Biology of Premenopausal Protection

Wrap-Up Session

Key Points

Context is everything

Biological versus epidemiological:
 Mechanistic approaches
 Probabilistic approaches

Biology

- Clear cut effects of hormones (i.e., estrogens) can be characterized in tissue and whole organisms
- Specific pathways and effects elucidated in
 - Brain
 - Bone: ANGELS
 - are there other angels? Are there devils (oxysterols)?
 - Liver
 - Adipose tissue
 - Immune system (B cells)

Biological Models

In vitro tissue: work out cellular pathways Small animal Extrapolate mechanisms in physiological setting Large animal Explore applicability to humans (provide 'proof of concept' for interventions) Human 'experiments of nature' Proof of concept' for interventions

Epidemiology

- We're fat!
- We're getting fatter!
- Adipology: new science linking epi to bio approaches
- Correlation

Development of risk modelsForms another basis for testing of interventions

Epidemiological Approaches

Forces emphasis on <u>context</u>:
Social order
Non-specific interactions with aging
Most 'risk factors' small, not 100% consistent
Provides directive clues for biology and supports therapeutic investigation

Critical Linkages

Put on your geriatric hat:
Think aging all the time
It's the backdrop, and it changes

Collaborative, cross-cutting research:
 Program Project, interactive projects

Critical Linkages

Patient-oriented research:
Human is the animal of interest, one of few that experiences menopause
Practical issues of applicability
How can the science be most efficiently applied?

Cross-Cutting Issues

■ Is there a 'critical window' for ET or HT intervention for different conditions? Cognition Cardiovascular protection Bone Adiposity Immune system

Cross-Cutting Issues

How best to incorporate *multiple interacting* systems into models, especially when they are *non-linear* (e.g., cytokines, the HPA axis)?

Cross-Cutting Issues

How best to evaluate effects of discontinuation/episodic versus continuous regimens and formulations?