



Women's Health Care Bibliography April 2004

1: Am J Clin Nutr. 2004 Apr;79(4):606-12.

Dietary intake of trans fatty acids and systemic inflammation in women.

Mozaffarian D, Pischon T, Hankinson SE, Rifai N, Joshipura K, Willett WC, Rimm EB.

BACKGROUND: trans Fatty acid (TFA) intake predicts risks of coronary artery disease and diabetes. Systemic inflammation may be involved in the pathogenesis of such conditions; however, relations between TFA intake and systemic inflammation are not well established. **OBJECTIVE:** We investigated the relations between TFA intake and inflammatory markers. **DESIGN:** In 823 generally healthy women in the Nurses' Health Study I and II, concentrations of soluble tumor necrosis factor alpha receptors 1 and 2 (sTNF-R1, sTNF-R2), interleukin 6 (IL-6), and C-reactive protein (CRP) were measured. Usual dietary intakes assessed from 2 semiquantitative food-frequency questionnaires were averaged for each subject. **RESULTS:** In age-adjusted analyses, TFA intake was positively associated with sTNF-R1 and sTNF-R2 (P for trend < 0.001 for each): sTNF-R1 and sTNF-R2 concentrations were 10% (+108 pg/mL; 95% CI: 50, 167 pg/mL) and 12% (+258 pg/mL; 138, 377 pg/mL) higher, respectively, in the highest intake quintile than in the lowest. These associations were not appreciably altered by adjustment for body mass index, smoking, physical activity, aspirin and nonsteroidal antiinflammatory drug use, alcohol consumption, and intakes of saturated fat, protein, n-6 and n-3 fatty acids, fiber, and total energy. Adjustment for serum lipid concentrations partly attenuated these associations, which suggests that they may be partly mediated by effects of TFAs on serum lipids. TFA intake was not associated with IL-6 or CRP concentrations overall but was positively associated with IL-6 and CRP in women with higher body mass index (P for interaction = 0.03 for each). **CONCLUSIONS:** TFA intake is positively associated with markers of systemic inflammation in women. Further investigation of the influences of TFAs on inflammation and of implications for coronary disease, diabetes, and other conditions is warranted.

PMID: 15051604 [PubMed - in process]

2: Am J Clin Nutr. 2004 Apr;79(4):552-7.

Muscle strength in obese elderly women: effect of recreational physical activity in a cross-sectional study.

Rolland Y, Lauwers-Cances V, Pahor M, Fillaux J, Grandjean H, Vellas B.

BACKGROUND: Muscle strength (MS) may be impaired in obese persons, and this impairment may be a consequence of both obesity and low physical fitness. **OBJECTIVE:** We investigated whether MS differed between obese [body mass index (BMI; in kg/m(2)) > 29], normal-weight (BMI = 24-29), and lean (BMI < 24) elderly subjects and compared the MS of sedentary and active subjects according to their

BMI group. DESIGN: The study included 215 obese [(+/- SD) age: 80.0 +/- 3.5 y; BMI: 31.9 +/- 2.6], 630 normal-weight (age: 80.2 +/- 3.7 y; BMI: 26.3 +/- 1.4), and 598 lean (age: 80.7 +/- 3.5 y; BMI: 21.6 +/- 1.8) women with good functional ability. A cross-sectional design was used. Anthropometric measures (weight, height); measures of appendicular skeletal muscle mass (by dual-energy X-ray absorptiometry), isometric knee and elbow extension (by statergometer), and isometric handgrip strength (by dynamometer); and data on health status and self-reported recreational physical activity (RPA: walking, gymnastics, cycling, swimming, gardening) were collected. RESULTS: Absolute (unadjusted) MS was higher in obese than in lean women (P < 0.01), except for handgrip strength (P >0.05). When adjusted for age, height, RPA, pain, depression, and appendicular skeletal muscle mass, MS did not differ significantly between obese, normal-weight, and lean subjects, except for knee extension (significant interaction effect with RPA; P = 0.01). With increasing BMI, lower limb strength did not change in the sedentary women but increased in active (>/= " BORDER="0"> 1 h/wk in >/= " BORDER="0"> 1 RPA for >/= " BORDER="0"> 1 mo) women. All adjusted MS measures in active participants were significantly higher (P < 0.001) than those in their sedentary peers. CONCLUSION: The adjusted MS of elderly women is not associated with obesity but is higher in active subjects than in sedentary ones, especially in the lower limbs of obese subjects. PMID: 15051596 [PubMed - in process]

3: Am J Clin Oncol. 2004 Apr;27(2):185-90.

Diagnosis, clinical staging, and treatment of breast cancer: a retrospective multiyear study of a large controlled population.

Legorreta AP, Chericoff HO, Trinh JB, Parker RG.

This study compares diagnosis, staging, and treatment of newly diagnosed breast cancer cases over a several-year period. The study design was a retrospective, multiyear comparison between new breast cancer cases diagnosed in 1995 (n = 827) and 1997 (n = 815). Cases were identified through claims data, and medical record abstraction was used to verify each case and to identify clinical staging and type of treatment. All medical records were reviewed by one physician to maximize internal reliability. Both cohorts were predominantly 40 and older, white, married, and postmenopausal. The latter cohort (1997) had a higher proportion of women aged 70 to 79 and a lower proportion of women aged 40 to 49. In both cohorts, women age 40 and older were likely to be diagnosed with breast cancer at the time of mammographic screening, while women younger than 40 were more likely to be diagnosed by clinical breast examination. In logistic regression analyses, controlling for confounding factors such as age, undergoing mammographic screening increased the likelihood of having a low cancer stage at diagnosis by more than three and a half times. Mammographic screening was statistically significantly positively associated with having eligibility for breast-conserving treatment (BCT); however, although an increase in BCT eligibility was observed, actual use of BCT did not change. Mammography leads to a lower clinical stage as well as a greater likelihood of BCT eligibility at time of breast cancer diagnosis, but may not have a substantial effect on treatment choice (lumpectomy vs. mastectomy). Between 1995 and 1997, a trend was observed toward downstaging of disease at diagnosis; further research is warranted to observe whether this trend continues over time. PMID: 15057159 [PubMed - in process]

4: Am J Epidemiol. 2004 Apr 15;159(8):732-9.

Dietary carbohydrates, fiber, and breast cancer risk.

Holmes MD, Liu S, Hankinson SE, Colditz GA, Hunter DJ, Willett WC.

Dietary fiber, fiber fractions, carbohydrate, glycemic index, and glycemic load were prospectively assessed five times over 18 years with a validated food frequency questionnaire in relation to breast cancer risk among 88,678 women (aged 34-59 years at baseline) in the Nurses' Health Study. Incident breast cancer occurred in 4,092 of these women between 1980 and 1998. The authors observed no material association between carbohydrate intake, glycemic index and glycemic load, total dietary fiber intake, and breast cancer risk. The relative risks for the highest versus the lowest quintile of intake were 0.97 (95% confidence interval (CI): 0.87, 1.08) for carbohydrates, 1.08 (95% CI: 0.97, 1.19) for glycemic index, 0.99 (95% CI: 0.89, 1.10) for glycemic load, and 0.98 (95% CI: 0.87, 1.11) for fiber. The relative risk comparing those in the highest 0.7% of fiber intake (>30 g/day) with those in the lowest 10% of fiber intake (<=10 g/day) was 0.68 (95% CI: 0.43, 1.06). Analyses stratified by menopausal status and body mass index also showed no clear risk pattern. In this cohort of middle-aged women, no overall association was found for dietary carbohydrates, glycemic index and glycemic load, and breast cancer risk. This study also confirmed the lack of an overall association between intake of fiber and fiber types and breast cancer risk observed in other prospective studies.
PMID: 15051582 [PubMed - in process]

5: Am J Med Genet. 2004 Apr 1;126A(1):41-5.

Recurrence risk of preeclampsia in twin and singleton pregnancies.

Trogstad L, Skrondal A, Stoltenberg C, Magnus P, Nesheim BI, Eskild A.

The etiology of preeclampsia is unknown. The relatively high risk of recurrence of preeclampsia in subsequent pregnancies to the same mother suggests a genetic basis for the disease, but the mode of inheritance is uncertain. We compare the risk of preeclampsia in second pregnancies for mothers whose first preeclamptic pregnancy was either a singleton or a twin pregnancy. The crude and adjusted recurrence risks of preeclampsia in twin and singleton pregnancies were estimated in a population-based register including the first and second pregnancies of 550,218 women registered in the Medical Birth Registry of Norway, 1967-1998. The recurrence risk of preeclampsia in second pregnancy for women with a singleton pregnancy with preeclampsia the first time was 14.1% (95% CI: 13.6-14.6). For women with a first time twin pregnancy the recurrence risk was lower, 6.8% (CI: 4.3-10.1), $P < 0.001$. Thus, the crude excess risk for recurrent preeclampsia was 7.3% (95% CI: 4.5-10.0) in women with a first time singleton as compared to women with a first time twin pregnancy. The recurrence risk of preeclampsia is lower when the first pregnancy was a twin as compared to a singleton pregnancy. This observation is consistent with a polygenic liability model.
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PMID: 15039972 [PubMed - in process]

6: Am J Public Health. 2004 Apr;94(4):605-612.

Prevalence and 3-Year Incidence of Abuse Among Postmenopausal Women.

Mouton CP, Rodabough RJ, Rovi SL, Hunt JL, Talamantes MA, Brzyski RG, Burge SK.

OBJECTIVES: We examined prevalence, 3-year incidence, and predictors of physical and verbal abuse among postmenopausal women. **METHODS:** We used a cohort of 91 749 women aged 50 to 79 years from the Women's Health Initiative. Outcomes included self-reported physical abuse and verbal abuse. **RESULTS:** At baseline, 11.1% reported abuse sometime during the prior year, with 2.1% reporting physical abuse only, 89.1% reporting verbal abuse only, and 8.8% reporting both physical and verbal abuse. Baseline prevalence was associated with service occupations, having lower incomes, and living alone. At 3-year follow-up, 5.0% of women reported new abuse, with 2.8% reporting physical abuse only, 92.6% reporting verbal abuse only, and 4.7% reporting both physical and verbal abuse.

CONCLUSIONS: Postmenopausal women are exposed to abuse at similar rates to younger women; this abuse poses a serious threat to their health.

PMID: 15054013 [PubMed - as supplied by publisher]

7: Am J Respir Crit Care Med. 2004 Apr 1;169(7):836-41. Epub 2004 Jan 07.

Prospective study of acetaminophen use and newly diagnosed asthma among women.

Barr RG, Wentowski CC, Curhan GC, Somers SC, Stampfer MJ, Schwartz J, Speizer FE, Camargo CA Jr.

Acetaminophen decreases glutathione levels in the lung, which may predispose to oxidative injury and bronchospasm. Acetaminophen use has been associated with asthma in cross-sectional studies and a birth cohort. We hypothesized that acetaminophen use would be associated with newly diagnosed adult-onset asthma in the Nurses' Health Study, a prospective cohort study of 121,700 women. Participants were first asked about frequency of acetaminophen use in 1990. Cases with asthma were defined as those with a new physician diagnosis of asthma between 1990 and 1996 plus reiteration of the diagnosis and controller medication use. Proportional hazard models included age, race, socioeconomic status, body mass index, smoking, other analgesic use, and postmenopausal hormone use. During 352,719 person-years of follow-up, 346 participants reported a new physician diagnosis of asthma meeting diagnostic criteria. Increasing frequency of acetaminophen use was positively associated with newly diagnosed asthma (p for trend = 0.006). The multivariate rate ratio for asthma for participants who received acetaminophen for more than 14 days per month was 1.63 (95% confidence interval, 1.11-2.39) compared with nonusers. It would be premature to recommend acetaminophen avoidance for patients with asthma, but further research on pulmonary responses to acetaminophen is necessary to confirm or refute these findings and to identify subgroups whose asthma may be modified by acetaminophen.

PMID: 14711794 [PubMed - in process]

8: Ann Oncol. 2004 Apr;15(4):590-3.

Factor V Leiden and G20210A prothrombin mutation and the risk of subclavian vein thrombosis in patients with breast cancer and a central venous catheter.

Mandala M, Curigliano G, Bucciarelli P, Ferretti G, Mannucci PM, Colleoni M, Ventura A, Peruzzotti G, Severi G, Pelicci PG, Biffi R, Orsi F, Cinieri S, Goldhirsch A.

BACKGROUND: To analyze the influence of the prothrombotic gene mutation factor V G1691A (factor V Leiden) and prothrombin G20210A on the risk of a first episode of catheter-related deep venous thrombosis (DVT) in a group of patients with breast cancer treated with chemotherapy. PATIENTS AND METHODS: Between January 1999 and February 2001, the occurrence of a first symptomatic DVT was investigated in a cohort of 300 consecutive patients with locally advanced or metastatic breast cancer treated at a single institution with fluorouracil-based chemotherapy, administered continuously through a totally implanted access port. A nested case-control study included 25 women (cases) with catheter-related DVT and 50 controls without DVT matched with cases for age, identical chemotherapy, stage of disease and prognostic features. The G1691A factor V and G20210A prothrombin mutation genotypes were analyzed. RESULTS: Five cases [20%; 95% confidence interval (CI) 9% to 39%] and two controls (4%; 95% CI 1% to 14%) were heterozygous carriers of G1691A factor V (P = 0.04). The age-adjusted odds ratio for catheter-related DVT was 6.1 (95% CI 1.1-34.3). Only one patient (case) had the G20210A prothrombin gene mutation. Time from start of chemotherapy infusion to DVT was not significantly different between patients with (median 31 days) and

without (median 43 days) G1691A factor V mutation (P = 0.6). **CONCLUSIONS:** Factor V Leiden carriers with locally advanced or metastatic breast cancer have an increased risk of developing catheter-related DVT during chemotherapy. PMID: 15033664 [PubMed - in process]

9: BJU Int. 2004 Apr;93(6):780-8.

Experience with a bone anchor sling for treating female stress urinary incontinence: outcome at 30 months.

Carbone A, Palleschi G, Ciavarella S, Morello P, Tomiselli G, Parasciani R, Tubaro A.

OBJECTIVES To evaluate the clinical and video-urodynamic outcome in women with by stress urinary incontinence (SUI) treated with a bone-anchored pubovaginal sling. **PATIENTS AND METHODS** The study included 70 women with SUI (as evaluated by a clinical examination, a voiding questionnaire, a short pad-test and video-urodynamics) who had a bone-anchor sling procedure, with or without cystocele repair, from January 1999 to December 2001; they were re-evaluated after a long-term follow-up (mean 30 months). **RESULTS** The long-term outcome showed a success rate of > 95%; the clinical and video-urodynamic findings showed good functional and anatomical results, and an improvement in voiding performance in most patients. There was a low incidence of complications during and after surgery (2.8%). **CONCLUSIONS** This approach gives, in highly selected patients, a high success rate and low incidence of complications. The technique is easy to learn and the costs to the financing bodies and public healthcare are low, making it a candidate for an alternative procedure to the standard techniques for SUI.

PMID: 15049990 [PubMed - in process]

10: Br J Cancer. 2004 Apr 5;90(7):1349-60.

Can breast MRI help in the management of women with breast cancer treated by neoadjuvant chemotherapy?

Warren RM, Bobrow LG, Earl HM, Britton PD, Gopalan D, Purushotham AD, Wishart GC, Benson JR, Hollingworth W.

Contrast-enhanced (CE) MRI was used to monitor breast cancer response to neoadjuvant chemotherapy. Patients underwent CE MRI before and after therapy, together with conventional assessment methods (CAM). CE MRI was carried out at 1.5 T in the coronal plain with 3D sequences before and after bolus injection. An expert panel determined chemotherapy response using both CE MRI and CAM. Histopathological response in the surgical specimen was then used to determine the sensitivity and specificity of CE MRI and CAM. In total, 67 patients with 69 breast cancers were studied (mean age of 46 years). Tumour characteristics showed a high-risk tumour population: median size 49 mm: histopathological grade 3 (55%): oestrogen receptor (ER) negative (48%). Histopathological response was as follows: - complete pathological response (pCR) 17%; partial response (pPR) 68%; no response (NR) 15%. Sensitivity of CAM for pCR or pPR was 98% (CI 91-100%) and specificity was 50% (CI 19-81%). CE MRI sensitivity was 100% (CI 94-100%), and specificity was 80% (CI 44-97%). The absolute agreement between assessment methods and histopathology was marginally higher for CE MRI than CAM (81 vs 68%; P=0.09). In 71%, CE MRI increased diagnostic knowledge, although in 20% it was judged confusing or incorrect. The 2nd MRI study significantly increased diagnostic confidence, and in 19% could have changed the treatment plan. CE MRI persistently underestimated minimal residual disease. In conclusion, CE MRI of breast cancer proved more reliable for predicting histopathological response to neoadjuvant chemotherapy than conventional assessment methods. *British Journal of Cancer* (2004) 90, 1349-1360. doi: 10.1038/sj.bjc.6601710 www.bjcancer.com Published online 2 March 2004

PMID: 15054453 [PubMed - in process]

11: Br J Surg. 2004 Apr;91(4):465-8.

Sexual health in women following pelvic surgery for rectal cancer.

Platell CF, Thompson PJ, Makin GB.

BACKGROUND: Sexual dysfunction is a recognized complication in men undergoing pelvic surgery for rectal cancer. There is, however, little information on the influence of such surgery on sexual health in women. The aim of this study was to evaluate sexual health in women undergoing pelvic surgery for rectal cancer. **METHODS:** The study group included women who underwent pelvic surgery for rectal cancer at the Colorectal Surgical Unit, Fremantle Hospital between 1996 and 2002. The patients were contacted by telephone and invited to complete an anonymized questionnaire on sexual health. A control group comprised women who had undergone surgery for colonic cancer during the same interval. **RESULTS:** Fifty women in the study group were contacted, of whom 22 completed questionnaires. Sixty-two women in the control group were contacted and 19 completed questionnaires. Women in the study group were significantly younger than those in the control group. Compared with those in the control group, women who had undergone pelvic surgery were significantly more likely to feel less attractive, feel that the vagina was either too short or less elastic during intercourse, experience superficial pain during intercourse, and complain of faecal soiling during intercourse. Women in the study group were concerned that these limitations would persist for the rest of their lives. There were no differences between the two groups in relationship to sexual arousal or libido.

CONCLUSION: Pelvic surgery for rectal cancer has a significant influence on sexual health in women.

PMID: 15048749 [PubMed - in process]

12: Breast. 2004 Apr;13(2):93-6.

Does obesity compromise survival in women with breast cancer?

Carmichael AR, Bendall S, Lockerbie L, Prescott RJ, Bates T.

Obesity, measured by high body mass index (BMI > 30kg/m²) is associated with an increased risk of postmenopausal breast cancer but the effect of obesity on prognosis is not clear. A prospectively accrued and regularly validated database of 1579 patients with breast cancer treated in a district general hospital between 1963 and 1999 was analysed for clinical and pathological tumour characteristics including the family history, grade, tumour type, treatment and outcome. The risk factors and outcome of obese and non-obese patients were compared. Breast cancer in obese women was associated with significantly larger tumour size and worse Nottingham prognostic index. There was no statistically significant difference in overall and disease-free survival between obese and non-obese group. Hazard ratios (95% CI) were 0.81 (0.62-1.06) and 0.80 (0.63-1.01), respectively. In the present study, obesity is not an indicator of worst prognosis of breast cancer.

PMID: 15019687 [PubMed - in process]

13: Breast. 2004 Apr;13(2):85-92.

Obesity and breast cancer: a review of the literature.

Carmichael AR, Bates T.

A woman's build, the risk of breast cancer and its subsequent prognosis seem to be related. In most but not all case-control and prospective cohort studies, an inverse relationship has been found between weight and breast cancer among premenopausal women. However, most large epidemiological studies have found

that overweight or obese women are at increased risk of developing postmenopausal breast cancer. It is suggested that higher body mass index is associated with a more advanced stage of breast cancer at diagnosis in terms of tumour size but data on lymph node status is not so consistent. All treatment modalities for breast cancer such as surgery, radiotherapy, chemotherapy and hormonal treatment may be adversely affected by the presence of obesity. The overall and disease-free survival is worse in most but not all studies of prognosis of obese pre- and postmenopausal women with breast cancer.

PMID: 15019686 [PubMed - in process]

14: Cancer. 2004 Apr 1;100(7):1352-7.

DNA repair and breast carcinoma susceptibility in women.

Ramos JM, Ruiz A, Colen R, Lopez ID, Grossman L, Matta JL.

BACKGROUND: Breast carcinoma is the most common cancer and the second leading cause of cancer-related deaths among women. The disease represents approximately 31% of all cancers in Puerto Rican women. Several DNA repair pathways are involved in preventing carcinogenesis. The current study evaluated the hypothesis that a reduced DNA repair capacity (DRC) is a susceptibility factor for breast carcinoma. **METHODS:** A retrospective case-control clinical study was performed to compare age-matched DRC in 33 women with histopathologically confirmed breast carcinoma (cases) and 47 cancer-free women (controls). DRC was measured using a host cell reactivation assay with a luciferase reporter gene and then transfected into human peripheral lymphocytes. A questionnaire was used to solicit breast carcinoma risk factors. **RESULTS:** Women with breast carcinoma had a mean DRC of 5.6% +/- 0.5 standard error of the mean (SEM). Cancer cases had a 36% reduction ($P < 0.001$) in DRC when compared with the control group (DRC=8.7% +/- 0.7 SEM). Younger participants with breast carcinoma were found to have a more significant reduction in DRC when compared with age-matched controls. Family (odds ratio [OR]=4.1), maternal lineage (OR=5.5), and maternal (OR=12.4) history of breast carcinoma were found to be the only statistically significant ($P < 0.05$) risk factors associated with the disease. **CONCLUSIONS:** The findings supported the hypothesis that a low DRC is a susceptibility factor for breast carcinoma. A 1% decrease in DRC corresponded to a 22% increase in breast carcinoma risk. To the authors' knowledge, the current study was the first to directly determine the DRC of women with breast carcinoma. Because DRC is an independent risk factor for breast carcinoma, the DRC of women may be a useful marker in predicting susceptibility. Copyright 2004 American Cancer Society. PMID: 15042667 [PubMed - in process]

15: Cancer. 2004 Apr 1;100(7):1358-64.

A prospective study of concurrent cyclophosphamide/methotrexate/5-fluorouracil and reduced-dose radiotherapy in patients with early-stage breast carcinoma.

Bellon JR, Shulman LN, Come SE, Li X, Gelman RS, Silver BJ, Harris JR, Recht A.

BACKGROUND: Concurrent administration of chemotherapy and radiotherapy has the potential advantage of delaying neither treatment and providing radiation sensitization. However, the optimal approach to concurrent treatment in women with early-stage breast carcinoma remains undefined. We present updated results of a prospective protocol of concurrent cyclophosphamide/methotrexate/5-fluorouracil (CMF) and reduced-dose radiotherapy, focusing on tumor control and patient tolerance. **METHODS:** One hundred twelve women with AJCC Stage I or Stage II breast carcinoma with 0-3 positive axillary lymph nodes were enrolled in a prospective single-arm study of concurrent CMF and reduced-dose radiotherapy

(39.6 gray [Gy] to the whole breast, 16-Gy boost). A high proportion of women had risk factors associated with an increased risk of local disease recurrence, including age <40 (32%), close or positive margins (37%), or lymphatic/vascular invasion (51%). The median follow-up period was 94 months. RESULTS: The 5-year overall survival rate was 94%. By 60 months, 5 patients (4%) experienced local disease recurrence and 19 patients (17%) experienced distant metastasis. There were no isolated regional lymph node recurrences. Local disease recurrence occurred in 1 of 25 patients (4%), 1 of 16 patients (6%), and 3 of 70 patients (4%) with positive, close (<1 mm), and negative margins, respectively. One patient developed acute myelogenous leukemia. An additional patient developed Grade 2 pneumonitis. Cosmetic results were not recorded uniformly for all patients and therefore could not be reliably analyzed. CONCLUSIONS: Concurrent CMF and reduced-dose radiotherapy resulted in a low level of late toxicity and excellent local tumor control, despite the large proportion of patients with substantial risk factors for local disease recurrence. Future studies of concurrent regimens, particularly in patients at high risk of local disease recurrence, are warranted. Copyright 2004 American Cancer Society. PMID: 15042668 [PubMed - in process]

16: Cancer. 2004 Apr 1;100(7):1337-44.

Breast carcinoma diagnosis, treatment, and prognosis before and after the introduction of mass mammographic screening.

Ernst MF, Voogd AC, Coebergh JW, Roukema JA.

BACKGROUND: The introduction of breast carcinoma screening leads to early detection and is believed to reduce mortality and increase the proportion of patients for whom breast-conserving surgery is possible. METHODS: In 1992, a population-based mammographic screening program was introduced in the Dutch city of Tilburg and its surroundings; the program achieved total coverage in 1996. The authors examined the effects of this screening program by investigating disease stage, treatment, and survival among women diagnosed with breast carcinoma at a teaching hospital in Tilburg during the periods 1985-1991 and 1992-1999. RESULTS: Between January 1, 1985, and December 31, 1999, 1400 patients were diagnosed with breast carcinoma. Among patients ages 50-69 years, the proportion of TNM Stage I breast carcinoma increased from 24% in 1985-1991 to 45% in 1992-1999 ($P<0.001$). The proportion of patients age <50 years with invasive breast carcinoma who underwent breast-conserving surgery decreased from 45% to 33% ($P=0.011$). Among patients ages 50-69 years, the overall survival rate during the period from 1992 to 1999 was significantly greater than the corresponding rate during the period from 1985 to 1991 ($P=0.0009$). Even after adjustments were made for tumor stage and patient age, a slight reduction in mortality risk was observed in this age group. No difference in stage distribution or prognosis was found among patients age <50 years or among patients age \geq 70 years. Of the 168 invasive malignancies found in patients ages 50-69 years between 1997 and 1999, 68 (40%) were detected by the screening program, 47 (28%) were interval malignancies, and 53 (32%) were detected in nonparticipants or in women who did not participate in 1 or more screening rounds. Patients with screen-detected tumors had a much more favorable prognosis than did patients with interval malignancies ($P=0.0018$) or patients with clinically detected breast carcinoma ($P<0.0001$). CONCLUSIONS: Between 1992 and 1999, after the introduction of breast carcinoma screening, improved prognosis and more favorable tumor stage were observed among patients ages 50-69 years. Even after the screening program was fully implemented in 1996, the majority of invasive malignancies still were detected between screening rounds or in patients who did not participate in the program. Copyright 2004 American Cancer Society.

PMID: 15042665 [PubMed - in process]

17: Cancer. 2004 Apr 1;100(7):1507-14.

Familial association of specific histologic types of ovarian malignancy with other malignancies.

Bermejo JL, Rawal R, Hemminki K.

BACKGROUND: Population-based data on the familial association of specific histologic types of ovarian malignancy with other malignancies are limited. Such data may help to elucidate etiologic differences among histologic types of ovarian malignancy.

METHODS: The nationwide Swedish Family-Cancer Database, which includes 10.3 million individuals and 20,974 ovarian carcinomas, was used to calculate standardized incidence ratios and 95% confidence intervals for age- and histology-specific ovarian malignancies in women whose parents or siblings

were affected with malignancies at the most common disease sites. **RESULTS:** Ovarian malignancy was found to be associated with ovarian, laryngeal, breast, endometrial, liver, and colon carcinoma, as well as myeloma; epithelial ovarian malignancy was found to be associated with ovarian, endometrial, and skin malignancies and with melanoma and myeloma; papillary serous cystadenocarcinoma was found to be associated with ovarian and skin malignancies and with myeloma; and endometrioid carcinoma was found to be associated with endometrial, ovarian, and prostate malignancies and with melanoma. For younger women (ages 40-45

years) whose mothers were affected with endometrial malignancies, the risk of developing endometrioid carcinoma was slightly greater than the risk of developing papillary serous cystadenocarcinoma. **CONCLUSIONS:** Specific types of ovarian malignancy may be associated with specific familial disease sites, with such associations depending on age at diagnosis; the strength of the observed associations varied according to histology. Associations were found between endometrioid carcinoma and endometrial malignancy and between serous carcinoma and Hodgkin disease. Copyright 2004 American Cancer Society.

PMID: 15042686 [PubMed - in process]

18: Cancer. 2004 Apr 1;100(7):1515-21.

Anthropometric variables, physical activity, and incidence of ovarian cancer: The Iowa Women's Health Study.

Anderson JP, Ross JA, Folsom AR.

BACKGROUND: Reports on the relation between anthropometric variables (height, weight) and physical activity with ovarian cancer have been inconclusive. The objective of the current study was to extend investigation of potential associations in the Iowa Women's Health Study cohort. **METHODS:** The relation between self-reported anthropometric variables and incident ovarian cancer was studied in a prospective cohort of women ages 55-69 years who were followed for

15 years. Two hundred twenty-three incident cases of epithelial ovarian cancer were identified by linkage to a cancer registry. **RESULTS:** No association was found overall between ovarian cancer and height, but a positive association was observed for serous ovarian cancers (relative risk [RR], 1.86 for highest quartile vs. lowest quartile; 95% confidence interval [95% CI], 1.06-3.29). Although current body mass index (BMI) was not associated with ovarian cancer, a BMI \geq 30 kg/m² at age 18 years appeared to be associated positively with ovarian cancer (multivariate-adjusted RR, 1.83 for BMI \geq 30 kg/m² vs. BMI $<$ 25 kg/m²; 95% CI, 0.90-3.72), and this association was stronger after exclusion of the first 2 years of follow-up (RR, 2.15; 95% CI, 1.05-4.40). In a multivariate analysis, waist-to-hip ratio was associated with ovarian cancer

(RR, 1.59 for highest quartile vs. lowest quartile; 95% CI, 1.05-2.40), but a linear dose response was not found. An index that combined the frequency and intensity of leisure-time physical activity was associated positively with ovarian cancer incidence (multivariate-adjusted RR, 1.42 for high activity vs. low activity; 95% CI, 1.03-1.97). This association was particularly strong for frequency of vigorous physical activity (multivariate-adjusted RR, 2.38 for >4 times per week vs. rarely/never; 95% CI, 1.29-4.38). **CONCLUSIONS:** Anthropometric variables were not major risk factors for ovarian cancer in the cohort studied; however, high BMI in early adulthood and frequent and vigorous physical activity may increase the risk of ovarian cancer among postmenopausal women. Copyright 2004 American Cancer Society.
PMID: 15042687 [PubMed - in process]

19: Cancer Epidemiol Biomarkers Prev. 2004 Apr;13(4):620-30.

On-schedule mammography rescreening in the national breast and cervical cancer early detection program.

Bobo JK, Shapiro JA, Schulman J, Wolters CL.

Objective: The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides free cancer screening to many low-income, underinsured women annually but does not routinely collect all data necessary for precise estimation of mammography rescreening rates among enrollees. **Materials and Methods:** To determine the percentages rescreened and to identify factors that encourage on-schedule rescreening, telephone interview and medical record data were collected from 1685 enrollees in Maryland, New York, Ohio, and Texas at least 30 months after their 1997 index mammogram. **Results:** Overall, 72.4% [95% confidence interval (95% CI) = 70.1-74.7] were rescreened within 18 months and 81.5% (95% CI = 79.6-83.5) within 30 months. At 30 months, the adjusted odds ratios (ORs) for rescreening were higher among Hispanics (OR = 1.95, 95% CI = 1.15-3.28), women with a history of breast cancer before the index mammogram (OR = 3.36, 95% CI = 1.07-10.53), and those who had used hormone replacement therapy before their index mammogram (OR = 1.94, 95% CI = 1.30-2.91). The 30-month adjusted ORs were lower for women who reported poor health status (OR = 0.60, 95% CI = 0.42-0.85), did not have a usual source of care (OR = 0.61, 95% CI = 0.40-0.94), did not know if they could have another free mammogram (OR = 0.28, 95% CI = 0.14-0.51), described their index screen as their first mammogram ever (OR for no prior mammograms versus three or more = 0.40, 95% CI = 0.27-0.60), did not recall receiving a rescreening reminder (OR = 0.35, 95% CI = 0.25-0.48), or did not think they had been encouraged to rescreen by their provider (OR = 0.61, 95% CI = 0.44-0.86). **Discussion:** Rescreening behavior in this sample of NBCCEDP enrollees was comparable with that observed in other populations. To facilitate routine rescreening among low-income women, ongoing efforts are needed to ensure they receive annual reminders and encouragements from their medical providers and that they know how to obtain the services they need.
PMID: 15066928 [PubMed - in process]

20: Circulation. 2004 Apr 6;109(13):1623-9. Epub 2004 Mar 15.

Blood pressure and risk of secondary cardiovascular events in women: the Women's Antioxidant Cardiovascular Study (WACS).

Mason PJ, Manson JE, Sesso HD, Albert CM, Chown MJ, Cook NR, Greenland P, Ridker PM, Glynn RJ.

BACKGROUND: In apparently healthy people, the relation between blood pressure and risk of subsequent cardiovascular disease (CVD) is linear. In persons with CVD,

the relation is uncertain. **METHODS AND RESULTS:** We conducted a prospective study of 5218 older women with CVD who reported their blood pressure at baseline in the Women's Antioxidant Cardiovascular Study (WACS), an ongoing double-blind, placebo-controlled secondary prevention trial of the benefits and risks of antioxidant vitamins, folic acid, vitamin B6, and vitamin B12 among women with CVD or ≥ 3 coronary risk factors. A total of 661 confirmed CVD events (nonfatal myocardial infarction, nonfatal stroke, coronary artery bypass graft procedure, percutaneous coronary angioplasty, or CVD death) occurred during a median follow-up of 6.5 years. After controlling for age, randomized treatment assignment, antihypertensive medication use, and coronary risk factors, we found that systolic blood pressure (SBP) was a strong predictor of CVD events and that the relation between SBP and CVD risk was positive, continuous, and linear (P for linear trend=0.001). For each 10-mm Hg increment in SBP, there was a 9% (95% CI 4% to 15%) increase in risk of secondary CVD events. Diastolic blood pressure, mean arterial pressure, and pulse pressure were weaker predictors of CVD risk in this cohort, and joint consideration of SBP and diastolic blood pressure found that only SBP significantly predicted risk. Use of antihypertensive medication did not modify the relationship of SBP with CVD events. **CONCLUSIONS:** In this population of women with CVD, we observed a strong, continuous, and linear association between SBP and risk of secondary CVD events. SBP was the blood pressure measure most strongly related to CVD risk. PMID: 15023883 [PubMed - in process]

21: Contraception. 2004 Apr;69(4):339-42.

As often as needed: appropriate use of emergency contraceptive pills.

Abuabara K, Becker D, Ellertson C, Blanchard K, Schiavon R, Garcia SG.

Previous research has established that emergency contraceptive pills are safe and have the potential to reduce unintended pregnancy; however, policy makers, providers and even women themselves have expressed concern about repeat use of the method. Evidence regarding the safety, efficacy and frequency of repeat use show that the method is safe and effective, even when used multiple times. Reported rates of repeat use are actually lower than would be expected, and needed, based on the frequency of unprotected intercourse and contraceptive failure reported in most countries. Healthcare providers should encourage use of emergency contraceptive pills as a backup after recognizable failure of barrier methods or other hormonal contraceptive methods, and should expect that women may need emergency contraceptive pills multiple times during their reproductive years.

PMID: 15033411 [PubMed - in process]

22: Curr Treat Options Oncol. 2004 Apr;5(2):119-27.

Adenocarcinoma of the cervix.

Schorge JO, Knowles LM, Lea JS.

Cervical adenocarcinomas are increasing in incidence each year, comprising up to 25% of all cervical cancers diagnosed in the United States. This increase largely reflects the inherent difficulty in detecting glandular precursor lesions using current screening practices. However, there also appears to be a recent shift in the epidemiology of the disease process with younger women being diagnosed more frequently. Fertility-sparing surgery is an option for selected patients with adenocarcinoma in situ or stage IA(1) cervical adenocarcinoma. Simple hysterectomy should be performed at the completion of childbearing or when preserving fertility is not an issue. The treatment of choice for most women with stage IA(2) to IB(1) disease is radical hysterectomy. Fewer than 20% of patients will need adjuvant therapy and the cure rate is excellent. Primary radiation with weekly

cisplatin may be the best option for patients with stage IB(2) to IIA cervical adenocarcinoma. Patients treated initially by primary radical surgery will almost certainly require postoperative chemoradiation because of high-risk surgical-pathologic features. Patients with stage IIB to IVA disease should also receive primary radiation with weekly cisplatin. Management of recurrence should be individualized, depending on the location of disease and the type of previous therapy.

PMID: 14990206 [PubMed - in process]

23: Diabetes Care. 2004 Apr; 27(4):925-930.

The Effect of Vitamin Therapy on the Progression of Coronary Artery Atherosclerosis Varies by Haptoglobin Type in Postmenopausal Women.

Levy AP, Friedenberg P, Lotan R, Ouyang P, Tripputi M, Higginson L, Cobb FR, Tardif JC, Bittner V, Howard BV.

OBJECTIVE: -Antioxidant trials have not demonstrated efficacy in slowing cardiovascular disease but could not rule out benefit for specific patient subgroups. Antioxidant therapy reduces LDL oxidizability in haptoglobin 1 allele homozygotes (Hp 1-1), but not in individuals with the haptoglobin 2 allele (Hp 2-1 or Hp 2-2). We therefore hypothesized that haptoglobin type would be predictive of the effect of vitamin therapy on coronary atherosclerosis as assessed by angiography. **RESEARCH DESIGN AND METHODS-**We tested this hypothesis in the Women's Angiographic Vitamin and Estrogen (WAVE) trial, a prospective angiographic study of vitamins C and E with or without hormone replacement therapy (HRT) in postmenopausal women. Haptoglobin type was determined in 299 women who underwent baseline and follow-up angiography. The annualized change in the minimum luminal diameter (MLD) was examined in analyses stratified by vitamin use, haptoglobin type, and diabetes status. **RESULTS:** -We found a significant benefit on the change in MLD with vitamin therapy as compared with placebo in Hp 1-1 subjects (0.079 +/- 0.040 mm, P = 0.049). This benefit was more marked in diabetic subjects (0.149 +/- 0.064 mm, P = 0.021). On the other hand, there was a trend toward a more rapid decrease in MLD with vitamin therapy in Hp 2-2 subjects, which was more marked in diabetic subjects (0.128 +/- 0.057 mm, P = 0.027). HRT had no effect on these outcomes. **CONCLUSIONS:** -The relative benefit or harm of vitamin therapy on the progression of coronary artery stenoses in women in the WAVE study was dependent on haptoglobin type. This influence of haptoglobin type seemed to be stronger in women with diabetes. PMID: 15047650 [PubMed - as supplied by publisher]

24: Eur J Cardiothorac Surg. 2004 Apr; 25(4):497-501.

The case for routine cervical mediastinoscopy prior to radical surgery for malignant pleural mesothelioma.

Pilling JE, Stewart DJ, Martin-Ucar AE, Muller S, O'Byrne KJ, Waller DA.

Objectives: To assess whether cervical mediastinoscopy is necessary before radical resection of malignant pleural mesothelioma (MPM). **Methods:** Patients who underwent radical excision of MPM in a 48-month period were prospectively followed for evidence of disease recurrence and death. Histological evidence of extra pleural lymph node metastases was correlated with survival. Lymph node size at intraoperative lymphadenectomy was correlated with the presence of metastatic tumour. **Results:** The 55 patients who underwent radical resection (51 extra pleural pneumonectomies and 4 radical pleurectomies) comprised 50 men and 5 women with a median age of 58 years, range 41-70. Histological examination revealed 50 epithelioid, four biphasic and one sarcomatoid histology. Postoperative IMIG T stage was stage I 4, II 11, III 30 and IV 10. Postoperatively the 17 patients with

metastases to the extra pleural lymph nodes had significantly shorter survival (median 4.4 months, 95% CI 3.2-5.4) than those without (median survival 16.3 months, 95% CI 11.6-21.0) [Formula: see text] Kaplan-Meier analysis. Seventy-seven extra pleural lymph nodes without metastases were measured with a mean long axis diameter of 16.9 mm (range 4-55); 22 positive nodes had a mean long axis diameter of 15.2 mm (range 6-30). In 15 of the 17 patients with positive extra pleural nodes, the nodes could have been biopsied at cervical mediastinoscopy. Conclusions: This study confirms that extra pleural nodal metastases are related to poor survival. Pathological nodal involvement cannot be predicted from nodal dimensions. These data suggest that all patients being considered for radical resection of MPM should preferentially undergo preoperative cervical mediastinoscopy irrespective of radiological findings.
PMID: 15037261 [PubMed - in process]

25: Eur J Obstet Gynecol Reprod Biol. 2004 Apr 15;113(2):229-33.

Laser CO(2) conization: a safe mode of treating conservatively microinvasive carcinoma of the uterine cervix.

Diakomanolis E, Haidopoulos D, Rodolakis A, Vlachos G, Stefanidis K, Komisopoulos K, Michalas S.

Objective: To evaluate the outcome of conservative treatment by laser CO(2) conization, for the management of microinvasive carcinoma of the uterine cervix (MIC). Study design: From 1990 to 1999, 90 women with the diagnosis of MIC were treated in the Gynecological Oncology Unit of "Alexandra" Hospital. Final diagnosis of MIC was based on cervical conization as well as simple and radical hysterectomy specimens. The cytological and colposcopic diagnoses prior to conization were reviewed. The cone specimen parameters examined by the pathologists were depth and width of invasion, lymph-vascular space invasion (LVSI) and surgical margins status. The modality used for all conizations, either primary or secondary, was the laser CO(2) under local anaesthesia. Results: Diagnosis of MIC was made on cone biopsy in 73 women (81%), in simple hysterectomy in 10 (11%) and in radical hysterectomy specimens in 7 (8%). From the patients that underwent conization, two (2.5%) were detected with LVSI. Five patients (7%) were found to have involved margins and from those, the majority was managed by a second conization. Mean follow-up time was 54 months (range: 30-110 months). Four patients (6.6%) with recurrence were observed during follow-up, all of them with LSIL. No cases of invasive disease or HSIL were encountered. Conclusions: Laser CO(2) conization is a safe and effective mode of treatment for women suffering from MIC and wish to retain their fertility. However, this type of management should be advocated only in cases fulfilling the strict criteria for MIC as these have been defined by FIGO.
PMID: 15063966 [PubMed - in process]

26: Eur J Obstet Gynecol Reprod Biol. 2004 Apr 5;113 Suppl:S48-9.

Autotransplantation of ovarian tissue and the risk of disease transmission.

Radford J.

Temporary ovarian function has been reported following reimplantation of frozen/thawed cortical tissue and it is hoped that in time this technique will allow women sterilised by treatment for cancer to regain their fertility. There is however a concern, supported by animal data, that ovarian tissue may be contaminated by disease capable of causing a relapse after transplantation. One experiment, in which ovarian tissue from women with lymphoma was xenografted into immunodeficient mice, showed no evidence of transmission but these results

require confirmation and no data exists for other malignancies. For the time being, therefore, it is recommended that harvesting and reimplantation of ovarian tissue should only take place within the confines of carefully designed clinical trials.
PMID: 15041131 [PubMed - in process]

27: Expert Rev Anticancer Ther. 2004 Apr; 4(2):189-95.

Epirubicin as adjuvant therapy in breast cancer.

Earl H, Iddawela M.

The past two decades have seen the introduction of routine adjuvant chemotherapy for early breast cancer. Since the cyclophosphamide, methotrexate and 5-fluorouracil (CMF) regimen was shown to improve disease-free and overall survival, adjuvant chemotherapy has become standard for many women. Anthracyclines, which are active in metastatic breast cancer, were then incorporated into adjuvant regimens and the meta-analysis of anthracycline trials has shown these regimens to be superior to CMF. Epirubicin (Ellence((R)), Pharmacia), the 4;-epimer of doxorubicin, produces similar response rates to doxorubicin in the metastatic setting, and has been shown to have a better toxicity profile. In this review, the data relating to the efficacy of epirubicin in the adjuvant setting, including data from the recently presented

National Epirubicin Adjuvant Trial, will be discussed.

PMID: 15056049 [PubMed - in process]

28: Expert Rev Anticancer Ther. 2004 Apr; 4(2):197-211.

Treatment options for early breast cancer in elderly women.

Basso U, Brunello A, Pogliani C, Monfardini S.

In clinical practice, approximately 50% of new cases of breast cancer occur in women over the age of 65 years, although very few elderly women have been enrolled in the numerous randomized trials conducted so far. Notwithstanding less aggressive biologic features compared with younger patients, breast cancer impacts on mortality of elderly women, especially if not adequately treated. As confirmed by meta-analyses, hormonal therapy is the most effective adjuvant measure for patients with localized disease, whereas the decrease in the benefit of cytotoxic treatment with increased risk of toxicity make the decision on when and how to administer it a major challenge for the medical oncologist. Careful evaluation of biological prognostic factors, performance status and geriatric parameters, such as functional independence, comorbidities and cognitive function of the patient, along with determination of her life expectancy and preferences, represent the relevant information on which the oncologist should ground their decision for integrated treatment with conservative surgery, radiotherapy and hormonochemotherapy in otherwise healthy women, or attenuated or palliative measures for the frail patients, in order to maximize the balance of benefits and toxicities. The aims of this review are to summarize the most relevant concepts for decision making in the clinical practice and discuss the results of recent research concerning the additional needs of elderly women with early breast cancer.

PMID: 15056050 [PubMed - in process]

29: Gynecol Oncol. 2004 Apr; 93(1):27-33.

Small cell neuroendocrine carcinoma of the cervix: outcome and patterns of recurrence.

Viswanathan AN, Deavers MT, Jhingran A, Ramirez PT, Levenback C, Eifel PJ.

Objective. To analyze the sites of relapse and overall survival in women with neuroendocrine marker-positive small cell carcinoma of the cervix. Methods. The records of all women who had their initial treatment for cervical cancer at The

University of Texas M.D. Anderson Cancer Center between 1980 and 2000 were reviewed. Fifty-one patients had stages I-III cancers that were originally described as "small cell" or "neuroendocrine." Histological material was available for reexamination in 45 cases; of these, 21 were found to have small cell neuroendocrine carcinoma (SCNEC) as indicated by positive staining for chromogranin, synaptophysin, or CD56. Local treatment consisted of a radical hysterectomy in six patients and radiation therapy in 15. Thirteen patients received chemotherapy as part of their initial treatment. The median follow-up for surviving patients was 83 months (range, 25-209 months). Results. Fourteen (66%) of the 21 patients had a relapse. The median time to first relapse from the initiation of treatment was 8.4 months (range, 3.6-28 months). Most patients developed hematogenous distant metastases before their death. Only 2 of 15 patients who were treated with radiation therapy had a recurrence within the radiation fields. However, five patients had a recurrence above the radiation fields in the paraaortic lymph nodes, and two patients had a recurrence distal to the pelvic fields in the vagina. No patient had brain metastases as the sole site of first recurrence. However, two patients developed brain metastases concurrently with lung metastases. The overall survival rate was 29% at 5 years; none of the patients who had disease more extensive than stage IB1 or clinical evidence of lymph node metastases survived their disease. Conclusions. Patients with small cell neuroendocrine cervical cancer have a poor prognosis. Their course is frequently characterized by the development of widespread hematogenous metastases; locoregional recurrence outside irradiated fields is also frequent. Brain metastases were seen only in patients who also had lung metastases, suggesting that prophylactic cranial irradiation would be of little benefit. PMID: 15047210 [PubMed - in process]

30: Gynecol Oncol. 2004 Apr;93(1):9-13.

The long-term survival of women with surgical stage II endometrioid type endometrial cancer.

Ayhan A, Taskiran C, Celik C, Yuce K.

Objective. The aim of this study was to evaluate the survival estimates, treatment outcomes, prognostic factors, and recurrence patterns of patients with surgical stage II endometrial cancer. Methods. Forty-eight stage II endometrial cancer patients treated between 1982 and 2000 were included. All the patients were subjected to the initial surgical staging procedure consisting of peritoneal cytology, infracolic omentectomy, abdominal hysterectomy (radical or simple), bilateral salpingo-oophorectomy, and complete pelvic-paraaortic lymphadenectomy. Of these 48 patients, 21 (44%) were treated with radical hysterectomy (RH) without adjuvant therapy. The remaining 27 (56%) patients were treated with simple hysterectomy plus adjuvant radiotherapy. With respect to the prognostic factors, no statistically significant difference was found between these two groups. The median follow-up period was 5 years (range, 2-9). Results. The mean age at the time of diagnosis was 55.8 years (range, 34-75). The 5-year disease-free and overall survival (OS) rates of entire group were 83% and 86%, respectively. These figures for 27 (56%) patients treated with simple hysterectomy plus radiation were 81% and 83%, respectively. For 21 (44%) patients who were treated with radical hysterectomy without adjuvant therapy, the 5-year disease-free and overall survival rates were 85% and 90%, respectively. When these two groups were compared, survival rates were not significantly different from each other ($P = 0.60$ for disease-free survival and $P = 0.46$ for overall survival). In multivariate analysis, only the high grade predicted poor survival significantly ($P = 0.04$). Eight patients (17%) had recurrence: two local, five distant, and one both local and distant. Initial therapeutic approach was not related with the subsequent site of

relapse. Two patients with only local failure were successively treated, but all the six patients who had distant component of relapse died within the same year. Surgical morbidity was seen in six (12.5%) patients. No surgical mortality was seen, and no patient developed a major complication directly related to the radical hysterectomy or lymphadenectomy. Conclusions. Without adjuvant radiotherapy, initial surgical staging procedure consisting radical hysterectomy and complete pelvic-para-aortic lymphadenectomy achieved excellent survival and minimal morbidity in stage II endometrial cancer. Distant failure was the main problem. PMID: 15047207 [PubMed - in process]

31: Gynecol Oncol. 2004 Apr;93(1):87-91.

Incidence of metastasis to the ovaries from nongenital tract primary tumors.

Moore RG, Chung M, Granai CO, Gajewski W, Steinhoff MM.

Objective. The purpose of this study was to evaluate the characteristics of metastatic tumors to the ovaries in nongenital tract primaries and to determine the route of dissemination. Methods. An IRB-approved study retrospectively reviewed patient records from January 1992 to January 2003. A tumor registry and pathology database search identified women with metastatic disease to the ovaries that had undergone surgery for the presence of an adnexal mass. The charts were reviewed for age at diagnosis, presenting symptoms, size of ovarian metastasis, laterality of metastasis, and primary tumor site. Pathology reports and specimen slides were reviewed to confirm the diagnosis and evaluate the tumors for various pathological features. Results. A total of 59 cases of metastasis to the ovary were identified. The median age of the study group was

55 years old (range: 27-78). Primary colon cancer was identified in 19 (32.2%) cases; appendix 12 (20.3%); breast 5 (8.4%); small bowel and gastric each contributed 4 (6.8%) cases. Pancreatic cancer added 3 (5.1%), while gallbladder and urinary bladder each contributed 1 (1.7%) case. Tumors of unknown primary contributed 10 (18.5%) of the cases. Stromal invasion was seen in 56 (95%) of the cases and surface involvement in 9 (15%) cases. Bilateral metastasis was found in 39 (66.1%) patients and unilateral metastasis in 20 (33.9%) patients.

Conclusion. Metastatic lesions to the ovary are more commonly seen from primary colon cancer, appendiceal, and breast carcinomas. The mechanism of metastasis is through hematogenous pathways as opposed to a transserosal route.

PMID: 15047218 [PubMed - in process]

32: Gynecol Oncol. 2004 Apr;93(1):164-9.

A comparison of ovarian cancer treatments: analysis of utility assessments of ovarian cancer patients, at-risk population, general population, and physicians.

Calhoun EA, Fishman DA, Lurain JR, Welshman EE, Bennett CL.

Objective. Perceptions of the severity of chemotherapy-related toxicity differ among physicians, ovarian cancer patients, at-risk individuals, and persons in the general population. In this study, we elicited assessments of toxicity from women with ovarian cancer, women at increased risk of developing ovarian cancer, women in the general population, and gynecologic oncologists. Methods. Thirty-nine ovarian cancer patients, fifteen women at increased risk, thirty-nine women at baseline risk, and eleven gynecologic oncologists completed utility assessment surveys. Results. There was good face validity to the utility exercise as assessments of health states. Health states with toxicity were consistently associated with less favorable assessments than the health states with no toxicity. The ovarian cancer patients as a group and the women at risk

for the development of ovarian cancer viewed health states with toxicity similarly and more favorably than women in the general population. However, patient assessments varied, with the most favorable assessment of life with toxicity being reported from individuals who had experienced such toxicity. Physician assessments of the impact of toxicity on overall health status were most similar to those obtained from patients who had experienced moderate to severe toxicity, and were more favorable than those elicited from patients who had not experienced any toxicity. Conclusions. Assessments of the impact of chemotherapy-related toxicity vary depending on the perspective of the individual responding to these questions. In discussing ovarian cancer treatments with at-risk women and the general population, concerns over treatment-related toxicity are likely to be greater than those expressed by persons who are more familiar with the actual occurrence of such events and therapeutic preferences may be affected as a result.

PMID: 15047231 [PubMed - in process]

33: Gynecol Oncol. 2004 Apr;93(1):125-30.

The benefits of a gynecologic oncologist: a pattern of care study for endometrial cancer treatment.

Roland PY, Kelly FJ, Kulwicki CY, Blitzer P, Curcio M, Orr JW Jr.

Objective. Compare important aspects of initial endometrial cancer treatment in women with or without primary management by a gynecologic oncologist (GYO). Methods. A retrospective pattern of care study was conducted using tumor registry data from a community-based health care system. Surgically treated endometrial cancer cases were reviewed with respect to histology, training of surgeon(s), procedures, TNM staging, and prescription of adjuvant radiation. Results. Two hundred and seven consecutive cases completed between January 1998 and December 2000 were analyzed. Overall surgical stage was 78.4% stage I, 6.9% stage II, and 14.7% stage III-IV. Gynecologic oncologists (GYOs) provided care in 101 (48.8%) and gynecologists (GYNs) in 104 cases (50.2%). General surgeons (GSs) assisted gynecologists in 36.5% of cases. GYOs (94.0%) completed TNM staging two times more frequently ($P < 0.05$) than GYNs (45.2%). The incidence of lymph node assessment by GYOs was 83.0% (average number of nodes, 19.5) and GYNs 26.0% (average number of nodes, 7.7). Advanced disease (stage III-IV) was more frequently ($P < 0.05$) managed by GYOs (23.0%) than GYNs (6.7%). Radiation (RT) was prescribed to 36 (17.4%) patients. When evaluating T1 and TII tumors at risk for extrauterine spread (G2-G3 or myometrial invasion), GYOs completed surgical staging more frequently than GYNs (95.7% vs. 18.8%, $P < 0.05$). GYO patients received radiation (six patients: 8.6%) less frequently than GYN patients (8.6% vs. 21.7%). No patient managed by GYOs with T1 N0 disease received RT. Eighteen percent of patients managed by GYNs with T1 N0 or T1 NX received RT. Conclusions. Gynecologic oncologists are more likely to evaluate and manage those with advanced endometrial cancer. Women with endometrial cancer managed by GYOs are more likely to receive comprehensive TNM surgical staging. The employment of complete TNM staging by GYOs reduced the use of RT in those with T1 N0 or Nx disease by 100%. These results suggest that primary management by gynecologic oncologists results in an efficient use of health care resources and minimized the potential morbidity associated with adjuvant radiation.

PMID: 15047225 [PubMed - in process]

34: Gynecol Oncol. 2004 Apr;93(1):229-32.

A phase II study of liposomal lurtotecan (OSI-211) in patients with topotecan resistant ovarian cancer.

Seiden MV, Muggia F, Astrow A, Matulonis U, Campos S, Roche M, Sivret J, Rusk J, Barrett E.

Objective. To determine the safety and efficacy of a novel topoisomerase I inhibitor, liposomal lurtotecan, in patients with topotecan resistant ovarian cancer. Methods. The trial was an open-label phase II study for patients stratified by resistance to either single agent topotecan or to a prior topotecan-containing regimen. Liposomal lurtotecan was delivered at a dose of 2.4 mg/m² on Days 1 and 8 of a 21-day cycle. Dose escalations and reductions were allowed based on hematologic toxicity. Patients were evaluated every two cycles for response to liposomal lurtotecan. Results. Twenty-two women were accrued, with 16 women resistant to single agent topotecan and 6 women resistant to topotecan given in combination with a second chemotherapy agent. Hematologic toxicity consisted of mild to moderate thrombocytopenia, anemia, and neutropenia with mild to moderate gastrointestinal toxicity and fatigue. There were no responses, although eight patients had stable disease. Conclusions. Liposomal lurtotecan at this schedule demonstrates moderate hematologic toxicity and no evidence of clinical activity in a group of heavily pretreated women previously exposed to the topoisomerase I inhibitor topotecan. The study of this agent in alternative patient populations or with alternative schedules is ongoing.
PMID: 15047241 [PubMed - in process]

35: Gynecol Oncol. 2004 Apr;93(1):223-8.

Costs of treatment and outcomes associated with second-line therapy and greater for relapsed ovarian cancer.

Prasad M, Ben-Porat L, Hoppe B, Aghajanian C, Sabbatini P, Chi DS, Hensley ML.

Objective. Most women with epithelial ovarian cancer (EOC) will develop disease progression or recurrence with resistance to platinum therapy. We report overall costs and treatment outcomes associated with topotecan or gemcitabine administration in platinum- and paclitaxel-resistant EOC patients. Methods. Patients who received topotecan (n = 51) or gemcitabine (n = 56) as second-line therapy or greater for platinum- and paclitaxel-resistant EOC were retrospectively identified. Per patient costs for each regimen were determined and compared. Results. The mean total direct cost per cycle per patient of gemcitabine was \$2732.28, with a median total direct cost per cycle of \$1382.73. The mean total direct cost per cycle per patient of topotecan was \$7832.07, with a median total direct cost per cycle of \$4219.02. By comparison of the means, total direct cost per cycle per patient was significantly more expensive for topotecan (P = 0.001). Fifty-six patients received a total of 415 cycles of gemcitabine, median 5 cycles per patient (range, 1-59). Thirteen (23.2%; 95% CI, 11.9-34.5%) of 56 patients displayed clinical benefit, with median PFS of 1.8 months and median overall survival (OS) of 8.2 months. Fifty-one patients received topotecan, for a total of 264 cycles, median 4 cycles per patient (range, 1-42). Twenty-eight (56%; 95% CI, 42.0-70.0%) of 50 patients achieved clinical benefit, with PFS and OS medians of 3.6 and 16.8 months, respectively. Conclusion. Gemcitabine and topotecan are active agents in heavily pretreated, platinum- and paclitaxel-resistant EOC patients. Topotecan was more costly to deliver. Although a larger percentage of patients received clinical benefit with topotecan use, this likely reflects physician selection for use of topotecan earlier in the course of disease.
PMID: 15047240 [PubMed - in process]

36: Int J Cancer. 2004 Apr 10;109(3):430-5.

Familial association of histology specific breast cancers with cancers at other sites.

Bermejo JL, Hemminki K.

Breast cancer histologies show important differences in their incidence pattern, method of detection and management. Aggregation of breast cancer occurs also in families diagnosed for cancer at sites different from the breast. Therefore, the familial association of histology specific breast cancers with cancers at other sites is of great interest. The nationwide Swedish Family-Cancer Database was used to calculate standardised incidence ratios (SIRs) for breast cancer when parents or sibling were diagnosed with cancer at the most common sites. Significant SIRs were found when parents had breast, ovarian, laryngeal, endometrial, prostate, lung and colon cancers. If women were diagnosed before the age of 50 years, the SIRs were significant when parents were diagnosed with breast, ovarian, and prostate cancers, and leukaemia, and when siblings were diagnosed with squamous cell skin, pancreatic, breast and endometrial cancers.

If mothers were diagnosed with breast cancer, histology-specific SIRs were ranked as comedo > tubular > ductal > lobular; SIR for medullary carcinoma was not significant but it was high when mothers presented with ovarian cancer. Other associations were between the upper aerodigestive tract and lobular, colon and comedo, larynx and ductal cancer. Moreover, cervical cancer was associated with comedo and endometrial cancer with the medullary histology. In conclusion, histology-specific breast cancers were associated with specific cancer sites and the strength of the association varied among histologies. Copyright 2004 Wiley-Liss, Inc.

PMID: 14961583 [PubMed - indexed for MEDLINE]

37: Int J Eat Disord. 2004 Apr; 35(3):275-285.

Why do slim women consider themselves too heavy? A characterization of adult women considering their body weight as too heavy.

Kjaerbye-Thygesen A, Munk C, Ottesen B, Kruger Kjaer S.

OBJECTIVE: The purpose of this study was to characterize women who, in spite of a low body mass index (BMI), considered themselves too heavy. METHOD: Of 11,905 women (27-38 years of age), we focused on 2,443 nonpregnant women with a low BMI (18.5-21.0 kg/m²), who considered their weight acceptable or too heavy. Participants completed a comprehensive questionnaire. By multiple logistic regression we examined associations between lifestyle and health variables and the risk of considering own body weight too heavy. RESULTS: Approximately 10 % considered their body weight too heavy. Risk factors included early severe life events, young age at start of risky lifestyle behaviors, weight fluctuation, self-reported lifetime history of eating disorders, perception of too heavy workload, and poor physical form and self-rated health. Body dissatisfaction decreased with increasing age. DISCUSSION: Our results indicate that body dissatisfaction is established in childhood and adolescence. It is unknown if this body dissatisfaction influences the life of the women, but it might influence the values they pass on to their children. Copyright 2004 by Wiley Periodicals, Inc. Int J Eat Disord 35: 275-285, 2004.

PMID: 15048943 [PubMed - as supplied by publisher]

38: Int J Nurs Pract. 2004 Apr; 10(2):72-9.

The clinical application of three screening tools for recognizing post-partum depression.

Hanna B, Jarman H, Savage S.

Postnatal depression is a major health issue for childbearing women world-wide, as it is not always identified early. This study aimed to evaluate the clinical application of three screening instruments for the early recognition of post-partum depression, the Postpartum Depression Prediction Inventory, the Postpartum Depression Screening Scale and the Edinburgh Postnatal Depression Scale, and to examine nurse

interventions following use of the instruments. Data were collected at two points, at 28 weeks prenatal (107 women) and eight weeks postnatal (84 women). Results showed that 17% of the women scored significant symptoms of post-partum depression and 10-15% had a positive screen for major postnatal depression. There was a statistically significant correlation between the total score on the Postpartum Depression Screening Scale and the Edinburgh Postnatal Depression Scale. Of those eight women identified as being at risk, seven had received anticipatory guidance and five had received counselling by the nurses. The Postpartum Depression Prediction Inventory enabled nurses to identify women at risk of post-partum depression and offer interventions.

PMID: 15056345 [PubMed - in process]

39: Int Urogynecol J Pelvic Floor Dysfunct. 2004 Apr;15(2):117-23. Epub 2004 Jan 31.

Can quality of life be improved by pelvic floor muscle training in women with urinary incontinence after ischemic stroke? A randomised, controlled and blinded study.

Tibaek S, Jensen R, Lindskov G, Jensen M.

The purpose of this study was to evaluate the effect of pelvic floor muscle training in women with urinary incontinence after ischemic stroke measured by quality of life (QoL) parameters. Three hundred thirty-nine medical records of stroke patients were searched. Twenty-six subjects were randomised to a Treatment Group or a Control Group in a single blinded, randomised study design. The intervention included 12 weeks of standardised pelvic floor muscle training. The outcome was measured by the Short Form 36 (SF-36) Health Survey Questionnaire and The Incontinence Impact Questionnaire (IIQ). Twenty-four subjects completed the study. The SF-36 and IIQ did not show significant difference between the two groups. Despite the high prevalence of stroke with urinary incontinence, it is difficult to include these patients in such studies. The samples were too small to detect any significant differences. Development of specific instruments for QoL in stroke patients with urinary incontinence can be recommended.

PMID: 15014939 [PubMed - in process]

40: Issues Ment Health Nurs. 2004 Apr-May;25(3):293-316.

Minority adolescent women with sexually transmitted diseases and a history of sexual or physical abuse.

Champion JD, Shain RN, Piper J.

Life history methods were used to obtain a more in-depth understanding of the configuration of psychosocial and situational factors that are associated with high-risk sexual behavior among minority adolescent women with a history of sexual or physical abuse and sexually transmitted disease (STD), to facilitate development of behavioral risk-reduction interventions. Study participants ranged in age from 14 to 18 years; 19 were Mexican American and 11 were African American. Women were recruited from clinics in a metropolitan health district. Various constitutive patterns unfolded during interview analysis including "fearing," "trusting," and "being a woman." The study revealed the perceptions of an extremely high-risk population of adolescent women regarding their STD risk, the context of their sexual relationships, sexual risk behaviors, contraception, and STD prevention, screening, and treatment practices. Intervention strategies based upon these findings are described.

PMID: 14965848 [PubMed - in process]

41: Issues Ment Health Nurs. 2004 Apr-May;25(3):243-60.

Self-report of depressed mood and depression in women with type 2 diabetes.

Whittemore R, Melkus GD, Grey M.

The purpose of this cross-sectional analysis (N = 53) was to (a) describe the self-reported prevalence of depressed mood and depression in women with type 2 diabetes; (b) to describe the antidepressive agents and dosages prescribed for depression treatment in women with type 2 diabetes; and (c) to examine differences in diabetes-related health outcomes (physiologic, psychosocial, and health functioning variables) with respect to depressed mood. Forty-four percent of women in this sample reported a depressed mood and 34% of the sample reported a history of depression. The majority of women with a history of depression were taking an antidepressive agent at the time of assessment (94%). Most women were treated with selective serotonin reuptake inhibitors (SSRIs). Women with depressed mood demonstrated poorer psychosocial adjustment and health functioning compared to women without a depressed mood; however, no differences in physiological outcomes were demonstrated. Only 18% of the participants were currently being treated with psychotherapy in conjunction with medication. Further research on this understudied population is indicated.

PMID: 14965845 [PubMed - in process]

42: J Adv Nurs. 2004 Apr;46(2):171-8.

Use of herbal therapies by older, community-dwelling women.

Gozum S, Unsal A.

Background. Herbal medicines, products and therapies are a subject of great public interest both nationally and worldwide. Use of herbal therapy is most common among women and patients with chronic health problems. Aim. This paper reports a study to determine the prevalence of herbal therapy use among women over 65 years who live independently in the community, and to compare the socio-demographic characteristics and health status of older women who use herbal therapies and those who do not. Methods. This was a cross-sectional study. Random samples of 385 older participants took part in structured interviews at five primary health care centres in Turkey between September and December 2002. Results.

Herbal

therapies were used by 48.3% of the sample in the previous 12 months. No differences in demographic characteristics were found for users and non-users. We found that herbal therapy use was substantially higher among older women who: (1) reported any disability in activities of daily living, (2) had poor self-reported health, (3) had very frequent physician visits, and (4) had chronic conditions such as cardiac problems, diabetes, stroke, cancer, asthma, pneumonia or urinary problems.

Conclusions. It is important for community health nurses to be knowledgeable about the use of herbal therapies when providing care to older women because of possible interactions with other treatments, delays in seeking care, and poor quality products.

PMID: 15056330 [PubMed - in process]

43: J Community Health. 2004 Apr;29(2):117-27.

Crack cocaine use and adherence to antiretroviral treatment among HIV-infected black women.

Sharpe TT, Lee LM, Nakashima AK, Elam-Evans LD, Fleming PL.

Since the appearance of crack cocaine in the 1980s, unprecedented numbers of women have become addicted. A disproportionate number of female crack users are Black and poor. We analyzed interview data of HIV-infected women > or = 18 years of age reported to 12 health departments between July 1997 and December 2000 to ascertain if Black women reported crack use more than other HIV-infected women and to examine the relationship between crack use and antiretroviral treatment (ART) adherence among Black women. Of 1655 HIV-infected women, 585 (35%)

were nonusers of drugs, 694 (42%) were users of other drugs and 376 (23%) were crack users. Of the 1196 (72%) Black women, 306 (26%) were crack users. We used logistic regression to examine the effect of crack use on adherence to ART, controlling for age and education among Black women. In multivariate analysis, crack users and users of other drugs were less likely than non-users to take their ART medicines exactly as prescribed (odds ratio [OR] = 0.37; 95% confidence interval [CI] = 0.24-0.56), OR = 0.47; 95% CI = 0.36-0.68), respectively. HIV-infected Black women substance users, especially crack cocaine users, may require sustained treatment and counseling to help them reduce substance use and adhere to ART.

PMID: 15065731 [PubMed - in process]

44: J Gen Intern Med. 2004 Apr;19(4):324-31.

Obesity and breast cancer screening.

Wee CC, McCarthy EP, Davis RB, Phillips RS.

BACKGROUND: Compared to normal weight women, women with obesity have higher mortality from breast cancer but are less often screened. **OBJECTIVES:** To examine the relation between mammography use and weight category and to examine the influence of race, illness burden, and other factors on this relationship. **DESIGN AND SETTING:** The 1998 National Health Interview Survey, a U.S. civilian population-based survey. **PARTICIPANTS:** Five thousand, two hundred, and seventy-seven women ages 50 to 75 years who responded to the Sample Adult and Prevention questionnaires. **MEASUREMENTS:** Mammogram use in the preceding 2 years. **RESULTS:** Among 5,277 eligible women, 72% reported mammography use. The rate was

74% among white women and 70% among black women. Among white women, mammogram use was lowest in women with a body mass index (BMI) greater than 35 kg/m² (64% to 67%). After adjusting for sociodemographic factors, health care access, medical conditions, hospitalizations, and mobility status, higher BMI was associated with lower screening among white women, P = .02 for trend; the relative risk (RR) for screening in moderately obese white women (BMI, 35 to 40 kg/m²) was 0.83 (95% confidence interval [CI], 0.68 to 0.96) compared to normal weight white women. Compared to normal weight black women, mammography use was similar or higher in overweight (BMI, 25 to 30 kg/m²; RR, 1.19; 95% CI, 1.01 to 1.32), mildly obese (BMI, 30 to 35 kg/m²; RR, 1.22; 95% CI, 0.98 to 1.39), and moderately obese black women (RR, 1.37; 95% CI, 1.37 to 1.50) after adjustment. The P value for the race-BMI interaction was .001. Results for white and black women were unchanged after additional adjustment for psychological functioning and health habits. **CONCLUSION:** Among white women, those with higher BMI were less likely to undergo breast cancer screening than normal weight women. This relationship was not seen in black women. Our findings were not explained by differences in sociodemographic factors, health care access, illness burden, or health habits. More research is needed to determine the reasons for these disparities so that appropriate efforts can be made to improve screening. J GEN INTERN MED 2004;19:324-331.

PMID: 15061741 [PubMed - in process]

45: J Gen Intern Med. 2004 Apr;19(4):332-8.

Colorectal cancer screening disparities related to obesity and gender.

Rosen AB, Schneider EC.

BACKGROUND: Obesity is associated with a higher incidence of colorectal cancer and increased colorectal cancer mortality. Obese women are less likely to undergo breast and cervical cancer screening than nonobese women. It is not known whether

obesity is associated with a lower likelihood of colorectal cancer screening. OBJECTIVE: To evaluate whether there is an association between body mass index (BMI) and rates of colorectal cancer screening. To examine whether BMI-related disparities in colorectal cancer screening differ between men and women. DESIGN AND SETTING: The Behavioral Risk Factor Surveillance System, a cross-sectional random-digit telephone survey of noninstitutionalized adults conducted by the Centers for Disease Control and Prevention and state health departments in the 50 states and Washington, DC in 1999. PATIENTS: Survey respondents (N= 52,886) between 51 and 80 years of age representing 64,563,332 U.S. adults eligible for colorectal cancer screening. INTERVENTIONS AND MEASUREMENTS: Adjusted rates of self-reported colorectal cancer screening with fecal occult blood testing within the past year or endoscopic screening (sigmoidoscopy or colonoscopy) within the past 5 years. RESULTS: The colorectal cancer screening rate was 43.8% overall. The rate of screening by FOBT within the last year or endoscopic screening within the past 5 years was 39.5% for the morbidly obese group, 45.0% for the obese group, 44.3% for the overweight group, and 43.5% for the normal weight group. The difference in screening rates was entirely attributable to differences in BMI among women. After statistical adjustment for potential confounders, morbidly obese women were less likely than normal weight women to be screened (adjusted rate difference, -5.6%; 95% confidence interval, -8.5 to -2.6). Screening rates among normal weight, overweight, and obese women, and among men in different weight groups did not differ significantly. CONCLUSIONS: Colorectal cancer screening rates among age-eligible persons in the U.S. are disturbingly low. Morbidly obese women, who are at higher risk than others to develop and to die from colorectal cancer, are less likely to be screened. Efforts to increase colorectal cancer screening are needed for all age-eligible groups, but should also include targeted screening of morbidly obese women since they could reap substantial clinical benefits from screening. J GEN INTERN MED 2004;19:332- 338.

PMID: 15061742 [PubMed - in process]

46: J Hum Nutr Diet. 2004 Apr;17(2):121-32.

Dietary macro- and micronutrient intakes of nonsupplemented pre- and postmenopausal women with a perspective on menopause-associated diseases.

Masse PG, Dosy J, Tranchant CC, Dallaire R.

Abstract Objectives To assess the dietary intakes and diet quality of menopausal women relative to premenopausal women, and to determine whether their diets are compatible with reducing risks of cardiovascular disease (CVD) and osteoporosis. **Design** Cross-sectional study using 3-day food records and anthropometric measurements. **Subjects** Thirty apparently healthy, nonoestrogen using and nonsupplemented women menopausal since 3-5 years and 30 well-matched premenopausal women. **Outcome measures** Nutrient intakes, diet nutrient density, body mass index (BMI), waist circumference, waist-to-hip ratio and serum oestradiol. **Results** Energy intake and body weight of pre- and postmenopausal women were comparable. Their BMI, waist circumference and waist-to-hip ratios were within healthy ranges. The diet of postmenopausal women was compatible (less total lipids and saturated fatty acids; more fibres, antioxidant vitamins and potassium) with North American nutritional recommendations linked to cardiovascular health. Their dietary iron intakes exceeded their reduced physiological need, which may jeopardize their cardiovascular system. Their calcium and vitamin D intakes were far below recommendations for healthy bones. Five other nutrients were also suboptimal. Phosphorus intake (high in both groups) correlated with dietary proteins, sulphur amino acids and calcium. **Conclusions** The diet of the postmenopausal women studied were more compatible with national nutritional recommendations than that of premenopausal controls. However, these

postmenopausal women, not taking hormone replacement therapy (HRT) and having inadequate dietary calcium and vitamin D intakes, may be at increased risk of osteoporotic fracture later in life. More studies on CVD risk inherent to body iron accumulation involving a large number of postmenopausal women are warranted before planning public health measures regarding dietary iron intake.
PMID: 15023192 [PubMed - in process]

47: J Pediatr Adolesc Gynecol. 2004 Apr;17(2):131-6.

Identifying and supporting young women experiencing dating violence: What health practitioners should be doing NOW.

Carolyn Olson E, Rickert VI, Davidson LL.

PMID: 15050990 [PubMed - in process]

48: J Pers. 2004 Apr;72(2):243-70.

Personality factors in older women's perceived susceptibility to diseases of aging.

Gerend MA, Aiken LS, West SG.

Personality correlates of older women's perceived susceptibility to breast cancer, heart disease, and osteoporosis were examined in a community sample of 312 women aged 40-86. A latent factor of general perceived susceptibility to disease was shown to underlie disease-specific perceptions of susceptibility. Affect-related personality traits (neuroticism, extraversion, optimism, worry, and self-deceptive enhancement) and internal and chance health locus of control predicted general perceived susceptibility. Perceived disease characteristics (e.g., perceived controllability, severity) and the use of cognitive heuristics (i.e., perceived similarity to those who contract each disease) also displayed marked consistency across the three distinct diseases. Finally, our results suggested that general beliefs about the characteristics of health threats and the use of cognitive heuristics may mediate the link between personality traits and perceived risk.

PMID: 15016065 [PubMed - in process]

49: JAMA. 2004 Mar 24;291(12):1456-63.

Comment in: JAMA. 2004 Mar 24;291(12):1503-4.

Clinical outcomes and costs with the levonorgestrel-releasing intrauterine system or hysterectomy for treatment of menorrhagia: randomized trial 5-year follow-up.

Hurskainen R, Teperi J, Rissanen P, Aalto AM, Grenman S, Kivela A, Kujansuu E, Vuorma S, Yliskoski M, Paavonen J.

CONTEXT: Because menorrhagia is often a reason for seeking medical attention, it is important to consider outcomes and costs associated with alternative treatment modalities. Both the levonorgestrel-releasing intrauterine system (LNG-IUS) and hysterectomy have proven effective for treatment of menorrhagia but there are no long-term comparative studies measuring cost and quality of life. OBJECTIVE: To compare outcomes, quality-of-life issues, and costs of the LNG-IUS vs hysterectomy in the treatment of menorrhagia. DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial conducted between October 1, 1994, and October 6, 2002, and enrolling 236 women (mean [SD] age, 43 [3.4] years) referred to 5 university hospitals in Finland for complaints of menorrhagia. INTERVENTIONS: Participants were randomly assigned to treatment with the LNG-IUS (n = 119) or hysterectomy (n = 117) and were monitored for 5 years. MAIN OUTCOME MEASURES: Health-related quality of life (HRQL) as measured by the 5-Dimensional EuroQol and the RAND 36-Item Short-Form Health Survey, other measures of psychosocial well-being (anxiety, depression, and sexual function), and costs. RESULTS: After 5 years of follow-up, 232 women (99%) were analyzed for the

primary outcomes. The 2 groups did not differ substantially in terms of HRQL or psychosocial well-being. Although 50 (42%) of the women assigned to the LNG-IUS group eventually underwent hysterectomy, the discounted direct and indirect costs in the LNG-IUS group (2817 dollars [95% confidence interval, 2222 dollars-3530 dollars] per participant) remained substantially lower than in the hysterectomy group (4660 dollars [95% confidence interval, 4014 dollars-5180 dollars]). Satisfaction with treatment was similar in both groups. CONCLUSIONS: By providing improvement in HRQL at relatively low cost, the LNG-IUS may offer a wider availability of choices for the patient and may decrease costs due to interventions involving surgery.
PMID: 15039412 [PubMed - indexed for MEDLINE]

50: JAMA. 2004 Mar 24;291(12):1447-55.

Comment in: JAMA. 2004 Mar 24;291(12):1503-4.

Effect of hysterectomy vs medical treatment on health-related quality of life and sexual functioning: the medicine or surgery (Ms) randomized trial.

Kuppermann M, Varner RE, Summitt RL Jr, Learman LA, Ireland C, Vittinghoff E, Stewart AL, Lin F, Richter HE, Showstack J, Hulley SB, Washington AE; Ms Research Group.

CONTEXT: Although a quarter of US women undergo elective hysterectomy before menopause, controlled trials that evaluate the benefits and harms are lacking. OBJECTIVE: To compare the effect of hysterectomy vs expanded medical treatment on health-related quality of life. DESIGN, SETTING, AND PARTICIPANTS: A multicenter, randomized controlled trial (August 1997-December 2000) of 63 premenopausal women, aged 30 to 50 years, with abnormal uterine bleeding for a median of 4 years who were dissatisfied with medical treatments, including medroxyprogesterone acetate. The participants, who were patients at gynecology clinics and affiliated practices of 4 US academic medical centers, were followed up for 2 years. INTERVENTIONS: Participants were randomly assigned to undergo hysterectomy or expanded medical treatment with estrogen and/or progesterone and/or a prostaglandin synthetase inhibitor. The hysterectomy route and medical regimen were determined by the participating gynecologist. MAIN OUTCOME MEASURES: The primary outcome was mental health measured by the Mental Component Summary (MCS) of the 36-Item Short-Form Health Survey (SF-36). Secondary outcomes included physical health measured by the Physical Component Summary (PCS), symptom resolution and satisfaction, body image, and sexual functioning, as well as other aspects of mental health and general health perceptions. RESULTS: At 6 months, women in the hysterectomy group had greater improvement in MCS scores than women in the medicine group (8 vs 2, $P = .04$). They also had greater improvement in symptom resolution (75 vs 29, $P < .001$), symptom satisfaction (44 vs 7, $P < .001$), interference with sex (41 vs 22, $P = .003$), sexual desire (21 vs 3, $P = .01$), health distress (33 vs 13, $P = .009$), sleep problems (13 vs 1, $P = .03$), overall health (12 vs 2, $P = .006$), and satisfaction with health (31 vs 14, $P = .01$). By the end of the study, 17 (53%) of the women in the medicine group had requested and received hysterectomy, and these women reported improvements in quality-of-life outcomes during the 2 years that were similar to those reported by women randomized to the hysterectomy group. Women who continued medical treatment also reported some improvements ($P < .001$ for within-group change in many outcomes), with the result that most differences between randomized groups at the end of the study were no longer statistically significant in the intention-to-treat analysis. CONCLUSIONS: Among women with abnormal uterine bleeding and dissatisfaction with medroxyprogesterone, hysterectomy was superior to expanded medical treatment for improving health-related quality-of-life after 6 months. With longer follow-up, half the women randomized to medicine elected to

undergo hysterectomy, with similar and lasting quality-of-life improvements; those who continued medical treatment also reported some improvements.
PMID: 15039411 [PubMed - indexed for MEDLINE]

51: Maturitas. 2004 Apr 15;47(4):259-63.

Venous and arterial thrombosis: epidemiology and risk factors at various ages.

Lowe GD.

The incidence of both venous and arterial thrombosis increases exponentially with age in both men and women. Possible reasons include: increasing immobility, trauma, surgery and acute medical illness; increasing prevalence (and/or cumulative effects) of obesity, raised blood pressure, dyslipidaemia and glucose intolerance; increasing prevalence of atherosclerosis; and increasing circulating markers of inflammation (C-reactive protein, CRP) and thrombosis. While arterial thrombosis is less common in women, the relative risk for classical risk factors associated with myocardial infarction is at least as strong in women as in men, in prospective population-based studies using MONICA criteria (e.g. Scottish Heart Health Study, Reykjavik Study). Some of these risk factors (e.g. smoking, cholesterol, triglycerides) show decreasing hazard ratios with age. Ongoing studies of newer potential risk factors for venous and arterial thrombosis (e.g. homocysteine, haemostatic and inflammatory variables) should elucidate their roles in risk prediction, including thrombotic risks of sex hormones which have effects on these variables.

PMID: 15063477 [PubMed - in process]

52: Maturitas. 2004 Apr 15;47(4):315-8.

HRT as secondary prevention of cardiovascular disease.

Ylikorkala O.

Objective: To review the evidence of the efficacy of postmenopausal hormone replacement therapy (HRT) in secondary prevention of coronary artery disease or stroke. Results: Although a number of rather large and prolonged non-randomized observational studies have produced convincing and consistent evidence of the efficacy of HRT in the prevention of recurrence of cardiac events, the first randomized, placebo controlled trial (RCT) on heart disease and estrogen replacement study (HERS) reported no benefit of conjugated equine estrogen (CEE) and medroxyprogesterone acetate (MPA) in secondary prevention of cardiac events in women with established coronary artery disease. This was supported by RCT reporting no effect of CEE or [Formula: see text] on the progress of coronary sclerosis. Similarly, some nonrandomized observational studies have evaluated the risk of recurrent stroke in regard to the use of HRT, and the data are conflicting reporting a reduced or increased risk of recurrence for HRT users.

One RCT has shown that low-dose estrogen treatment can only slow down the progression of carotid arteriosclerosis in high-risk postmenopausal women, whereas two other RCTs have shown no benefit (or risk) of using HRT for secondary prevention of ischemic stroke or progression of carotid atherosclerosis. Conclusion: The evidence accumulated so far shows that HRT has no place in secondary prevention of coronary or carotid artery disease. Its use in these patients must be based on solid nonvascular indications and expected benefits from these causes.

PMID: 15063485 [PubMed - in process]

53: Mayo Clin Proc. 2004 Apr;79(4 Suppl):S3-7.

Formulations and use of androgens in women.

Chu MC, Lobo RA.

The physiology of normal androgen production in women has been poorly understood. Defining an androgen insufficiency state in women, in the absence of adrenal suppression and/or bilateral oophorectomy, has been difficult. Nevertheless, beneficial effects of androgen on many organ systems, including bone and the brain, are well documented. This review discusses the definition of androgen insufficiency, anticipated effects of androgen treatment on several factors of health, and treatment options for women with androgen insufficiency. PMID: 15065631 [PubMed - in process]

54: Obstet Gynecol. 2004 Apr;103(4):746-53.

Folic Acid use by women receiving routine gynecologic care.

Cleves MA, Hobbs CA, Collins HB, Andrews N, Smith LN, Robbins JM.

OBJECTIVE: Many health professional groups recommend folic acid supplementation for all women able to become pregnant. In this study, we document folic acid supplement use among a sample of women receiving routine gynecologic care. **METHODS:** A short questionnaire was administered to 322 women aged 18-45 years who were seeking routine gynecologic care at participating clinics in Little Rock, Arkansas. Questions covered knowledge and use of folic acid supplements, pregnancy intention, and demographic and socioeconomic characteristics. Primary study outcomes were self-reported folic acid awareness, daily or weekly use of folic acid supplements, and intention to begin taking folic acid. Factors affecting study outcomes were examined individually by computing crude odd ratios and adjusted for other covariates using unconditional logistic regression. **RESULTS:** Although 61.8% of women reported awareness of the association between folic acid and birth defects prevention, only 27.1% of these women, and 22.7% of all study participants, reported daily use of a folic acid supplement. Substantially more women (39.8%) were taking a folic acid supplement at least once per week. Age, race, educational level, folic acid awareness, marital status, pregnancy intent, and other preventive health behaviors were the most important predictors of compliance. **CONCLUSION:** The results indicate a need for targeted interventions directed toward minority women, young women, and those of lower socioeconomic and educational status. The routine gynecologic visit is an ideal opportunity to counsel women of reproductive age to take folic acid daily. **LEVEL OF EVIDENCE:** III
PMID: 15051568 [PubMed - in process]

55: Obstet Gynecol. 2004 Apr;103(4):710-7.

Posttraumatic stress disorder in pregnancy: prevalence, risk factors, and treatment.

Loveland Cook CA, Flick LH, Homan SM, Campbell C, McSweeney M, Gallagher ME.

OBJECTIVE: To estimate the prevalence of posttraumatic stress disorder and its treatment in economically disadvantaged pregnant women. **METHODS:** The sample included 744 pregnant Medicaid-eligible women from Women, Infants and Children Supplemental Nutrition Program sites in 5 counties in rural Missouri and the city of St. Louis. Race (black and white) was proportional to clients seen at each site. Women were assessed by using standardized measures of posttraumatic stress disorder, 18 other psychiatric disorders, environmental stressors, and pregnancy characteristics. Logistic regression identified risk factors associated with posttraumatic stress disorder. **RESULTS:** Posttraumatic stress disorder prevalence was 7.7% (n = 57/744). Comorbid disorders were common. Women with posttraumatic stress disorder were 5 times more likely to have a major depressive episode (odds ratio 5.17; 95% confidence interval 2.61, 10.26) and more than 3 times as likely to have generalized anxiety disorder (odds ratio 3.25; 95% confidence interval 1.22, 8.62). Besides these comorbid disorders, risk factors for

posttraumatic stress disorder included a history of maternal separation for 6 months and multiple traumatic events. Although most women with posttraumatic stress disorder reported moderate impairment in their daily lives, only 7 of the 57 women with this disorder reported speaking with any health professional about it in the last 12 months. CONCLUSIONS: The prevalence of posttraumatic stress disorder in pregnancy and low treatment rates suggest that screening for this disorder should be considered in clinical practice. LEVEL OF EVIDENCE: II-2
PMID: 15051563 [PubMed - in process]

56: Prev Med. 2004 Apr; 38(4):388-402.

Predictors of perceived breast cancer risk and the relation between perceived risk and breast cancer screening: a meta-analytic review.

Katapodi MC, Lee KA, Facione NC, Dodd MJ.

BACKGROUND: Perceived risk is a principal variable in theoretical models that attempt to predict the adoption of health-protective behaviors. METHODS: This meta-analysis synthesizes findings from 42 studies, identified in PubMed and PsycInfo from 1985 onward. Studies examined demographic and psychological variables as predictors of perceived breast cancer risk and the relationship between perceived risk and breast cancer screening. Statistical relationships, weighted for sample size, were transformed to effect sizes and 95% CIs. RESULTS: Women do not have accurate perceptions of their breast cancer risk (N = 5561, g = 1.10). Overall, they have an optimistic bias about their personal risk (g = 0.99). However, having a positive family history (N = 70660, g = 0.88), recruitment site, and measurement error confounded these results. Perceived risk is weakly influenced by age (N = 38000, g = 0.13) and education (N = 1979, g = 0.16), and is moderately affected by race/culture (N = 2192, g = 0.38) and worry (N = 6090, g = 0.49). There is an association between perceived risk and mammography screening (N = 52766, g = 0.19). It is not clear whether perceived risk influences adherence to breast self-examination. Women who perceived a higher breast cancer risk were more likely to pursue genetic testing or undergo prophylactic mastectomy. CONCLUSION: Perceived breast cancer risk depends on psychological and cognitive variables and influences adherence to mammography screening guidelines.
PMID: 15020172 [PubMed - in process]

57: Psychiatr Serv. 2004 Apr; 55(4):407-14.

Screening for and Detection of Depression, Panic Disorder, and PTSD in Public-Sector Obstetric Clinics.

Smith MV, Rosenheck RA, Cavaleri MA, Howell HB, Poschman K, Yonkers KA.

OBJECTIVE: This study assessed rates of detection and treatment of minor and major depressive disorder, panic disorder, and posttraumatic stress disorder among pregnant women receiving prenatal care at public-sector obstetric clinics. METHOD: S: Interviewers systematically screened 387 women attending prenatal visits. The screening process was initiated before each woman's examination. After the visit, patients were asked whether their clinician recognized a mood or anxiety disorder. Medical records were reviewed for documentation of psychiatric illness and treatment. RESULTS: Only 26 percent of patients who screened positive for a psychiatric illness were recognized as having a mood or anxiety disorder by their health care provider. Moreover, clinicians detected disorders among only 12 percent of patients who showed evidence of suicidal ideation. Women with panic disorder or a lifetime history of domestic violence were more likely to be identified as having a psychiatric illness by a health care provider at some point before or during pregnancy. All women who screened positive for panic disorder had received or were currently receiving mental health treatment outside the prenatal visit, whereas 26 percent of women who screened

positive for major or minor depression had received or were currently receiving treatment outside the prenatal visit. CONCLUSION: S: Detection rates for depressive disorders in obstetric settings are lower than those for panic disorder and lower than those reported in other primary care settings. Consequently, a large proportion of pregnant women continue to suffer silently with depression throughout their pregnancy. Given that depressive disorders among perinatal women are highly prevalent and may have profound impact on infants and children, more work is needed to enhance detection and referral.
PMID: 15067153 [PubMed - in process]