

Women's International Study of long Duration Oestrogen after Menopause

Submission date 25/10/2000	Recruitment status Stopped	<input type="checkbox"/> Prospectively registered
Registration date 25/10/2000	Overall study status Stopped	<input type="checkbox"/> Protocol
Last Edited 07/11/2022	Condition category Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
E185/126

Study information

Scientific Title
Women's International Study of long Duration Oestrogen after Menopause

Acronym

WISDOM

Study objectives

To establish the balance between benefits and risks of long-term hormone replacement therapy, HRT, in post-menopausal women.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Obstetrics and gynaecology

Interventions

Long-term hormone replacement therapy vs placebo. Stopped in 2002 after similar study showed risks to patients (reported by the BBC)

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Fatal and non-fatal ischaemic heart disease and unstable angina, major osteoporotic fractures, breast cancer.

Key secondary outcome(s)

Cancers, stroke, deep vein thrombosis deaths, quality of life, cost effectiveness plus other conditions possibly affected by HRT.

Completion date

30/09/2016

Reason abandoned (if study stopped)

Objectives no longer viable

Eligibility

Key inclusion criteria

Postmenopausal women aged 50-69 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

Female

Key exclusion criteria

1. Premenopausal
2. History of endometriosis or endometrial hyperplasia in women with a uterus
3. Breast cancer
4. BrCa 1 and 2 carriers
5. Melanoma ever
6. Invasive cancer within 10 years (except basal and squamous cell carcinoma)
7. Meningioma
8. Currently active liver disease
9. Severe renal impairment
10. Gall bladder disease unless cholecystectomy
11. DVT, PE, RVO
12. Otosclerosis
13. Porphyria, history of hepatitis B or HIV
14. Fasting triglyceride greater than 5.5 millimoles per litre; current treatment with selective oestrogen receptor modulators (e.g. tamoxifen)

Date of first enrolment

01/10/1999

Date of final enrolment

30/09/2016

Locations**Countries of recruitment**

United Kingdom

England

Australia

New Zealand

Study participating centre
MRC Epidemiology and Medical Care Unit
Harrow Middlesex
United Kingdom
HA1 3UJ

Sponsor information

Organisation

Medical Research Council (MRC) (UK)

Funder(s)

Funder type

Research council

Funder Name

Medical Research Council (UK) (ref: E185/126)

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

British Heart Foundation (UK) (ref: RG/94006)

Alternative Name(s)

The British Heart Foundation, the_bhf, BHF

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/03/2004		Yes	No
Results article		26/02/2007		Yes	No
Other publications	Main morbidities recorded	04/08/2007		Yes	No
Other publications	Health related quality of life results	21/08/2008		Yes	No