

# Three Reports on HRT

By Pat Cody

REPORTS from research on HRT are tumbling out now. Because many physicians are still prescribing HRT, we want our members to make knowledgeable choices.

*"Breast cancer and hormone replacement therapy in the Million Women Study,"*  
Valerie Beral et al, *The Lancet*, 9 August 2003.

THE Million Women Study was set up by Cancer Research UK to study the effects of specific types of HRT on breast cancer incidence and fatal outcomes. A total of 1,084,110 women ages 50-64 were recruited between 1996 and 2001 in the United Kingdom. Half of these million-plus women had used HRT and in this group there were 9,364 breast cancers and 637 deaths from breast cancer.

The research covered those using estrogen only, combined estrogen/progestogen, and

---

**The combined estrogen/progestogen showed a substantially greater risk than the other types of HRT.**

tibolone (synthetic HRT). The combined estrogen/progestogen showed a substantially greater risk than the other types of HRT. The scientists conclude that the use of HRT by women in this age group in the UK has led to an estimated 20,000 extra breast cancer cases, of which 15,000 are associated with the combination HRT.

The *Lancet* printed comments from Chris van Wheel of the University of Nijmegen, The Netherlands. "The problem is in those women who are already, often for a long time, taking HRT"—estimated at between 20% and 50% of all women 45-70 years of age in the western population. This group should discontinue HRT as soon as possible."

*"Effects of estrogen plus progestin on risk of fracture and bone mineral density,"*  
Jane A. Cauley et al, *JAMA*, 1 October 2003.

HERE is another report from the

Women's Health Initiative (U.S.) group of 16,608 postmenopausal women ages 50-79, with intact uterus. One half—8,506—was assigned to receive a combination estrogen/progestin HRT pill and 8,102 to receive a placebo. The women were followed for an average of 5.6 years. The results were that 8.6% of the HRT group experienced a fracture compared with 11.1% in the placebo group. The HRT group also had a 3.9% increase in hip bone mineral density after three years of treatment, compared with 0.14% in the placebo group.

Sounds good—until we consider the other risks of HRT. The authors of this study did consider them, and concluded that—"when considering the effects of hormone therapy on other important disease outcomes in a global model, there was no net benefit, even in women considered to be at high risk of fracture."

*"Effects of estrogen plus progestin on gynecologic cancers and associated diagnostic procedures,"* Garnet Anderson et al, *JAMA*, 1 October 2003.

LOOKING at the same Women's Health Initiative group for another health effect of HRT, these researchers report an

continued on page 7...

I N S I D E

**Help for Doctors —  
And for Us!**

p. 3

**CDC's DES Update:  
The First Teleconference**

p. 6

# How to Join the DES Daughters Listserv

DES Daughters should check out DES-L, the DES daughters listserv and online support forum at [http://www.surrogacy.com/online\\_support/des/](http://www.surrogacy.com/online_support/des/). To join the listserv, complete the online application and get ready to share support and information with 1,000 other DES daughters! Note: this list is operated independently from DES Action.



**Yes**—I want to get answers about DES. Enclosed is my membership.

All members receive **The DES Action Voice** quarterly. Those at the \$100 level and above receive an annual report on DES Action's work and progress. All contributions are tax deductible.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sponsor: \$50 | <input type="checkbox"/> Supporter: \$100 | <input type="checkbox"/> Sustainer: \$500             |
| <input type="checkbox"/> Member: \$40  | <input type="checkbox"/> Associate: \$200 | <input type="checkbox"/> Benefactor: \$1000 and above |
| <input type="checkbox"/> Friend: \$75  | <input type="checkbox"/> Patron: \$250    |   |

Please make checks payable to DES Action.

I am a: ☐ DES Daughter ☐ DES Son ☐ Other  
☐ DES Mother of a: ☐ Daughter ☐ Son

## DES Action USA

610-16th Street #301  
Oakland, CA 94612  
NM-1 VOICE

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_

## DES Action Affiliates and State Contacts

### DES Action Affiliates

Each affiliate was created and nurtured by volunteers. Write to them if you want information or would like to volunteer.

**DES Action USA National Office**  
610-16th Street #301  
Oakland, CA 94612  
[Desaction@earthlink.net](mailto:Desaction@earthlink.net)  
[www.desaction.org](http://www.desaction.org)

**DES Sons Network**  
104 Sleepy Hollow Place  
Cherry Hill, NJ 08003

**DES Third Generation Network**  
Box 21  
Mahwah, NJ 07430  
[Des3gen@aol.com](mailto:Des3gen@aol.com)

**DES Action San Jose (California)**  
5835 Terrazo Court  
San Jose, CA 95123

**DES Action Massachusetts**  
P.O. Box 126  
Stoughton, MA 02072

**DES Action Minnesota**  
12445 Drake St., NW  
Coon Rapids, MN 55448

**DES Action Pennsylvania**  
Box 398  
Nescopeck, PA 18635  
[www.desactionpa.org](http://www.desactionpa.org)

**DES Action Washington**  
719 15th Avenue, East  
Seattle, WA 98112

### State Contacts

State contacts participate in national projects organized by DES Action. Contact the national office if you would like to find out about our national projects.

Arizona  
Los Angeles, CA  
San Diego, CA  
Grand Rapids, MI  
New Jersey  
New Mexico  
Ohio  
Oregon  
Texas

### DES Action International

Australia  
Belgium  
Canada  
England  
France  
Ireland  
The Netherlands  
New Zealand

Published quarterly by DES Action USA  
610-16th Street #301, Oakland, CA 94612  
ISSN 1522-0389

(510) 465-4011  
FAX: (510) 465-4815  
Hotline: 1-800-DES-9288  
e-mail: [desaction@earthlink.net](mailto:desaction@earthlink.net)  
[www.desaction.org](http://www.desaction.org)

**Executive Director:**  
Nora Cody

**Board Officers**  
*President:* Molly Spira  
*VicePresident:* Michael Freilick  
*Secretary:* Lisa Summers  
*Treasurer:* Stephanie Kanarek

**Contributors:**  
Pat Cody, Nora Cody  
© 2003  
DES Action USA

**Design and Layout:**  
Sphinx Graphics, Berkeley, CA  
(510) 848-4305

**Printing:**  
Inkworks, Berkeley, CA

# Help for Doctors — and for Us

THE good news is that many of you responded to our letter asking for physician referrals. We have over 100 new doctors on our list, which is invaluable to many women looking for care that is informed and sensitive.

The disquieting news is that there are still too many doctors who brush aside our concerns, because they have not kept up with the research, and/or do not want to be reminded of what their profession did by their unthinking acceptance of drug company promotion. It is sad to get back a note, "This is so necessary. I find I'm the one that is better informed than the internists and/or gynecologists I've had over the years. Thank you for doing this."

## Help is on the way!

**There is more good news.**

**The Centers for Disease Control has prepared a free CD-ROM for providers that includes a brief CME exam.**

Help is on the way! There is more good news. The Centers for Disease Control (CDC) has prepared a free CD-ROM for providers that includes a brief CME exam. Health professionals like physicians and nurses, as a condition for their licensing, need to keep up with their profession by taking courses every year for

which they get Continuing Medical Education (CME) credits. By including with the DES information an exam for readers to submit, the CDC provides an easy way for the provider to get these needed credits.

As soon as the CD-ROMs are ready, we are going to send them to every physician on our referral list—over 1,000 by now— together with a letter letting them know that DES Action provides support and detailed information for DES exposed people. We will also keep a supply of the CD-ROMs on hand to mail out to new additions to our list—or to physicians that our readers tell us can use some education! ■

## Letters to the Editor

I am writing to inquire as to whether or not you have a support group for daughters of DES that have been seriously adversely affected by DES. I had the very horrifying experience of spending my recent pregnancy on complete and total bedrest with the unfortunate outcome of delivering my baby girl at the extremely premature gestation of 28 weeks. She has suffered greatly and will have to live her entire life living with the complications she endured. I am one of the youngest women still affected by this drug as my mother was prescribed DES in 1968....

I was extremely frustrated by

the medical care that I received and could not get the medical doctors to listen to my history. One physician went so far as to say that the effects of DES were nothing more than "hype" and that I would be fine despite my numerous symptoms to the contrary. As a result I was given a rescue cerclage far too late into the pregnancy.

I have spent considerable time researching DES and having gone into labor early with my first daughter at 29 weeks due to uterine and cervical problems from the DES, I am familiar with the effect DES has had on my reproductive organs. Fortunately

I was given magnesium sulfate for my first pregnancy which enabled me to carry my first daughter to 35 weeks. The doctor that saw me through my first pregnancy would not take me back as a patient for my second pregnancy so I was forced to see a new doctor who just didn't take the time to research my medical history appropriately despite my continual concern over the DES.

I am appalled by the medical establishment for not taking my case seriously....

I would like to speak with your legal counsel as well as other daughters of DES.

*DES daughter in California*

# H Highlights for the CDC's DES Update: The First Teleconference

By NoraCody

ONE of the most innovative and interactive components of the CDC's DES Update has been a series of teleconferences on various DES-related topics. These teleconferences, which are free and open to the public, feature DES experts who present their findings and then answer questions on large telephone conference calls. To date there have been four teleconferences, with a fifth scheduled for November 5<sup>th</sup>, 2003.

In this issue, I summarize the first teleconference (summaries of subsequent teleconferences will be covered in our next newsletter). The complete transcripts are available online at the CDC's DES Update website, located at [www.cdc.gov/DES](http://www.cdc.gov/DES).

## First Teleconference: DES and Breast Cancer

This first teleconference featured presentations by Dr. Julie Palmer, and Dr. Linda Titus-Ernstoff. Julie Palmer, PhD, is an associate professor of epidemiology at Boston University and is the Principal Investigator of the Boston Center for the National Cancer Institute

---

**These teleconferences, which are free and open to the public, feature DES experts who present their findings and then answer questions on large telephone conference calls.**

(NCI) collaborative study on DES. Linda Titus-Ernstoff, PhD, is an associate professor of community and family medicine at the Dartmouth Medical School. She leads Dartmouth's participation in the NCI DES Study.

Dr. Palmer began by providing some background information on how researchers gather the data they used to analyze breast cancer risk for DES daughters.

She stated that:

"In 1992 the National Cancer Institute called together investigators who had studied any of the early cohorts of DES-exposed person with the aim of combining existing cohorts to have enough statistical power to evaluate cancer outcomes. I'm using the term cohort here to refer to a group of persons who are followed over time in a study.

"In cancer, even breast cancer, it's a rare disease, and the study of cancer requires large numbers of participants. It was agreed that combining existing cohorts might represent the only valid way to study long-term DES effects. Because not all women who took

DES are aware of having done so, it's important for exposure data to be validated through prenatal records. These records would be from the 1950s and '60s, and most are no longer accessible today. Thus it's necessary to find and use cohorts of women who are identified through medical records in the 1970s; that is in the early period of DES research.

"We were able to find four such cohorts of daughters and combine these for the new period of follow up....

---

**For example, examine what is the relation between DES exposure and risk of breast cancer among women who have a family history of breast cancer or among women who have never given birth or among women who have used hormone replacement therapy.**

"Altogether over 6,000 exposed and unexposed daughters were located and included in the current study, and there were about twice as many exposed as unexposed women in this study. They completed mail questionnaires in 1994 and again in 1997. The questionnaires included questions on whether they had been diagnosed with breast cancer or any other cancer, as

---

**This increase was statistically significant. Most of the women had not reached age 50 yet so this 2.5 times higher risk primarily refers to women aged 40 to 49**

---

well as details of their reproductive history.

"If a woman reported breast cancer, we obtained the appropriate part of her medical record to confirm the diagnosis and obtain details of stage, type, and other characteristics. Over the entire period of follow up, so that's up through 1997, 58 participants were diagnosed with invasive breast cancer. 43 of the breast cancers occurred among the women who were exposed to DES and 15 were in women who were not exposed. (*Ed. Note:* remember that there were about twice as many exposed as unexposed women in the study).

"We compared the incidence or the rate of occurrence of breast cancer in the exposed and unexposed groups, taking into account each person's year of birth and own pregnancy history....

"Exposed women had a slightly higher incidence of breast cancer...but the increase was not statistically significant, meaning that the association may well be due to chance rather than being a sign of a cause/effect relationship.

"We carried out two separate analyses based on age. The first examined all participants' experience up to age 40, and this analysis included the 24 cases of breast cancer that developed before age 40. We found no association between DES exposure and risk of breast cancer before age 40. In fact, DES-exposed women had a slightly lower incidence of breast cancer,

although the decrease was not statistically significant.

"The second analysis looked at experience at ages 40 and older, and in this analysis we did observe a positive association.

DES-exposed women were estimated to have 2.5 times the risk of breast cancer as compared with non-exposed women of the same ages. This increase was statistically significant. Most of the women had not reached age 50 yet so this 2.5 times higher risk primarily refers to women aged 40 to 49....

"The 2.5 times increased risk observed among women aged 40 and older does raise concern. However, that finding is based on very small numbers and could represent a statistical fluke.

"Because the numbers are so small we still do not know whether or not prenatal DES exposure influences the risk of breast cancer in the daughters, and this is probably frustrating news for women who have been exposed.

"Fortunately, we have been able to continue follow up in the

---

**If a woman reported breast cancer, we obtained the appropriate part of her medical record to confirm the diagnosis and obtain details of stage, type, and other characteristics**

---

**We expect there to be an appreciable number of new breast cancer cases reported since the last questionnaire.**

study, and we're now receiving back the latest questionnaires. These questionnaires cover four or five years since the last analysis, and most of the women in the study are now in their 40s or 50s, which is the age at which breast cancer becomes more common.

"We expect there to be an appreciable number of new breast cancer cases reported since the last questionnaire. Enough cases so that future analysis is likely to provide more definitive results, and in the future we may also be able to look within specific sub-groups of women. For example, examine what is the relation between DES exposure and risk of breast cancer among women who have a family history of breast cancer or among women who have never given birth or among women who have used hormone replacement therapy. These are obviously all questions of interest. Thus we hope to have more informed results for you in the next year or two."

Dr. Titus-Ernstoff then spoke about breast cancer and DES mothers. As with the DES daughters, efforts were made to

continued on page 6...

TELECONFERENCING from page 5... find the largest possible number of DES mothers and a matching unexposed group.

Dr. Titus-Ernstoff:

"Ultimately the study centers found 4,400 of the mothers, about half of whom were DES-exposed. A questionnaire was sent to them asking them to update their health experiences, and this effort was extremely successful.

"We received completed questionnaires from nearly 4,000 women. Of the 4,000 study participants, a breast cancer diagnosis was reported by 290 of

**These analyses showed that the relative risk of breast cancer was 1.3 for women who were exposed to DES compared to those who were not — a 30% risk for DES exposed.**

the DES exposed mothers and 221 of the unexposed mothers....

"These analyses showed that the relative risk of breast cancer was 1.3 for women who were exposed to DES compared to

those who were not." (*Ed.*: in other words, a 30% greater risk for DES mothers).

"We were...concerned that DES exposure might interact or combine with the amount of time elapsed since exposure or with the increasing age of the women. Our analysis showed that the association between DES and breast cancer does not get worse over time and does not grow stronger as women get older.

"Over the last two decades scientists have shown that post-menopausal hormone replacement therapy, which contains estrogens, is associated with an increased risk of breast cancer. Interestingly, hormone replacement therapy increases breast cancer risk by about 1.3 times, which is the same increase that is seen with DES. While an increase of 1.3 may seem large or alarming, it is actually modest. By comparison, cigarette smoking increases the risk of lung cancer by about ten times....

"In all likelihood this will prove to be the final and definitive investigation of breast cancer risk in the DES mothers." ■

## DES ACTION TRIBUTE PROGRAM

We'd like to offer a great idea for that person who has everything: the DES Action Tribute Program. Our Tribute Program is a way for you to make your contribution in someone's honor or memory. Holiday gifts, birthdays, anniversaries, or memorial remembrances—all are appropriate occasions for a Tribute gift.

When you send your Tribute gift to DES Action, simply enclose a note indicating in whose honor and for what occasion the gift is given. Make sure to include the honoree's name and address as well as your own. We send an acknowledgment letter to you and to the honoree. The amount of the gift is not mentioned.

We always  
need the  
names of  
physicians who  
are informed  
about DES and  
sensitive to the  
needs of their  
patients. If you  
have such a  
referral,  
let us know!

**We were...concerned that DES exposure might interact or combine with the amount of time elapsed since exposure or with the increasing age of the women. Our analysis showed that the association between DES and breast cancer does not get worse over time and does not grow stronger as women get older.**

# Case Report Highlights Needs for More Third Generation Research

Reviewed by Pat Cody

*"Ovarian carcinoma in an adolescent with transgenerational exposure to diethylstilbestrol,"*  
Julie Blatt et al, Journal of Pediatric Hematology/Oncology, August 2003.

THE authors, from the North Carolina School of Medicine at Chapel Hill, write about a small-cell cancer of the ovary rarely seen in adolescence. They made this diagnosis on a 15 year old girl whose grandmother took DES while pregnant with the patient's mother. The patient

**...DES may lead to genetic changes in the oocytes that were forming in the fetus in the first trimester of gestation, and these changes then appeared in the 3<sup>rd</sup> generation.**

received chemotherapy but 13 months later had a recurrence and then was treated with surgery and radiation. The authors speculate that in-utero exposure to DES may lead to

genetic changes in the oocytes that were forming in the fetus in the first trimester of gestation, and these changes then appeared in the 3<sup>rd</sup> generation. They conclude their report with the suggestion that "Granddaughters with persistent abdominal pain even during childhood may need evaluation for genital tract abnormalities."

It is certainly too early to say whether there is a relationship between DES and ovarian cancer in the third generation. This case report illustrates the urgent need for broader study of potential third generation DES effects. ■

## We Need Your Help!

The National Cancer Institute has asked us to publish this:

The National Cancer Institute (NCI) is developing new education materials to address concerns that people with cancer and their families face throughout the course of the disease. We need to know what you believe is important to include in these materials. We are looking for:

- **Patients:** Who have recurrent or Stage III or Stage IV cancer
- **Current informal caregivers:** Family or friends who are currently providing care for someone in treatment for cancer
- **Bereaved informal caregivers:** Family members or friends who have provided care at end of life for someone who died from cancer within the last two years

- **Physicians:** Who work with people with advanced cancer.

We will be conducting individual telephone interviews with patients and telephone focus group discussions with informal caregivers and health professionals to learn about your experiences with cancer. Payment will be provided to all participants.

Please call us toll free at: 1-888-249-0029

We will ask a few questions to see if you qualify to participate. If you qualify, you will be contacted at a later date for scheduling.

HRT from page 1...

increased risk for invasive ovarian cancer in the women using combination HRT. This cancer remained rare—32 cases among the 16,608 women, but the HRT group had 58% more risk than the placebo group. The lead author told a reporter that "If women have no menopausal symptoms, they should not be taking" hormone pills.

Not surprisingly, the makers of Prempro, the pills used, said that the study "does not prove that there's any kind of causal relationship." However, they did acknowledge that while one million women were still taking the pill, this is a decline from the 3.4 million on it before the study was stopped over a year ago when the first results came out (VOICE, Summer 2002, issue 93). ■

# First Reports on "Tall Girl" Study

Reviewed by Pat Cody

*"The use of hormone treatment to reduce the adult height of tall girls: long term effects on fertility,"* Alison Venn et al, Proceedings 2003, The Endocrine Society of Australia, September 2003.

*"Using hormone treatment to reduce the adult height of tall girls: are women satisfied with the decision in later years?,"* Priscilla Pyett et al, Proceedings 2003, The Endocrine Society of Australia, September 2003.

BOTH of these reports are based on surveys of 395 women treated

with hormones, either DES or ethinyl estradiol, in order to keep them from growing "too tall," and a second group of 450 equally tall young women who did not have any treatment.

The groups were recruited from pediatricians' records for the years 1959-1992 and the women were in their late 30s when they filled out the survey. The good news is that there was no difference in having ever been pregnant. The disturbing news is that twice as many of the treated women were unable to get pregnant for a period of 12 months or more, which is why 14.4% of them report taking

fertility drugs compared with 6.1% of the untreated women. In remarks at the meeting, Dr. Venn said that the fertility problems of the treated group may have been caused by a higher rate of endometriosis in this group than in the untreated group.

The second report from the study found that in general, women in the untreated group were satisfied with their eventual height. By contrast, over half the women who had received hormones were dissatisfied with the decision, either because of side effects or because there was no reduction in final height. Dr. Venn commented that "cosmetic therapies for children sometimes help parents at the child's expense."

DES  
Action  
USA  
anniversary  
1978-2003

Non Profit Org.  
U.S. Postage  
**PAID**  
San Francisco, CA  
Permit No. 925

## National Office

610-16th Street, Suite 301  
Oakland, CA 94612  
Forwarding Postage Guaranteed  
Address Correction Requested  
**Moving? Please let us know...**

4

Jul