AN INTERVIEW WITH...

Cindy Grines, MD

Dr. Grines discusses her role in mentoring young interventional cardiologists, research areas needed in the female population, and more.

How did the Society for Cardiovascular Angiography and Interventions-Women in Innovations fellowship for Complex High-Risk Interventional Procedures (SCAI-WIN CHIP) come about, and what do you look for in awardees?

Over the years, I had been working closely with Abbott Vascular and Abiomed on several education and networking programs for women in interventional cardiology (IC). More recently, I became involved in the use of the Impella heart pump (Abiomed, Inc.) for left ventricular support in women with peripartum cardiomyopathy. In my collaboration with the company on this research project, we discussed the fact that female physicians were more involved in sex-specific research than men, but women were often discouraged from training in IC. When women did go into practice in IC, they were often taking care of very sick, underserved patients in urban settings. In response, Abiomed provided a generous grant to fund training for a female interventionalist in CHIP procedures!

The fellowship will award a female interventionalist who is within 5 years of training, has excellent technical skills, and also has leadership and scholarly potential. We would like the recipient to work closely with SCAI on WIN initiatives, as well as others.

Can you give us a preview of what the SCAI-WIN program will offer at upcoming meetings?

In March, I will be performing live cases that will be transmitted to the Cardiovascular Research Technologies (CRT) annual meeting in Washington, DC, with only female interventional operators (including myself, as well as Drs. Donna Marchant and Kiki Poumpouridis). The CRT session's moderator and panel will also be solely composed of female interventional cardiologists.

Dr. Ron Waksman, the organizer of CRT, has graciously provided this opportunity to showcase the fact that women can be great interventionalists and quite capable of performing complex percutaneous coronary interventions (PCIs) and other interventional procedures.

As a recipient of the American College of Cardiology's Distinguished Mentor Award, what qualities do you think are important in an IC mentor? In what ways do you go about seeking these opportunities?

I think a mentor should be generous with their time, supportive, noncompetitive with their mentees (this can be a big problem if the mentee ultimately becomes more successful than the mentor), and provide ideas and opportunities. I have given research ideas and allowed residents and fellows to be first author on review articles and book chapters that I have been invited to write. I frequently recommend my younger physicians to give lectures at national meetings or to serve on national committees. I write numerous letters of recommendation for my mentees to receive awards, be selected into societies, to sit on national committees, and to be selected for the SCAI Emerging Leader Mentorship program. My colleague Dr. Stacey E. Rosen was recently awarded the American Heart Association Council of Clinical Cardiology award for Mentoring Women, based on my nomination and letter!

Of note, firm guidance is sometimes necessary to keep the mentee on track, and on occasion, I provide personal advice to avoid potential land mines that I have experienced. Over time, I have developed several long-lasting, warm, personal friendships with women whom I have mentored.

Do you foresee a time when device and pharmaceutical manufacturers feel compelled to compensate women in order to accommodate their participation in clinical trials? What other accommodations could be made to ensure we obtain these necessary data?

I firmly believe that there should be some compensation provided for the loss of work, travel expenses, childcare, etc, required for research visits. Normal volunteers are compensated in phase 1 trials, so why can't actual patients be compensated? In addition, the companies and FDA should be more liberal with regard to the type of follow-up visits required by allowing fewer in-person visits and the use of electrocardiography, labs, and records from

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the patient's personal physician. In fact, we have a white paper in press at *Journal of the American College of Cardiology* on this very topic.

Which areas of IC most desperately need these types of sex-specific guidelines?

Interestingly, transcatheter aortic valve replacement (TAVR) is the one area where women are well represented (likely due to patients' advanced age and comorbidities required for the trials). Outcomes in women who undergo TAVR are very good.

On the other hand, ischemic heart disease has many different etiologies in women, including spontaneous dissection, hypercoagulability from hormone replacement therapy or pregnancy, plaque erosion, Takotsubo myocardial infarction (MI), MINOCA (MI with nonobstructive coronary arteries), and microvascular disease in addition to the more typical atherosclerosis. Women are underrepresented in ischemic heart disease trials and may have a worse prognosis, especially for MI in premenopausal women. In addition, the SYNTAX and EXCEL trials have suggested that female sex may be an independent risk factor for poor outcomes after PCI for multivessel disease. Moreover, women have more bleeding complications, even when antithrombotic medications are dose adjusted for weight. Clearly, more studies on the pathophysiology and treatment of ischemic heart disease in women will be necessary.

What do you hope your personal and professional legacies will reflect about you?

I live life to its fullest, both from a professional and personal standpoint. My motto is to "work hard, play hard." From a professional standpoint, I like to do research, writing, and lecturing on practical issues that will make a clinical difference. I'm thrilled that our research on primary angioplasty being superior to thrombolytics was adopted worldwide! It is really gratifying to see the mortality rates of MI decline over time. I enjoy writing position papers and guidelines that summarize the available data to help influence physician practice behavior. I also love to help in the professional development of my trainees and junior faculty. Many of them have so much potential, but it's wasted unless a mentor encourages them.

From a personal standpoint, I think that I'm known for being direct, honest, loyal, generous, adventurous, and fun. I'm blessed to have a great family and lots of close friends dating back 40 years! I truly believe that you need to have a strong emotional support system, because at the end of the day, your job does not love you. ■

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