### The estrogen-plus-progestin study of the WHI

- The estrogen-plus-progestin study of the Women’s Health Initiative (WHI), conducted through the National Institutes of Health, was designed to investigate the long-term benefits and risks of hormone therapy (hormone therapy is generally prescribed to women with estrogen deficiency). After 5-2 years of treatment, the study ended early, and patients were asked to enter the follow-up phase.
- After 5.6 years of follow-up, findings regarding the incidence of heart attack, breast cancer, stroke, venous thromboembolism (VTE), hip and vertebral (spine) fracture, and colorectal cancer have been published.
- The average age of women who took estrogen plus progestin at the start of the WHI study was 65 years—approximately 12 years past the average age of menopause (53.4 years) and well past the age most women start hormone therapy.
- Because this was a long-term prevention study, the study was not designed to evaluate the clinical benefit of menopausal symptoms, such as hot flashes, night sweats, and vaginal dryness, or the prevention of postmenopausal osteoporosis—the main reasons why women start hormone therapy.

### Forming the results of the WHI estrogen-plus-progestin study into perspective

**Hormone Therapy is not indicated for any of the medical conditions listed in the following chart.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of events per 1,000 women taking hormone therapy</th>
<th>Number of events per 1,000 women taking estrogen-plus-progestin therapy</th>
<th>Difference in risk compared with placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>3.3</td>
<td>3.9</td>
<td>0.6</td>
</tr>
<tr>
<td>Breast Cancer&lt;sup&gt;+&lt;/sup&gt;</td>
<td>3.3</td>
<td>4.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.4</td>
<td>3.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Venous Thromboembolism (Blood Clots)</td>
<td>1.7</td>
<td>3.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>1.6</td>
<td>1.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Vertebral Fracture</td>
<td>1.7</td>
<td>1.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Colorectal Cancer&lt;sup&gt;+&lt;/sup&gt; (Colon Cancer)</td>
<td>1.7</td>
<td>1.0</td>
<td>0.6</td>
</tr>
</tbody>
</table>

### Conclusions

- **Estrogen-plus-progestin decreased the risk of fractures at the hip and spine.**
- Compared with placebo, the risk of breast cancer, stroke, and deep vein thrombosis (certain types of blood clots) was increased.

*Please see reverse side for important safety information.*

### Deciding if hormone therapy is right for you

- **Hormone therapy is the most effective FDA-approved medicine proven to treat moderate to severe hot flashes.**
- **Hormone therapy helps to improve and maintain vaginal health.**
- **Hormone therapy is proven to help prevent postmenopausal osteoporosis.**
- In general, an appropriate candidate for hormone therapy is a healthy, symptomatic menopausal woman.
- **Benefits and risks of therapy should be weighed along with individual risk factors, such as family history of breast cancer or stroke, and therapeutic needs, such as severity of hot flashes.**

### When considering hormone therapy, talk with your health care professional about

- The time since your menopause started
- Your benefit/risk profile
- Low-dose options
- Your expected duration of use

### If you decide to start hormone therapy

- **Take the lowest effective dose for as short a time as possible.**
- Meet with your health care professional periodically to reevaluate your need for continued treatment—goals and risks change over time.

### Important safety information about hormone therapy

- **Combined estrogen/progestin therapy is used after menopause in women with estrogen deficiency (i.e., severe hot flashes; to treat moderate to severe dryness, itching, and burning, and in and around the vagina) and to help reduce your risk of getting osteoporosis (thin, weak bones).**
- **Hormone therapy is not right for all women. It doesn’t prevent heart disease or dementia or improve your chance of heart attack, breast cancer, stroke, or blood clots. The use of estrogen and progestin should be reviewed regularly with your health care provider and should be taken for the shortest duration based on your individual goals and risks.** If you’re not having menopausal symptoms, non-estrogen treatments should be considered before starting hormone therapy to prevent bone loss.