

October 29, 2004

Dear Nominating Committee:

I am pleased to have the opportunity to nominate Dr. Rebecca D. Jackson to be featured as an American Medical Women's Association Local Legend.

Dr. Rebecca Jackson is a strong advocate for women's health issues. Since the early 1980's, Dr. Jackson has been committed to obtaining a greater understanding of the health care issues that uniquely or disproportionately affect women. A major focus of her effort has been in examining treatment options for postmenopausal osteoporosis. Dr. Jackson designed and published one of the first papers on the role of resistance training in the prevention of osteoporosis. Follow-up studies have sought to determine the mechanisms by which exercise stimulates bone formation with a focus on the insulin-like growth factors in regulating muscle and bone mass.

Dr. Jackson and her colleagues were also involved in one of the landmark studies examining a new class of medications, bisphosphonates, for the treatment of postmenopausal osteoporosis. The study design used in that research has served as the model for almost all osteoporosis treatment studies over the past fifteen years. She has subsequently been involved as an investigator in many of the important treatment trials for other agents for osteoporosis, helping to bring new treatment options to women and their health care providers to manage this common condition in postmenopausal and older women.

Dr. Jackson has extended her interest in the musculoskeletal system and women's health to new studies looking at the interface of the bone and joint by participating as one of the principal investigators in the National Institutes of Health (NIH)-sponsored study of factors contributing to the development and progression of knee osteoarthritis (OA), the Osteoarthritis Initiative. Osteoarthritis is one of the most common disabling conditions of men and women in middle age and later years, and yet our understanding of the causes of OA, the factors that relate to its progression and the most effective way to follow disease activity, is sorely lacking. This longitudinal effort, taking place at four clinical centers throughout the United States, is also an effort to utilize a new paradigm for research through a public-private consortium of the NIH, other government agencies and institutes, academic centers and the pharmaceutical industry to work collaboratively to address issues of common interest.

Arguably, Dr. Jackson's greatest public health impact has come through her involvement in the scientific conduct of the Women's Health Initiative (WHI) Clinical Trials and Observation Study. This study focuses on understanding the overall balance of risks and benefits of four major interventions (two forms of postmenopausal hormone therapy, calcium and vitamin D supplementation and low-fat diet) have been recommended to women as safe and effective options for prevention of chronic diseases that occur with increasing frequency after the menopause – coronary heart disease, breast and colorectal cancer and osteoporosis. Dr. Jackson has served as a member of the Executive Committee since 1996, a member and co-chair of the calcium-vitamin D, Observational

Study and Special Population advisory committees and she was elected Vice-chair of the WHI beginning 2000 and will serve in this capacity through 2008 in the Extension study.

She is also the chair of a working group that is exploring the scientific explanation for the effect of these treatments on these clinical outcomes including a focus on the genes that might make specific women at greater (or lesser) risk for a beneficial (or adverse) outcome. To date, with the intervention phase of two of the major trials of WHI complete, WHI has made a major impact on women's health by empowering women to make informed choices regarding the balance of risks and benefits of hormone therapy after the menopause. As a result of the original WHI estrogen plus progestin trial and later the estrogen-alone trial results, there have been major changes in guidelines and/or recommendations for prevention of osteoporosis and coronary heart disease.

In fact, just this month, Dr. Jackson presented data regarding the effect of hormone therapy discontinuation on a woman's risk for fracture. Throughout the Extension study, Dr. Jackson and her colleagues in the WHI will further explore an understanding of many other facets of menopause on health including attempts to determine if the health risks differ by ethnicity, age or specific risk factors. Within the next year, the results of the two final clinical trials of WHI will be complete and shared with American women. Dr. Jackson will be the chair of the writing group for the principal results of the Calcium and vitamin D clinical trial. As in the previous trials, she will maintain a major role in disseminating this information to the scientific and health care communities and to women as a commitment to her goal of improving women's health care.

Clearly, Dr. Jackson has made, and is poised to continue making, a significant contribution to the health and livelihood of women. Thank you in advance for your consideration to nominate Dr. Jackson as a local legend

Very Truly Yours,

DEBORAH PRYCE
Member of Congress