

ORWH FY 04 SUPPORTED SPECIAL PROJECTS

EVALUATION OF ORWH'S FIRST TEN YEARS

ORWH underwent an evaluation to review the contribution that the Office has made to fostering women's health research, facilitating career development of women scientists, and promoting awareness of women's health research through outreach since the Office's inception at NIH through FY 2000. The following synopsis provides an overview of this important task.

KEY FINDINGS

The Office of Research on Women's Health (ORWH), the focal point for women's health research at the National Institutes of Health (NIH), played a major role in achieving a culture change at NIH. This is the conclusion of a comprehensive evaluation of ORWH activities and achievements during the Office's first ten years (FY 1991 – 2000). The study, conducted by Carlyn Consulting, found there was an increased awareness of women's health across the various NIH Institutes and Centers (ICs), resulting in substantially more NIH funding for research on diseases, disorders, and conditions that affect women.

A major reason for ORWH's success was its proactive approach throughout the decade in reaching out to a broad range of scientists, professional organizations, and advocacy groups to exchange information and solicit recommendations for achieving common goals. Altogether, ORWH actively participated in over 1,700 program activities during the ten-year period, a noteworthy record for a relatively small program. ORWH activities included the following:

- Sponsoring or co-sponsoring nearly 250 research conferences, seminars, and workshops.
- Organizing 16 trans-NIH committees/task forces.
- Achieving consensus on a comprehensive NIH-wide research agenda on women's health and working closely with the different ICs to encourage them to support research on high-priority women's health topics.
- Co-funding over 1,000 NIH research studies and over 125 career development awards.
- Providing nearly \$95 million to ICs to support research on high-priority topics.
- Launching five new NIH programs to address the numerous barriers faced by women pursuing biomedical careers.
- Supporting over 90 activities to help ensure that women and minorities are appropriately included as subjects in clinical research studies supported by NIH.
- Developing and/or co-sponsoring over 120 scientific publications, policy documents, and educational programs to promote women's health research and career opportunities.

Given ORWH's limited staff and budget, its strong emphasis on interdisciplinary collaboration was essential to its success. Achievements included the following:

1. ***A dramatic increase in NIH announcements to stimulate and expand research on women's health.*** The number of requests for applications (RFAs) and program announcements (PAs) encouraging researchers to address women's health issues increased by 143% during ORWH's first ten years, much higher than the 20% overall increase in NIH announcements.
2. ***Substantially more NIH grant applications and awards involving women's health research.*** Grant applications involving women's health increased by 48%, nearly twice the 25% overall NIH increase in applications during the period. Perhaps more importantly, grant awards in high-priority areas increased by 70%, substantially higher than the 56% overall NIH increase in grant awards. The greatest expansion was seen in women's health research in the following areas: cultural and lifestyle factors, breast cancer, adolescent health, HIV/AIDS, behavioral change and risk-taking behavior, violence, menopausal hormone therapy, and menopause (in general).
3. ***More women applying for and receiving NIH research grants.*** The number of grant applications submitted by women increased by 56% during ORWH's first ten years, much higher than the 18% increase in applications from men. Also, the number of grants awarded to women increased by 84%, compared to a 49% increase in awards to men. The percent of awards to female principal investigators (PIs) increased for every type of grant analyzed, including R01 and P01 grants. At the end of the decade, female applicants had approximately the same probability of success as male applicants, indicating there was no systemic bias against female applicants. However, despite all of these gains, only 25% of NIH grant applications were being submitted by female PIs and they were receiving only 23% of NIH grant awards.
4. ***Increased institutional commitment to women's health research.*** The number of academic institutions with major NIH research and training centers involving women's health increased by 87%, from 15 to 28 during the 1990's.
5. ***Strong evidence that women and minorities are being appropriately included as subjects in clinical research supported by NIH.*** Substantial evidence was found that ORWH's efforts and those of other NIH offices and ICs were effective in strengthening NIH's inclusion policy. By the end of the decade, nearly all grant applicants were complying with NIH's policy, and the number of NIH-supported studies that examined sex/gender or racial/ethnic differences in disease etiology and treatment increased from an average of 101 to 398 per year.

After reviewing the findings, the evaluation advisory committee concluded that major factors in ORWH's success were: (1) its strong emphasis on collaboration and strategic planning; (2) its steady focus on a broad-based NIH research agenda for women's health; and (3) its effective leveraging of funds. There was consensus that ORWH's approach could well serve as a model for other interdisciplinary programs pursuing trans-NIH issues and goals.

While emphasizing that a great deal of progress had been made, the members of the advisory committee also felt that there was more work to be done. Creative approaches are especially needed to encourage more female investigators to apply for NIH grants. In addition, the increased knowledge about women's health problems and the multisystemic nature of many of the diseases affecting women has led to additional questions that need to be addressed.

Continued state-of-the-art research is needed on all of the diseases, disorders, and conditions affecting women.

HPV16/18 VIRUS -like PARTICLE VACCINE TRIAL in COSTA RICA

Contact: Allan Hildesheim, Ph.D.
Douglas Lowy, M.D.

Award: \$600,000

NCI

Background: Cervical cancer is a leading cause of cancer death for women around the world, but now that research has revealed the role of the human papillomavirus (HPV) in the pathogenesis of this cancer, research is now making progress in ways to prevent cervical cancer. One such study has developed a virus-like particle (VLP) vaccine against HPVs with the long-term goal of preventing or eliminating cervical cancer through the prevention of the transmission of HPV. Clinical trials are being conducted to determine the effectiveness of this HPV VLP-based vaccine in preventing a persistent infection with HPVs. Early clinical trials of the vaccine have been completed indicating that they are well tolerated and highly immunogenic. A large-scale efficacy trial in Costa Rica to assess the ability of the vaccine is the next step in providing a vaccine that can have a global impact on women's cancers.

Safety and Immunogenicity (Phase I & II) trials are now completed and have demonstrated that the HPV16 VLP vaccine is well tolerated and induces strong immunological responses, and that these immune responses are observed systemically and at the genital tract of vaccinated women. Results from parallel Phase IIb trials conducted by Merck Pharmaceuticals and GlaxoSmithKline (GSK) Biologicals further indicate that HPV VLP-based vaccines protect against persistent type-specific viral infection. These results are highly encouraging and suggest that VLP-based vaccines are likely to provide protection against high-grade cervical neoplasia and cervical cancer.

To follow-up on these promising findings, we plan to conduct a 12,000-15,000 woman Phase III, randomized, pivotal trial to address the question of whether HPV VLP-based vaccination reduces the incidence of high-grade cervical neoplasia and cervical cancer and to further evaluate its safety profile. In addition, numerous other important objectives will be addressed in our Phase III trial, including evaluation of duration of protection, type-specificity of protection, and the impact of vaccination on rates of colposcopic referral and treatment.

Finally, in addition to the trial designed to evaluate the efficacy of the GSK HPV16/18 VLP vaccine, trials are planned in the United States to evaluate an HPV16 chimeric virus-like particle (cVLP) vaccine, with the goal of having therapeutic potential against prevalent HPV infection, in addition to preventing incident infection. To achieve this goal, the cVLP vaccine contains, in addition to L1, a fusion protein composed of three HPV16 viral proteins, L2, E7, E2, with mutational inactivation of the Rb binding site of E7 and the DNA binding site of E2. Pre-clinical data suggest that immune responses to E7 and E2 may confer therapeutic efficacy. This trial will be underway as soon as GMP-grade cVLP vaccine is produced by the contractor.

FY 2004 Update: The trial was initiated in Guanacaste, Costa Rica this past summer. To date, over 1,000 women have been enrolled into the trial. No serious adverse events related to vaccination have been reported. Women enrolled in the trial are randomly assigned to receive

three doses of either the GSK HPV16/18 VLP vaccine or a control vaccine. Hepatitis A was chosen as the control vaccine given the potential benefit it would confer in this population.

We expect to enroll approximately 12,000 women into the trial, which is expected to take approximately 16 months. Women will be followed for a period of four years from enrollment. In addition to their three visits for vaccination, women will be followed annually, at which time semi-automated Thinprep cytology will be performed to screen for cervical lesions. Abnormalities identified cytologically will be followed either by referral to our study colposcopist for evaluation and treatment or by accelerated screening (every 6-months), depending on the severity of the cytological finding. During the vaccination and follow-up phases of our trial women will be actively followed for adverse events.

In addition to the main objective of determining whether the HPV vaccine is effective at preventing HPV infection and the development of high-grade cervical lesions, we believe that the trial will afford a unique opportunity for us to evaluate many other scientific issues related to the natural history of HPV infection and to vaccine-related responses.

TITLE: Safe Motherhood Initiative: Pregnancy and Depression **AHRQ**
AWARD: \$10,000
CONTACT: Jacqueline Besteman, J.D., M.A., Director, EPC Program, CPTA

ORWH funded the Safe Motherhood Initiative which is an inter-agency work group to focus on Women's health before, during and after pregnancy while continuing to promote infant health. ORWH/NIH, HRSA, OPHS, NIMH, CDC, NICHD, SAMHSA, and AHRQ are members of this group. The group selected perinatal depression as an area to develop a prototype project for inter-agency collaborative effort. Perinatal depression is understood to encompass major depressive episodes that either begin before pregnancy and continue through at least some of the pregnancy or postpartum period or have onset during pregnancy, within 1 month of delivery (as defined by the Diagnostic and Statistical Manual of Mental Disorders), or within the subsequent 11 months. This disorder can have devastating consequences. Perinatal depression affects not only the women experiencing it, but also the women's children. The Safe Motherhood Group is planning a conference for 2004 to bring all stakeholders up to the same level of appreciation for the quality and strength of the evidence base and to debate and decide next steps including research, to expand understanding of this under-appreciated medical and social problem. For that conference, the RTI-UNC Evidence Based Practice Center (EPC) has conducted this feasibility study for a full systematic review of the epidemiology, screening, and treatment of perinatal depression. In this report, we document the likely size of the evidence base by key question and category of question and describe the quality and strength of that evidence base as reflected in the "best" articles and data available.

TITLE: Making and Informed Choice: Is Lumpectomy A Safe Option for Me? NCI
AWARD: \$20,000
CONTACT: Diana Zuckerman, Ph.D., President, National Center for Policy Research for Women & Families (CPR)

The ORWH funded the Making and Informed Choice: Is Lumpectomy A Safe Option for Me? Meeting with NCI, AHRQ, OWH and CPR to support the development of patient and provider education materials for women diagnosed with DCIS or LCIS, to help ensure that patients and health care providers have accurate, up-to-date, unbiased information based on research that has been conducted on these conditions. The pioneering meeting will help provide the important foundation for this on-going public education and training initiative.

TITLE: Sister to Sister Woman's Heart Day
AWARD: \$20,000
CONTACT: Irene Pollin

The Woman's Heart Day Health Fair was held on February 20, 2004 at the MCI Center in Washington, D.C. The Woman's Heart Day campaign objectives are the following:

- Establish Woman's Heart Day as a nationwide two-month campaign during January and February, culminating with the health fair on the third Friday in February
- Provide access for all women to free heart health screenings
- Collect and publish data about the clinical results of women screened during the campaign
- Engage national and local employers in promoting the campaign among their employees and providing financial and in-kind support about the campaign through local and national media.

In addition to complimentary screenings, health fair events include educational seminars led by nationally known experts and celebrities, as well as fitness, beauty, and cooking demonstration. These events empower women to take control of their heart health. When a woman gets a simple heart-health screening, she's taken the most important step toward preventing heart disease.

The Sister to Sister - Everyone Has A Heart Foundation was founded to increase awareness about heart disease as the number one killer of women and to encourage healthy lifestyles. It is the only national organization whose focus is on screening women for heart disease. Because of the lack of awareness among women about the seriousness of heart disease and the belief that women can modify, control, or treat their risk factors for this disease, the Foundation's mission is:

- To provide women with opportunities to be screened for early detection and treatment of heart disease, and
- To educate women about prevention measures, including a healthy diet, regular exercise, stress management, and smoking cessation to reduce heart disease risk factors.
- Women's Heart Day Campaign 2004
- U.S. Department of Health and Human Services Secretary Tommy Thompson proclaimed the third Friday in February as National Woman's Heart Day.
- 160 million impressions were made during the 10-day campaign, including TV, radio, newspapers, websites and direct mail promotions.

NATIONAL WOMAN'S HEART DAY CAMPAIGN 2004 OVERVIEW

HIGHLIGHTS OF 2004 CAMPAIGN

More than 15,000 women attended the health fairs in six cities and 3,308 women received free heart health screenings. Sister to Sister conducted its third annual Capitol Hill screening event on February 10th, sponsored by Bristol-Myers Squibb, where nearly 700 people attended and 300 people received free heart health screening. Over 200 million media impressions were made during the Campaign, including TV, radio, newspapers, websites, and direct mail promotions.

Media highlights included an article in Working Mother's magazine, PSAs run on Discovery Health Channel and local news stations, articles in the Washington Post, Philadelphia Tribune, Chicago Tribune and Roll Call, as well as coverage of the campaign by numerous television and radio stations. The Sister to Sister website was re-designed and included event information for the six cities. Links to the website were posted on at least 25 websites. Over 200,000 Valentine's Day cards with local event information were distributed in the six cities by school children to their mothers on Valentine's Day. Shelter and transit ads promoted the event in Washington DC, and the New York event was advertised on the marquee at Madison Square Garden.

Out of the 3,308 women who were screened, 53.9% were discovered to have borderline or high total cholesterol. Nearly 42% had high blood pressure. Blood glucose (non-fasting) was high in just over 8% of the women. The average age was 47 years. The ethnicity of the women was 31.1% African-American, 45.6% Caucasian, 6.7% Hispanic, and 16.6% from other ethnic groups.

BOSTON

Attendees: 1,500

Screenings: 420

ABI: 40

Media: WCVB and WBOS served as TV and radio sponsors. Numerous media alerts sent and interviews set for Holly and co-chairs of event.

Promotion: Over 26 corporate/government partnerships.

Best Practices: Great opening ceremony and panel discussions. Screening ran very smoothly. Good signage, 50 exhibitors with a good mix, good layout, Holly Heart was a plus and the location was great.

Improvements: School break for the week. No emcee, Kid's Corner was sparsely attended.

Executive Women's Breakfast: 87 attendees and 45 screened

CHICAGO

Attendees: 800

Screenings: 258

ABI: 1

Media: WGN-TV and Clear Channel served as media sponsors

Promotion: over 20 corporate/government partnerships

Best Practices: Screenings went well; panels were well run and well attended.
Improvements: Need more centrally located venue. Additional signage needed. Setup was late.
Executive Women's Breakfast: 90 attendees and 38 screenings.

NEW YORK

Attendees: 1,400

Screenings: 474

ABI: 52

Media: No media sponsors, however PSAs ran on numerous TV and radio stations

Promotion: Numerous commitments from the corporate community including Dow Jones and Oxford Health.

Best Practices: Opening ceremony was well attended. Screenings ran smoothly.

Improvements: Limited growth at Madison Square Garden due to space constraints

Executive Women's Breakfast: 66 attendees and 24 screened

PHILADELPHIA

Attendees: 2262

Screenings: 471

ABI: 70

Media: Philadelphia Inquirer, Clear Channel, KYW, CN8 served as media sponsors.

Promotion: Over 20 corporate/government partnerships. Several local community organizations involved. BMW transported 265 to event.

Best Practices: good turnout, good response from attendees, full audience and great participation in seminars and demonstrations, about 150 attendees for opening ceremony, heavy constant flow throughout the day.

Improvements: Space too small, screenings too slow, layout needs work

Executive Women's Breakfast: 110 attendees and 53 screened

PITTSBURGH

Attendees: Estimated at 2500-2700

Screenings: 564

ABI: 96

Media: WTAE TV sponsor

Promotion: Chamber of Commerce partnership along with support of their advisory board members.

Best Practices: Great attendance at panel discussions and fitness demos

Improvements: Screening area was crowded and people had to wait.

Executive Women's Breakfast: 78 attendees (including staff) and 31 screened

WASHINGTON DC

Attendees: 6,000

Screenings: 660 + 140 Hecht's = 800

ABI: 57

Media: WJLA, Clear Channel and Radio One served as media sponsors

Promotion: Numerous corporate/government partnerships. Major e-mail campaigns throughout the country.

Best Practices: Great cooking demos and panels. Opening ceremony very well attended.

Improvements: Need to pay for screenings so staff shows and moves faster.

Executive Women's Breakfast: 95 attendees and 51 screened

CAPITOL HILL

Attendees: 550

Screenings: 219

ABI: 35

Media: ad in Roll Call, photographer from Roll Call at the event

Promotion: Invitation letter from Mrs. Pollin sent to all 440 offices, followed by a Dear Colleague letter sent the week prior by Rep. Julia Carson, and an email Dear Colleague letter sent the day prior by Carson's office as well. 1,000 flyers distributed in all the First Aid offices (appx. 12) on the Hill (done by the Office of the Attending Physicians). Over 2,000 flyers distributed at the Capitol South Metro station the day prior and the day of the event. 500 flyers handed out in other random location spread throughout Capitol Hill. An advertisement ran in Roll Call newspaper on Feb. 3-5 and Feb. 9. Website link created on Sister to Sister site. Large posters created and funded by Rep. Carson's office and placed in heavy traffic locations throughout the House buildings.

Best Practices: Great turnout, great response. There was a constant flow throughout the day. Rep. Eleanor Holmes Norton spoke to a packed room and was excited to be there. Holly Heart was a big hit, everyone loved her. She helped make the long lines bearable. Lines moved pretty fast given the amount of attendees. Carol Rollman and her staff from Healthcare Screening Institute worked very efficiently and were very knowledgeable of the Cholestech machines. Office of the Attending Physician supplied a blood pressure technician who was very pleasant to work with. Paul Kim from the Greater Washington Institute of Massage was a huge success as well. The Haute on the Hill catering company was quick to meet demands and provided excellent service throughout the event. Good job by staff and volunteers to fill in where needed.

Improvements: Due to incident in the Dirksen Building the week prior to the event, the Senate side screening had to be cancelled. Also, Sen. Barbara Mikulski and Rep. Julia Carson, both were scheduled to speak, had to cancel at the last minute. There were very few Congressmen and Congresswomen in attendance, mostly due to Congress being out of session that morning/afternoon. The catering service was a little slow but by the start of the event everything was in place. Venue was too small given the size of the crowd.

Comments: Overall, this was a complete success. Our main sponsors, Bristol-Myers Squibb sent three representatives to the event and they were all very pleased! Given the unexpected turnout, optimistically this could be expected for next year and a larger room may be a good idea. Having the Office of the Attending Physician on board is a good partner to have, they can help secure any room and make sure we do not get bumped. Plus they were very willing to help in any way possible, including, but not limited to, promoting the event and supplying equipment/technicians for the event. Rep. Carson's office, were a great pleasure to work with, especially Marti Thomas, and were always ready and willing to help wherever needed. The same holds true for Sen.

Mikulski's office, up until the event on the Senate side was cancelled. Having Rep. Norton was a great success and she should be invited back next year as well and maybe as a sponsor if Carson is unable to do so. Capitol Hill employees love Holly Heart.

TITLE: Governors' Spouses Initiative To Curb Underage Drinking NIAAA
AWARD: \$100,000
CONTACT: Suzanne S. Medgyesi-Mitschang, Ph.D.

The ORWH supported A *Leadership to Keep Children Alcohol Free* national initiative. ORWH's continued support has been extremely important to the *Leadership* in continuing activity at both the state and national levels. Not only has your funding been crucial in sustaining the initiative's momentum, but it has also been a determining factor in attracting successive new groups of Governors' spouses to the project as elections and changes in Governorships take place. Both individually and as a group, Governors' spouses have a deep commitment to women's and children's health issues. ORWH's participation is a clear indication to them that the initiative holds a high priority on the national women's health agenda.

Program Accomplishments:

- This year, the National Institute of Child Health and Human Development (NICHD) added its support to the *Leadership* initiative.
- Since its launch in March 2000, over 60 Governors' Spouses have participated in the *Leadership* initiative. At present, 32 current Governors' Spouses are members of the initiative and there are 15 members of the Emeritus group.
- The *Leadership* has established an independent 501c3 foundation – The *Leadership to Keep Children Alcohol Free Foundation*. The Christopher D. Smithers Foundation has pledged substantial support to the *Leadership* foundation.
- The *Leadership* continues to play a critical role in moving the childhood drinking issue onto the policy agenda of Congress, the DHHS, and other federal agencies.
 - The Emeritus group enlisted the support of Senators Kay Bailey Hutchison and Barbara Mikulski to sponsor legislation for a semi-postal stamp on childhood drinking. Legislation has been introduced in the Senate and it is hoped that it will yet pass during the current Congressional session (when Congress returns from its election recess).
 - Hope Taft (First Lady, Ohio) provided a statement for the Congressional Record submitted to the Subcommittee on Education Reform on behalf of the *Leadership* – February 11, 2004.
 - Hope Taft also provided testimony at the Principals' meeting for the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD). The formation of the ICCPUD was mandated by Congress for heads of federal agencies to address underage drinking prevention.
 - The *Leadership*, in partnership with other organizations, provided support for the Sober Truth on the Prevention (STOP) of Underage Drinking Act introduced recently in both the Senate and House.

- Governors' Spouses continue to be active in their states promoting childhood drinking prevention through a variety of outreach activities.
 - Hold policy briefings for state agency representatives and other stakeholders. The Institute of Medicine's report has been used as a framework for various states to develop strategies to address underage drinking prevention.
 - Smart and Sober Celebration in Ohio for over 6000 fifth through 8th graders.
 - Mikey Hoeven, (First Lady, North Dakota) is collaborating with the regional Applebee's to raise awareness and raise money for childhood drinking prevention activities.
 - Participating Governors' Spouses engaged in the following activities in 2003: 5 briefings, 26 media/publicity appearances, 17 op-eds/ articles published, 2 outreach campaigns to families, 33 outreach campaigns to state and local organizations, 5 outreach campaigns to national organizations, 4 outreach campaigns to parents, 14 outreach campaigns to youth, 3 youth poster contests, 24 presentations to the prevention community, and 7 school visits.

TITLE: Changing the Face of Medicine

NLM

AWARD: \$300,000

CONTACT: Patricia Tuohy

Changing the Face of Medicine, an exhibition at the National Library of Medicine, celebrates the achievements of women in medicine since they first gained admission to American medical school 150 years ago. Elizabeth Blackwell (1821-1910) and the first generation of women physicians struggled for access to education, hospital internships, and medical societies. Since then, women have challenged racial prejudice and gender bias to gain the professional opportunities and recognition they deserve. Gradually, women from diverse backgrounds have carved out successful careers in every aspect of the medical profession.

Whether shaping public health policy for whole populations, or providing health care to patients within a small community, women have changed the face of medicine at every level. They have also expanded its scope, often focusing on the needs of underserved populations or the ways in which race and gender affect health and illness. In scientific research, medical practice, and the education of future physicians, women have made important contributions to the health and well-being of us all, around the world.

It would be impossible to recognize the achievements and contributions of every woman physician. By examining the exhibition one may find that the women physicians whose stories are represented are examples of the fuller fabric of women's contributions to medicine and their personal achievements in society.

The exhibition at the National Library of Medicine includes historic artifacts, textile displays, audiovisual presentations, and digital interactives that showcase physicians' life stories. The installation and the online exhibition provide rich career resources and educational information for young people who are interested in pursuing a career in science and medicine. *Changing Faces of Medicine* will open to the public October 14, 2003 and will run through April 2, 2005.

TITLE: **Analysis and Documentation of Women's Health-Related Content in the Curricula in the Schools of Public Health** **HRSA**

AWARD: **\$35,000**

CONTACT: **Sabrina Mattoff, HRSA**

ORWH provided funding to the Maternal and Child Health Bureau, HRSA, to support the analysis and documentation of women's health-related content in the curricula in the estimated 32 U.S. Schools of Public Health. The goals of this work will be to better understand the degree to which women's health issues are addressed within the public health school curriculum, including stand-alone women's health courses as well as the integration of women's health in courses that are required for a masters level degree; and to disseminate the findings to member schools in an effort to further inform faculty and curricular planners about sex and gender differences in public health training, policy, and research.

TITLE: **Obstetrician-Gynecologist's Knowledge and Practice Patterns with Regard to Hormone Therapy** **NHLBI**
HRSA

AWARD: **\$35,000**

CONTACT: **Barbara Alving, M.D.**

The ORWH supported the study: An Obstetrician-Gynecologist's Knowledge and Practice Patterns with Regard to Hormone Therapy. The study will increase the knowledge regarding practice patterns of OB/GYN's with respect to hormone therapy as well as how to manage it with regard to all the conditions that are impacted by this therapy, from hot flashes, cancer, osteoporosis, heart disease, etc. Since this is an NIH institute wide issue, all relevant ICs will be contacted who are interested/involved in research related to HT and their participation solicited.

In the first year, a survey instrument will be developed in consultation with NHLBI. This survey will be sent to 5,000 randomly selected Fellows through letter mail and web-based postings. The initial mailing will take place in June of 2003, with repeat mailings to non-responders in July and August. Surveys returned by September 15, 2003, will be analyzed. The goal is to work toward a response rate of 60-65%. The results of this survey will serve as a baseline for monitoring our physicians' knowledge and treatment patterns. The survey instrument will consist of questions on physician knowledge regarding the scientific evidence relevant to HT, physician self-assessments of their qualifications and training, clinical vignettes that require more detailed answers regarding physician prescribing patterns for HT, and physicians' impressions of their patients' awareness and concerns regarding HT. The data will be analyzed at the College.

The contract was signed before the end of the fiscal year 2003. There were some modifications to the original plan, in that ACOG will now do 4 surveys in each of spring 2004, 2005, 2006 and 2007. This will provide 2 late post- E+P trial surveys, which will also be a baseline for the E alone findings in 2005, and 2 post-E-alone surveys which will give immediate and later effects on practice knowledge, attitudes, prescription behavior. Next steps are to get the OMB approval

process going and to revise the questionnaire, but there is more time for that since the first survey is scheduled for April 2004