula contents during the past two decades or indicates that recent users are still in their induction and latent periods.

PMID: 14718216 [PubMed - in process]

7: Am J Epidemiol. 2004 Jan 15; 159(2): 113-23.

Reproductive factors, hormonal contraception, and risk of uterine leiomyomata in african-american women: a prospective study.

Wise LA, Palmer JR, Harlow BL, Spiegelman D, Stewart EA, Adams-Campbell LL Rosenberg L.

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The authors assessed the risk of uterine leiomyomata in relation to reproductive factors and hormonal contraception in a prospective cohort study of US Black women. From March 1997 through March 2001, the authors followed 22,895 premenopausal women with intact uteri and no prior self-reported diagnosis of uterine leiomyomata. The authors used age- and time-stratified Cox regression models to estimate incidence rate ratios for self-reported uterine leiomyomata, confirmed by ultrasound or hysterectomy, in association with selected reproductive and hormonal factors. During 76,711 person-years of follow-up, 2,279 new cases of ultrasound- or hysterectomy-confirmed uterine leiomyomata were self-reported. After adjustment for age, body mass index, smoking, alcohol intake, and other reproductive covariates, the risk of ultrasound- or hysterectomy-confirmed leiomyomata was inversely associated with age at menarche, parity, and age at first birth and positively associated with years since last birth. Overweight or obesity appeared to attenuate the inverse association between parity and uterine leiomyomata. Current use of progestin-only injectables was inversely associated with risk. No consistent patterns were observed for other forms of hormonal contraception. Reproductive history is an important determinant of leiomyomata risk in premenopausal US Black women. Progestin-only injectables may reduce risk. PMID: 14718211 [PubMed - in process]

8: Am J Hypertens. 2004 Jan; 17(1): 82-7.

Hypertension in women.

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Essential hypertension presents itself differently in men and women. Before the menopause, there are obvious hormonal differences between the sexes and it is now known that after the menopause, the arterial tree ages differently. At all ages, the shorter stature in women and the obligatory shorter arterial tree induce faster heart

rates and earlier reflected arterial pulse waves. These factors operate to influence systolic blood pressure (BP), pulse pressure (PP), PP amplification, diastolic time, and diastolic BP. The circulatory effects of these variables in youth and with aging help to explain the time dependent and aging differences in cardiovascular risk between men and women. The development of left ventricular hypertrophy, isolated systolic hypertension, and the complications after acute myocardial infarction are also explicable in part by these gender-specific hemodynamic factors. Gender differences are also demonstrable in epidemiologic studies. Although an increased systolic BP is a cardiovascular risk in both sexes, a U-shaped curve describes the diastolic BP risk relationship in men but not in women. There is also a difference in the response to antihypertensive therapy, with a lesser benefit for women in heart disease prevention. These findings raise many remaining unanswered questions. Do some antihypertensive agents have gender-specific effects? Are the dose-response curves different for individual drugs or drugs in combination? Should therapeutic targets for systolic BP, diastolic BP, or PP differ between the sexes? Future answers to such questions would reduce the therapeutic trial and error now necessary for the selection of an individual patient's antihypertensive regimen.

PMID: 14700519 [PubMed - in process]

9: Am J Kidney Dis. 2004 Jan; 43(1): 37-44.

Creatinine levels and cardiovascular events in women with heart disease: do small changes matter?

Shlipak MG, Stehman-Breen C, Vittinghoff E, Lin F, Varosy PD, Wenger NK, Furberg CD; Heart and Estrogen/Progestin Replacement Study (HERS) Investigators. General Internal Medicine Section, Veterans Affairs Medical Center, San Francisco, CA 94121, USA. shlip@itsa.ucsf.edu

BACKGROUND: Small changes in creatinine levels have been incrementally associated with increased risk for heart failure morbidity, but their association with cardiovascular events has not been evaluated in persons with established coronary heart disease (CHD). **METHODS:** This was an observational study from the Heart and Estrogen/Progestin Replacement Study (HERS) and the HERS-II follow-up study. Participants were 2,763 postmenopausal women with CHD who were followed up for a mean of 4.1 years during HERS and an additional 2.7 years during HERS-II. We evaluated the association of worsened renal function (creatinine level increase \geq 0.3 mg/dL [\geq 26.5 micromol/L]) during HERS with CHD outcomes (nonfatal myocardial infarction and CHD death) that occurred during HERS-II. **RESULTS:** Only 194 participants (9%) had worsened renal function during HERS, and they were characterized by a greater prevalence of diabetes, lower high-density lipoprotein cholesterol and higher triglyceride levels, and increased rate of cardiovascular events during HERS (all $P < 0.01$). After adjustment for only baseline creatinine levels, worsened renal function was associated with HERS-II CHD events (relative hazard [RH], 1.54; 95% confidence interval [CI], 1.04 to 2.29). After adjustment for baseline characteristics, HERS cardiovascular events, and medication use, worsened renal function was no longer associated with CHD events (RH, 1.08; 95% CI, 0.70 to 1.67). However, baseline creatinine levels from HERS were remarkably strong predictors of HERS-II events. **CONCLUSION:** Although baseline renal function was among the strongest predictors of CHD events during 7 years of HERS follow-up, we found no significant association of worsened renal function with cardiovascular outcomes after adjustment for cardiovascular risk factors and interim events.

PMID: 14712425 [PubMed - in process]

10: Ann Epidemiol. 2004 Jan; 14(1): 24-30.

Prospective study of job insecurity and coronary heart disease in US women.

Lee S, Colditz GA, Berkman LF, Kawachi I.
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PURPOSE: To examine prospectively the relationship between job insecurity and incidence of coronary heart disease (CHD) among women. **METHODS:** We conducted the study in 36,910 women from the Nurses' Health Study, a prospective cohort of female registered nurses residing in 11 US states. These women were 46 to 71 years old, and did not have diagnosed CHD, stroke, or cancer at baseline (1992). We collected information on job insecurity in 1992 and coronary heart disease incidence between baseline (June 1, 1992) and return of the 1996 questionnaire. **RESULTS:** During 4 years of follow-up, we documented 154 incident cases of CHD (113 non-fatal cases of myocardial infarction (MI) and 41 CHD deaths). After adjustment for a wide array of potential confounders, the relative risk (RR) of total CHD over 2-year follow-up was 1.35 (95% CI, 0.78-2.34) and 1.04 (95% CI, 0.69-1.57) over 4-year follow-up. Job insecurity appeared to significantly increase the risk of non-fatal MI in the short term (2-year follow-up: RR=1.89, 95% CI, 1.03-3.50), though not over a longer follow-up period (RR=1.28, 95% CI, 0.82-2.00), nor fatal CHD in the short term (RR=0.49, 95% CI, 0.22-2.08). **CONCLUSIONS:** These data suggest that job insecurity may increase the short-term risk of non-fatal MI in women.

PMID: 14664776 [PubMed - in process]

11: Ann Plast Surg. 2004 Jan; 52(1): 64-7.

Modification of insulin, glucose and cholesterol levels in nonobese women undergoing liposuction: is liposuction metabolically safe?

Robles-Cervantes JA, Yanez-Diaz S, Cardenas-Camarena L.

SUMMARY: ABSTRACT An open autocontrolled clinical study was performed on 15 healthy nonobese women who underwent liposuction to establish how metabolic profiles are modified in the short-term postsurgical period. Preoperative glucose, insulin, and cholesterol levels were determined. Also, impedancometry was used to determinate body composition. After 3 postoperative weeks, the levels and determinations were again tested. The results demonstrated a significant difference in glucose, cholesterol, insulin secretion, and adiposity, but insulin levels, glucose-insulin relationship, and insulin sensitivity remained unaltered. From the results of this study, we consider liposuction to be a safe surgical procedure from a metabolic point of view because it improves the levels of cholesterol, glucose, and insulin secretion and at the same time decreases adiposity. Therefore, in the short term, liposuction can modify important markers for the development of type II diabetes mellitus and cardiovascular disease.

PMID: 14676702 [PubMed - in process]

12: Ann Surg Oncol. 2004 Jan; 11(1): 34-9.

Primary vaginal melanoma: a critical analysis of therapy.

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BACKGROUND: Primary vaginal melanoma is a rare and highly malignant disease. The impact of therapy on outcomes is poorly understood. **METHODS:** Records of all patients treated for primary vaginal melanoma at Memorial Sloan-Kettering Cancer Center from 1977 to 2001 were reviewed. Survival analysis was performed based on

appropriate patient, tumor, and treatment variables. Pathologic materials were reviewed to confirm the original diagnosis and examine appropriate clinicopathologic features. RESULTS: Thirty-five women were treated for vaginal melanoma; the primary treatment selected was surgical for 69% (24) and radiotherapy for 31% (11) of the patients. Surgical removal of the tumor was achieved in 92% (22) of the 24 patients selected for surgical therapy. At operation, radical excision with en bloc removal of involved pelvic organs was performed in 50% (12) of the 24 patients, a wide excision was performed in 42% (10), and a total vaginectomy was performed in 8% (2). Elective pelvic lymph node dissection was performed in 74% (26) of the 35 cases. Lymph node metastasis was found in only 8% (2) of these 26 patients. The overall median survival was 20 months. Primary surgical therapy was associated with longer overall survival (25 vs. 13 months; $P = .039$). Recurrence-free survival was not associated with the extent of surgery. None of the examined clinicopathologic features were associated with survival differences. CONCLUSIONS: The prognosis is poor for patients with primary vaginal melanoma. Improved clinical outcomes were associated with surgical removal of gross disease whenever possible. Because of the low rate of lymph node metastasis, elective pelvic lymph node dissection is not obligatory. In cases of surgically unresectable disease, primary radiation therapy is indicated.

PMID: 14699031 [PubMed - in process]

13: Arthritis Rheum. 2004 Jan; 50(1): 151-159.

Comparison of risk factors for vascular disease in the carotid artery and aorta in women with systemic lupus erythematosus.

Selzer F, Sutton-Tyrrell K, Fitzgerald SG, Pratt JE, Tracy RP, Kuller LH, Manzi S. University of Pittsburgh, Pittsburgh, Pennsylvania.

OBJECTIVE: To examine and compare risk factors for various stages of subclinical vascular disease in different vascular beds (carotid and aorta) in women with systemic lupus erythematosus (SLE) who have not yet developed clinical cardiovascular disease. METHODS: This cross-sectional study was conducted in 214 women without clinical cardiovascular disease who were enrolled in the Pittsburgh Lupus Registry. B-mode ultrasound was used to measure carotid plaque and intima-media wall thickness (IMT). Doppler probes were used to collect pulse-wave velocity waveforms from the right carotid and femoral arteries as a measure of aortic stiffness. All risk factor data were collected on the day of the ultrasound examinations. RESULTS: The mean \pm SD age of the women was 45.2 \pm 10.5 years and the median SLE disease duration was approximately 9 years. Sixty-eight (32%) of the women had at least 1 focal plaque. The mean \pm SD IMT was 0.71 \pm 0.1 mm, and the mean \pm SD pulse-wave velocity was 5.96 \pm 1.6 meters/second. Using logistic regression, we found that determinants of plaque included older age, higher systolic blood pressure, lower levels of high-density lipoprotein 3, and antidepressant use. Determinants of plaque severity were older age, higher systolic blood pressure, lower levels of albumin, and smoking. Independent determinants of the highest quartile of IMT were older age, higher pulse pressure, lower levels of albumin, elevated C-reactive protein levels, high cholesterol, and higher levels of glucose. Higher aortic stiffness was associated with older age, higher systolic blood pressure, higher C3 levels, lower white blood cell count, higher insulin levels, and renal disease. CONCLUSION: In women with SLE, the risk factors associated with carotid plaque and IMT are those typically associated with cardiovascular disease in the general population, whereas the risk factors associated with vascular stiffness include SLE-specific variables related to immune dysregulation and complement metabolism. The high prevalence of cardiovascular disease among lupus patients

may result from both early adverse effects on vascular stiffening as well as later promotion of wall thickening and plaque through inflammatory-mediated processes. These observations provide clues for future mechanistic studies.
PMID: 14730611 [PubMed - as supplied by publisher]

14: Br J Cancer. 2004 Jan 12; 90(1): 26-30.

Breast cancer treatment in clinical practice compared to best evidence and practice guidelines.

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There is sparse evidence on community practice patterns in treating women with breast cancer. This study compared care of women with breast cancer with evidence from meta-analyses and US National Comprehensive Cancer Network (NCCN) clinical guidelines. Records of 4395 women with breast cancer were abstracted from practices of 19 surgeon oncologists in six specialty practices in the Philadelphia region during 1995-1999. Patients were followed through December 2001. Low-frequency data were obtained on all patients. All other data were from a random sample of 464 women, minimum of 50 patients per practice. Actual care provided was compared to NCCN guidelines and results of meta-analyses. Fewer than half the women received treatments reflecting meta-analysis results or NCCN guidelines, by disease stage/TNM status. Adherence to either standard varied from 0% for LCIS to 87% for stages IIA or IIB node positive. There are multiple interactive reasons for low adherence to guidelines or meta-analyses results, including insufficient health system supports to clinicians, inadequate organization and delivery systems and ineffective continuing medical education. The paucity of written information from patient records on physician/patient interactions limits the understanding of treatment decisions. British Journal of Cancer (2004) 90, 26-30. doi:10.1038/sj.bjc.6601439 www.bjcancer.com
PMID: 14710201 [PubMed - in process]

15: Br J Cancer. 2004 Jan 12; 90(1): 20-5.

First-line endocrine treatment of breast cancer: aromatase inhibitor or antioestrogen?

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Until recently, endocrine therapy for breast cancer was relatively simple. If the tumour expressed hormone receptors, regardless of stage and age, tamoxifen was indicated. While this largely remains the case for premenopausal women, clinical trials in postmenopausal women have broadened our choice to include one of three selective aromatase inhibitors (AIs), the nonsteroidal agents anastrozole or letrozole and the steroidal agent exemestane. Comparative data concerning the efficacy, toxicity, tolerability and cost of AI vs tamoxifen continues to evolve with over 40 000 women slated to be involved in clinical trials. Currently, tamoxifen remains an appropriate choice for adjuvant treatment, and will remain so unless a clear survival advantage emerges for adjuvant AI therapy. However, anastrozole is widely seen as a useful alternative, with particular merit for patients prone to the development of serious tamoxifen side effects. For endocrine therapy naive advanced disease, several trials have provided evidence that a nonsteroidal AI has replaced tamoxifen as optimal treatment. In the neoadjuvant setting, letrozole was also more effective than tamoxifen, both in terms of response rates and the incidence of breast-conserving surgery, and so AI therefore also dominates this evolving

indication. The ongoing adjuvant clinical trials ask all the relevant questions regarding tamoxifen and AI in combination, sequence and duration, except for 5 years of an AI vs a longer period. For both the advanced and early-stage disease, resistance remains the key obstacle to overcome, and trials that combine endocrine agents with signal transduction inhibitors such as HER1 and HER2 kinase inhibitors, farnesyl transferase inhibitors, mTOR inhibitors as well as COX2 inhibitors are being developed in a concerted attempt to address this problem. *British Journal of Cancer* (2004) 90, 20-25. doi:10.1038/sj.bjc.6601508 www.bjcancer.com PMID: 14710200 [PubMed - in process]

16: *Br J Cancer*. 2004 Jan 12; 90(1): 146-52.

A case-control study of endogenous hormones and cervical cancer.

Shields TS, Falk RT, Herrero R, Schiffman M, Weiss NS, Bratti C, Rodriguez AC, Sherman ME, Burk RD, Hildesheim A.

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Both parity and oral contraceptive use are associated with elevated circulating levels of sex hormones, at least transiently, and with increased risk of cervical cancer in human papillomavirus (HPV)-infected women. We directly evaluated whether elevations in the physiologic levels of these hormones predispose to the development of cervical neoplasia. We identified 67 premenopausal and 43 postmenopausal women with cervical intraepithelial neoplasia 2, 3, or cervical cancer (\geq CIN2) diagnosed during enrollment of a population-based cohort of 10 077 women. Four controls, two chosen randomly and two chosen from women testing positive for cancer-associated HPV, were matched to each case on menopausal status, age, days since last menses (pre), or years since menopause (post). Sex hormone-binding globulin, oestradiol, oestrone, oestrone-sulphate, dehydroepiandrosterone sulphate, and progesterone were measured in enrollment plasma. There was no consistent association between the sex hormones and risk of \geq CIN2. Excluding cases with invasive disease had a minimal impact on results. Though this case-control study was based on a well-defined population, it was limited by reliance on a single measure of hormone levels taken at the time of diagnosis. Nonetheless, our results do not support the hypothesis that plasma levels of sex hormones have an important bearing on the risk of cervical neoplasia in HPV-infected women. *British Journal of Cancer* (2004) 90, 146-152. doi:10.1038/sj.bjc.6601514 www.bjcancer.com PMID: 14710222 [PubMed - in process]

17: *Br J Cancer*. 2004 Jan 12; 90(1): 153-9.

Postmenopausal levels of oestrogen, androgen, and SHBG and breast cancer: long-term results of a prospective study.

Zeleniuch-Jacquotte A, Shore RE, Koenig KL, Akhmedkhanov A, Afanasyeva Y, Kato I, Kim MY, Rinaldi S, Kaaks R, Toniolo P.

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We assessed the association of sex hormone levels with breast cancer risk in a case-control study nested within the cohort of 7054 New York University (NYU) Women's Health Study participants who were postmenopausal at entry. The study includes 297 cases diagnosed between 6 months and 12.7 years after enrollment and 563 controls. Multivariate odds ratios (ORs) (95% confidence interval (CI)) for breast

cancer for the highest quintile of each hormone and sex-hormone binding globulin (SHBG) relative to the lowest were as follows: 2.49 (1.47-4.21), P(trend)=0.003 for oestradiol; 3.24 (1.87-5.58), P(trend)<0.001 for oestrone; 2.37 (1.39-4.04), P(trend)=0.002 for testosterone; 2.07 (1.28-3.33), P(trend)<0.001 for androstenedione; 1.74 (1.05-2.89), P(trend)<0.001 for dehydroepiandrosterone sulphate (DHEAS); and 0.51 (0.31-0.82), P(trend)<0.001 for SHBG. Analyses limited to the 191 cases who had donated blood five to 12.7 years prior to diagnosis showed results in the same direction as overall analyses, although the tests for trend did not reach statistical significance for DHEAS and SHBG. The rates of change per year in hormone and SHBG levels, calculated for 95 cases and their matched controls who had given a second blood donation within 5 years of diagnosis, were of small magnitude and overall not different in cases and controls. The association of androgens with risk did not persist after adjustment for oestrone (1.08, 95% CI=0.92-1.26 for testosterone; 1.15, 95% CI=0.95-1.39 for androstenedione and 1.06, 95% CI=0.90-1.26 for DHEAS), the oestrogen most strongly associated with risk in our study. Our results support the hypothesis that the associations of circulating oestrogens with breast cancer risk are more likely due to an effect of circulating hormones on the development of cancer than to elevations induced by the tumour. They also suggest that the contribution of androgens to risk is largely through their role as substrates for oestrogen production. *British Journal of Cancer* (2004) 90, 153-159.
doi:10.1038/sj.bjc.6601517 www.bjcancer.com
PMID: 14710223 [PubMed - in process]

18: *Breast Cancer Res.* 2004; 6(1): 55-7. Epub 2003 Nov 04.

Akt2: a role in breast cancer metastasis.

Chau NM, Ashcroft M.

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Metastasis in breast cancer significantly increases morbidity and mortality. The 5-year survival rate reduces from 90% for localised disease to about 20% once metastasis has taken place. The phosphoinositide 3-kinase/Akt signalling pathway has an important role in cell motility, invasion and metastasis. However, the precise contribution of the Akt kinase family members, Akt1, Akt2 and Akt3, in mediating these processes is unclear. The possibility that they have distinct functions in tumour progression is particularly interesting.

Publication Types: Editorial

PMID: 14680486 [PubMed - indexed for MEDLINE]

19: *Contraception.* 2004 Jan; 69(1): 31-6.

What women believe about oral contraceptives and the effect of counseling.

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To evaluate Canadian women's knowledge of the risks, benefits and side effects of oral contraceptives (OCs) and the effect of counseling. Six-hundred and forty-nine Canadian women filling an OC prescription at Shopper's Drug Mart stores completed the survey. Respondents recorded whether or not they had discussed 12 separate issues about OC use with their healthcare provider. Optimal responses to multiple-choice questions were compared between those reporting counseling to those reporting no counseling, using Fisher's Exact Tests. Women were also questioned on what they were told about associated cancer risks. Eighty percent or more of the women selected the optimal response for the questions relating to dysmenorrhea,

leg pain and co-medication. Less than half of survey respondents identified the optimal response for nausea, breakthrough bleeding, breast tenderness, acne, headaches and weight change. Counseling made a significant impact on selection of the optimal response for 7 of the 12 questions ($p < 0.004$, adjusted significance level). Fifty-two percent indicated that they did not know what they were told about the risk of uterine and ovarian cancer when on the pill. A significant proportion of women said they would phone their physician for relatively minor problems such as breakthrough bleeding (65%), breast tenderness (55%) and acne (54%). The knowledge level of Canadian women on the pill regarding risks, benefits and side effects of the pill remains deficient in several key areas. Adequate counseling by healthcare providers can help women recognize the pill's positive health benefits, and may result in fewer unnecessary physician contacts and unwanted pregnancies.
PMID: 14720617 [PubMed - in process]

20: Diabetes. 2004 Jan; 53(1): 209-213.

Genetic Variation at the Adiponectin Locus and Risk of Type 2 Diabetes in Women.

Hu FB, Doria A, Li T, Meigs JB, Liu S, Memisoglu A, Hunter D, Manson JE. Department of Nutrition, Harvard School of Public Health, Boston, Massachusetts. Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts. Channing Laboratory, Department of Medicine, Harvard Medical School and Brigham and Women's Hospital, Boston, Massachusetts. Research Division, Joslin Diabetes Center, Department of Medicine, Harvard Medical School, Boston, Massachusetts. General Medicine Division, Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts. Division of Preventive Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts.

Previous data suggesting that polymorphisms in the adiponectin gene were associated with insulin resistance or type 2 diabetes have been inconsistent. We assessed the relationship between five common haplotype-tagging single nucleotide polymorphisms (SNPs) in the adiponectin gene (-11365C>G, -4034A>C, -3964A>G, +45T>G, and +276G>T), haplotypes defined by these SNPs, and the risk of type 2 diabetes by conducting a nested case-control study of 642 incident cases of type 2 diabetes and 995 matching control subjects in the Nurses' Health Study. Overall, we did not observe significant differences in genotype or allele frequencies for the five SNPs between the case and control subjects. After adjustment for diabetes risk factors, the -4034 C/C genotype was associated with a reduced risk of diabetes (odds ratio [OR] compared with the A/A genotype = 0.70, 95% CI 0.50-0.99, $P = 0.04$). In subgroup analyses, the +276 genotype was significantly associated with diabetes risk only among subjects with peroxisome proliferator-activated receptor-gamma (PPARgamma) variant 12Ala allele (OR comparing +276 T alleles with the G/G genotype = 1.69, 1.04-2.75, $P = 0.035$) or among obese subjects (1.46, 1.03-2.08, $P = 0.03$). These data suggest a potential interaction between the adiponectin genotype and PPARgamma genotype or obesity, but these analyses should be considered exploratory and require further investigation in larger studies.
PMID: 14693717 [PubMed - as supplied by publisher]

21: Diabetes Care. 2004 Jan; 27(1): 59-65.

Dietary magnesium intake in relation to plasma insulin levels and risk of type 2 diabetes in women.

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OBJECTIVE: Higher intake of magnesium appears to improve glucose and insulin homeostasis; however, there are sparse prospective data on the association between magnesium intake and incidence of type 2 diabetes. **RESEARCH DESIGN AND METHODS:** In the Women's Health Study, a cohort of 39,345 U.S. women aged ≥ 45 years with no previous history of cardiovascular disease, cancer, or type 2 diabetes completed validated semiquantitative food frequency questionnaires in 1993 and were followed for an average of 6 years. We used Cox proportional hazard models to estimate multivariate relative risks (RRs) of type 2 diabetes across quintiles of magnesium intake compared with the lowest quintile. In a sample of 349 apparently healthy women from this study, we measured plasma fasting insulin levels to examine their relation to magnesium intake. **RESULTS:** During 222,523 person-years of follow-up, we documented 918 confirmed incident cases of type 2 diabetes. There was a significant inverse association between magnesium intake and risk of type 2 diabetes, independent of age and BMI ($P = 0.007$ for trend). After further adjustment for physical activity, alcohol intake, smoking, family history of diabetes, and total calorie intake, the multivariate-adjusted RRs of diabetes from the lowest to highest quintiles of magnesium intake were attenuated at 1.0, 1.06, 0.81, 0.86, and 0.89 ($P = 0.05$ for trend). Among women with BMI ≥ 25 kg/m², the inverse trend was significant; multivariate-adjusted RRs were 1.0, 0.96, 0.76, 0.84, and 0.78 ($P = 0.02$ for trend). Multivariate-adjusted geometric mean insulin levels for overweight women in the lowest quartile of magnesium intake was 53.5 compared with 41.5 pmol/l among those at the highest quartile ($P = 0.03$ for trend). **CONCLUSIONS:** These findings support a protective role of higher intake of magnesium in reducing the risk of developing type 2 diabetes, especially in overweight women.
PMID: 14693967 [PubMed - in process]

22: Diabetes Care. 2004 Jan; 27(1): 47-52.

Effect of weight loss on cardiac synchronization and proinflammatory cytokines in premenopausal obese women.

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OBJECTIVE: Obesity is an important risk factor for heart failure in both women and men. Dyssynchrony between right and left ventricular contraction and relaxation has been identified as an independent predictor of heart failure. We examined the relationship of ventricular synchronization abnormalities with the concentration of proinflammatory cytokines in obese women at baseline and after sustained weight loss. **RESEARCH DESIGN AND METHODS:** Echocardiographic parameters of ventricular dyssynchrony, circulating levels of tumor necrosis factor (TNF)-alpha, interleukin (IL)-6, IL-18, and C-reactive protein (CRP) were investigated in 67 healthy, premenopausal obese women and 40 age-matched normal-weight women. **RESULTS:** Compared with nonobese women, obese women had increased concentrations of CRP ($P < 0.01$), TNF-alpha ($P < 0.01$), IL-6 ($P < 0.01$), and IL-18 ($P < 0.01$). Moreover, obese women had a higher myocardial performance index ($P < 0.02$) and lower transmitral Doppler flow ($P < 0.05$), pulmonary venous flow analysis ($P < 0.02$), and ejection fraction ($P < 0.05$), indicating ventricular dyssynchrony. Concentrations of CRP, TNF-alpha, and IL-6 were related to anthropometric indexes of obesity and to echocardiographic parameters of ventricular dyssynchrony. After 1 year of a multidisciplinary program of weight reduction, obese women lost at least 10% of their original weight. This was associated with reduction of cytokine ($P < 0.01$) and CRP ($P < 0.02$) concentrations and with improvement of echocardiographic parameters of

ventricular dyssynchrony, which correlated with changes in adiposity, particularly visceral adiposity. **CONCLUSIONS:** In obese women, ventricular dyssynchrony correlates with body fat, possibly through inappropriate secretion of cytokines. Weight loss represents a safe method for downregulating the inflammatory state and ameliorating cardiac function in obese women.
PMID: 14693965 [PubMed - in process]

23: Eur J Obstet Gynecol Reprod Biol. 2004 Jan 15; 112(1): 95-7.

How long should patients be followed after molar pregnancy? Analysis of serum hCG follow-up data.

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OBJECTIVE: We analyzed human chorionic gonadotropin (hCG) follow-up data of patients with molar pregnancy. Women often do not complete recommended post-disease screening. Our purpose was to determine if continuing follow up of uncomplicated molar cases beyond attaining undetectable hCG levels is necessary for detecting relapse of gestational trophoblastic disease. **STUDY DESIGN:** One hundred fifty patients treated at Hungarian National Health Center were analyzed. Those who developed persistent disease before hCG had become undetectable were excluded from further analysis (n=24; 16%). **RESULTS:** Among 126 uncomplicated cases, 72 patients (57%) completed follow up, and 54 (43%) discontinued their protocol before it had been completed. Of 120 patients who achieved at least one undetectable hCG level, none had any evidence of relapse. **CONCLUSION:** In uncomplicated hydatidiform mole, our analysis indicates that once undetectable serum hCG levels are attained, relapse is unlikely. Although further monthly checks are advisable, the likelihood of recurrence appears very low.
PMID: 14687748 [PubMed - in process]

24: Eur J Obstet Gynecol Reprod Biol. 2004 Jan 15; 112(1): 61-4.

Criteria for transfusion in severe postpartum hemorrhage: analysis of practice and risk factors.

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OBJECTIVE: To analyze the accuracy of postpartum hemorrhage risk factors to determine patients at risk of severe postpartum hemorrhage and transfusion. **POPULATION AND METHODS:** Retrospective cohort study from a database in one high-risk obstetric unit over a 7-year period. **RESULTS:** In a cohort of 19,204 deliveries, 44 patients were transfused of whom five were given frozen fresh plasma only. Of the 39 who received red blood cells, 35 received at least three units. Multivariate analysis of postpartum hemorrhage risk factors revealed a significant role of placenta previa/accreta, cesarean section, multiple pregnancy, prematurity and vascular disease. Nevertheless 28% of women transfused had none of these risk factors. **CONCLUSION:** The percentage of patients transfused has probably decreased markedly with improved prevention, surveillance and treatment. This study emphasizes that the transfusion risk in the presence of anomalous placental insertion justifies special obstetrical and anesthetic management.
PMID: 14687741 [PubMed - in process]

25: Fam Community Health. 2004 Jan-Mar; 27(1): 6-21.

The meaning of health for women with physical disabilities: a qualitative analysis.

Nosek MA, Hughes RB, Howland CA, Young ME, Mullen PD, Shelton ML.

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Researchers used qualitative research methods to explore determinants of and barriers to the health of women with physical disabilities. Semistructured, open-ended interviews were conducted with one focus group (n=9) and 9 individual women with various physical disabilities. Participants: (1) defined physical health as a correlate of functional capacity; (2) noted the importance of a positive mental state; (3) recognized the effect of having or lacking social support; (4) described the role of health behaviors in health promotion, as adapted to their functional limitations; and (5) described problems with their medical practitioners' lack of knowledge. Barriers included certain disability characteristics, stress, inadequate social support, societal attitudes, and lack of resources. PMID: 14724499 [PubMed - in process]

26: Fam Community Health. 2004 Jan-Mar; 27(1): 22-36.

Adverse health behaviors and chronic conditions in working-age women with disabilities.

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This retrospective, cross-sectional, multiple cohort study of women with disabilities addresses two health-related areas in a nationally representative sample of women living in the community. Using data from the 1997-1998 National Health Interview Survey (NHIS), health risk behaviors and chronic conditions were examined for women with mild, moderate, and severe functional limitations, and their responses were compared to those of women who reported no limitations.

Women with severe limitations evidenced the highest risk for heavy cigarette smoking. They were also more likely to meet the Body Mass Index criterion for obesity. Adverse health behaviors were strongly associated with the five potentially disabling chronic conditions that were studied.

PMID: 14724500 [PubMed - in process]

27: Int J Cancer. 2004 Jan 20; 108(3): 425-32.

Circulating levels of sex steroid hormones and risk of endometrial cancer in postmenopausal women.

Lukanova A, Lundin E, Micheli A, Arslan A, Ferrari P, Rinaldi S, Krogh V, Lenner P, Shore RE, Biessy C, Muti P, Riboli E, Koenig KL, Levitz M, Stattin P, Berrino F, Hallmans G, Kaaks R, Toniolo P, Zeleniuch-Jacquotte A.

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Experimental and epidemiological data support a role for sex steroid hormones in the pathogenesis of endometrial cancer. The associations of pre-diagnostic blood concentrations of estradiol, estrone, testosterone, androstenedione, DHEAS and SHBG with endometrial cancer risk were investigated. A case-control study was nested within 3 cohorts in New York (USA), Umea (Sweden) and Milan (Italy). Cases were 124 postmenopausal women with invasive endometrial cancer. For each case, 2 controls were selected, matching the case on cohort, age and date of recruitment. Only postmenopausal women who did not use exogenous hormones at the time of blood donation were included. Odds ratios (OR) and their 95% confidence intervals (CI) were estimated by conditional logistic regression. ORs (95% CI) for endometrial cancer for quartiles with the highest hormone levels, relative to the lowest were as follows: 4.13 (1.76-9.72), p(trend) = 0.0008 for estradiol, 3.67 (1.71-7.88), p(trend) = 0.0007 for estrone, 2.15 (1.05-4.40), p(trend) = 0.04 for

androstenedione, 1.74 (0.88-3.46), p(trend) = 0.06 for testosterone, 2.90 (1.42-5.90), p(trend) = 0.002 for DHEAS and 0.46 (0.20-1.05), p(trend) = 0.01 for SHBG after adjustment for body mass index, use of oral contraceptives and hormone replacement therapy. The results of our multicenter prospective study showed a strong direct association of circulating estrogens, androgens and an inverse association of SHBG levels with endometrial cancer in postmenopausal women. The effect of elevated androstenedione and testosterone levels on disease risk seems to be mediated mainly through their conversion to estrogens, although an independent effect of androgens on tumor growth cannot be ruled out, in particular in the years close to diagnosis. Copyright 2003 Wiley-Liss, Inc.

PMID: 14648710 [PubMed - in process]

28: Int J Cancer. 2004 Jan 10; 108(2): 262-8.

Prediagnostic levels of C-peptide, IGF-I, IGFBP -1, -2 and -3 and risk of endometrial cancer.

Lukanova A, Zeleniuch-Jacquotte A, Lundin E, Micheli A, Arslan AA, Rinaldi S, Muti P, Lenner P, Koenig KL, Biessy C, Krogh V, Riboli E, Shore RE, Stattin P, Berrino F, Hallmans G, Toniolo P, Kaaks R.

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Conditions related to chronic hyperinsulinemia, such as obesity, noninsulin dependent diabetes mellitus and polycystic ovary syndrome, are associated with an increased risk of endometrial cancer. Elevated plasma IGF-I and decreased levels of IGF-binding proteins have been shown to be associated with increased risk of several cancer types that are frequent in affluent societies. We investigated for the first time in a prospective study the association of pre-diagnostic blood concentrations of C-peptide (a marker of pancreatic insulin production), IGF-I, IGFBP-1, -2 and -3 with endometrial cancer risk. A case-control study was nested within 3 cohorts in New York (USA), Umea (Sweden) and Milan (Italy). It included 166 women with primary invasive endometrial cancer and 315 matched controls, of which 44 case and 78 control subjects were premenopausal at recruitment. Endometrial cancer risk increased with increasing

levels of C-peptide (ptrend = 0.0002), up to an odds ratio (OR) of 4.76 [95% confidence interval (CI) = 1.91-11.8] for the highest quintile. This association remained after adjustment for BMI and other confounders [OR for the top quintile = 4.40 (1.65-11.7)]. IGFBP-1 levels were inversely related to endometrial cancer [ptrend = 0.002; OR in the upper quintile = 0.30 (0.15-0.62)], but the association was weakened and lost statistical significance after adjustment for confounders [ptrend = 0.06; OR in the upper quintile = 0.49 (0.22-1.07)]. Risk was unrelated to levels of IGF-I, IGFBP-2 and IGFBP-3. Chronic hyperinsulinemia, as reflected by increased circulating C-peptide, is associated with increased endometrial cancer risk. Decrease in the prevalence of chronic hyperinsulinemia, through changes in lifestyle or medication, is expected to prevent endometrial cancer. Copyright 2003 Wiley-Liss, Inc.

Publication Types: Multicenter Study

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29: Int J Obes Relat Metab Disord. 2004 Jan 6 [Epub ahead of print]

Physical disability and muscular strength in relation to obesity and different body composition indexes in a sample of healthy elderly women.

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OBJECTIVES:: The aim of the present study was to test the association between muscular strength, functional limitations, body composition measurements and indexes of sarcopenia in a sample of community-dwelling, elderly women at the high end of the functional spectrum. **DESIGN::** Cross-sectional. **SUBJECTS::** In all, 167 women aged 67-78 y were selected from the general population in central Verona. A group of 120 premenopausal healthy women aged 20-50 y represented the young reference group. **MEASUREMENTS::** Body weight, height, body mass index (BMI) and the presence of acute and chronic conditions were evaluated in each subject. Body composition was measured by dual-energy X-ray absorptiometry (DXA). Physical functioning was assessed using a modified version of the Activities of Daily Living Scale. Dominant leg isometric strength was measured with a Spark Handheld Dynamometer. **RESULTS::** Elderly women with BMI higher than 30 kg/m² and in the highest quintile of body fat percent showed a significantly higher prevalence of functional limitation. In our population study, about 40% of sarcopenic elderly women and 50% of elderly women with high body fat and normal muscle mass were functionally limited. The prevalence of functional limitation significantly increased in subjects with class II sarcopenia, defined according to the skeletal muscle mass index (SMI=skeletal muscle mass/body mass x 100). In logistic regression models, after adjusting for age and different chronic health conditions, subjects with BMI higher than 30 kg/m², in the highest quintile of body fat, or with high body fat and normal muscle mass or class II sarcopenia according to SMI, had a 3-4 times increased risk of functional limitations. Finally, isometric leg strength was significantly lower in subjects in the lowest quintile of relative muscle mass and in sarcopenic and sarcopenic obese women. **CONCLUSIONS::** High body fat and high BMI values were associated with a greater probability of functional limitation in a population of elderly women at the high end of the functional spectrum. Among the different indexes of sarcopenia used in this study, only SMI predicted functional impairment and disability. Isometric leg strength was significantly lower in subjects with sarcopenia and sarcopenic obesity. *International Journal of Obesity* advance online publication, 6 January 2004; doi:10.1038/sj.ijo.0802552 PMID: 14708033 [PubMed - as supplied by publisher]

30: *Int J Obes Relat Metab Disord.* 2004 Jan; 28(1): 49-56.

Correlates of obesity in postmenopausal women with breast cancer: comparison of genetic, demographic, disease-related, life history and dietary factors.

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BACKGROUND:: Obesity in women has been associated with a variety of factors, including genetic predisposition, social class, early age at menarche, exercise, alcohol consumption and diet. Obesity is a risk factor for the occurrence and the recurrence of breast cancer in postmenopausal women, perhaps because of increased exposure to estrogen, insulin and insulin-like growth factors (IGFs). The progesterone receptor (PR) and the steroid hormone receptor coactivator pCIP/ACTR/AIB1/TRAM1/RAC3 (AIB1) are hypothesized to mediate signaling crosstalk between these hormonal pathways. Polymorphisms in both genes have been described and their association with breast cancer risk reported. If genetic factors contribute to obesity, and the PR and AIB1 genes influence estrogenic, insulin and IGF pathways, then genetic patterns resulting from PR and AIB1 polymorphisms may be associated with obesity in postmenopausal women. **OBJECTIVE::** We compared the PR and AIB1 genotypes of postmenopausal women with breast cancer

with demographic, disease-related, reproductive, lifestyle and dietary variables in terms of the strength of their relationship with obesity (BMI \geq 30 kg/m²).

SUBJECTS:: A total of 301 postmenopausal women previously diagnosed with Stage I, II or IIIA breast cancer, who are enrolled in the Women's Healthy Eating and Living (WHEL) study (age: 34.5-70.8 y, BMI: 17.8-54.6 kg/m²).

MEASUREMENTS:: The PR polymorphism PROGINs was identified by PCR. The length of the AIB1 polyglutamine repeat was determined by PCR and nondenaturing gel electrophoresis or DNA sequencing. BMI was obtained at the baseline clinic visit upon entry into the WHEL study. Information about date of diagnosis, stage of disease, tumor hormone receptor status and adjuvant treatment received were obtained from medical records. Reproductive, menstrual history, demographic, family history of cancer, smoking history and exercise frequency and intensity information were obtained from questionnaires. Dietary and alcohol intake data came from four 24-h telephone recalls of food intake obtained at the study entry.

RESULTS:: The combined inheritance of PROGINs A1/A1 and AIB1 28/29, 28/30, 28/31, 29/29 or 29/30 (AIB1 LG) genotypes (adjusted odds ratio (OR)=2.22 (95% confidence interval 1.25-3.93)) and early age at menarche (<12 y) (adjusted OR=2.34 (1.12-4.86)) were each associated with the risk for obesity. Current use of tamoxifen (adjusted OR=0.49 (0.28-0.87)) and an alcohol intake \geq 10 g/day (adjusted OR=0.28 (0.11-0.77)) were inversely associated with BMI \geq 30 kg/m².

CONCLUSION:: Early age at menarche and a PROGINs A1/A1+AIB1 LG genetic pattern had comparable levels of association with obesity in this cross-sectional sample of postmenopausal women with breast cancer. Since this was a cross-sectional rather than a case-control design, the association between PROGINs and AIB1 genotype and obesity found in this sample should be considered preliminary, and must be re-evaluated with a new and larger sample.

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PMID: 14557830 [PubMed - in process]

31: J Am Geriatr Soc. 2004 Jan; 52(1): 117-122.

Sexual Healthcare Needs of Women Aged 65 and Older.

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OBJECTIVES: : To compare prevalence and type of sexual concerns and interest in and experience with discussing these concerns with physicians for women younger than 65 and 65 and older. **DESIGN:** : Cross-sectional survey. **SETTING:** : Departments of Family Practice and Obstetrics and Gynecology at Madigan Army Medical Center, Tacoma, Washington. **PARTICIPANTS:** : Of 1,480 women seeking routine gynecological care, 964 (65%) responded; 163 (17%) were aged 65 and older. **MEASUREMENTS:** : Self-reported sexual concerns and interest in and experience with discussing these concerns with their physicians. **RESULTS:** : Older women had a similar number of sexual concerns as younger women and were more likely to be concerned about their partner's sexual difficulties. Older women were less likely to have ever had the topic of sexual health raised during healthcare visits. Even though these women were more likely to report youthful-appearing physicians as hindering the topic of sexual health, the majority indicated that they would have discussed their concerns had the physician raised the topic and were interested in a follow-up appointment to do so. **CONCLUSION:** : Although the types of sexual concerns vary in frequency, women aged 65 and older have a similar number of sexual concerns as younger women. Older women want physicians to inquire about their sexual health. This discussion should include inquiries about their

partner's sexual functioning. To overcome age as a barrier to this discussion, younger physicians should be particularly attentive to initiating the topic of sexual health.
PMID: 14687325 [PubMed - as supplied by publisher]

32: J Infect Dis. 2004 Jan 15; 189(2): 303-11. Epub 2004 Jan 09.

Injectable Contraceptive Use and Genital Ulcer Disease during the Early Phase of HIV-1 Infection Increase Plasma Virus Load in Women.

Lavreys L, Baeten JM, Kreiss JK, Richardson BA, Chohan BH, Hassan W, Panteleeff DD, Mandaliya K, Ndinya-Achola JO, Overbaugh J.

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We examined the association between host factors present near the time of human immunodeficiency virus type 1 (HIV-1) acquisition and subsequent virus loads, in a prospective cohort study of women in Mombasa, Kenya. Women were prospectively followed monthly before HIV-1 infection. One hundred sixty-one commercial sex workers who became infected with HIV-1 were followed for a median of 34 months, and 991 plasma samples collected ≥ 4 months after infection were tested for HIV-1 RNA. The median virus set point at 4 months after infection was 4.46 log(10) copies/mL, and the average virus load increase during subsequent follow-up was 0.0094 log(10) copies/mL/month. In a multivariate analysis that controlled for sexual behavior, the use of the injectable contraceptive depot medroxyprogesterone acetate (DMPA) at the time of HIV-1 infection was associated with a higher virus set point, and the presence of genital ulcer disease (GUD) during the early phase of HIV-1 infection was associated with greater change in virus load during follow-up. These findings suggest that, in women, the use of DMPA and the presence of GUD during the early phase of HIV-1 infection may influence the natural course of infection.

PMID: 14722896 [PubMed - in process]

33: J Neurol Sci. 2004 Jan 15; 217(1): 37-40.

Successful pregnancies and abortions in symptomatic and asymptomatic Wilson's disease.

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BACKGROUND: There are only a few reports regarding the fertility and outcome of pregnancy in Wilson's disease (WD) and none from India. The authors in this study discuss various aspects of fertility in 16 women with WD. **METHODS:** Retrospective analysis of data from a large cohort of WD, being followed at a tertiary care center. **RESULTS:** Sixteen patients had conceived on 59 occasions with 30 successful pregnancies, 24 spontaneous abortions, 2 medical terminations of pregnancy and 3 still births. Diagnosis of WD was established after conception in 10 presymptomatic patients while six patients were already on treatment. Among these 16 patients, 9 had history of spontaneous abortions and 12 had successful pregnancies. None of the clinical features of WD changed during pregnancy, with or without treatment. All the 30 babies were full-term and delivered healthy. **CONCLUSION:** Recurrent abortions are common especially in women with untreated Wilson's disease. However, successful pregnancies and uneventful full-term delivery may occur in mothers of WD on treatment and in undiagnosed, undetected presymptomatic patients. Pregnancy does not seem to have adverse effect on the clinical course of Wilson's disease. Teratogenicity was not seen in the present series with low-dose penicillamine and zinc sulphate.

PMID: 14675607 [PubMed - in process]

34: JAMA. 2004 Jan 14; 291(2): 228-38.

Subclinical thyroid disease: scientific review and guidelines for diagnosis and management.

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CONTEXT: Patients with serum thyroid-stimulating hormone (TSH) levels outside the reference range and levels of free thyroxine (FT4) and triiodothyronine (T3) within the reference range are common in clinical practice. The necessity for further evaluation, possible treatment, and the urgency of treatment have not been clearly established. OBJECTIVES: To define subclinical thyroid disease, review its epidemiology, recommend an appropriate evaluation, explore the risks and benefits of treatment and consequences of nontreatment, and determine whether population-based screening is warranted. DATA SOURCES: MEDLINE, EMBASE, Biosis, the Agency for Healthcare Research and Quality, National Guideline Clearing House, the Cochrane Database of Systematic Reviews and Controlled Trials Register, and several National Health Services (UK) databases were searched for articles on subclinical thyroid disease published between 1995 and 2002. Articles published before 1995 were recommended by expert consultants. STUDY SELECTION AND DATA EXTRACTION: A total of 195 English-language or translated papers were reviewed. Editorials, individual case studies, studies enrolling fewer than 10 patients, and nonsystematic reviews were excluded. Information related to authorship, year of publication, number of subjects, study design, and results were extracted and formed the basis for an evidence report, consisting of tables and summaries of each subject area. DATA SYNTHESIS: The strength of the evidence that untreated subclinical thyroid disease is associated with clinical symptoms and adverse clinical outcomes was assessed and recommendations for clinical practice developed. Data relating the progression of subclinical to overt hypothyroidism were rated as good, but data relating treatment to prevention of progression were inadequate to determine a treatment benefit. Data relating a serum TSH level higher than 10 mIU/L to elevations in serum cholesterol were rated as fair but data relating to benefits of treatment were rated as insufficient. All other associations of symptoms and benefit of treatment were rated as insufficient or absent. Data relating a serum TSH concentration lower than 0.1 mIU/L to the presence of atrial fibrillation and progression to overt hyperthyroidism were rated as good, but no data supported treatment to prevent these outcomes. Data relating restoration of the TSH level to within the reference range with improvements in bone mineral density were rated as fair. Data addressing all other associations of subclinical hyperthyroid disease and adverse clinical outcomes or treatment benefits were rated as insufficient or absent. Subclinical hypothyroid disease in pregnancy is a special case and aggressive case finding and treatment in pregnant women can be justified. CONCLUSIONS: Data supporting associations of subclinical thyroid disease with symptoms or adverse clinical outcomes or benefits of treatment are few. The consequences of subclinical thyroid disease (serum TSH 0.1-0.45 mIU/L or 4.5-10.0 mIU/L) are minimal and we recommend against routine treatment of patients with TSH levels in these ranges. There is insufficient evidence to support population-based screening. Aggressive case finding is appropriate in pregnant women, women older than 60 years, and others at high risk for thyroid dysfunction. PMID: 14722150 [PubMed - in process]

35: JAMA. 2004 Jan 7; 291(1): 47-53.

Comment in: JAMA. 2004 Jan 7;291(1):104-6.

National use of postmenopausal hormone therapy: annual trends and response to recent evidence.

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CONTEXT: Postmenopausal hormone therapy use increased dramatically during the past 2 decades because of a prevailing belief in its health benefits. Recent evidence from randomized trials published in July 2002 demonstrated adverse cardiovascular disease events and other risks with hormone therapy in the form of oral estrogen combined with progestin. OBJECTIVE: To describe patterns of hormone therapy use from 1995 until July 2003, including the impact of recent evidence. DESIGN, SETTING, AND POPULATION: Two databases were used to describe national trends in hormone therapy use from January 1995 to July 2003. The National Prescription Audit database provided data on the number of hormone therapy prescriptions filled by retail pharmacies and the National Disease and Therapeutic Index database provided data on patient visits to office-based physicians during which hormone therapy was prescribed. MAIN OUTCOME MEASURES: Annual number of hormone therapy prescriptions and characteristics of visits to physicians during which hormone therapy was prescribed. RESULTS: Annual hormone therapy prescriptions increased from 58 million in 1995 to 90 million in 1999, representing approximately 15 million women per year, then remained stable through June 2002. Adoption of new oral estrogen/progestin combinations, primarily Prempro, accounted for most of this growth. Obstetrician/gynecologists provided more than 70% of hormone therapy prescriptions, and more than one third of patients were older than 60 years. Following the publication of trial results in July 2002, hormone therapy prescriptions declined in successive months. Relative to January-June 2002, prescriptions from January-June 2003 declined by 66% for Prempro and 33% for Premarin. Small increases were observed in vaginal formulations and in new prescriptions for low-dose Premarin. If prescription rates observed through July 2003 remain stable, a decline to 57 million prescriptions for 2003, similar to the rate in 1995, is projected. CONCLUSIONS: Clinical practice responded rapidly to recent evidence of harms associated with hormone therapy. Since July 2002, many patients have discontinued hormone therapy or are tapering to lower doses.
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36: Lancet. 2004 Jan 3; 363(9402): 90.

Integrating obstetrics and gynaecology into "women's health".

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37: Maturitas. 2004 Jan 20; 47(1): 61-9.

Hysterectomy and oophorectomy are unrelated to bone loss in older women.

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OBJECTIVE: The relation of hysterectomy and oophorectomy to change in bone mineral density (BMD) was examined in older women using and not using estrogen replacement therapy (ERT). METHODS: Women aged 60-80 years from the Rancho Bernardo Study attended clinic visits in 1988-1991 and 1992-1995 when hysterectomy and oophorectomy were ascertained, ERT use was validated and spine

and hip BMD was assessed at both visits with DEXA. Women were either current ERT users or nonusers at both visits. RESULTS: Among these 447 women, average age was 71 (S.D.=9.0); average years postmenopause was 24.7 (S.D.=10.9). Overall, 122 had a hysterectomy with ovarian conservation and 91 had a hysterectomy with bilateral oophorectomy; 41% reported current ERT use for an average duration of 19.1 years (S.D.=10.8). Hysterectomized women were 2.3 times more likely to report ERT use than intact women ($P < 0.001$). Comparisons adjusted for age, obesity, and age at menopause but not for ERT use showed hysterectomized women had less bone loss per year at the hip than intact women ($P < 0.05$). However, this difference was explained by ERT; after adjustment for ERT, mean hip bone loss per year was -0.57% for intact women, -0.42% for hysterectomized women with ovarian conservation and -0.32% for bilaterally oophorectomized women (P 's > 0.10). There were no differences by hysterectomy or oophorectomy in bone loss at the spine or femoral neck. For all sites, women using ERT had higher BMD at both visits than nonusers (P 's < 0.001). Stratification by ERT showed that within users and nonusers, there were no differences in BMD or bone loss at any site by hysterectomy or oophorectomy. CONCLUSIONS: There are no long term effects of hysterectomy and bilateral oophorectomy on bone loss. Women who use ERT have better BMD than nonusers.

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38: Prev Med. 2004 Jan; 38(1): 105-13.

Correlates of underutilization of gynecological cancer screening among lesbian and heterosexual women.

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Background. Study aims were to examine cervical cancer risk factors, screening patterns, and predictors of screening adherence in demographically similar samples of lesbian (N = 550) and heterosexual women (N = 279). Methods. Data are from a multisite survey study of women's health conducted from 1994 to 1996. Results. Differences in sexual behavior risk factors for cervical cancer were observed with lesbians reporting earlier onset of sexual activity ($P < 0.05$), more sexual partners ($P < 0.001$), and lower use of safer sex activities ($P < 0.01$). Lesbian and heterosexual women were equally likely to have ever had a Pap test; however, lesbians were less likely to report annual ($P < 0.001$) or routine ($P < 0.001$) testing. Multivariate analyses were used to determine the associations between demographics, health care factors, health behaviors, and worry about health and screening behaviors. Individual predictors of never screening included younger age, lower income, and lack of annual medical visits. Independent predictors of both recent and annual screenings included history of an abnormal Pap test, being heterosexual, and annual medical visits. Conclusion. Data indicate that lesbians are at risk for cervical cancer, yet underutilize recommended screening tests. Findings have implications for research, education, and cancer control among lesbians.

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