THE DES ACTION

V O I C E

A FOCUS ON DIETHYLSTILBESTROL

Spring 1997

medical report

#72

IVF and DES Daughters

By Judith S. Turiel, Ed.D.

Noyes N, Liu HC, Sultan L. et al., "Endometrial pattern in diethylstilboestrol-exposed women undergoing in-vitro fertilization may be the most significant predictor of pregnancy outcome." *Human Reproduction* vol. 11 no. 12 pp 2719-2723, 1996.

etween October 1991 and December 1993, specialists at one of this country's largest in vitro fertilization programs studied treatment cycles of 38 DES daughters and 463 nonexposed women. More specifically, the Cornell University Medical Center physicians attempted to examine the readiness of a woman's uterine lining ("endometrial receptivity") for embryos to implant and develop normally following IVF. The study correlated two types of uterine images with rates of pregnancy and delivery:

INSIDE

Mammography for Daughters?

News from the Net

Notes from Nora

related abnormality known to be associated with pregnancy complications, such as preterm labor and delivery) or non-T-shaped;

An ultrasound scan of the uterine lining's thickness and pattern at time of ovulation, after administering ovarian stimulants and HCG (a hormone used to trigger ovulation).

When treatment outcomes were known, these investigators found that:

1. Neither uterine shape nor endometrial thickness was associated with successful or unsuccessful treatment. For instance, having a T-shaped uterus did not predict who would or would not conceive and deliver.

One of three classifications of endometrial pattern was associated with treatment failure in DES daughters only. No pregnancy occurred in the eighteen IVF cycles in which a DES daughter showed a "solid configuration" pattern (vs. multilayered or intermediate). In contrast, among non-exposed patients, there were no statistically significant differences between the three endometrial patterns regarding treatment success or failure. That is, among non-exposed women, pregnancies occurred at the same rate across all three classifications (a 36.5% delivery rate with the "solid" configuration).

Significantly more cycles of DES daughters showed the solid pattern, compared to non-exposed patients. However—and this is a very important finding—DES daughters who underwent more than one IVF cycle did not always show the same endometrial pattern (10 DES daughters repeated an IVF attempt; 50% of these showed a pattern that differed from the initial cycle's ultrasound scan.)

What do these results suggest for individual DES daughters who are considering IVF? As the authors indicate, there appears to be a subgroup of DES daughters who are significantly less likely than other DES-exposed or non-exposed women to have successful IVF pregnancy. These DES daughters do not necessarily have a T-shaped uterus, nor does endometrial thickness following ovarian stimulation predict who will become pregnant (although the study did find a statistically significant difference overall, with thinner endometrial lining among DES daughters). Rather, DESexposed women whose mid-cycle ultrasound shows a "solid" endometrial pattern, as described in this study—especially if this pattern appears repeatedly during several IVF treatment attempts are less likely to become pregnant following IVF and embryo transfer.

A number of questions are important about how these results may related to your own medical

continued on page 4

W O I C F

DES Action Affiliates

Each group was created and nurtured by volunteers. Write them if you want information on their activities or can volunteer.

DES Action/USA National Offices 1615 Broadway, Suite 510 Oakland, CA 94612

California c/o Dr. Wingard Community Medicine M-007 Univ. of Calif-S.D. La Jolla, CA 92093 Box 661653

Los Angeles, CA 90066 652 Cayuga Drive San Jose, CA 95123

Colorado P.O. Box 2645 Colorado Springs, CO 80901

Connecticut Box 131 Guilford, CT 06437

Louisiana P.O. Box 804 Chalmette, LA 70044

Massachusetts P.O. Box 126 Stoughton, MA 02072

Michigan P.O. Box 2692 Ann Arbor, MI 48106 2205 Rosewood SE Grand Rapids, MI 49506 Minnesota

Box 3102 Butler Quarter Station Minneapolis, MN 55403

Missouri 7647 Carswold Clayton, MO 63105

Montana 491 Eckelberry Drive Columbia Falls, MT 59912 New Jersey

> Fort Lee, NJ 07024 New Mexico 8401 Spain Road NE Apt. 2-G

Box 762

Albequerque, NM 87111

Ohio 27060 Cedar Road, #507 Beachwood, OH 44122 Oregon 1050 NE Butler Market Rd. #3 Bend, OR 97701

> Pennsylvania Box 398 Nescopeck, PA 18635

Rhode Island 33 Edward Avenue Rumford, RI 02916

Texas 8230 Shadowwood Drive Waco, TX 76712

Washington, D.C. Area 12494 Alexander Cornell Drive Fairfax, VA 22033

> Washington 719-15th Ave. East Seattle, WA 98112

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

DES Third Generation Network 10731 Brookley Road Glen Allen, VA 23060

DES Action/Canada National Office 5890 Monkland, Suite 203 Montreal, Quebec H4A 1G2

Alberta 100 Harvest Park Road NE Calgary, AB T3K 4H9

Newfoundland Box 104 Port Aux Basques Newfoundland A0M 1C0

NW Ontario 75 Pine Street Thunder Bay, Ont. P7A 5X2

Ottawa Box 35113 Westgate Post Office Ottawa, Ont. K1Z 1A2 Prince Edward Island 45 York Lane Charlottetown, PEI CIA 2A5

Saskatchewan 41 Knowles Crescent Regina, Sask. S4S 4N9

Toronto 1-800-4821-DES

Vancouver 926 Clements Ave. N. Vancouver, B.C. V7R 2K7

Winnipeg c/o Women's Health Clinic 419 Graham, 3rd Floor Winnipeg, Man. R3C 0H3

DES Action/Australia P.O. Box 282 Camberwell, Victoria 3124 14 Edmundson Close

Thornleigh 2120 NSW

DES Action/Belgium

DES Informatiecentrum

Kolkensvijverstraat 18

3201 Langdorp, Belgium

DES Action/Britain c/o Women's Health 52 Featherstone Street London EC1 Y 8RT

DES Action/France Info DES/France 9 Allee de Guignegault 45800 St. Jean de Braye

Reseau—DES France 44 Rue Popincourt 75011 Paris

DES Action/Ireland 32 Upper Fitzwilliam St. Dublin 2

DES Action/Italia Centro Simonetta Tosi Casa Intern Donna Via della Lungara 19 00165 Roma

DES Action/Netherlands DES-Aktiegroep Wilhelminapark 25 3581 NE Utrecht

Mammography for daughters?

s a DES daughter who developed breast cancer at the age of 38, I want to present a different point of view on mammography for women in their 40's. In issue 71, winter 1997, you presented the views of those in favor of starting mammograms early.

The Center for Medical Consumers in their Health Facts for February 1997 reminds readers that:

"The Consensus Conference was convened last month by the National Institutes of Health because new findings from Sweden showed a significant benefit to regular mammograms for women in their forties. But the panel members decided unanimously that few, if any, deaths are prevented by mammography screening. Furthermore, any potential benefit is small, and could be canceled by the risks associated with mammograms. These include: misdiagnosis of cancer, overtreatment (unnecessary mastectomy), false reassurance that no cancer is present, unnecessary biopsies, and the small chance of radiation-induced breast cancer.

"In light of these issues, the panel decided not to recommend that all women start mammography screening at age 40. Instead, it advised women to make their own decisions after being fully informed of the risks and benefits. In its written statement released on the final day of the conference, the panel noted that studies show between zero and

continued on page 7

Published quarterly by DES Action USA 1615 Broadway, # 510 Oakland, CA 94612 (510) 465-4011 FAX: (510) 465-4815 Hotline: 1-800-DES-9288 e-mail: desact@well.com http://www.desaction.org Executive Director:

Nora Cody
Board Officers
President:
Amanda Sherman
VicePresident:
Andrea Goldstein
Secretary:
Karen Lang
Treasurer: Stephanie Kanarek

Contributors: Nora Cody Pat Cody

© 1997 DES Action USA Design and Layout: Kristin Prentice & Sphinx Graphics Berkeley, CA

Printing: Inkworks, Berkeley, CA A collectively owned union shop.

V O I C E

Review of "A Healthy Baby Girl"

n June 17, PBS stations across the country will air "A Healthy Baby Girl," a "video diary" of DES daughter Judith Helfand's experience with DES-related clear cell cancer of the cervix. "A Healthy Baby Girl" will be shown as part of the TV series "P.O.V." (for Point of View) on most stations at 10:00 p.m. Check your local listings as viewing dates and times may vary.

Images of mother and daughter open this powerful film.
Judith's voice notes that "after my surgery, I felt like something had been taken from me. My mother felt like something had been given back to her." This difference sets the tone for the film as mother and daughter struggle together with the devastating after-effects of DES cancer, its diagnosis and treatment.

In 1963, Judith's mother was given DES during her fourth pregnancy (her third pregnancy had ended in miscarriage). She was just five weeks pregnant with Judith. Judith describes her mother as "a typical DES mother: white, middle-class" and getting what she thought was the best possible pre-natal care.

Years later, the Helfands read the 1971 reports linking DES to cancer and at the age of 14 Judith began to get her DES exams. When she was 25, while working on a PBS "Health Quarterly" documentary on DES, Judith was diagnosed with clear cell cancer. She decided to record her personal experiences on film.

The result is a moving and fully engaging story, often

"The (movie) is
a moving and fully
engaging story, often
humorous, frequently
wrenching. We hope that
our readers get the
opportunity to view this
powerful presentation
of one woman's
DES story."

humorous, frequently wrenching. Klezmer music throughout, relatives at a family celebration, and the many scenes in the Helfand home evoke a strong portrait of one family coping with the crisis that has hit many DES daughters with cancer and their families.

Other parts of the film will shed light on unfamiliar aspects of the DES experience, such as the ludicrous questions posed by pharmaceutical company attorneys in the process of a DES lawsuit. Judith's mother reads one from a long list: "Names, addresses, telephone numbers of

any pharmaceutical employee you or any of your family might have known."

DES Action board members previewed "A Healthy Baby Girl" at our last Board meeting. Like many audiences responding to this film, we laughed and cried together. However, unlike most in the general viewing public, we were acutely aware that "A Healthy Baby Girl" is not only one family's story. It also tells the history of DES and the recent efforts by DES-exposed people to win funds for research and education.

DES Action's role in securing funding which enacted the DES Education and Research amendments of 1992 is omitted from this film. We believe this omission overlooks the hundreds of women and men from DES Action who worked so hard to achieve this victory for us all.

Nonetheless, we welcome this opportunity for a nationwide audience to learn about an important piece of the DES puzzle. We hope that our readers get the opportunity to view this powerful presentation of one woman's DES story.

Use Donor Option

If you give to the United Way at your place of work, you can specify that your pledge should go to DES Action. Simply find the line on the card marked "donor option" and write in DES Action. If there is not line, or a card has been omitted from your packet, write in "donor option—DES Action."



VOICE

IVF from page 1... decisions:

Questions about the ultrasound procedure itself

Classifying ultrasound images requires interpretation of shadows and light. A practitioner must be experienced and skilled, the scan results reliable (i.e., several skilled evaluators would assign the same classification to an image). This report does not describe measures taken to test reliability. Nor does it tell whether the evaluator was "blinded"—unaware of a patient's exposure status or fertility history—to avoid influencing or 'biasing' the classification. The number of DES daughters included in this study was quite small and, as the authors note, results were not always consistent for individuals who attempted more than one IVF cycle. A larger study might find a few successful pregnancies among "solid" pattern DES daughters, changing the extremely pessimistic prognosis attached to this classification. Questions about implications of this study for individual DES daughters

Assuming mid-IVF cycle ultrasound scans provide reliable classifications of endometrial pattern and that you can find a skilled practitioner (in other words, aside from questions of cost and availability), you may wonder whether to seek this procedure during an IVF treatment cycle. An important consideration is whether the results would alter, in any way, the treatment you will receive.

First, would the results affect decisions about whether to undergo IVF? Since the scan is performed after an IVF cycle begins, you will obviously have already made the decision to attempt this treatment.

However, a "solid" ultrasound pattern during two or three unsuccessful IVF cycles may contribute to a decision *not* to undergo further IVF treatment (the Cornell physicians suggest the possibility of a surrogate gestational carrier—an option that entails its own difficult considerations).

Would the ultrasound results affect the way that IVF cycle and/ or subsequent cycles proceed, in an attempt to improve chances of success? Since the fertility drugs taken for ovarian stimulation can contribute to unfavorable endometrial development, one option may be to freeze some or all embryos from that stimulated cycle, then transfer thawed embryos during a natural, unstimulated menstrual cycle (be sure to select an IVF program that has achieved a good success rate using cryopreserved embryos). Another possibility may be to alter the ovarian stimulation protocol during a later IVF attempt, in the hope of obtaining a better endometrial response.

All of the above questions reaffirm the importance of finding physicians experienced not only with a particular reproductive procedure (e.g., IVF, ultrasound imaging) but also with diagnosing and treating DES-exposed women. We need physicians who work with patients to devise—and, if necessary, revise—a fertility treatment plan best suited to individual patients' needs, rather than follow a standard "cookbook" protocol.

Remember that this study is limited to IVF patients who have undergone ovarian stimulation. The findings tell us nothing about the value of these endometrial classifications in natural or minimally stimulated cycles (e.g., Clomid only).

A few closing thoughts. As a DES daughter who has experienced fertility and pregnancy problems, I am of two minds about this newly published report. For the most part, I welcome studies that may add a helpful piece to the perplexing DES puzzle, a picture that will always have missing pieces. However, researchers do not know why the "same" endometrial ultrasound pattern does not actually reflect the same endometrial receptivity in their DES-exposed and nonexposed patients. Nor do they know why some DES daughters more often show this pattern. Adequate understanding of these differences will require further research.

A smaller, more skeptical—or, perhaps, cynical—part of me would at least temper any rush to obtain such a scan, as I would not base my decisions too heavily on its results until further studies validate the preliminary findings in this report. DES daughters, as well as their non-exposed counterparts, already undergo too many reproductive interventions that are unproven and costly, including diagnostic procedures that provide no useful information for decisions these women must make. The Cornell group may well be identifying a type of evidence that can help DES daughters reach very difficult decisions about pursuing or stopping IVF treatment. The skeptic in me does worry that after more time, experience, and results for a greater number of patients, these midcycle ultrasound images describing endometrial receptivity may no longer fit as a DES-puzzle piece. Rather, we may look back and see them only as mysteriously shifting shadows and light.

News from the Net

hose of our readers who have access to the Internet can have discussions with other DES-exposed. The way to reach them is to open their Web site:

http://www.surrogacy.com/ online_support/des/

They are also arranging for live chat groups and you can find out when they're scheduled, once you are on the list to get all the mail generated by people writing to the site.

However, we recognize that most of you do not have the Internet, so from time to time we will bring it to you by printing some of the 'post-ings'. Here is one from Susan:

"I am angered by all this talk over whether DES did or did not work in an individual instance. The numbers are IN ladies, and DES did not work. Numerous controlled animal studies and rigorous statistical analysis of pregnancy outcomes in DES treated and control (not DES treated) women have established as scientific fact that DES was ineffective, and actually had a negative effect in pregnancy outcomes in mothers who took DES.

Just because your mother had many miscarriages, then a successful birth when DES was taken, is not proof of DES effectiveness—it is simply anecdotal. Your pregnancy would have been successful whether or not your mother was taking DES at that time. It simply means that whatever factors were causing the miscarriages were not in play during that pregnancy. I had five miscarriages prior to a live birth,

"We recognize that most of you do not have the Internet, so from time to time we will bring it to you by printing some of the 'postings'."

and since then have had three miscarriages. I have not inherited any infertility factor from my mother—DES was prescribed to her for headaches.

It is likely that hormonal, structural or immune causes of your mother's prior miscarriages were simply not present in the successful pregnancies which resulted in the birth of you or your siblings."

Here is a cheerful posting from the

Internet:

I just wanted to post some good news. I don't deny I am a proud mom, but for those of you out there contemplating children, or worried about your own premature baby's future, it is not always filled with ADD, learning disabilities, and other academic learning challenges that you read about so often.

My only surviving child (out

of six pregnancies) was born after PROM at 26 weeks, at 2 lbs. 6 oz. (Amazingly, despite his prematurity, he had an Apgar score of 10 at birth!) He spent over two months in the neonatal intensive care unit, and scared me to death the whole time he was in there. He came home at 4 lbs., 15 oz.

I have a lot of the classic DES problems (Mom started taking it when six weeks pregnant with me), and I will never bear another child. Well, here's the good news: my son Denny (6 1/2 years old) is a bright, wonderful, happy, humorous child who I would not trade for the world! He is in the first grade, and earlier this year, got the Fine Arts Award for his class (first quarter), for his art and music abilities, Now, last week for the third quarter awards, he received the Academic Achievement Award for his class for being the best all-round student in his class. His teacher had wonderful things to say about Denny at the school assembly.

So, despite all the challenges we DES daughters face, please keep in mind that not every child we have will necessarily have problems. Please keep your hope.

Confidentiality Assured

As a courtesy to our members, it is our policy that we never sell or rent your names and addresses to any other organization.

letters to the editor

Dear Editor,

I have some interesting news to report. You might remember me calling about spotting between periods for over 3 years with various procedures and tests done and progesterone given. I finally went to a specialist who says he's seen many DES daughters form "polyp-like" tissue inside the uterus around my age (41) and once he thoroughly removed all of it (noncancerous) I stopped bleeding, with normal periods, and no need for progesterone. I did not have to be on it. Great news to me and thought I'd share it if others call about light but frequent spotting between periods—that it may be this condition diagnosed by a hysteroscopy and easily removed this way, too.

The reason I'm happy is another gynecologist gave up and thought I'd need a hysterectomy to stop the spotting.

Los Angeles reader

Dear Editor,

Anyone else out there who is a DES daughter or son who now has non-Hodgkin's lymphoma (NHL)? I am 46 years old and was diagnosed with low-grade NHL in February of 1996 and am currently in treatment. NHL is a life-threatening, immune-system disorder type of cancer. There are no known genetic or hereditary links, although there are some suspected environmental links, such as exposure to pesticides. However, I had none of the risk factors for NHL. I have an identical twin sister who, although she and I both had reproductive system effects of DES, does not have NHL. In fact, she will be my donor if I have to have a bone marrow transplant.

I am curious to know if there is anyone else out there with this problem. Most often causes are unknown, and I can live with this. It really doesn't make any difference in treatment.

Joan, e-mail address: jdramos@accessone.com

Dear Editor,

I'm another DES daughter with eye problems. Recently I was diagnosed with normal tension glaucoma. A booklet prepared by the Glaucoma Research Foundation describes this as "a rare, puzzling form of the disease that is sometimes referred to as low-tension glaucoma. The optic nerve is damaged, even though the intraocular pressure is not unusually high. Doctors do not know why some people's optic nerves are damaged despite relatively normal (between 12-22 mm. GH) pressure levels."

Texas reader

Dear Editor,

I am 43 years old and have suffered terribly for the last ten years or more with hormonal swings and ovarian cysts. At present I am being treated for perimenopause by a wonderful neuropsychiatrist. She has been able to balance my hormones so that life is more livable.

In the last four years I have been under a considerable amount of stress which has only added to the worsening of my condition. During this period my symptoms have been hair loss (which was once very thick), hives, dry skin,

depression, extreme tiredness (I would fall asleep ten times per day), itching under my skin, frequent yeast infections, 'that' dreaded migraine, continual viral infections (pneumonia three times in five years), intense muscle aches which for some people are often diagnosed as fibromyalgia, neurological problems and more.

My doctor has a unique method of treatment (that to date my newest gyn has not been able to duplicate)....she has explained to me that even though my mother took DES for only one week, it was probably at the time my brain was being formed. As a result my brain transmits the wrong messages to my body and vice versa. Until the last few years testing has shown all blood levels as normal—my brain just never read

my body properly.

Prior to finding this doctor, I has seen all the top doctors in this field—NONE were able to help me help me as she has. I have read about the pros and cons of what a DES daughter should not take in the way of hormones. The facts stand...no one really knows. We are the generation that will educate the other generations to come. I do take birth control pills with an estrogen supplement and use testosterone cream. ALL are in small doses and natural. I cannot tell you what is right or wrong for us to take as DES daughters, but at 43 I look for the quality of life we live. Without these hormones, I know that I would be non-functioning or worse. If any reader wants to contact me, write to me in care of The Voice.

Arizona daughter

Notes from Nora

Urgent Legislative Alert! Help defeat product liability "deform" legislation!

nce again, Congress is considering legislation that would replace state product liability law with a national law written by and for manufacturers. This legislation, known as Senate bill 5, would drastically weaken the rights of consumers to obtain compensation for injuries caused by defective and dangerous products. We urge you to write your Senators and Representative about S. 5. (You can obtain the names and addresses of your members of Congress from your local library.)

Among the most dangerous provisions under consideration by Congress are: Limits on punitive damages

Punitive damages are designed

MAMMOGRAMS from page 2... ten women out of 10,000 given mammograms in their forties would have their lives prolonged, but not saved. No controversy exists over mammography screening's value to women over the age of 50, for whom studies show a 30% reduction in deaths from breast cancer....

"As mammography techniques continue to improve and pathologists begin to catch up with the improvements, research may one day show a major reduction in deaths, one that clearly outweighs the risks of screening. But as it stands now, the woman who waits until age 50 to start having regular mammograms would be making a reasonable **choice.**" (my emphasis)

to punish corporations found guilty of wrongdoing, to serve as a deterrent against future misconduct. If arbitrary caps on punitive damages are imposed, reckless or malicious defendants could find it more cost effective to continue their dangerous behavior and risk paying relatively small or predictable punitive damages awards. **Immunity for Older Defective**

Products (Statute of Repose)

Under a statute of repose, injured consumers could recover no compensation (not even for health costs or lost wages) from the manufacturers of defective products that are over a certain number of years old. Prior bills have suggested a statute of repose of 15 years. In the case of DES, most injuries did not even appear until more than 15 years past the date the product was used!

Other harmful provisions include restrictions on Joint and Several Liability and Immunity for Biomaterial Suppliers.

The House of Representatives Judiciary Committee invited DES daughter Stephanie Kanarek to testify about this bill on April 10th. Here is an excerpt of her testimony:

"My daughter Amy, who is 12 years old, is severely disabled, unable to care for herself at all. Amy is this way because of an FDA approved drug. My mother, wanting to have a baby, followed the advice given to her by her obgyn, and ingested an FDA approved drug known as DES.

"Let me emphasize—I have a

handicapped daughter because the pharmaceutical companies ignored evidence that told them not to market this chemical for use in pregnancy.

"Why would you protect the wrongdoer at my expense? Nothing will ever compensate me for what I've lost. However, those who have caused my pain must be held accountable for their actions. They realized the profits from the sale of DES; they must also bear the responsibility.... The manufacturer must be sent a loud, strong message that, as a society, we will not tolerate such a callous disregard for the health of our mothers, wives, and daughters."

Please take a moment today (this can not be put off—the bill is before Congress now) to write a letter to your representatives in Congress. Your own story will be the most effective, but the essential elements of a letter include:

I urge you to vote no on S. 5. Consumers should retain the right to seek compensation for their losses. The provisions in S. 5 would unfairly restrict consumer access to the courts and will lead to more unsafe prod-

DES is an FDA-approved drug that should never have been given to pregnant women. This cancer-causing drug was not fully tested and laboratory tests indicating its toxicity were ignored. The story of DES is a classic story of profits before people; you, as the people's representative, must help us prevent another DES.



book notes

Dr. Susan Love's Hormone Book: Making Informed Choices about Menopause. Susan M. Love, M.D. with Karen Lindsey. Random House, 1997. 362 pp. \$25.00.

ow we're approaching menopause, and we want to decide for ourselves how we'll experience this process as well. But how do we do that? We're faced with all kinds of options, and with them all kinds of questions...Is there anything I could be doing? Is there anything I should be doing?

I've been hearing variants of these questions over and over for the past few years...That is why I've written this book."

To give you an overview of Dr. Love's work, her longest chapters are these two: "From flashes to fuzzy thinking: what you can do right now," and, "For prevention: Just look to your lifestyle!" The 14 other chapters cover: What is menopause. The medicalization of menopause. What does it feel like? Prevention and risk: understanding research. Osteoporosis: Are we all going to crumble? Heart disease: What's your real risk? Breast cancer: Every woman's fear? Endometrial cancer: The first problem with estrogen. For better or worse: Hormone therapy and other diseases. What are my options for feeling better right now? Alternatives: acupuncture to herbs. Drugs: Other means of prevention. Hormones: The

menu of options. Decisions: What should I do?

Dr. Love, who is famous as a breast surgeon, added six appendices to her book: How to find a Practitioner; How to find remedies: drugs, mail order; Books, videos, pamphlets and the internet; Newsletters and journals; Organizations; Women's health initiative research centers.

Dr. Love does not discuss the question many of you would like answered: is menopause going to be different for DES daughters? Are there additional risks for DES-exposed women to take hormone treatment? She could not have discussed them, since no research has been published on these topics. That said, her book is a useful guide through this life event.

DES Action USA

National Office 1615 Broadway, Suite 510 Oakland, CA 94612

Forwarding Postage Guaranteed

Non-Profit
Organization
US Postage
PAID
San Francisco, CA

Permit No.14081

Address Correction Requested **Moving? Please let us know...**

