



WOMEN'S *health*

The SPRC has been a leader in women's health research for decades and is a key site of the Women's Health Initiative (WHI), the largest, most ambitious clinical research program ever conducted.

As one of the first research centers to include women in studies of lifestyle, e.g. physical activity, diet and weight control, for heart disease prevention, SPRC quickly broadened its research to other interventions and chronic diseases, i.e. cancer, osteoporosis, and dementia, and to study "healthy aging."

The SPRC was one of 40 academic centers to recruit over 161,000 postmenopausal women across the U.S. in the mid-1990s for the WHI Clinical Trials (of menopausal hormones, low-fat diet, and calcium/vitamin D supplementation) and Observational Study, with SPRC's Marcia Stefanick, as Chair of the WHI Steering Committee from 1998-2011. The dramatic findings that combined (estrogen and progesterone) menopausal hormone therapy (MHT) increased the risk of breast cancer, stroke, heart disease and blood clots led to a 50% reduction in MHT use, which was followed by the first-ever national reduction in breast cancer, with an estimated 15,000 fewer women diagnosed each year.

As one of four "regional centers" for the extended follow-up of the large WHI cohort, with its rich 15-year dataset of lifestyle, genetic, biomarker, medical and other personal data and health outcomes, SPRC has become a leader in aging research in women (as well as in men, due to other research projects). SPRC researchers are particularly interested in the potential role of physical activity in preventing heart disease and stroke and maintaining physical and cognitive function, and thus, mobility and independence in older women.

SPRC researchers are also assessing potential benefits of lifestyle and other interventions in women with established chronic diseases, e.g. heart disease (HERS trial) and early stage breast cancer (WHEL trial), for preventing disease progression and promoting overall well-being. Current collaborations are focusing on whether physical activity can ameliorate adverse outcomes of cancer chemotherapy and other treatments, including bone loss, changes in body composition, brain and cognitive function, sleep and psychosocial health, e.g. depression, and cardiovascular disease risk in breast cancer survivors.

#1

CAUSE OF DEATH IN U.S. WOMEN IS HEART DISEASE, EXCEEDING ALL CANCER DEATHS COMBINED, WITH STROKE BEING THE THIRD, AFTER TOTAL CANCER DEATHS

2/3

OF FEMALE DEATHS DUE TO HEART DISEASE AND STROKE OCCUR IN WOMEN AGED 80 AND OLDER

1 in 3

U.S. WOMEN WILL BE DIAGNOSED WITH AN INVASIVE CANCER IN HER LIFETIME; ONE IN EIGHT U.S. WOMEN WILL BE DIAGNOSED WITH BREAST CANCER IN HER LIFETIME

20%

OF HIP FRACTURES ARE FATAL; 50% ARE DISABLING; NEARLY ALL REQUIRE HOSPITALIZATION

11 million

U.S. WOMEN WILL BE AGED 85 AND OVER (COMPARED TO 4 MILLION IN 2010) BY 2050

AFTER AGE 85, THE RISK OF ALZHEIMER'S DISEASE IS NEARLY

50%