

# What is the most effective hormone treatment for women with premature ovarian insufficiency (POI), in both the short and long-term?

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<b>Registration date</b> 09/09/2021	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 29/01/2025	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

When menopause occurs in women under the age of 40, it is termed Premature Ovarian Insufficiency (POI). The main symptom of POI is absent or very irregular periods. Many women get other menopause symptoms, such as hot flushes and sweats, loss of libido (sexual drive), painful intercourse, mood changes and tiredness. The ability to get pregnant naturally is greatly reduced. The impact of symptoms and infertility can be distressing.

In the long-term, women with POI are at higher risk of bone thinning (osteoporosis), fractures, heart disease and memory problems compared with women who experience menopause at the typical age, around 51 years.

Treatments involve taking hormones, either in the form of hormone replacement therapy (HRT) or combined oral contraceptive pill (COC). There are benefits and risks of each treatment and healthcare professionals are uncertain which is the best for relief of symptoms and which is more effective in protecting against long term health risks, such as reduced bone density (bone thinning).

The aim of the study is to find out what is the best treatment for women with POI in the short and long term.

### Who can participate?

Women diagnosed with POI who are not intending to become pregnant within the next 12 months.

### What does the study involve?

All participants will attend one clinic visit at baseline. During this visit eligibility will be checked and consent will be obtained. Baseline data will be recorded including height, weight, blood pressure and a DEXA bone density measurement (if not already done within last 6 months). Participants will also complete 3 questionnaires; about their quality of life, work productivity and sexual function. Participants will be randomised to one of two treatment groups:

Group A: COC – Women randomised to receive treatment with COC will be prescribed 30µg ethinyloestradiol with 150µg levonorgestrel (Microgynon 30 or equivalent) as an extended regimen; the suggested regimen is 63 days with 7 days hormone-free interval.

Group B: HRT - Women randomised to receive treatment with HRT will be prescribed a continuous preparation with a daily dose of oestradiol of 2mg orally, or a 50µg patch, or 1.5mg of gel.

As is normal in standard practice women with a uterus will also be prescribed progestogen, taken cyclically or continuously.

3 and 6 month follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review, elicit patient satisfaction with treatment, any adverse effects and conduct routine observations of weight and blood pressure. Participants will be asked to complete 3 questionnaires to assess quality of life, sexual function and work productivity.

Annual follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review and conduct routine observations of weight and blood pressure. The participant will undergo a DEXA bone density measurement

(at 1 and 2 year only). Participants will also be asked to complete 3 questionnaires to assess quality of life, sexual function and work productivity.

A small sub-set of women from 3 sites will be invited to provide additional blood samples which will be analysed for bone and cardiovascular biomarkers through the duration of the study.

What are the possible benefits and risks of participating?

Benefits: Information collected from this study may help us to understand more about the best way to treat women with POI in the future.

The monitoring of health, including any changes to bone density may be increased in women taking part compared to those receiving routine treatment.

Risks: Study Treatment: Both HRT and COC are routine treatments for POI but as with all medications, there is a small risk of side-effects.

Bone density measurements: Bone density is measured using low dose radiation (at a much lower level than that of a standard x-ray).

Blood samples: For women having blood samples taken there is a risk of bruising, reddening and swelling of the vein.

Where is the study run from?

Nottingham Clinical Trials Unit which is part of the University of Nottingham (UK)

When is the study starting and how long is it expected to run for?

April 2020 to December 2029

Who is funding the study?

The funding for the study is provided by the research arm of the NHS, the National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme (UK)

Who is the main contact?

Damini Mistry, poise@nottingham.ac.uk

**Study website**

## Contact information

### Type(s)

Public

### Contact name

Dr Damini Mistry

### Contact details

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Scientific

### Contact name

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### Type(s)

Scientific

### Contact name

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## **Additional identifiers**

**EudraCT/CTIS number**  
2020-002589-15

**IRAS number**  
279224

**ClinicalTrials.gov number**  
Nil known

**Secondary identifying numbers**  
IRAS 279224, CPMS 46123

## **Study information**

**Scientific Title**  
Premature Ovarian Insufficiency Study of Effectiveness of hormonal therapy

**Acronym**  
POISE

**Study objectives**  
The POISE trial has been designed to determine if hormone replacement therapy (HRT) is superior to the combined oral contraceptive (COC) on important clinical outcomes and patient-reported symptoms, based on the hypothesis that HRT provides more physiological continuous hormone supplementation with natural oestrogens

**Ethics approval required**  
Ethics approval required

**Ethics approval(s)**  
Approved 09/08/2021, East of England – Essex Research Ethics Committee (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS, United Kingdom; +44 (0)20 7104 8057; Essex. REC@hra.nhs.uk), ref: 21/EE/0116

**Study design**  
Interventional randomized controlled trial

**Primary study design**  
Interventional

**Secondary study design**  
Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

**Health condition(s) or problem(s) studied**

Premature ovarian insufficiency

**Interventions**

The study is a multi-centre two-arm open randomised, parallel, superiority study of combined oral contraceptive (COC) versus hormone replacement therapy (HRT) for the treatment of Premature Ovarian Insufficiency (POI) in women, with an internal pilot phase to review the expected rate of recruitment at 18 months.

Patients will be recruited in secondary care clinics (which include gynaecology, fertility, specialist menopause) throughout the UK.

Patients will have an initial diagnosis of POI or will be attending routine POI follow-up. Patients will be given a patient information sheet and time to consider the study.

All participants will attend one clinic visit at baseline. This is not a study-specific visit as it is usual practice for women to have a clinic visit after a POI diagnosis to discuss treatment options. During this visit eligibility will be checked and consent will be obtained (if preferred consent may also be obtained electronically). Baseline data will be recorded including height, weight, blood pressure and a DEXA bone density measurement (if not already done within the last 6 months). Participants will also complete 3 questionnaires; about their quality of life, work productivity and sexual function. Where a face to face visit is not possible e.g. as a result of measures implemented during the COVID-19 pandemic, consent may be obtained electronically. A video or telephone consultation would replace a clinic visit and will be in accordance with local NHS policy.

Participants will be randomised on a 1:1 ratio, minimised by recruitment site, age at randomisation, body mass index and smoking status to one of two treatment groups:

Group A: COC – Women allocated the COC should be prescribed 30 µg ethinyloestradiol with 150 µg levonorgestrel (Microgynon 30 or equivalent) as an extended regimen; the suggested regimen is 63 days with 7 days hormone-free interval. Alternative formulations can be prescribed if required but must contain 30 µg ethinyloestradiol in a monophasic formulation.

Group B: HRT - Women randomised to receive treatment with HRT must be prescribed a continuous preparation with a daily dose of oestradiol of 2 mg orally, or a 50 µg patch, or 1.5mg of gel.

As is normal in standard practice women with a uterus will also be prescribed progestogen, taken cyclically or continuously. The preferred formulation is not mandated. The preferred oral formulation is oestradiol 2 mg with dydrogesterone 10 mg (Femoston 2/10) and the preferred

transdermal formulation is oestradiol 50 µg with norethisterone 170 µg patch (Evorel Sequi). Alternative formulations can be prescribed if required but must contain oestradiol, as mandated above, for example oestradiol gel with micronised progesterone or intrauterine levonorgestrel (LNG-IUS).

Women already taking HRT or COC treatment are eligible to take part in the study if they are willing to stop treatment for a washout period and potentially receive the same class of therapy again. The washout period must be for a minimum of 4 weeks, to allow time for their hormone levels to return to a pre-treatment level thus allowing a realistic assessment of symptoms and quality of life at baseline.

Women will start (restart) treatment on either HRT or COC, for women randomised to HRT, participant preference will be taken into account when deciding which route of administration, oral or transdermal, to be used. Where there is no preference the route will be randomly selected.

Participants and healthcare professionals cannot be blinded to the treatment allocation due to the nature of the interventions.

3 and 6 month follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review, elicit patient satisfaction with treatment, any adverse effects and conduct routine observations of weight and blood pressure. Participants will be asked to complete three questionnaires to assess quality of life, sexual function and work productivity.

1 and 2 year follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review and conduct routine observations of weight and blood pressure. The participant will undergo a DEXA bone density measurement. Participants will also be asked to complete three questionnaires to assess quality of life, sexual function and work productivity.

3 and 4 years follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review and conduct routine observations of weight and blood pressure. Participants will be asked to complete three questionnaires to assess quality of life, sexual function and work productivity. Where questionnaires are not completed during a clinic visit they will be issued to participants electronically for completion.

5 year follow-up: Participants will attend a routine POI follow-up clinic where their clinician will conduct a clinical review and conduct routine observations of weight and blood pressure. The participant will undergo a DEXA bone density measurement. Participants will be asked to complete three questionnaires to assess quality of life, sexual function and work productivity.

Participants may withdraw from the study at their own request at any time and will be made aware that this will not affect their future care. Participants will also be made aware (via the information sheet and consent form) that should they withdraw from the study the data collected to date will not be erased and may still be used in the final analysis.

A small sub-set of women from three sites will be invited to provide additional blood samples which will be analysed for bone and cardiovascular biomarkers through the duration of the study. Consent will need to be given in order for the women to provide the samples.

## **Intervention Type**

Other

## Phase

### Phase III

#### Primary outcome measure

Absolute bone mineral density (BMD (g/cm<sup>2</sup>)) at 2 years from the date of randomisation, assessed by a standard DEXA scan of the lumbar spine.

#### Secondary outcome measures

Current secondary outcome measures as of 29/01/2025:

1. Absolute BMD (g/cm<sup>2</sup>) in lumbar spine at 1 and 2 years.
2. Absolute BMD (g/cm<sup>2</sup>) in hip at 1 and 2 years.
3. T-score category ( $\leq -2.5$ ,  $> -2.5$  to  $\leq -1$ ,  $> -1$ ) for BMD at lumbar spine at 1 and 2 years.
4. T-score category for BMD at hip at 1 and 2 years.
5. Individual domains (vasomotor, psychosocial, physical and sexual) and summary score of Menopause Specific Quality of Life (MENQOL)-Intervention questionnaire at 3, 6 and 12 months then annually.
6. Sexual function (pleasure, discomfort and frequency) measured by the Sexual Activity Questionnaire (SAQ) at 3, 6, 12 months then annually.
7. Work Productivity (absenteeism, presenteeism, work productivity loss and activity impairment), using the Work Productivity and Activity Impairment (WPAI) Scale (Specific health Problem) at 3, 6, 12 months then annually.
8. Weight (kg) at 3, 6, and 12 months then annually.
9. Systolic blood pressure (mm Hg) at 3, 6 and 12 months then annually.
10. Diastolic blood pressure (mm Hg) at 3, 6 and 12 months then annually.
11. Pregnancy and pregnancy outcome.
12. Satisfaction with treatment, on a 5-point Likert scale at 3, 6 and 12 months then annually.
13. Change or cessation of treatment at 3, 6 and 12 months then annually.
14. Adverse events at 3, 6 and 12 months and then annually. Specific minor-side effects collected will include breast pain, nausea, headaches, skin or hair changes and unscheduled bleeding as well as more serious events such as venous thromboembolism. All serious adverse events will be collected and causal relationship with treatment considered.
15. Diagnosis of cancer, cardiovascular disease, cognitive impairment, bone fractures and mortality will be collected from routine data sources at 5 years.

#### Sub-study outcome measures

1. Bone metabolism markers will be collected on a subset of women from selected clinics, at 3 and 12 months (not reported until the end of the study).
2. Cardiovascular markers. Fasting lipids, glucose, insulin, renal function, liver function and thrombotic screen will be collected in a subset of women from selected clinics, at 3 and 12 months and then annually up to and including 5 years.

#### Previous secondary outcome measures:

1. Absolute BMD (g/cm<sup>2</sup>) in lumbar spine at 1 and 5 years.
2. Absolute BMD (g/cm<sup>2</sup>) in hip at 1, 2 and 5 years.
3. T-score category ( $\leq -2.5$ ,  $> -2.5$  to  $\leq -1$ ,  $> -1$ ) for BMD at lumbar spine at 1, 2 and 5 years.
4. T-score category for BMD at hip at 1, 2 and 5 years.
5. Individual domains (vasomotor, psychosocial, physical and sexual) and summary score of Menopause Specific Quality of Life (MENQOL)-Intervention questionnaire at 3, 6 and 12 months then annually.
6. Sexual function (pleasure, discomfort and frequency) measured by the Sexual Activity Questionnaire (SAQ) at 3, 6, 12 months then annually.

7. Work Productivity (absenteeism, presenteeism, work productivity loss and activity impairment), using the Work Productivity and Activity Impairment (WPAI) Scale (Specific health Problem) at 3, 6, 12 months then annually.
8. Weight (kg) at 3, 6, and 12 months then annually.
9. Systolic blood pressure (mm Hg) at 3, 6 and 12 months then annually.
10. Diastolic blood pressure (mm Hg) at 3, 6 and 12 months then annually.
11. Pregnancy and pregnancy outcome.
12. Satisfaction with treatment, on a 5-point Likert scale at 3, 6 and 12 months then annually.
13. Change or cessation of treatment at 3, 6 and 12 months then annually.
14. Adverse events at 3, 6 and 12 months and then annually. Specific minor-side effects collected will include breast pain, nausea, headaches, skin or hair changes and unscheduled bleeding as well as more serious events such as venous thromboembolism. All serious adverse events will be collected and causal relationship with treatment considered.
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#### Sub-study outcome measures

1. Bone metabolism markers will be collected on a subset of women from selected clinics, at 3 and 12 months (not reported until the end of the study).
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#### Overall study start date

06/04/2020

#### Completion date

31/12/2029

## Eligibility

#### Key inclusion criteria

Current inclusion criteria as of 03/01/2024:

1. Diagnosis of POI (based on NICE guidelines) or with an established diagnosis of POI (e.g. Turner Syndrome, surgical menopause)
2. Will be aged older than 18 and less than 40 years at randomisation
3. Not intending to become pregnant within 12 months
4. Not taken any HRT, COC or testosterone treatment for the last 4 weeks or willing to stop HRT /COC/testosterone treatment for a minimum period of 4 weeks prior to randomisation
5. Must provide written/electronic informed consent

Previous inclusion criteria:

1. Diagnosis of POI
2. Will be aged older than 18 and less than 40 years at randomisation
3. Not intending to become pregnant within 12 months
4. Not taken any HRT or COC treatment for the last 4 weeks or willing to stop HRT/COC treatment for a minimum period of 4 weeks prior to randomisation
5. Must provide written/electronic informed consent

#### Participant type(s)

Patient



**Age group**

Adult

**Lower age limit**

18 Years

**Upper age limit**

40 Years

**Sex**

Female

**Target number of participants**

Planned Sample Size: 380; UK Sample Size: 380

**Key exclusion criteria**

Current exclusion criteria as of 03/01/2024:

1. Contraindications to HRT or COC
2. Taking other drugs affecting BMD e.g. bisphosphonates and long-term use of systemic corticosteroids (dietary supplements e.g. Vitamin D, calcium and short course of corticosteroids are permitted)
3. Receiving estrogens for puberty induction
4. Participation in a clinical research study (currently or in the last 3 months) involving testosterone treatments or novel HRT formulations

Previous exclusion criteria:

1. Contraindications to HRT or COC
2. Taking other drugs affecting BMD e.g. bisphosphonates and long-term use of systemic corticosteroids (dietary supplements e.g. Vitamin D, calcium and short course of corticosteroids are permitted)
3. Receiving sex steroid hormones for puberty induction
4. Participation in a clinical research study (currently or in the last 3 months) involving testosterone treatments or novel HRT formulations

**Date of first enrolment**

01/07/2022

**Date of final enrolment**

30/04/2027

**Locations****Countries of recruitment**

England

Scotland

United Kingdom

**Study participating centre**  
**Chelsea and Westminster Hospital**  
369 Fulham Road  
London  
United Kingdom  
SW10 9NH

**Study participating centre**  
**Royal Derby Hospital**  
University Hospitals of Derby and Burton NHS Foundation Trust  
Uttoxeter Road  
Derby  
United Kingdom  
DE22 3NE

**Study participating centre**  
**NHS Lothian**  
2 - 4 Waterloo Place  
Edinburgh  
United Kingdom  
EH1 3EG

**Study participating centre**  
**Liverpool Women's Hospital**  
Liverpool Women's NHS Foundation Trust  
Crown Street  
Liverpool  
United Kingdom  
L8 7SS

**Study participating centre**  
**Northern General Hospital**  
Sheffield Teaching Hospitals NHS Foundation Trust  
Herries Road  
Sheffield  
South Yorkshire  
Sheffield  
United Kingdom  
S5 7AU

**Study participating centre**

**NHS Grampian**  
Summerfield House  
2 Day Road  
Aberdeen  
United Kingdom  
AB15 6RE

**Study participating centre**  
**University College London Hospital**  
University College London Hospitals NHS Foundation Trust  
Department of Womens Health  
250 Euston Road  
London  
United Kingdom  
NW1 2PG

**Study participating centre**  
**Norfolk & Norwich University Hospital**  
Colney Lane  
Colney  
Norwich  
United Kingdom  
NR4 7UY

**Study participating centre**  
**Imperial College Healthcare NHS Trust**  
Nihl Imperial Clinical Research Fac  
Hammersmith Hospital  
Du Cane Road  
London  
United Kingdom  
W12 0HS

**Study participating centre**  
**Oxford University Hospitals**  
John Radcliffe Hospital  
Headley Way  
Headington  
Oxford  
United Kingdom  
OX3 9DU

**Study participating centre**  
**Birmingham Womens Hospital**  
Metchley Park Road  
Birmingham  
United Kingdom  
B15 2TG

**Study participating centre**  
**Salisbury District Hospital**  
Salisbury District Hospital  
Odstock Road  
Salisbury  
United Kingdom  
SP2 8BJ

**Study participating centre**  
**University Hospitals Birmingham NHS Foundation Trust**  
Queen Elizabeth Hospital  
Mindelsohn Way  
Edgbaston  
Birmingham  
United Kingdom  
B15 2GW

**Study participating centre**  
**Addenbrookes**  
Addenbrookes Hospital  
Hills Road  
Cambridge  
United Kingdom  
CB2 0QQ

**Study participating centre**  
**Guys Hospital**  
Guys Hospital  
Great Maze Pond  
London  
United Kingdom  
SE1 9RT

**Study participating centre**

**The Christie Clinic**  
550 Wilmslow Road  
Manchester  
United Kingdom  
M20 4BX

**Study participating centre**

**East Lancashire Hospitals NHS Trust**  
Royal Blackburn Hospital  
Haslingden Road  
Blackburn  
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BB2 3HH

**Study participating centre**

**University Hospitals Bristol and Weston NHS Foundation Trust**  
Trust Headquarters  
Marlborough Street  
Bristol  
United Kingdom  
BS1 3NU

**Study participating centre**

**Nottingham University Hospitals NHS Trust - Queen's Medical Centre Campus**  
Nottingham University Hospital  
Derby Road  
Nottingham  
United Kingdom  
NG7 2UH

**Study participating centre**

**South Tyneside and Sunderland NHS Foundation Trust**  
Sunderland Royal Hospital  
Kayll Road  
Sunderland  
United Kingdom  
SR4 7TP

**Study participating centre**

**St George's at Kings College Hospital**  
Denmark Hill  
London  
United Kingdom  
SE5 9RS

**Study participating centre**  
**Glasgow Royal Infirmary**  
84 Castle Street  
Glasgow  
United Kingdom  
G4 0SF

**Study participating centre**  
**St. James's University Hospital**  
Beckett Street  
Leeds  
United Kingdom  
LS9 7TF

## **Sponsor information**

**Organisation**  
University College London

**Sponsor details**  
Joint Research Office  
4th Floor, West  
250 Euston Road  
London  
England  
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WC1E 6BT  
+44 (0)20 3108 8280  
ctimps@ucl.ac.uk

**Sponsor type**  
University/education

**Website**  
<http://www.ucl.ac.uk/>

**ROR**

## Funder(s)

### Funder type

Government

### Funder Name

NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC); Grant Codes: NIHR128757

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal.

### Intention to publish date

30/11/2030

### Individual participant data (IPD) sharing plan

Current IPD sharing statement as of 30/12/2021:

Participant data - data sharing will be as per the trial protocol guidance (see below) and available upon request by contacting Nottingham Clinical Trials Unit (NCTU).

Individual participant medical information obtained as a result of this trial is considered confidential and disclosure to third parties is prohibited with the exceptions noted in this protocol. Participants' contact details, including name, address, telephone/mobile number and email will be shared between participating sites and NCTU for the purposes of issuing

questionnaires and electronic reminders (text/email) for the trial. Minimal linked anonymised data (participation identification code, initials and date of birth), used for labelling of laboratory samples (bone metabolism markers), will also be shared with the analysing laboratory. Any personal data will be held in a secure database using encryption, with restricted password protected access. Only appropriate members of the participating site team and NCTU research team will have access to these data. Participant confidentiality will be further ensured by utilising identification code numbers to correspond to treatment data in computer files.

Data generated as a result of this trial will be available for inspection on request by University College London, NCTU, the REC, local R&D departments and the regulatory authorities. Anonymised participant data may be shared with researchers external to the trial research team in accordance with the NCTU’s data sharing procedure. All requests for data should be sent to the NCTU.

Previous IPD sharing statement:

The datasets analysed during the current study will be available upon request from the NCTU (ctu@nottingham.ac.uk), a minimum of 6 months after publication of the main results paper. Access to the data will be subject to review of a data sharing and use request by a committee including the CI and sponsor, and will only be granted upon receipt of a data sharing and use agreement. Any data shared will be pseudoanonymised which may impact on the reproducibility of published analyses.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			26/07/2023	No	No
<a href="#">Protocol file</a>	version 3.0	16/01/2023	03/01/2024	No	No
<a href="#">Protocol file</a>	version 4.0	01/10/2024	29/01/2025	No	No