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The Program Chair of the Society for Cardiovascular Angiography and Interventions' Women in Innovations initiative provides an update on how the medical community is responding to gender disparities for women in the cardiology field and for women receiving care.

Since we last spoke in April 2010, what impact has the Women in Innovations (WIN) initiative had in terms of patient care and for women working in the field?

We have been working in a global fashion to address gender issues in research, education, and mentorship. We have found that the problems are universal regarding gender disparities around the world. This gives our initiative a great platform to make a difference worldwide.

As it relates to women working in the field, WIN took the last year to reach out to women who are currently in the field, engaging female interventional cardiologists from more than 20 different countries. Through WIN, these women now have a professional resource unique to them. Beginning this year, WIN will expand its efforts to reach younger women who have not yet entered the field. Programs will be conducted to encourage young women to become more excited about medical science and, more specifically, interventional cardiology.

As it relates to patient care, the past year brought many exciting opportunities. WIN continues to offer educational programs for physicians on gender-based differences in cardiovascular care. These programs are now conducted in almost every continent, at almost all of the major global conferences, widening WIN's global impact on the physician community and, therefore, the patient community. The year 2011 will bring additional educational programs, research efforts, and the introduction of a new "innovation" arm of WIN. The hope is to generate projects that have a measurable impact on the care of female patients. The last year or 2 was when much of the groundwork was laid for such projects, and the next few years will bring their implementation and results.

Has there been any progress in enrolling more women in clinical trials?

This particular issue is one of our top priorities. By working closely with research scientists, clinical trialists, and regulatory authorities, we have been able to promote this message. We will be evaluating gender-based

outcomes on large clinical trials in collaboration with the American College of Cardiology this fall.

The American College of Cardiology has agreed to collaborate with WIN on a data forum, which will take place in Washington, DC in late 2011. The goal is to bring together the major trialists from around the world studying acute coronary syndromes/acute myocardial infarction, so that they can present the gender-based data from their studies. The forum will not only gather the trial investigators, but key regulatory bodies, as well as industry and patient organizations. Other such forums are also planned for 2012, involving different topic areas. We hope to generate white papers as a result and affect trial enrollment criteria so that more women can be enrolled in clinical trials in the future.



What role do you think the recent Society of Cardiovascular Angiography and Interventions consensus document, which studied radiation exposure to pregnant cardiologists and staff, will play in the interventional cardiology community?

The consensus document was put forth to raise awareness for the need to monitor and evaluate ways for women to perform interventional procedures. There are currently no standards for pregnant women in the cath lab who are exposed to radiation. This is a major concern for many women, and we believe that this document will open doors into the field of interventional cardiology for women who would otherwise not walk through them for fear of radiation exposure. The paper also begins the search for better ways to monitor this important safety issue.

What unique risk factors do women face when undergoing interventional heart procedures? What can patients and physicians do to overcome these challenges and improve outcomes?

It is a well-established fact that when women present for angiography, they are older and have many more comorbid conditions, such as hypertension, diabetes

(Continued on page 65)

(Continued from page 66)

mellitus, and chronic kidney disease, compared to men. We also know that the time for presentation for acute syndromes such as ST-elevation myocardial infarction is much longer in the female patient. Furthermore, once they do present, the door-to-balloon time and other critical times are significantly higher in women compared to men. This combination of late presentation and higher comorbid conditions places women at an incremental risk for mortality after procedures. This is where we need to make the greatest impact so that we can save more women from dying of heart disease. WIN plans to do this by translating research findings into new guidelines, which are appropriately written to address the differences between men and women. New drugs and devices may also be necessary to accomplish this goal, and WIN is working to see that this happens.

In your role as Director of Interventional Cardiovascular Research and Clinical Trials at Mount Sinai School of Medicine (New York, NY), which areas of research are you currently focused on investigating?

Cardiovascular research is and has been one of the premier focuses for the Mount Sinai School of Medicine. In my role, I am working closely with an already established team of investigators in multiple areas of cardiology to

enhance clinical outcomes of patients with cardiovascular disease. This multidisciplinary approach is one that will be the primary focus of my clinical research, which will hopefully lead to many important grants in pursuit of the best possible outcomes for our patients with heart disease.

Which forthcoming trial results do you think will have the most impact on the field of interventional cardiology?

There are many important clinical trials that will greatly affect the field in the next decade. The trials focusing on transcatheter valve therapies are obviously extremely important. The PARTNER study is an obvious example, and there are now other pivotal trials that will address patients with valvular heart disease.

Trials focusing on the treatment of hypertension will also have a very important role in the future of cardiovascular disease treatment, namely, the renal artery denervation studies. Furthermore, the current landscape of interventional pharmacology will be extremely important for patients undergoing percutaneous coronary intervention or those with atrial fibrillation. The important focus now is on reducing both ischemic and bleeding complications equally. This will be the challenge, and it will be accomplished with the novel drugs that are on the horizon. ■

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