



Please reply to:
 Channing Laboratory
 180 Longwood Avenue
 Boston, MA 02115
 (617) 432-2279

Dear Colleague:

Thank you for your continued collaboration in the Nurses' Health Study. It is now 14 years since you completed the first Nurses' Health Study questionnaire in 1976. On behalf of our research group I am most grateful for the detailed information you have provided over these years. Your participation and that of over 120,000 other R.N.s has made this study the largest prospective investigation specifically directed to the health of women. Whether or not you are still active in nursing, your continued participation is extremely valuable to our further understanding of factors influencing the health of women.

Over the past year we have had some exciting developments that indicate the increasing value of the study as time goes on. During this year we have, thus far, received blood samples from over 20,000 NHS participants. These samples have all been separated and frozen and stored and will provide valuable information on the relations between hormone levels and subsequent development of disease.

In the past year we have reported that past use of oral contraceptives is not related to risk of breast cancer, although we did observe a small increase in risk among current users⁽¹⁾. This has led to our developing a new cohort of women mostly under age 40 to determine how important this risk is. We have also reported that obesity is associated with increased risk of coronary heart disease⁽²⁾, and gallstones⁽³⁾ and that risk of noninsulin-dependent diabetes rises with weight such that even women of average weight are at increased risk compared to leaner women⁽⁴⁾. In contrast, with regard to breast cancer, we detected no increased risk with greater body weight⁽⁵⁾. We are also expanding our efforts in other chronic conditions such as risk factors for osteoporosis and eye disease as well as diabetes, cancer, and cardiovascular disease.

Please complete and return the enclosed questionnaire at your earliest convenience. As always, information will be kept strictly confidential and used for medical statistical purposes only. Again, I would like to express my deepest gratitude for the contribution you have made to this study. Already this has yielded much useful information, and we are confident that findings during the next several years will provide further important guidance for maintaining optimal health.

Sincerely,

Frank E. Speizer, M.D.
 Principal Investigator

**RESEARCH
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1. JNCI 1989; 81: 1313-21
2. N.Engl.J.Med. 1990; 322: 882-9.
3. N.Engl.J.Med. 1989; 321:563-9
4. Am.J.Epidemiol. 1990; (in press)
5. JAMA 1989; 262: 2853-8

PROSPECTIVE STUDY OF ORAL CONTRACEPTIVE USE AND RISK OF BREAST CANCER IN WOMEN

Isabelle Romieu, Walter C. Willett, Graham A. Colditz, Meir J. Stampfer, Bernard Rosner, Charles H. Hennekens, Frank E. Speizer
(J. National Cancer Institute 1989; Vol. 81; 1313-1321)

In 1976, 118,273 participants in the Nurses' Health Study who were 30-55 years of age with no history of cancer completed a questionnaire regarding possible risk factors. By 1986, after 1,137,415 person-years of follow-up, we had documented 1,799 newly diagnosed cases of breast cancer. Compared with the risk of breast cancer for nonusers of oral contraceptives, the multivariate relative risks were 1.07 (95% confidence interval, 0.97-1.19) for all users, 1.06 (95% confidence interval, 0.96-1.18) for past users, and 1.53 (95% confidence interval, 1.06-2.19) for current users-women who used oral contraceptives up to 2 years before diagnosis of breast cancer. We conclude that overall past use of oral contraceptives is not associated with a substantial increase in the risk of breast cancer. Although we did not find women who used oral contraceptives before the first pregnancy to have an increased risk of breast cancer, the number of women who used oral contraceptives for a long duration in early reproductive life was too small to permit firm conclusions regarding the risk in this subgroup.

PROSPECTIVE STUDY OF RELATIVE WEIGHT, HEIGHT, AND RISK OF BREAST CANCER

Stephanie J. London, Graham A. Colditz, Meir J. Stampfer, Walter C. Willett, Bernard Rosner, Frank E. Speizer
(Journal of the American Medical Association 1989; 262: 2853-2858)

We examined relative weight and height in relation to subsequent breast cancer risk among 115,534 participants in the Nurses' Health Study who were 30 to 55 years of age and free from cancer in 1976. By 1984, six hundred fifty-eight premenopausal and 420 postmenopausal breast cancers were documented during 734,716 person-years. Among premenopausal women, risk of breast cancer decreased significantly with increasing relative weight (relative risk for the highest category was 0.6). A similar inverse association was seen for recalled relative weight at 18 years of age. Postmenopausal breast cancer was not associated with relative weight, either recent or at age 18. Height was not associated with breast cancer risk among premenopausal women and only weakly related among postmenopausal women. These data suggest that obesity among premenopausal and early postmenopausal women does not increase breast cancer risk substantially.

NURSES' HEALTH STUDY

HARVARD MEDICAL SCHOOL

1. What is your date of birth? _____ MONTH / DAY / YEAR
2. Have your menstrual periods ceased permanently? Yes No
3. Do you currently use female hormones (e.g. Premarin)? Yes No
4. Do you currently smoke cigarettes? Yes No
5. Current Weight: _____ lbs.

6. Since June 1986, have you had any of these physician-diagnosed illnesses?
LEAVE BLANK FOR "NO", MARK HERE FOR "YES"

YEAR OF DIAGNOSIS
 JUNE '86 TO MAY '88 JUNE '88 TO MAY '90 AFTER JUNE 1, 1990

		JUNE '86 TO MAY '88	JUNE '88 TO MAY '90	AFTER JUNE 1, 1990	
a	Diabetes Mellitus	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
b	Elevated Cholesterol	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
c	High Blood Pressure	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
d	Myocardial Infarction	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized for this MI? <input type="checkbox"/> Yes <input type="checkbox"/> No
da	Coronary Artery Bypass or Coronary Angioplasty	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
e	Angina Pectoris	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Confirmed by angiogram or stress test? <input type="checkbox"/> Yes <input type="checkbox"/> No
fa	Pulmonary Embolus	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
g	Stroke	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
h	Fibrocystic or other Benign Breast Disease	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Confirmed by breast biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
i	Breast Cancer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
ia	Cancer of the Cervix (include in-situ)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
j	Cancer of the Uterus (endometrium)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
k	Cancer of the Ovary	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
l	Colon or Rectal Polyps (benign)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
m	Cancer of the Colon or Rectum	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
n	Melanoma	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
o	Basal Cell Skin Cancer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
p	Squamous Cell Skin Cancer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
q	Other Cancer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Specify other cancer site:
r	Fracture of the Hip or Forearm	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Please specify site and circumstances on reverse side of survey.
s	Osteoporosis	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
t	Cataract Extraction	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
u	Macular Degeneration of Retina	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	
v	Other Major Illness or Surgery (Since June 1986)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	Specify other major illness or surgery:
w					
x					
y					
z					

7. Have you ever had any of the following illnesses or procedures?

Asthma (Doctor Diagnosed)	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+
Emphysema or Chronic Bronchitis	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+
Carotid Artery Surgery	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+
Transient Ischemic Attack (TIA)	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+
Uterine Fibroids	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+
Glaucoma	<input type="checkbox"/> Before 1976	<input type="checkbox"/> 1976-80	<input type="checkbox"/> 1981-84	<input type="checkbox"/> 1985-86	<input type="checkbox"/> 1987+

	①	①	①	①	①	①	①
	②	②	②	②	②	②	②
	④	④	④	④	④	④	④
	⑧	⑧	⑧	⑧	⑧	⑧	⑧
	P	P	P	P	P	P	P

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫
90 91 92

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	①
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	②
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	

	W	
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

Please Specify Site and Circumstances of Hip or Forearm Fracture Here: