



CONTEMPORARY ISSUES IN WOMEN'S HEALTH

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The editors of Contemporary Issues in Women's Health solicit reporters and correspondents from throughout the world to make contributions to this section. Please feel free to email or otherwise contact Professor Timothy Johnson at trbj@umich.edu or Doctor Richard Adanu at rmadanu@yahoo.com if you have reports or items that you would like to have included. We would be happy to attribute the items to those reporters and correspondents who give permission in their transmittal. Otherwise, we will share those reports that we think are of the greatest interest to our readership without attribution.

Unexpected Results AGAIN from the Women's Health Initiative – Low-Fat Diet Study Results

Following an eating pattern lower in total fat did not significantly reduce the incidence of breast cancer, heart disease, or stroke, and did not reduce the risk of colorectal cancer in healthy postmenopausal women, according to the latest clinical trial results from the National Institutes of Health's Women's Health Initiative (WHI).

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The study was designed to evaluate a low-fat dietary pattern's effect on the risk of cancer. However, investigators also evaluated the data to review the effect on cardiovascular disease. The results from the largest ever clinical trial of low-fat diet are reported in three papers in the February 8 edition of the Journal of the American Medical Association.

Among the 48,835 women who participated in the trial, there were no significant differences in the rates of colorectal cancer, heart disease, or stroke between the group who followed a low-fat dietary plan and the comparison group who followed their normal dietary patterns. Although the women in the study who reduced their total fat intake had a 9% lower risk of breast cancer than did women who made no dietary changes, the difference was not large enough to be statistically significant—meaning it could have been due to chance.

By the end of the first year, the low-fat diet group reduced average total fat intakes to 24% of calories from fat, but did not meet the study's goal of 20%. At year six, the low-fat diet group was consuming 29% of calories from fat. The comparison group averaged 35% of calories from fat at year one and 37% at year six. Women in both groups started at 35–38% of calories from fat. The low-fat diet group also increased their consumption of vegetables, fruits, and grains.

Women were aged 50–79 at trial enrollment in 1993–98 and were followed for an average of 8.1 years. The study diet focused on reducing total fat, and unlike diets used to reduce heart disease risk, did not differentiate between “good fats” found in fish, nuts, and vegetable oils, and “bad” fats like saturated fat and trans fat found in processed foods, meats, and some dairy products. The study design reflected a widely believed but untested theory that reduction of total fat would reduce risks of breast or colorectal cancers. For heart disease, it was anticipated that reduction in total fat would be accompanied by a reduction in saturated fats, which are known to contribute to heart disease risk.

“The results of this study do not change established recommendations on disease prevention. Women should continue to get regular mammograms and screenings for colorectal cancer, and work with their doctors to reduce their risks for heart disease including following a diet low in saturated fat, trans fat and cholesterol,” said National Heart, Lung, and Blood Institute Director Elizabeth G. Nabel, M.D.

The study also found that following a high-carbohydrate, low-fat eating pattern does not increase body weight, triglycerides or indicators of increased risk of diabetes such as blood glucose or insulin levels in women.

The WHI is the most comprehensive study to date of the causes and prevention of the major diseases affecting the health of older women. Over 15 years, the study’s findings on heart disease, breast and colorectal cancer, and osteoporosis have stimulated many changes in clinical practice. The WHI is also one of the largest studies of its kind ever undertaken in the United States and is considered a model for future studies of women’s health.

This study of low-fat dietary pattern is one of the three randomized clinical trials that make up the WHI. The others included trials of hormone therapy—estrogen plus progestin and estrogen alone. Both trials were stopped early, estrogen plus progestin in 2002 and estrogen alone in 2004 because of increased risk of diseases like stroke, blood clots, and breast cancer. Results of a third clinical trial studying the effects of calcium and Vitamin D supplementation on osteoporosis-related bone fractures and on colorectal cancer will be published in February 2006.

Reference

Beresford SAA, Johnson KC, Ritenbaugh C, et al. Low-fat dietary and risk of colorectal cancer. The

Women’s Health Initiative Randomized Controlled Dietary Modification Trial. *JAMA* 2006; 295:643–54.

Howard BV, Van Horn L, Hsia J, et al. Low-fat dietary pattern and risk of cardiovascular disease. The Women’s Health Initiative Randomized Controlled Dietary Modification Trial. *JAMA* 2006; 295: 655–66.

Prentice RL, Caan B, Chlebowski RT, et al. Low-fat dietary pattern and risk of invasive breast cancer. The Women’s Health Initiative Randomized Controlled Dietary Modification Trial. *JAMA* 2006; 295:629–42.

Contraception Website Wins United Nations Award

A website on contraception and sexual health run by doctors at Queen’s University in Ontario, Canada, has been ranked in the top five e-health sites in a United Nations (UN) competition. (<http://www.sexualityandu.ca>).

The interactive bilingual site, which was picked from the submissions of 168 countries, targets adolescents, adults, parents, teachers, and health-care professionals with information and answers to submitted questions about contraception, safe sex practices, and sexual well-being.

As well as responding to emailed questions and updating the sites ‘Contraceptive FAQ Hotline,’ members of the Contraception Advice Research and Education fellowship at Queen’s University distribute a monthly e-newsletter to subscribers covering breaking news in the areas of contraception and reproductive health.

The site was created as part of a wider Contraception Awareness Program, led by Queen’s fertility expert Dr. Robert Reid, and launched in 2000 by the Society of Obstetricians and Gynecologists in Canada in response to rising rates of sexually transmitted infections and unintended pregnancies in young Canadians.

Other services provided by the Program include workshops and resources for doctors to help them improve their communication skills in order to better assess their patient’s needs and provide advice about unsafe sexual behavior.

Reference

<http://www.orgyn.com>, October 12, 2005.

Cervical Cancer Vaccine Success

A cervical cancer vaccine has proven 100% effective in preventing tumors caused by the two most

oncogenic forms of human papillomavirus in final-stage clinical trials.

Professor Ian Frazer, from the University of Queensland in Australia, and a pioneer in the work that led to the vaccine's development, praised the results. "It is very rare, almost unheard of, to achieve a 100% efficacy rate in any treatment, so these results are truly wonderful," he said.

The vaccine, called GARDASIL, is due to be submitted for approval by the United States Food and Drug Administration with anticipated commercial availability in early 2006.

Reference

<http://www.orgyn.com>, October 12, 2005.

Merck investigational vaccine GARDASIL prevented 100% of cervical pre-and non-invasive cancers.

www.brightsurf.com/news/headlines/view.article.php?articleid=21282-53K October 7, 2005.

Breast Cancer Survival 'Soars'

More good news for cancer has been revealed in an announcement by the UK cancer charity Cancer Research UK, predicting that nearly two thirds of women in the UK who are diagnosed with breast cancer today will survive for 20 years.

Cancer Research UK epidemiologist Professor Michael Coleman said: "Overall long-term survival for women with breast cancer has improved dramatically over the last 10years and we are seeing even better survival statistics for women in their fifties and sixties".

Professor Tony Howell, a Cancer Research UK oncologist, said: "These results are highly encour-

aging for women who are worried about their cancer coming back". They will also encourage women to be screened, he said, as women with screen-detected cancers "fared particularly well". Improved screening and treatment are two factors believed to be responsible for the improvements.

Reference

<http://www.orgyn.com>, October 17, 2005.

Misoprostol Use in Obstetrics and Gynecology

Research results indicate that misoprostol can be an effective intervention for spontaneous and induced abortions, cervical ripening, and induction of labor. Additional research is needed on its effectiveness for other obstetric and gynecologic indications.

The benefits of misoprostol use could be particularly relevant for low-resource settings, where women face significant morbidity and mortality from unsafe abortion and a lack of adequate obstetric care. If misoprostol is to be safely used in these settings, women and health care providers need clear and uniform guidelines. With evidence-based information on misoprostol administration, health care providers could save the lives of thousands of women who would otherwise undergo unsafe interventions or no interventions at all.

Reference

Outlook: Misoprostol use in obstetrics and gynecology. PATH 21(4), April 2005. www.path.org.