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| **Domain:** | Reproductive Health |
| **Measure:** | Hormonal Therapy |
| **Definition:** | A question to determine whether a female has ever taken hormonal therapy for treatment or prevention of cancer, or for another reason. As hormonal therapy is known to affect risk of cardiovascular disease and cancer, it is an important environmental risk factor for women. |
| **Purpose:** | To assess use of hormonal therapy |
| **Essential PhenX Measures:** | Current Age Gender |
| **Related PhenX Measures:** |  |
| **Collections:** | Medications |
| **Keywords:** | Reproductive health, hormone therapy, Evista, Nolvadex, estrogen, post-menopausal symptoms, prescription female hormones, Dong quai, Rejuvex, Black cohosh, Remifermin, Prempro, Combipatch, FemHRT, estrogen, Oral Premarin, Patch Estrogen, Vaginal Estrogen, Ogen, Estrace, Estratest, Progesterone, Progestin, Provera, Cycrin, Prometrium |

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| **Protocol Release Date:** | February 26, 2010 |
| **PhenX Protocol Name:** | Hormonal Therapy |
| **Protocol Name from Source:** | The Expert Review Panel has not reviewed this measure yet. |
| **Description:** | Female participants are asked whether they have ever used Evista® or Nolvadex® and then asked length of time they used it as well as whether they are currently using it. They are asked whether they are using any over-the-counter preparations for hormone replacement or post-menopause symptoms. Lastly, they are asked about their use of prescription female hormones (number of months taken, types, dosage). |
| **Specific Instructions:** | Note: PhenX staff removed embedded dates of original study for clarity of Toolkit users. |
| **Protocol:** | 1. Have you used Evista® (raloxifene) or Nolvadex® (tamoxifen)?  [] No (skip to 2)  [] Yes  a) How many months have you used each drug?  Evista®  [] Not Used  [] 1-4 months  [] 5-9  [] 10-14  [] 15-19  [] 20-24  [] Used only after 6/09  Nolvadex®  [] Not Used  [] 1-4 months  [] 5-9  [] 10-14  [] 15-19  [] 20-24  [] Used only after 6/05  b) Are you currently using Evista® or Nolvadex®?  [] No, not currently  [] Yes, Evista®  [] Yes, Nolvadex®  2. Are you currently using any over-the-counter (e.g., "herbal," "natural," or soy-based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)  [] No (skip to 3)  [] Yes  a. What types?  [] Soy estrogen products  [] Natural progesterone cream or wild yam cream  [] Dong quai (e.g., Rejuvex)  [] Black cohosh (e.g., Remifemin®)  [] Other  3. Have you used prescription female hormones? (Not including oral contraceptives)  [] No (end)  [] Yes (go to 3a)  a. How many months did you use hormones?  [] 1-4 months  [] 5-9  [] 10-14  [] 15-19  [] 20-25  [] 26-30  [] 31-35  [] 36+ months  b. Are you *currently* using them (within the last month)?  [] Yes  [] No (If no, end)  c. Mark the type(s) of hormones you are CURRENTLY using:  Combined:  [] Prempro® (beige)  [] Prempro® (gold)  [] Prempro® (peach)  [] Prempro® (light blue)  [] Premphase  [] Combipatch  [] FemHRT  Estrogen:  [] Oral Premarin® or conjugated estrogens  [] Patch Estrogen  [] Vaginal Estrogen  [] Estrace®  [] Estrogen gels, creams, or sprays on skin  [] Estratest®  [] Ogen®  [] Other Estrogen (specify in box below) \_\_\_\_  Progesterone/Progestin  [] Provera®/Cycrin®/MPA  [] Vaginal  [] Micronized (e.g., Prometrium®)  [] Other progresterone (specify type) \_\_\_\_  Other hormones CURRENTLY used (e.g., Tri-est), specify \_\_\_\_  d. If you used oral conjugated estrogen (e.g., Premarin®), what dose did you usually take?  [].30 mg/day or less  [].45 mg/day  [].625 mg/day  [].9 mg/day  [] 1.25 mg/day or higher  [] Unsure  [] Did not take oral conjugated estrogen  f. What was your pattern of hormone use (Days per Month)?  Oral or Patch Estrogen:  Days per Month:  [] Not used  [] <1 day/mo.  [] 1-8 days  [] 9-18  [] 19-26  [] 27+ days/mo.  Progesterone:  [] Not used  [] <1 day/mo.  [] 1-8 days  [] 9-18  [] 19-26  [] 27+ days/mo.  EVISTA® is a registered trademark of Eli Lilly and Company; Nolvadex® is a registered trademark of Astra Zeneca; Remifemin® is a trademark of Schaper & Br¿mmer GmbH & Co. KG, licensed to GlaxoSmithKline; Prempro® is a registered trademark of Wyeth Pharmaceuticals Inc.; Oral Premarin® is a registered trademark of Wyeth Pharmaceuticals Inc.; Ogen® is a registered trademark of Pfizer Inc.; Estratest® is a registered trademark of Solvay Pharmaceuticals, Inc.; Provera® is a registered trademark of Pfizer Inc.; Cycrin® is a registered trademark of ESI Pharma Inc.; Prometrium® is a registered trademark of Solvay Pharmaceuticals, Inc. |
| **Selection Rationale:** | Among several vetted national surveys of hormonal therapy, this protocol is the most comprehensive, while not being too burdensome within the context of a general survey. |
| **Source:** | Harvard Medical School. Nurses Health Study II, 2009. Boston, MA. Question numbers 8-10. |
| **Life Stage:** | Adult |
| **Language of source:** | English |
| **Participant:** | Participants in NHS II were 25-42 in 1989. |
| **Personnel and Training Required:** | None |
| **Equipment Needs:** | Pencil and paper |
| **Standards:** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Female Endocrine Therapy | 3007460 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3007460&version=1.0) | | Logical Observation Identifiers Names and Codes (LOINC) | Hormonal therapy proto | 62660-6 | [LOINC](http://s.details.loinc.org/LOINC/62660-6.html?sections=Web) | |
| **General references:** | Townsend MK, Curhan GC, Resnick NM, Grodstein F. (2009). Postmenopausal hormone therapy and incident urinary incontinence in middle-aged women. Am J Obstet Gynecol, 200(1):86.e1-5. Epub 2008 Nov 18. PubMed PMID: 19019333; PubMed Central PMCID: PMC2637519. |
| **Mode of Administration:** | Self-administered questionnaire |
| **Derived Variables:** | None |
| **Requirements:** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Major equipment | No | | Specialized training | No | | Specialized requirements for biospecimen collection | No | | Average time of greater than 15 minutes in an unaffected individual | No | |
| **Process and Review:** | The Expert Review Panel has not reviewed this measure yet. |