

Constellation

A Newsletter for All STAR Participants



The Ties That Bind

Family, Love, and A Caring Doctor

By Holly McCalmon,
NSABP Public Relations & Communications Specialist



Top Photo:
Annie Jackson

Main Photo from Left to Right:

Back Row: Margaret Griffen, Ethel Ingram, and Diana Hamilton
Front Row: Johnnie Miles and Mae Griffen

Bottom Photo:
Dr. John Woodall

Making Great Strides

DL Wickerham, MD,
STAR Protocol Officer &
NSABP Associate Chairman



As many of you know, for more than 40 years the NSABP has been successfully designing and conducting large-scale clinical research trials in breast and colorectal cancers that has altered and improved the standard of care for men and women with these diseases. We are proud of our history and recently we have reached two new milestones that I want to share with you now.

On Thursday, August 14, 2003, a protocol B-30 patient became the 100,000th person to enroll in an NSABP study.

The female patient entered the study at the CCOP, William Beaumont Hospital in Royal Oak, Michigan, an NSABP member since 1999. She is just one of literally thousands of other individuals who helped us get to where we are today in cancer research.

Despite improvements in disease free survival and overall survival resulting from the use of adjuvant chemotherapy in breast cancer patients with positive axillary (underarm) lymph nodes, a significant number of these patients develop tumor recurrence and often die from the disease. The NSABP, realizing the need to develop new chemotherapy regimens to treat these patients, designed protocol B-30. This trial, which assigns women to receive one or three different chemotherapy combinations, opened on March 15, 1999 at more than 150 sites across the United States and Canada. As of August 27, 2003, protocol B-30 has enrolled 4,630 (87%) patients out of a total of 5,300 required to complete the study. The 100,000th patient has brought us one person closer to the end of this trial and one step closer to the NSABP's ultimate goal of ascertaining the best strategies for the treatment and prevention of breast and bowel cancers.

Secondly, as a part of the American Cancer Society's (ACS) ambitious goal to reduce the nation's cancer incidence rates (according to age) by 25% over the next 12 years, **the Society's Board of Directors has formally endorsed STAR because it anticipates, "positive results from chemoprevention trials for breast cancer."**

Dr. Mary Simmonds, ACS President, said in a letter to the NSABP, "We have improved our call center and web site information regarding availability of clinical trials and will place the STAR trial in prominent positions in these efforts. In so doing, we are expressing our highest support for the conduct of this trial and look forward to its results."

"The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering and preventing cancer, through research, education, advocacy and service. Founded in 1913 and with its national headquarters in Atlanta, Georgia the Society has 17 regional Divisions and local offices in 3,400 communities, involving millions of volunteers across the United States."

The NSABP is happy to be a part of the ACS's national efforts and we look forward to our future partnership.

Over the years, the NSABP has made great strides in cancer research, but we couldn't have done any of it without the dedication of the women and men who participate in our studies. We applaud your efforts and greatly appreciate your commitment to us.

NSABP Timeline

"More Than 40 Years of Clinical Trial History," chronologically highlights our many accomplishments and is now available on our Web site (www.nsabp.pitt.edu).

Constellation frequently highlights STAR participants' motivations for entering the study and this issue is no exception. However, we are changing our perspective a little and are focusing first on a local family physician, who with great determination led four African American sisters with a family history of breast cancer to STAR in an astonishing act of compassion.

Dr. John Woodall's name seems to sum up the man—he would and does all he can to care for his patients who live in his hometown of Anderson, Indiana, a town about 40 miles northeast of Indianapolis with a population of approximately 60,000.

Raised only one block away from the 50-year-old practice that expanded to include his name (Bridges, Campbell, Woodall Medical Corporation), Dr. Woodall found it amusing that "One of my partners, Dr. Alvin Bridges, used to be my family physician when I was a child. When I began here, I was the youngest doctor and now I am the eldest." Upon joining Dr. Bridges and Dr. Frank Campbell in 1972, Dr. Woodall became a part of a practice that was and still is an integral part of the community. Dr. Bridges was the first African American doctor to establish a health clinic in Anderson, while Dr. Campbell became the first African American to serve as president of staff and then chief of staff at Anderson's Community Hospital. Since his partners' retirement, Dr. Woodall is the sole proprietor of the small community office that is still only a short distance from his home and he is just as dedicated to Anderson's residents as his predecessors. Along with seeing patients at his office throughout the week, Dr. Woodall can often be found at the local

nursing home on the first 12 days of every month making his morning rounds that start around 3:00 a.m.

However, breast cancer has no boundaries, no matter how many good deeds are done, and the disease would influence not only Dr. Woodall's professional life, but his personal life as well when two of his aunts and a sister would be diagnosed with breast cancer. "My sister was 36 years old and had a large lesion on her breast that was being followed. But, knowing our family history with breast cancer, a biopsy was performed. It was cancer. She was treated with a total mastectomy and is still routinely followed for the opposite breast," Dr. Woodall recalls.

Illness is an occupational hazard for medical physicians, but the key to overcome its effects often lies within their hands. As a small town physician, Dr. Woodall frequently has to take things into his own hands to obtain information and answers for his patients. Recently, he did just that for four sisters under his care.

"I have a vested interest in these women. We grew up together. We went to school together and have all belonged to the same church ever since we were old enough to join a church. I have taken care of them throughout their adult lives and they are like sisters to me," says Dr. Woodall. "One sister [Annie Jackson] passed away from breast cancer and another [Mae Griffen] was going through treatment for the disease. The four remaining sisters were all taking Prempro [a hormone replacement therapy recently studied by the Women's Health Initiative

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Three New Shining STARS The Participant Advisory Board Expands the STAR Family



The NSABP is pleased to announce that the STAR Participant Advisory Board (PAB) has expanded and now includes three new ethnically diverse women who will represent their communities and help guide the STAR trial. Joining the PAB are (pictured above from left to right) Shirley Ealey from Baptist Regional Cancer Institute in Jacksonville, Florida; Lanita "Jeanne" Smith from CCOP, Natalie Warren Bryant, Tulsa, Oklahoma; and Ruby Black from CCOP, Spartanburg Regional Medical Center, Spartanburg, South Carolina.

Shirley Ealey

I am a native born Floridian who truly loves the sunshine state. I was born, raised, educated, and worked in Jacksonville, Florida. About three years ago, I saw a local newspaper ad about a breast cancer study that sparked my interest. It listed some of the risk factors that increased a woman's risk for developing breast cancer that seemed to fit my profile.

Like many STAR participants, I have a family history of breast cancer. My mother passed away with breast cancer and my two aunts, her sisters, also died as a result of this disease. In addition, I personally had two breast biopsies that made me eligible to participate. To gather more information about the study, I called Sally Coxwell, STAR Program Coordinator, at the Baptist Cancer Institute here in my hometown of Jacksonville, Florida and made plans to attend an informational meeting.

For me, that meeting was very positive. After finding out the results of my risk assessment and further conversations with Sally and Dr. Neil Abramson, the study physician, I decided to pursue participation in STAR.

I've been married for more than 40 years to my husband, Amos, and have three grown sons and four granddaughters. It is because of my concern for my granddaughters and the possibility that they might inherit this disease that motivated me to join STAR. Also, I wanted to take this opportunity to participate in something that may give me a chance to help prevent, reduce, and possibly cure breast cancer occurrences in the future.

I thoroughly enjoy working with Sally and other members of the Baptist Cancer Institute team and have made a personal commitment to reach as many sisters as possible to get more minority representation in STAR. As a member of the our local, and now the national, Participant Advisory Board, I talk at every opportunity about the benefits of being in this study.

Amos and I were both born under the astrological sign of Taurus, the bull. Given this, many people ask if we get along. Over our 40 years, we've agreed to respect each other's opinion and agreed to respect each other's disagreements. But, there is no disagreement that clinical trials are important and he has joined me in this endeavour as a SELECT (Study of Selenium and Vitamin E Cancer Prevention Trial for prostate cancer) participant.

Jeanne Smith

I was introduced to STAR through the Muscogee (Creek) Nation Indian Health Care System in Okmulgee, Oklahoma. My history with breast cancer began in my early 20s when my mother was suddenly diagnosed with breast cancer, which resulted in a mastectomy along with chemotherapy and radiation treatment. A mother

myself, I moved my ailing mother into my house and stopped working to care for her. But, at that time, my two younger, teenage sisters were in high school and I soon found myself going in-between two households; staying at my mother's house during the week and returning home on the weekends when my sisters could assist with our mother's care. We all had a great amount of responsibility at such a young age. My mother subsequently lost her battle with the disease and died two years later.

Jeanne is very active in her Native American (Creek) community where she promotes breast cancer awareness and prevention. She is just as active and dedicated to her church community, which sponsors many programs for the poor and those with limited access to health care. And, according to her STAR Community Outreach Coordinator, Nancy Bralic, "Jeanne is a very vivacious, warm, fun-loving, and articulate Indian lady who has given us great insight and access to the Creek Nations of Oklahoma. We feel that her personal experiences with breast cancer and willingness to help others makes her a wonderful addition to the STAR Participant Advisory Board. The NSABP has made an excellent choice."

Ruby Black

I've been a STAR participant for two years, and recently, I was nominated to the STAR Participant Advisory Board (PAB). One of the reasons why I decided to become a STAR study participant was because I saw my sister, Jo, suffer with her breast cancer from 1997-98. She passed away at the age of 50.

My desire, at the time, was to do something to help others, because I didn't want them to go through the same pain and suffering that my family and I witnessed with my sister. As family members, we suffered alone with the patient, so I wanted to become involved in a project or program "in her memory" that would somehow focus on awareness so that I could reach my African American sisters, and others, young and old alike. Now my passion is to eliminate the fear and undress the shame of viewing our bodies when a health issue is in question.

I attended a healthcare ministry program at my church (Reedy Fork Baptist) in October of 1998 for breast cancer awareness. While there I completed a risk assessment form for the NSABP's Study of Tamoxifen and Raloxifene that was handed to me by our speaker, Ms. Melinda Hudson, the Community Outreach Coordinator for the Spartanburg Regional Medical Center in South Carolina.

Approximately six weeks later, Ms. Hudson contacted me with the results. Because of my sister's breast cancer, and other factors, my risk for developing the disease was increased and indicated that I could be a STAR study candidate. After talking about it with Ms. Hudson in an interview, I completed the necessary forms to enter the study. I was given a short physical for general observations that included a breast exam and my blood pressure was checked.

As a STAR participant, I stay in touch with my STAR site through monthly phone calls so that they can keep an eye on my overall well being. I keep a daily diary and write down any feelings or unusual physical occurrences. These calls give me the opportunity to talk about these issues or to have

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22,000
19,000

Sample size reduced from 22,000 to 19,000 women as the overall enrollment goal.

YOU ARE HERE...
16,746 women enrolled in STAR as of August 27, 2003.

**June 30, 2002
Happy 3rd
Birthday STAR!**
As of this date, 13,647 women enrolled in STAR and 118,797 women had their breast cancer risk assessed.

**June 30, 2001
Happy 2nd
Birthday STAR!**
As of this date, 10,473 women enrolled in STAR and 89,838 women had their breast cancer risk assessed.

**June 30, 2000
Happy 1st
Birthday STAR!**
As of this date, 6,136 women enrolled in STAR and more than 47,000 women had their breast cancer risk assessed.

5,500

2,750

**July 1, 1999
Enrollment to
STAR Began**



Judith Jordan, STAR PAB Chair

Hello!

From the STAR Participant Advisory Board

Howdy from Texas! I wanted to update you on a few activities that we, the STAR Participant Advisory Board (PAB), have been doing recently.

In June, 17 PAB members (out of 18) joined the NSABP at their group meeting in Orlando, Florida. As a group, we are invited to attend these meetings that are held twice a year to provide feedback as STAR participants on a number of topics related to the study. At these meetings we also listen to various speakers who present updated information about STAR and discuss other health-related issues. We also participate in small discussion sessions with STAR staff from across the U.S., Canada, and Puerto Rico.

We love participating in these meetings and feel that we really do have a say in how this study is conducted. These meetings also give us a chance to catch up with one another—since we only see each other two times a year—and talk about issues that we, as a group, want to work on for you, our fellow participants.

This year at our biannual meeting we agreed to the following STAR PAB Mission Statement:

*It is the mission of the **STAR Participant Advisory Board (PAB)** to serve as dedicated, volunteer ambassadors in breast cancer prevention research that is conducted by the NSABP and funded by the National Cancer Institute (NCI). PAB members represent all sites and women in the STAR study and are actively involved in recruitment and compliance by directly communicating with women enrolled in STAR and potential participants about our experience in the STAR study.*

With this in mind, I would like to express to you the following:

- ★ We, the STAR Participant Advisory Board, are all shapes, all sizes, all colors.
- ★ We are multilingual.
- ★ We are the faces in the fight to make breast cancer a preventable disease.
- ★ We are the voice of every woman in STAR.
- ★ We are spread across the United States, Canada and Puerto Rico.
- ★ We “belong” not only to our individual, local STAR sites, but to all sites.
- ★ We are ready, willing, and able to come to your site to speak about our experiences.

Please talk to your STAR coordinator about having a PAB member at your next get-together. The NSABP supports our travel expenses so that we can bring our experiences to you. Your STAR coordinator can request a PAB member by contacting Lori Garvey in the Public Relations and Communications Section at the NSABP's Operations Center at 412-330-4621.

For more information about the STAR PAB, please visit us on the NSABP Web site (www.nsabp.pitt.edu) under the STAR section. Here you will find a short biography for each of us and a map that indicates where we live.

Reflections From Inside a Clinical Trial

Reflections... was submitted by Deann Owen Lewis of Crescent, Oklahoma, a STAR participant at the *Integrus Oncology Services North/South*. She has given permission for the NSABP to print this article in *Constellation*. The thoughts are her own and we thank her for sharing them with all of us. If you would like to share your experiences “from inside a clinical trial,” please send them to the NSABP (*address available on back page*) and you too may see your story highlighted in an upcoming issue of *Constellation*.

My story may sound familiar, because it is about family and doing your best to help them and others. My name is Deann Owen Lewis and I am 50 years young and the mother of James and Joann Lewis, mother-in-law of Jami, and Granny of Steven Renfro and Benjamin Lewis.

I live in the small city of Crescent, Oklahoma, which has a population of around 1,200.

I learned about community service from my parents.

My mother, Bobbie Owen, was co-publisher of the *Logan County News* with my father, Charles Owen. Mother also was the site director for the *Logan County Aging Services* in Crescent until her retirement. After my parents sold the paper, my dad worked for *Pioneer Telephone* and has been active in community and political organizations all of my life. He lives with my stepmother Hazel, a lovely and loving woman who is a breast cancer survivor.

For 22 years, I have worked for the *Pioneer Telephone Cooperative* in Kingfisher, Oklahoma. In October, our company participated in the *American Cancer Society's Tell A Friend* campaign and I notified more than 30 women and encouraged them to get a mammogram. Of those, over 15 women scheduled a mammogram and several of my friends went for the very first time, **something I am very proud of.** I am also very active in the *American Cancer Society's Relay for Life* in Kingfisher County each year and have participated in the *Susan G. Komen Breast Cancer Foundation's Race for the Cure* in Oklahoma City, Oklahoma for many years.

Recently, I visited a new doctor. He's a young, enthusiastic cardiologist. Since I was referred to him by my study doctor, an oncologist, he assumed that I was a cancer survivor. When I explained that I was a STAR participant (and a Breast Cancer Prevention Trial (BCPT) participant before that) his words were, “Whoa, you just blew me away. Why would anybody do that?”

I know all participants must hear these same words. I've heard them more times than I can count and I am still surprised every time. **My answer is always the same, ‘Why would anybody NOT participate in something this important?’** And, having visited with other participants, that seems to be the consensus of all of us “crazy ladies” who take our two little pills with dedication and faith that we are doing the right thing.

But, since it seems important for others to try to understand, I try to explain why I feel

that this is so important. No, I am not in this trial to prevent myself from getting cancer. If that was what I wanted to do, I would have started tamoxifen after the BCPT. **I am in this trial for the sake of two**

little boys born six weeks apart in December 2000 and January 2001. They are my precious grandsons, Steven and Benjamin.

We're just a super group of women who know the importance of clinical trials

and are willing to participate for the good of womankind.

You see, Jami, my daughter-in-law (Benjamin's mother) is also the daughter of a breast cancer survivor. My daughter Joanna (Steven's mother) has four generations of breast cancer in her maternal family tree. **Therefore, I am in this trial so that these two wonderful women won't, hopefully, ever have to worry about breast cancer and so that Benjamin and Steven never have to see their mothers suffer.**

I started the first breast cancer prevention trial in the fall of 1992. I was eligible because I had a history of benign tumors, but that wasn't all of the risk factors that brought me to this trial. **My great-grandmother, grandmother, and sister had all developed breast cancer.** I thought it was an opportunity to contribute to something important that would not take up a lot of time and effort on my part. My son was in college and my daughter in junior high, so I had more time to do things for myself.

However, the time to do things for oneself fled when in 1993 my mother's health began to fail and she started to lose her eyesight. In 1994, my daughter and I moved in with her to help with household chores and cooking. We had a good relationship, although rocky at times, because along with her failing health she began to lose her independence. All of our lives were drastically changed in 1996 when she was diagnosed with Stage IV(4) breast cancer and soon a routine of chemotherapy and radiation began that lasted two years. **Mother fought with all her heart and soul,** and was very excited when the BCPT ended early because of the excellent preliminary results. Finally, in August of 1998, Bobbie Owen lost her battle.

There was never any question in my mind about participating in the STAR trial. **If I had good reasons for being in BCPT, I had even more reasons to be a STAR participant.** I never want another person to suffer the way my mother did. I know many other participants have had similar losses and feel the same way I do. But mostly, **I think we're just a super group of women who know the importance of clinical trials and are willing to participate for the good of womankind.**



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The Ties That Bind: Family, Love, and A Caring Doctor

(WHI) that continues to generate news over its results and the drug's link to breast cancer]." With this information sitting in his hands and his own family history with the disease urging him forward, "I had to do something to prevent a similar fate from happening to the remaining sisters." And fate did step in.

Dr. Woodall began looking for more information and came upon STAR quite by accident. Since the four women are genetically related, he thought that it would be interesting if they all joined a study researching breast disease in families. This led him to the research facilities at Indiana University. It took some time, but someone from the University finally called him back with some information about STAR and directed him to Clarian Health Partners, Inc., a STAR site in nearby Indianapolis.

With no knowledge of STAR prior to his inquiry and no affiliation with the STAR site, he became the sisters' lone crusader. However, this didn't seem to shock Ethel Ingram, Margaret Griffen, Johnnie Miles, and Diana Hamilton one bit. It was just something that the four sisters had come to expect from their doctor and friend. Years before, Diana began having symptoms that Dr. Woodall diligently began to investigate. His findings linked the symptoms to a brain condition that required surgery; Ethel would also be diagnosed with a similar brain condition with the same results. "Dr. Woodall is just a very caring doctor," says Margaret, who like the other sisters has been a patient of his for more than 30 years.

With information about STAR firmly in Dr. Woodall's grasp, Johnnie became the first sister to hear about the study. "He called us each in to his office one by one," recalls Margaret. Respecting their privacy, Dr. Woodall discussed the study with them individually and told them that it might be in their best interest to participate, especially because of their strong family history with breast cancer.

As the children of the deceased Arthur and Clara Mae Jones, the sisters, along with their four other

siblings, grew up in a proud and loving family and believe that they are the direct result of good parenting. It is this upbringing that strengthened the bond between them. The sisters seem to support each other in just about every way and participating in STAR together is another way they do just that, but it is also a living testament to their two sisters who developed breast cancer.

Faith and family are as important to them as it was to their parents. They all still attend the same Baptist church as Dr. Woodall, whose brother is the pastor. "Church has helped me be more grateful and thankful," says Ethel. And the four sisters certainly have a lot to be thankful for with 10 children, 34 grandchildren, and two great grandchildren (with one on the way)—all of whom are mostly girls—between them. Their families have been very positive and encouraging about their participation in STAR. And in return, they have educated their daughters along with their niece, Mae's daughter, about their risk for developing breast cancer and the importance of regular breast exams.

"We hope [that participating in STAR] helps our kids and anyone else. And, we want to encourage others to volunteer to participate in this study," says Ethel. "If we can help one black woman, then I feel like I will have accomplished something," confirms Diana.

Ethel, Margaret, Johnnie, and Diana frequently attend STAR follow-up appointments together and can be heard reminiscing about old and new memories. But they hope to leave the memory of breast cancer behind them so that their children and other women, especially African American women, won't ever need to live with that kind of memory in the future.

And it is all because of Dr. Woodall who cared enough...

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Three New Shining STARS: The Participant Advisory Board Expands the STAR Family

any general questions answered. At this point, I have not experienced any major side effects and the ones that I have had are minimal and are closely monitored by my nurse, Donna Hewitt.

I feel that the information collected from my participation in this study will help someone else. If a cure lies in these study drugs, tamoxifen or raloxifene, then we will all benefit and I will have accomplished my goal.

My decision to join STAR was solely to honor the memory of my sister, who was a tall and proud lady. She had a strut that would cause a double take, and a gentle hand of thanks and assurance. She was a lover of clothes, especially hats and shoes. Her hats were her fashion statement. She was my best friend, confidant, and mentor. Our close relationship continued until her demise. She was a soprano singer for "The Black Sisters" acappella singing group that she was so proud of. But, not as proud as she was of her only son, Brian, who expresses her same charismatic personality.

I have penned a poem entitled *In Loving Memory...*, because somehow I know she is cheering me on. She was like that and would have gladly been a STAR study participant herself.

In Loving Memory...

By Ruby Black, STAR PAB Member

Today, as I think about you, I'm surprised at my memories of you.
I can remember your voice, full, warm, and rich with laughter.
When you raised those eyebrows, as if we were thinking the same thing.

I can remember our first beginnings.
How we played and made our own toys.
How at night we made pictures on the walls and were yelled at for making noise.

I wish we could start over in those childhood days.
Remember how we had to say a Bible verse at each meal and I copied yours?
I miss you so much sometimes it hurts so bad, until I just want to run.
Sometimes I close my eyes and visualize your walk, your smile, and the tears of our sad times in life.

Those school days were some of the best and oh,
how we didn't tell on each other to spare the hickory stick.
I feel that you are thinking about me as if I heard my name,
I turn real quick.
I would love to hear what the Lord has you doing and if by chance my mansion will be next to yours.

Sometimes, at a glance, I see someone who reminds me of you,
my heart leaps.
I love you and will still miss you, but I'm thankful,
you're in my memory.

The Use of Hormone Replacement Therapy on Cognitive Functioning: Why Co-STAR is Important?

As we age, cognitive functioning becomes a concern. In particular, women are concerned about the use of hormone replacement therapy (HRT) as it relates to thinking and memory. New information from the Women's Health Initiative Memory Study (WHIMS) showed that combination hormone therapy (estrogen plus progestin) did not protect thinking and memory among women 65 years or older as had been expected.¹ WHIMS researchers also reported that women taking estrogen plus progestin were twice as likely to develop dementia compared to women receiving a placebo pill.²

Co-STAR is a substudy within the larger Study of Tamoxifen and Raloxifene (STAR) study. It is designed to compare the effects of selective estrogen receptor modulators (SERMs), tamoxifen and raloxifene, on various cognitive functions like thinking and memory. As two of the most commonly prescribed SERMs, tamoxifen for the treatment and prevention of breast cancer, and raloxifene, for the treatment and prevention of osteoporosis, there is little information on this new class of drugs and cognitive aging. The Co-STAR study is essential in finding the answer.

Data will be collected from approximately 1,800 women who participate in Co-STAR.

To be eligible for Co-STAR women must:

- be a STAR participant
(Current participants must have been enrolled in STAR for at least one year and new participants must enroll in Co-STAR prior to beginning the study medication.)
- be 65 years of age or older
- not have dementia
- be willing to sign a separate consent form to participate in Co-STAR

Those who agree to enter Co-STAR will undergo a baseline assessment comprised of tests for memory, other cognitive abilities and mood. Participants will receive a similar assessment once a year for up to four years.

By participating in Co-STAR, women taking these drugs will help researchers obtain valuable information about cognitive functioning that will add to the health care of women for this generation and for generations to come. Please consider participating in Co-STAR today.

For more information on Co-STAR, please contact the STAR coordinator at your local STAR site. If you need additional help finding a Co-STAR site, please contact the Co-STAR Central Coordinating Center toll-free at 1-866-716-9094.

References:

- ¹ Rapp S, Espeland M, Shumaker S, et al. *Effect of Estrogen plus Progestin on Global Cognitive Function in Postmenopausal Women: The Women's Health Initiative Memory Study: A Randomized Controlled Trial.* Journal of the American Medical Association, 2003; 289:2663-2672.
- ² Shumaker SA, Legault C, Thal L, Wallace RB, Ockene JK, Hendrix SL, Jones BN, III, Assaf AR, Jackson RD, Morley KJ, Wassertheil-Smoller S, Wactawski-Wende J. *Estrogen Plus Progestin and the Incidence of Dementia and Mild Cognitive Impairment in Postmenopausal Women: The Women's Health Initiative Memory Study: A Randomized Controlled Trial.* Journal of the American Medical Association, 2003; 265:1-62.

For a copy of these publications please call the NSABP Public Relations & Communications Section at 412/330-4657.

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Questions and/or comments related to this publication and STAR may be submitted to:

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