Mildred L. Cannon Trust Continues 14-Year Support

FOCUSING ON CANCER AND HEART DISEASE RESEARCH

Women’s Health Research at Yale is very pleased to announce renewed support from the Mildred L. Cannon Trust, continuing a much cherished 14-year partnership.

Over the years, generous annual gifts from the Mildred L. Cannon Trust, based in Suffield, Connecticut, have helped WHRY initiate and support studies on breast, ovarian and lung cancer, and the effects of gender on cardiac health and recovery after bypass surgery.

“Our longstanding partnership with the Mildred L. Cannon Trust has been and remains extremely important to us as we advance women’s health in cardiac care and cancer interventions,” said Dr. Carolyn Mazure, Norma Weinberg Spungen and Joan Lebson Bildner Professor of Psychiatry and Psychology, and Director of Women’s Health Research at Yale. “We will continue to honor the legacy of Mildred L. Cannon’s commitment to research by generating findings with practical benefits, for example, that women and men can have differing heart attack symptoms, or that treatment-resistant tumors can be targeted and destroyed with specially tailored, ultra-tiny nanoparticles.”

Kevin McCann, Trustee of the Mildred L. Cannon Trust and member of Women’s Health Research at Yale’s advisory Council, said “The Mildred L. Cannon Trust has continually supported WHRY because its research fills a void on studies of the two health conditions that were most important to Mrs. Cannon.”

Stay Connected to Women’s Health Research at Yale Through Email

Our center has more than one way for you to keep current with our research and activities. In addition to this printed and mailed newsletter, WHRY offers e-mail delivery of the newsletter, updates on our latest research, news about our center’s activities, and the latest installments of our Heart Health Q&A.

Please send your email address to whresearch@yale.edu to receive valuable health information.

In our Heart Health Q&A series, cardiovascular experts provide answers about heart health and its relationship to such topics as sugary foods, early menopause, and cholesterol.

Contact us now to get answers on the latest topic: Young women fare worse in recovery after heart attack compared with young men.
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Consider a donation to Women’s Health Research at Yale in celebration
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Our Society of Friends ensures the future of Women’s Health Research
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Women’s Health Research at Yale was founded in 1998 with initial funding from
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Untapped Potential for Supplementing Mammography

WHRY ULTRASOUND STUDY AT FOREFRONT OF NATIONAL DEBATE

The purpose of screening examinations for breast cancer is to detect tumors before they cause symptoms such as a lump, swelling or redness. Discovering tumors in their early stages is key to reducing breast cancer mortality because they are still small and can be treated before they spread beyond the breast.

Once breast cancer has metastasized, treatments can delay progression of the disease and extend survival but it is not always a curable condition.

This, along with the fact that breast cancer risk can increase with age, is why the American Cancer Society recommends an annual mammogram, an X-ray image of the breast, for women 40 and older. Thus far, mammography is the only screening method proven in clinical studies with women volunteers to reduce the number of deaths from breast cancer through early detection.

However, mammography has its limitations and is an imprecise screening method that can miss breast cancers in some women, especially those with dense breast tissue. In addition, having dense breast tissue is linked to a higher risk of breast cancer compared to the risk for women without dense tissue.

Breasts consist of a mixture of fatty, glandular and fibrous connective tissue, and the composition varies among women. On mammography in women without dense breast tissue, tumors usually appear white against a gray background of fatty tissue. However, in women with dense breasts, there is more glandular and connective tissue which appears as a white background, making it more difficult to spot a tumor. As Dr. Regina Hooley puts it, “it’s like looking for a polar bear in a snowstorm.”

Women’s Health Research at Yale awarded Hooley, Associate Professor of Diagnostic Radiology and a clinician at the Smilow Breast Center, a 2012 Pilot Project Program grant to conduct one of the first studies in the nation on the performance and value of supplementing mammography with ultrasound screening, a method that uses sound waves to produce an image of the breast.

She completed her study earlier this year and found that supplementary screening with ultrasound can detect cancers missed by mammography. Her results indicate that women with dense breast tissue can benefit from this extra screening and often will choose the screening if made aware of their breast density.

IS THERE VALUE TO MAMMOGRAPHY PLUS ULTRASOUND?

“When used to supplement mammography, breast ultrasound’s cancer detection rate is approximately 3 cancers per 1,000 women screened, as compared to approximately 5 new cases per 1,000 women screened with mammography,” Hooley said.

“I definitely think breast ultrasound screening is beneficial, and women who are informed about breast density appreciate that they have the choice to supplement their mammogram.”
The main element of Hooley’s study was a review of the records of approximately 4,000 women who visited the Smilow Breast Center for mammography and supplementary ultrasound screening in the first three years, 2009 to 2012, after a Connecticut state law on breast density notification took effect.

The law requires radiologists to inform women who undergo mammography if they have dense breast tissue and that they may benefit from supplementary screening tests.

Before the mandate, the clinic did not offer ultrasound screening. However, upon the mandate’s implementation, the clinic began offering ultrasound screening by trained technicians using hand-held devices.

First, the records of 935 women who had supplemental screening showed that ultrasound testing detected 3 cancers per 1,000 screened.

Next, Hooley reviewed the records of 1,046 women who underwent supplementary ultrasound screening after the clinic began using a new, more sophisticated mammography (tomosynthesis, which provides three-dimensional images) along with regular mammography. This allowed her to compare the detection rate using supplemental ultrasound screening for traditional mammography versus tomosynthesis.

Not surprisingly, because the 3-D mammograms revealed cancers at a higher rate than regular mammograms, the detection rate for supplementary screening with ultrasound decreased to just under 2 cancers per thousand.

PATIENTS’ VIEWS

Hooley’s pilot study also was designed to determine patients’ opinions about ultrasound screening and breast density.

A questionnaire was distributed to 950 women with dense breast tissue who had come to the center for breast screening tests between January and October 2013. Completed surveys were collected from 803 of these women. Their average age was 53. Their answers showed that:

- 92 percent were aware of their breast density and 89 percent had been informed of their dense breast tissue based on mammography.
- 41 percent reported increased anxiety due to knowing about their breast density.
- 77 percent reported having at least one prior breast ultrasound screening exam.
- 73 percent chose to have breast ultrasound screening based on their primary health care provider’s advice.
The laws’ supporters say that women should be informed if they have dense breast tissue and made aware that supplementary screening options are available. They say that, as radiologists gain experience with supplemental screening with ultrasound, false positives can be reduced and that finding cancers at a smaller size and earlier stage can reduce breast cancer deaths.

Based on her WHRY-funded study results and the increasing number of states that have enacted breast-density notification laws, Hooley said she views ultrasound screening after mammography as a supplementary breast cancer screening option that is here to stay, even with the use of the more sophisticated three-dimensional mammography. She cautioned, however, that her study focused on a relatively small population over a three-year period.

“I think we have a lot to investigate further, in terms of larger populations and longer periods of time, when we are talking about a national policy,” Hooley said.

The rate of false positives is being reduced as radiologists in the Smilow clinic gain more experience interpreting ultrasound images. With the increasing experience using the hand-held devices, she said, clinicians are learning to recognize benign masses that do not need additional testing.

“I think the potential for ultrasound (screening) is still untapped,” she said. “It’s really a work in progress, and this study funded by Women’s Health Research at Yale has provided some of the first data to demonstrate its value.”

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90 percent reported they chose to have ultrasound screening despite the increased chance of needing additional testing and, perhaps a biopsy, after the screening.

Hooley noted that the survey results cannot represent the views of all women in that there are no data on those who do not routinely participate in mammography or supplemental ultrasound screening.

THE ISSUE

Connecticut was the first state to enact a breast-density notification law. In addition to mandating that women undergoing mammography be informed if they have dense breasts, the law requires radiology facilities to inform their patients that breast ultrasound screening and MRI examinations are options as supplemental tests. An MRI (magnetic resonance imaging) test requires an intravenous contrast agent and uses a magnetic field and radio waves to create images, Hooley explained.


With Connecticut having a head start on the rest of the nation, Hooley’s WHRY-funded study has been the leading edge of a growing medical debate that has become a national issue.

Critics of the breast-density notification laws point to a high rate of false positives with ultrasound screening, leading to unnecessary biopsies. They say supplemental screening with ultrasound has yet to be proven as beneficial and cost effective.

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“I think the potential for ultrasound (screening) is still untapped,” she said. “It’s really a work in progress, and this study funded by Women’s Health Research at Yale has provided some of the first data to demonstrate its value.”

Sources: Smilow Breast Center, National Cancer Institute, CT Public Act No. 09-41, Are You Dense? Advocacy.

TERMINOLOGY & DEFINITIONS

Mammogram
An X-ray of the breast, used to detect and diagnose breast abnormalities, such as a lump.

Ultrasound screening of the breast
A screening method that uses high-frequency sound waves (no radiation) to produce computer-displayed images of the breast.

Tomosynthesis
Three-dimensional mammography which allows the radiologist to view the breast in thin “slices” rather than as a whole, improving detection rate of lesions.

Magnetic Resonance Imaging (MRI)
Screening method that creates detailed images using a magnetic field, radio waves and a computer to process the information.

Breast density
Describes relative amount of different tissues. A dense breast has less fat than glandular and connective tissue. Mammograms of breasts with higher density are harder to read and interpret than those of less dense breasts. Having dense breasts is one factor that can increase risk for breast cancer.

Breast density notification laws
In 2009, Connecticut became the first state to enact legislation requiring radiologists to inform women who undergo mammography if they have dense breast tissue and that they may benefit from supplementary screening tests including ultrasound or MRI. At least 18 other states have enacted similar legislation.
First Naratil Pioneer Award to Develop Revolutionary Cancer Treatment Model

Our Center’s first Wendy U. and Thomas C. Naratil Pioneer Award was granted earlier this year to Dr. Alfred Bothwell for a study targeting the development of optimized treatments for uterine serous cancer that can be tailored to individual patients with this very aggressive form of endometrial cancer.

With approximately 50,000 new cases and more than 8,000 deaths annually, endometrial cancer is the most common gynecological cancer among American women. Uterine serous cancer accounts for only 10 percent of endometrial cancer cases, but is responsible for nearly 40 percent of endometrial cancer deaths. Clearly, improved treatment strategies are urgently needed.

Bothwell, Professor of Immunobiology, has focused his research in part on how key immune cells function and the development of immunotherapies (treatments that use the body’s own immune system to fight cancer) to optimize cancer therapies. In this inaugural Naratil Pioneer Award study, he is beginning to tackle the desperate need for a new way to combat uterine serous cancer.

His approach is to develop a radically innovative mouse model of uterine serous cancer that will more closely simulate a patient’s experience, by integrating the patient’s immune system and tumor pathology. Current models typically employed to test anti-cancer agents do not consistently predict patient outcomes. Bothwell and other scientists working in this area believe this is because the models do not account for how the immune system influences both tumor growth and response to a given therapy.

“We want to make a model in which you have the tumor and the immune system of the same patient,” Bothwell said. Using this new model, tests will be conducted to identify which immunotherapies and other medications or combinations used to treat uterine serous cancer will work for individual patients. He expects this new model to usher in “personalized medicine” for this type of cancer and potentially other types as well.

Bothwell is collaborating on this investigation with Dr. Alesandro Santin, Professor of Obstetrics, Gynecology and Reproductive Sciences, and Dr. Joann Sweasy, Professor of Therapeutic Radiology and of Genetics. Both are past WHRY Pilot Project Program-funded investigators. Sweasy, who has done much research on how genetic mutations result in cancer, used a 2009 Pilot Project Award grant to begin developing a mouse model of breast cancer that incorporates both the human immune system and tumor pathology – to optimize individual breast cancer therapies. Santin, working with Dr. W. Mark Saltzman, the Goizueta Foundation Professor of Biomedical Engineering and founding Chair of the Department of Biomedical Engineering, used a 2010 Pilot Project Award grant to develop a new way to combat ovarian cancer relying on ultra-tiny...
nanoparticles to target and destroy treatment-resistant tumors.

Development of the new uterine serous cancer model is one of the central aims of Bothwell’s study. Another key aim is to test a hypothesis that a subset of uterine serous cancer patients have particular genetic mutations that have a protective effect in some patients.

In previous work, Dr. Santin and his colleagues demonstrated that approximately 8 percent or about one of every 12 uterine serous cancer patients have particular genetic mutations that appear to confer this protective effect. These patients should not be treated with radiation therapy or chemotherapy so as to preserve the protective effect.

Now, in this first Naratil Pioneer Award study, Bothwell and his team will use the new model to begin determining how this protective effect might work. Understanding the mechanism of this protective effect will provide new avenues to develop optimal therapeutic strategies for uterine serous cancer, Bothwell said.

“One of the questions we want to answer is: how are these patients able to combat the disease?”

“Are the immune cells of the patients with the protective effect different from the immune cells of patients who don’t have the protective effect?” Bothwell said.

“My goal here is to make enough progress quickly to turn this into a larger funded team effort,” he said. “It’s taken a long time for me to get this model off the ground. And that’s why Alessandro (Santin) is so valuable here,” he said. Santin is both a clinician and researcher. “He is really into this study from the standpoint of helping patients – and that’s the real goal.”

Because uterine serous cancer spreads quickly, the evaluation and selection of therapies must be completed as rapidly as possible to benefit patients. The new laboratory model will allow the team to evaluate the effectiveness of new therapies or combination therapies much faster than would be possible in clinical trials with patients and with no adverse consequences.

Women’s Health Research at Yale’s new Wendy U. and Thomas C. Naratil Pioneer Award, established in 2013 through a generous endowment gift from the Naratils, a Yale College ’83 couple, expanded our Center’s annual Pilot Project Program to initiate and support never before undertaken investigations on women’s health and gender differences. Our Director Carolyn M. Mazure, Ph.D., emphasized that all Pilot Project Program studies selected for funding must demonstrate new approaches to major challenges in women’s health, and describe a clear path to implementation for clinical or public health benefit.

What distinguishes the Naratil Pioneer Award is that it is for investigations that are either highly inventive or close to a major breakthrough in advancing women’s health – where funding is needed to reach its aims.

“This inaugural Naratil Pioneer Award investigation is just the kind of project we hoped for when the Naratils stepped forward – to tackle a major challenge in women’s health with a revolutionary new approach and a vision to translate findings as quickly as possible into improved treatments,” Mazure said. “We have Wendy and Tom to thank for allowing this kind of work to go forward.”

The Women’s Health Research at Yale Pilot Project Program is supported in part by the Maximilian E. and Marion O. Hoffman Foundation, the Seymour L. Lustman Memorial Fund, The Seedlings Foundation, The Werth Family Foundation, and anonymous donors.
WHRY SCHOLARS

Training the Next Generation – Two Junior Faculty Scholars Begin Training in Women’s Health and Addictive Behaviors

Two new junior faculty Scholars, Marci Mitchell, Ph.D., and Philip Smith, Ph.D., have begun their training in conducting interdisciplinary research on women’s health and addictive behaviors.

The National Institutes of Health-funded training program – Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) – provides mentoring, team science experience and coaching for entry-level faculty to begin research careers in the increasingly important area of addictive behaviors in women.

“Disorders involving addictive behaviors are associated with some of the leading causes of preventable disease and mortality among women. Our singular training program is developing investigators who can make lasting contributions to the prevention and treatment of addictive behaviors by spanning many disciplines to fully understand this highly prevalent health concern,” said Carolyn M. Mazure, Norma Weinberg Spungen and Joan Lebson Bildner Professor of Psychiatry and Psychology.

Dr. Mazure is Principal Investigator for the Yale BIRCWH program, which is funded by a $2.5 million grant from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and the NIH Office of Research on Women’s Health. The five-year grant program began in 2010.

BUILDING INTERDISCIPLINARY RESEARCH CAREERS IN WOMEN’S HEALTH (BIRCWH) SCHOLAR PROGRAM

2014 YALE BIRCWH SCHOLARS:

**MARCI MITCHELL**

Associate Research Scientist in Psychiatry, Ph.D., from the University of Florida

**Research Area:** Dr. Mitchell is investigating the effects of sex and gender on impulsive choice behavior in addiction. She initially pursued this area of investigation in her doctoral work, using an animal model. Now she is bridging the gap between preclinical and clinical research to become an interdisciplinary investigator interested in translating findings into treatments and public health practice. Dr. Mitchell will use data from cocaine-dependent and healthy control subjects to determine whether there are gender differences in impulsive choice behavior and to determine if there are functional differences in how women and men process information in making choices. The purpose of this work is to understand the mechanisms of choice so interventions can be developed to affect those mechanisms for positive change.

**Mentor:** Marc Potenza, Ph.D., M.D., Professor of Psychiatry, in the Child Study Center and of Neurobiology, Director of WHRY’s Addictive Behaviors Research Core.

**PHILIP SMITH**

Associate Research Scientist in Psychiatry, Ph.D., from the State University of New York at Buffalo

**Research Area:** Dr. Smith is examining differences between women and men in smoking behavior and smoking cessation. In particular, he is investigating smoking cessation approaches using medications such as the nicotine patch and varenicline. His work involves determining which methods may help women improve their chances of quitting smoking, as previous studies have shown that women are less likely to be able to quit than men. He is also part of a study of the prevalence of tobacco use among homeless military veterans and the frequency with which these male and female veterans are referred for therapy for nicotine dependence. This study is examining whether these factors differ between male and female veterans.

**Mentor:** Sherry McKee, Ph.D., Professor of Psychiatry, Director of Yale Behavioral Pharmacology Laboratory, Director of Yale Specialized Center of Research to Develop Gender-Sensitive Treatment for Tobacco Dependence.
At the risk of sounding trite, these are both the best of times and the worst of times for advancing our mission to integrate the study of sex and gender into mainstream medical research.

First the bad news. The National Institutes of Health budget for biomedical research is shrinking, and up and coming researchers who ultimately could discover gender-sensitive ways to improve our health may leave scientific research careers. As NIH Director Francis Collins told USA Today earlier this year: “We have a serious risk of losing the most important resource that we have, which is this brain trust, the talent and the creative energies of this generation of scientists.”

Now the good news. The medical research community, the NIH and the Food and Drug Administration are moving toward WHRY’s established policies and practices of making the study of sex and gender differences standard procedure in clinical and laboratory research. The NIH and FDA this year announced policies to improve the representation of women in clinical trials, increase the use of female animal models in laboratory research, and analyze and report results by gender.

As WHRY trains new health investigators to focus on gender differences and initiates the highest quality gender-sensitive biomedical research, we must make our giving count more than ever to keep moving forward.

Your support today is as critical to our mission as it has ever been. Please give to Women’s Health Research at Yale during our 2015 Annual Appeal.

Thank you!

Patti Russo,
Chair, Philanthropy Committee
WOMEN’S HEALTH RESEARCH AT YALE

INVESTIGATOR NEWS

WHRY-Funded Investigator Elected to Institute of Medicine

W. Mark Saltzman, Ph.D., the Goizueta Foundation Professor of Biomedical Engineering and founding Chair of the Department of Biomedical Engineering, has been elected to the Institute of Medicine, one of the highest honors in medicine.

Earlier this year, Women’s Health Research at Yale awarded Saltzman a 2014 Pilot Project Program grant to develop the first dual-purpose method of preventing sexually transmitted infections and unwanted pregnancy.

In a 2010 WHRY-funded pilot study, he teamed with Dr. Alessandro Santin, Professor of Obstetrics, Gynecology and Reproductive Sciences, to develop ultra-tiny particles, nanoparticles, as microscopic “smart bombs” to pinpoint cancer cells and deliver tumor-destroying substances to improve treatment of drug-resistant ovarian cancer. They used the results from their WHRY-funded project to obtain a $1.3 million National Institutes of Health grant for a larger study to translate their new approach into a treatment for ovarian cancer patients.

Saltzman is a pioneer in the fields of drug delivery, biomaterials, nanotechnology and tissue engineering. His research has been described in more than 250 research papers, two edited books, and 15 patents. Biomaterials, the international journal of the science and clinical application of biomaterials, has named his work among the top 25 papers it has published in the past 25 years.

He is the author of the textbooks Biomedical Engineering, Tissue Engineering, and Drug Delivery. His achievements in the classroom have been recognized throughout his career, with teaching awards from Johns Hopkins, Cornell and Yale, and the Distinguished Lecturer Award from the Biomedical Engineering Society.

IN MEMORY

Norma Weinberg Spungen and Kenneth Spungen

Women’s Health Research at Yale regretfully shares news of the passing of Norma Weinberg Spungen and Kenneth Spungen, the parents of Advisory Council member Elisa Spungen Bildner.

Mrs. Spungen, archivist emerita of the Chicago Jewish Archives, Spertus Institute of Jewish Studies in Chicago, died on October 5. She was 87.

Mr. Spungen, former president of Peer International Corp., died on October 8. He was 86. The couple was married for 61 years.

One of Mrs. Spungen’s great passions was research, particularly on American Jewish history. She earned a B.A. and M.A. in education from Northwestern University, and was an elementary school teacher in Chicago Public Schools and a Jewish day school.

After a teaching career, she earned a second B.A. and M.A. in Judaic Studies from the Spertus Institute. While head of the archives, she gave numerous lectures and presented papers on the history of Jews in America, with a special emphasis on the experience of Jewish American women.

The endowed professorship that secures the leadership of Women’s Health Research at Yale is named for Norma Weinberg Spungen and Joan Lebson Bildner, Rob Bildner’s mother, a devoted philanthropist who worked to advance the missions and resources of numerous health-related and cultural organizations. Mrs. Bildner died last year.

“Norma’s continual pursuit of knowledge and her desire to share it with others inspire our Center’s mission as we advance scientific knowledge to benefit the health of all,” said Carolyn M. Mazure, Ph.D., Norma Weinberg Spungen and Joan Lebson Bildner Professor of Psychiatry and Psychology, and Director of Women’s Health Research at Yale.
COMMUNITY EVENT...

Congresswoman, WHRY Researcher Among Breast Cancer Forum Speakers

U.S. Rep. Rosa DeLauro, an honorary member of our advisory Council, and Dr. Regina Hooley, a WHRY-funded investigator, were among the featured panelists at a recent community forum on breast cancer.

The Oct. 21 forum, “Beyond the Pink Ribbon: New Frontiers in Screening, Treating and Preventing Cancer,” highlighted some of the latest advancements and challenges in breast cancer detection and treatment. It was organized by the Connecticut Health I-Team, a non-profit news service that provides coverage of health care issues, and held in New Haven.

Dr. Hooley, an Associate Professor of Diagnostic Radiology who just completed a WHRY-funded study on breast ultrasound screening (see article p. 3), said women 40 years and older should be screened for breast cancer once a year. She said that tomosynthesis (three-dimensional mammography) and ultrasound screening to supplement mammography are increasing the tumor detection rate, especially in women with dense breast tissue that can make it more difficult to spot abnormalities on regular mammograms.

Rep. DeLauro has consistently sponsored and supported legislation to improve women’s health policies. She said she was proud to be part of bipartisan efforts to double the budget between 1998 and 2003 for the National Institutes of Health, the world’s largest funder of biomedical research. But in the past four years, she said, the NIH budget has been effectively cut by 10 percent.

“Less research, fewer lives saved – that’s what it translates to,” she said.

COUNCIL NEWS...

Dr. Eve Hart Rice Joins Advisory Council

Dr. Eve Hart Rice, psychiatrist, children’s book author and illustrator, and distinguished Yale graduate is the newest member of our advisory Council.

Dr. Rice graduated from Yale College with a B.A. in history. She then earned her medical degree from the Mount Sinai School of Medicine and completed her residency in psychiatry at Payne Whitney Clinic of Cornell University. She later served as a Clinical Assistant Professor of Psychiatry at Weill Cornell Medical College in New York City.

Her professional association memberships include the American Psychiatric Association, the Medical Society of the State of New York, and the Authors’ Guild.

She has a longstanding interest in educational issues and served on her local public school board in Armonk, N.Y., for 10 years, from 2000 to 2010. Early in her career, she spent 12 years writing and illustrating books for children.

Her devotion to Yale is exemplified by the many roles she has played, including, until recently, as President of the Yale University Council and an ex-officio member of the AYA Board of Governors. In 2009, Dr. Rice was awarded the Yale Medal, the University’s highest honor for service. She currently serves as Vice Chair of YaleWomen, an alumnae group committed to advancing women’s voices, opportunities and experiences.

We welcome her many talents and her ideas and enthusiasm for advancing the well-being of women.
Women’s Health Research at Yale

Women’s Health Research at Yale generates research on women’s health and gender differences, and is dedicated to improving well-being for all through scientific knowledge translated into medical and personal practice.

To learn more, visit our website:
www.yalewhr.org

Email us:
WHResearch@yale.edu

And join us on social media:
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YOUNG WOMEN FARE WORSE THAN YOUNG MEN AFTER HEART ATTACK
A large-scale Yale study of more than 3,500 heart attack patients 55 or younger showed that women were more likely than men to have impaired functioning, decreased quality of life, and various physical limitations. Join our email list to receive updates on our latest Heart Health Q&A topics, or visit our website: www.yalewhr.org.

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