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Advantages and disadvantages of postmenopausal hormone therapy: a preventive trial - the Estonian Postmenopausal Hormone Therapy trial

Submission date	Recruitment status	[_] Prospectively registered
09/09/2004	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
15/10/2004	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
01/11/2016	Urological and Genital Diseases	

Plain English summary of protocol
Not provided at time of registration

Study website
http://groups.stakes.fi/THP/FI/hankkeet/kayEPHTtrial.htm

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
308901

Study information

Scientific Title
Advantages and disadvantages of postmenopausal hormone therapy: a preventive trial - the Estonian Postmenopausal Hormone Therapy trial

Acronym
EPHT

Study objectives
The Estonian Postmenopausal Hormone Therapy (EPHT) trial is a randomised controlled trial, having blind and non-blind groups. By carrying out this trial comparing combined continuous postmenopausal Hormone Therapy (HT) to placebo or no drugs we will study:
1. Health effects of HT on the risk of cancers, coronary heart disease, cardiovascular disease, bone fractures
2. Immediate and long-term effects on well-being and quality of life
3. Effects on the experience of the climacteric and aging and partner relationship
4. Effects on the use of health services
5. Placebo effect and trial effect by means of the design as well as its effect on recruitment, adherence and trial outcomes

Outcome data have been collected by annual questionnaires to the women, from national health registers (cancer register, death register, sickness insurance), and patient records. The analysis is by intention to treat: the women could opt out from the randomised treatment, but they remain in the study until they die or are lost to follow-up.

In terms of long-term effects we assume that PHT will increase the incidence of breast cancer and decrease fractures. In terms of other diseases, we have no hypothesis on the direction of the effect. We assume that PHT will have beneficial effects to those of women who have menopausal symptoms, but regarding the direction of the effect on symptoms and well being in older women we have no a priori hypothesis. The impact on different dimensions is likely to vary. The same is true for social effects. We assume that PHT will increase the use of health services and result in more gynaecological interventions, including hysterectomy.

In terms of feasibility, the hypotheses are:
1. The non-blind arm will have better recruitment, fewer drop-outs, and will be cheaper
2. The blind trial will not be fully blind (women will guess the therapy because of drug effects), and will be less contaminated later in the trial, when PHT is likely to be more common in Estonia. Cost in the non-blind arm will be reduced both by anticipated fewer visits and less need for a thorough study of spotting and other bleeding.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Local research ethics committee (Tallinna Meditsiinieetika komitee), 22/01/1998

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied
Menopausal disorders

Interventions
Blind group: The active drug is orally administered conjugated oestrogen 0.625 mg plus Medroxyprogesterone Acetate (MPA) 2.5 mg, taken every day (women within 3 years of their last period will receive an additional 2.5 mg of MPA), or matched placebo.

Non-blind group: Open label conjugated oestrogen 0.625 mg plus medroxyprogesterone acetate (MPA) 2.5 mg, taken every day. Women within 3 years of their last period will receive an additional 2.5 mg of MPA.

Control group: No intervention

Intervention Type
Drug

Phase
Not Applicable

Drug/device/biological/vaccine name(s)
Oestrogen, medroxyprogesterone acetate

Primary outcome measure
1. Health effects:
1.1. The sum of major ischaemic heart diseases events (fatal and non-fatal myocardial infarction and sudden coronary death) and of stroke
1.2. The sum of major fractures
1.3. Mortality and incidence of breast cancer and other cancers. In case of breast cancer the stage and type of cancer will be specified
1.4. Deaths from all causes

2. Immediate and long-term effects on well-being and quality of life: data from the annual questionnaires including Women's Health Questionnaire (WHQ), EQ-5D scores, self-rated health status, list of symptoms
3. Effects on the experience of the climacteric and aging and partner relationship: data from the annual questionnaires
4. Effects on health services:
4.1. Inpatient health care costs
4.2. Outpatient health care costs
4.3. Costs of prescribed drugs
4.4. Costs of sickness leaves
4.5. Total number of health care visits
4.6. Number of visits to gynaecologists
4.7. Number of visits to family practitioners
4.8. Number of hospital care days
4.9. Number of hospitalisations
4.10. Number of days on sickness leave
4.11. Number of selected medical procedures
5. Methodological outcomes:
5.1. Recruitment rates
5.2. Adherence rates
5.3. Differences between the trial arms regarding outcomes in health effects, quality of life, health care use, well-being, symptoms and social effects

Secondary outcome measures
No secondary outcome measures

Overall study start date
13/01/1999

Completion date
30/04/2004

Eligibility

Key inclusion criteria
1. Women aged 50 - 64 years
2. Last period at least 12 months before recruitment

Participant type(s)
Patient

Age group
Adult

Sex
Female

Target number of participants
1823

Key exclusion criteria
Women with the following characteristics and health problems, as reported by women themselves or reported in patient records or health registers or found during the clinical examination are excluded from the study:
1. Current HT in last six months
2. Menstrual period within the last 12 months
3. Untreated endometrial adenomatosis or atypical hyperplasia of endometrium
4. Breast cancer, endometrial cancer, ovarian cancer
5. Any cancer treated less than 5 years ago
6. History of meningioma
7. Myocardial infarction within the last 6 months
8. History of hepatitis (not hepatitis A) or liver functional disorders during last 3 months
9. History of deep vein thrombosis, pulmonary embolism, cerebral infarction
10. Porphyria
11. Hypertension in spite of medication more than 170/110 mmHg
12. Endometriosis

Date of first enrolment
13/01/1999

Date of final enrolment
30/04/2004

Locations

Countries of recruitment
Estonia

Finland

Study participating centre
Lintulahdenkuja 4
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Sponsor information

Organisation
National Research and Development Centre for Welfare and Health (STAKES) (Finland)

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Sponsor type
Research organisation

Website
http://www.stakes.fi/EN/index.htm

ROR
https://ror.org/03tf0c761

Funder(s)

Funder type
Research organisation

Funder Name
National Research and Development Centre for Welfare and Health (STAKES) (Finland) (ref: 308901)

Funder Name
Academy of Finland (Finland) (refs: 48117, 201490)

Alternative Name(s)
Suomen Akatemia, Finlands Akademi, Academy of Finland, AKA

Funding Body Type
Government organisation

Funding Body Subtype
Universities (academic only)

Location
Finland

Funder Name
Ministry of Education in Finland (Finland)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other publications	progress report on patient recruitment	12/04/2005		Yes	No
Other publications	progress report on treatment adherence	01/11/2005		Yes	No
Results article	results on cost effectiveness	01/07/2006		Yes	No
Results article	results	20/09/2006		Yes	No
Results article	results	01/05/2007		Yes	No
Other publications	progress report	26/03/2008		Yes	No
Results article	results on symptom reporting and quality of life	26/03/2008		Yes	No
Results article	results	08/06/2009		Yes	No
Results article	effect of characteristics of women on attendance results	18/10/2016		Yes	No