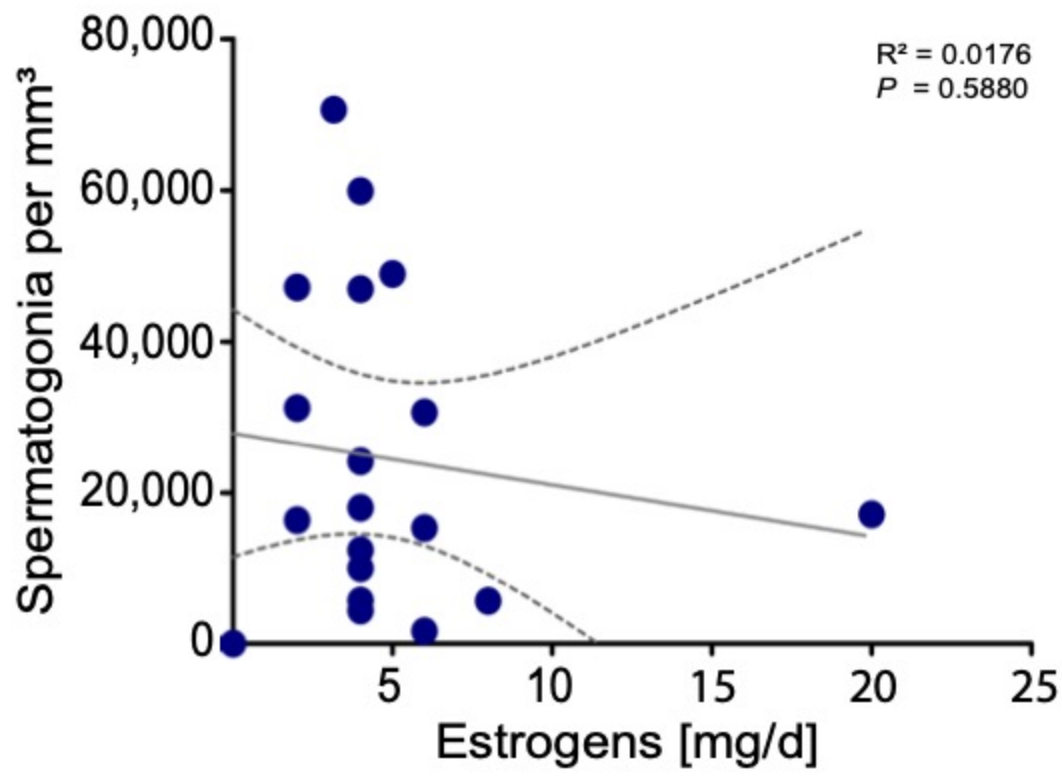


A**Dose of estrogens****B****Duration of hormonal treatment**