The Gift of Life
HOW A DAUGHTER’S GENEROSITY ALLOWED A MOTHER’S LOVE TO LIVE ON

One of Lois Frane’s last wishes embraced life and hope.
Stricken with terminal breast cancer, just weeks before her death at the age of 62, she allowed doctors to draw her blood and bank it so that someone in the future might benefit from the genetic information encoded in the blood cell DNA.
“We have no way of knowing who could be helped by this,” she told her daughter, Ann Baker Pepe.

That was in 1995. When Pepe discovered a lump in her right breast in 2011 that eventually tested as non-cancerous, her doctors suggested she retrieve her mother’s blood to see if it contained the abnormal mutations on the BRCA1 and BRCA2 genes that are associated with breast cancer.
Testing the blood of an affected family member for the mutations allows for the most accurate available assessment of a relative’s cancer risk. Of those with a harmful BRCA1 mutation, 55-65 percent develop breast cancer by age 70 as opposed to 12 percent of those in the general population. Inheriting a harmful BRCA2 mutation leads to breast cancer in 45 percent of women.
But when Pepe contacted the DNA bank for her mother’s sample, the company could not produce it. Pepe started a class action lawsuit with her husband, attorney Greg Pepe, on behalf of anyone in a similar situation.
And in January, the company settled

Sex and Science: You Don’t Know the Half of It
What’s the biggest difference between women and men? What reasons are there to ignore women in health research?
We took to the streets of New Haven to ask the community these and other questions this summer and learned something about how people view issues of women and health in 2015.
This new public awareness campaign uses brief videos to engage the public about how the medical research community must increase its focus on women — 51 percent of the U.S. population.
Even as the country debates whether to elect the first woman president, celebrates the hiring of the NFL’s first female assistant coach, and continues to grapple with the wage gap, sex and gender inequity continues to pose a serious threat. One that endangers the health and happiness of everyone.
Let’s learn the other half of the story.
RECOGNIZING OUR SUPPORTERS

Gifts Made to Women’s Health Research at Yale

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Pamela Z. Blum
Lois and Al Frane
Sonya Healey

IN HONOR OF...
Carol Frost Ross
Phyllis Z. Seton

Did you know your gift supports...

- ground-breaking research with practical applications to advance women’s health
- training of the next generation of scientists focused on sex and gender differences
- efforts to share our findings with the public to make more informed decisions about their health

Join the Society of Friends

Consider a donation to Women’s Health Research at Yale in celebration of a birthday, a special occasion, or to honor someone in your life.

Our Society of Friends ensures the future of Women’s Health Research at Yale. Gifts are welcome at all levels.

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MAIL YOUR GIFT TO:
Women’s Health Research at Yale
P.O. Box 208091
New Haven, CT 06520-8091
Attn: Ramona E. Gregg

TO MAKE AN ONLINE GIFT, VISIT:
www.yalewhr.org

Women’s Health Research at Yale was founded in 1998 with initial funding from The Patrick and Catherine Weldon Donaghue Medical Research Foundation. Women’s Health Research at Yale is a program within Yale School of Medicine. Yale University is a 501(c)(3) nonprofit organization.
Dr. Matthew Rodeheffer can really chew the fat.

A pioneer in the exploration of how fat cells form and lead to obesity, Rodeheffer expresses a voluble intellectual enthusiasm about these dynamic cells that can expand and contract and change their mass.

But he doesn’t chat idly. Lives are on the line.

“What I really want to understand is what is causing the obesity epidemic,” Rodeheffer said. “I’m positive that there is more to it than people eating too much and not exercising enough.”

More than one third of adults in the country are considered obese, meaning they are excessively overweight for their height. Combining obese adults with less severely overweight adults, the prevalence reaches 69 percent of the population.

And while obesity can be found in about equal numbers of women and men, obese women suffer up to eight times greater rates of obesity-related conditions, such as heart disease, stroke, and type 2 diabetes.

Rodeheffer, an Assistant Professor of Comparative Medicine and of Molecular, Cellular, and Developmental Biology at Yale School of Medicine, seeks to understand differences in how fat affects health in different subgroups. His lab focuses on the role of white adipose tissue (WAT), a collection of fat cells that store energy and — when created in excess — make the body obese.

He notes that the body tries to find a set point of fat mass. Fat cells are created as someone gains weight. But even when people lose fat, they don’t lose fat cells. The cells just shrink in size, which might be why people have such difficulty maintaining weight loss.

Current evidence suggests that WAT that collects around the abdomen, the traditional “beer belly” known as visceral WAT, contributes more to obesity than WAT that accumulate around the sides and thighs, referred to as subcutaneous WAT.
Doctors often describe the body’s immune system in military terms. Physical barriers such as skin and mucus prevent invasion by disease-causing pathogens such as bacteria and viruses. If the obstacles fail, the body fires off an immediate general attack to deprive the invaders of shelter. In advanced organisms, the body sends specialized cells to target and kill the infiltrating microbes, forming a memory of their adversary for future battles.

But sometimes this memory proves faulty. The body attacks its own cells, mixing them up with the invaders. Such cases of mistaken identity comprise what are called autoimmune diseases that can result in serious complications.

“We don’t know exactly how the immune system decides between what is foreign and not,” said Dr. Martin Kriegel, an Assistant Professor of Immunobiology and of Medicine at Yale School of Medicine. “The immune system can be confused, and then the body reacts against itself.”

Two years after obtaining a Women’s Health Research at Yale seed grant, Kriegel has leveraged his findings to obtain substantially greater funding from the National Institutes of Health to continue exploring how beneficial bacteria that live in the gut might trick the body into an autoimmune reaction known as antiphospholipid syndrome. Known as APS, the disorder can create life-threatening blood clots that might travel to the lung and cause strokes and heart attacks. Affecting up to 5 percent of the general population and more common in women, APS can cause pregnancy complications and miscarriages.

“The NIH estimates some 23.5 million Americans and rising suffer from autoimmune disease, compared to 9 million with cancer and 22 million with heart disease,” said Dr. Carolyn M. Mazure, Director of Women’s Health Research at Yale. “Among those with APS, between 75 and 90 percent are women who must learn to live with the threat of sudden death. Dr. Kriegel’s ongoing research seeks to better understand the causes of their diseases and possibly develop treatments that can offer a lifeline of hope for these women.”

For Kriegel, that lifeline finds anchor among the microorganisms that share our bodies in numbers 10 times higher than the number of cells that actually make up our bodies.

“We are full of bacteria,” Kriegel said, describing what’s called the body’s microbiome. “We are walking culture dishes.”

While this genetically diverse microbiome serves a mutually beneficial purpose in healthy humans, imbalances have been implicated in depression, anxiety and even autism — as well as traditional autoimmune illnesses such as type 1 diabetes, multiple sclerosis, and lupus.

In exploring the origins of APS, Kriegel has identified a promising gut bacterium, R. intestinalis, that contains bits and pieces similar to the body’s natural protein, which then is mistakenly targeted by the immune cells in APS.

In subjects with a certain genetic predisposition, the researchers have found good evidence of what is called cross-reactivity, a phenomenon in
Questions about Antiphospholipid Syndrome

WHAT IS APS?
Antiphospholipid Antibody Syndrome, or APS, is an autoimmune disorder in which the body recognizes certain normal components of blood and/or cell membranes as foreign substances and produces antibodies against them. Patients with these antibodies may experience blood clots, causing heart attacks and strokes, and miscarriages. APS may occur in people with systemic lupus erythematosus, other autoimmune diseases, or in otherwise healthy individuals.

WHAT IS AN AUTOIMMUNE DISEASE?
One way in which our immune system fights infections is by making antibodies. Antibodies are proteins in the blood and body fluids that bind to foreign invaders like bacteria and viruses and help the immune system destroy and remove them. Sometimes the immune system doesn’t function properly and makes antibodies against normal organs and tissues in the body. These self-reactive antibodies are called autoantibodies.

The autoantibodies in APS were originally thought to recognize certain phospholipids, fatty molecules that make up part of normal cell membranes, hence the name “antiphospholipid” antibodies. It is now known that most of the autoantibodies in APS patients actually recognize certain blood proteins that bind to phospholipids, not the phospholipids themselves. Two blood proteins that are major targets of antiphospholipid antibodies are β2-glycoprotein I and prothrombin.

WHO GETS APS?
• 1-5 percent of the general population is believed to have APS.
• 15-20 percent of all cases of blood clots in large veins (deep vein thrombosis), including blood clots that go to the lungs (pulmonary embolism) are due to APS.
• 10-25 percent of women with recurrent miscarriages have APS.
• One third of strokes occurring in younger people (under the age of 50) are due to APS.
• APS is a major women’s health issue: 75-90 percent of those affected by APS are women.
• 30-40 percent of patients with lupus also have antiphospholipid antibodies.

HOW ARE PEOPLE AFFECTED BY APS?
People with antiphospholipid antibodies have an increased risk of developing one or more of the following problems:
• Blood clots
• Pregnancy complications and miscarriages
• Heart attacks, angina
• Strokes
• Heart valve problems, sometimes requiring valve surgery or valve replacement
• Persistent or transient blotchy, lacy bluish rash (livedo reticularis)
• Skin ulcers, most commonly on the legs or feet

HOW IS APS TREATED?
There is no cure for APS, but there is treatment. The treatment of choice for patients with APS who have had a blood clot is blood thinning (anticoagulant) therapy. This is usually successful in preventing further clots.

Source: APS Foundation of America
Herpes is forever.

When one of the sexually transmitted virus’ two strains enters the body through genital tissue, it travels to neurons near the spine that the body’s defenses have learned not to kill – even when infected – because they don’t regenerate easily. And there the virus hides, occasionally reactivating to cause blisters that can break to cause painful sores. Ripe to invade a sexual partner.

“Once you get the neurons infected, you can never get rid of the infection,” said Dr. Akiko Iwasaki, a Howard Hughes Medical Institute Investigator and Professor of Immunobiology at Yale School of Medicine. “But if we can inhibit replication of the virus, we make the response milder and help people suffering from this disease.”

The World Health Organization estimates that 536 million people between the ages of 15 and 49 worldwide live with herpes simplex virus -2 (HSV-2), or about 16 percent of the world’s population within that age range.

HSV-2 affects women more than men, leaving them vulnerable to transfer the disease to their newborn children, which is often fatal. In addition, HSV-2 greatly increases the risk of infection by HIV, the virus that causes AIDS.

Ever since receiving the first of two seed grants from Women’s Health Research at Yale in 2003, Iwasaki’s lab has earned significantly larger funding from the National Institutes of Health for studies that have established groundbreaking insights into the transmission, treatment and possible prevention of herpes.

“Women’s Health Research at Yale has really helped us to get up and running,” Iwasaki said. “Fifteen years ago, virtually nothing was known about immune protection of genital tissue. Now we’re getting to crack the puzzle.”

The obstacles to creating an effective vaccine that protects someone from contracting herpes involve both the virus itself and the tissue where it typically enters the body. Most vaccines generate antibodies – the body’s natural defenses that attack invading microorganisms that can cause disease. But viruses like HIV and influenza mutate to escape detection, and HSV has coat proteins that allow...
them to escape antibody clearance. This makes an antibody-based universal vaccine very difficult to develop.

Instead, Dr. Iwasaki’s team has attempted to marshal infection-fighting cells called T-lymphocytes that recognize stretches of the herpes virus’ internal proteins that are less prone to mutate without affecting their vital functions.

“We’re trying to make a shield with T-cells that the virus can’t escape,” Iwasaki said.

But T cells don’t naturally survey vaginal tissue in great numbers, prompting Iwasaki’s team to create a new vaccine strategy they call the “prime and pull” technique. This involves first stimulating the body to produce a memory response to HSV-2 and then drawing the T-cells to the vagina with the direct application of tiny protein signaling molecules called chemokines.

Using “prime and pull,” Iwasaki’s team protected mice from a lethal herpes infection with a 100 percent survival rate. And with a second WHRY seed grant in 2013, the lab demonstrated evidence that the technique can protect guinea pigs from recurring bouts of herpes after an initial infection.

Iwasaki plans to test the method with different vaccines to see which provides the best protection.

“I’m very excited,” she said. “In the lab, we are focused on herpes. But it doesn’t have to stop there. It’s a model.”

Iwasaki envisions possible applications to protect against and treat for shingles, HIV and cancer.

“The more we learn about how immunity works, the more we can apply it to the many conditions we all may suffer,” said Dr. Carolyn M. Maze, Director of Women’s Health Research at Yale.

Iwasaki praised WHRY’s Pilot Project Program for taking a chance to fund basic science.

“It really gives us the freedom to try something new,” Iwasaki said. “With NIH grant applications, you basically have to have done the work already.”

She noted how it was only after studying how mice protect themselves from natural herpes infections that her laboratory got the idea to mimic the effect of the chemokine pool with a vaccine. That was five years ago.

“We learn everything from basic research,” Iwasaki said. “You can’t necessarily expect a quick return on the investment. You have to invest continually in basic science.”

ABOUT THE INVESTIGATOR —

Dr. Akiko Iwasaki received her Ph.D. and B.Sc. from the University of Toronto and her postdoctoral training from the National Institutes of Health. She joined the Yale faculty in 2000 and currently serves as an Investigator of the Howard Hughes Medical Institute and a Professor of the Department of Immunobiology and of the Department of Molecular, Cellular, and Developmental Biology. Her research focuses on the mechanisms of immune defense against viruses at the mucosal surfaces.

Visit www.yalewhr.org for answers to common questions about herpes.
COMMUNITY EVENT

Diagnosing the State of Women’s Health

Advancing women’s health research in the United States will require a healthy dose of effort from everyone.

“I think we have to take it personally,” said Dr. Carolyn M. Mazure, Director of Women’s Health Research at Yale. “And I think we have to recognize that research findings really do apply to our lives and to the people we love.”

About 70 members of YaleWomenNYC filled a midtown law office meeting room on Sept. 29 to hear New York Times “Diagnosis” columnist and Yale Associate Professor of Medicine Lisa Sanders, M.D., interview Dr. Mazure on the progress made to fully include women in biomedical research and on how much still needs to be done.

Mazure sought to recruit the crowd to the cause of ensuring the future of biomedical research in the United States.

“We want you involved with us,” she said. “This effort is essential and something we can all take pride in.”

Council Member Marta Moret, President of Urban Policy Strategies in New Haven, introduced Sanders and Mazure, discussing how women are more susceptible to certain diseases and how her community work on disease intervention programs attracted her to the Center’s work on translating research into practical applications.

“Hopefully you will be impressed by what you hear,” Moret said, calling the evening an opportunity to confront the future of medicine armed with better information. “And more importantly, the thing that Carolyn and her lovely staff are really committed to, is getting action and getting people involved in what we need to do in the future.”

Mazure spoke for about 45 minutes before taking questions from the audience. She covered the history of biomedical research, which had generally excluded women because of overprotective concerns about damaging reproductive potential, an incorrect assumption that women weren’t as affected by certain diseases and conditions to the same degree as men, and a reluctance to deal with the confounding nature of female hormones and cycles.

“We’ve made progress,” Mazure said. “But it’s been slow. It’s been halting.”

Mazure noted how the National Institutes of Health, the world’s single largest provider of biomedical research funding, began to address the inclusion of women and minorities after...
As the air chills and the school year churns onward, Women’s Health Research at Yale continues to close the gap in knowledge about women’s health while pushing for policies to fully include the influence of sex and gender on health in all biomedical research.

None of this work can exist without your help.

Federal funding remains too scarce for the studies needed to advance our understanding of diseases and conditions that sicken and kill both men and women. Luckily we are blessed with so many dedicated and generous supporters who understand the urgency of our mission and appreciate what it takes to maintain and expand this work.

So Many Reasons and Ways to Give

And we are thankful for the many ways our partners have found to give. From a Yale reunion class gift to a donation through a nonprofit organization like the Community Foundation for Greater New Haven. Or a contribution matched by an employer to the many planned giving options, such as legacy gifts, a charitable gift annuity, a charitable remainder trust, and a gift of appreciated property.

In this newsletter we tell the story of New Haven resident Ann Baker Pepe, who had the opportunity to give an unexpected windfall of money to a charity of her choosing. She chose Women’s Health Research at Yale. And we couldn’t be more honored and grateful to accept this gift in memory of her mother and stepfather, Lois and Alan Frane.

So please consider directing all or part of your philanthropic giving this year to Women’s Health Research at Yale. We have so much more work to do, and we need your help however you choose to offer it.

Sincerely,

Bobbi Mark
Yale College ’76
WHRY Philanthropy Chair

the passage of a federal law in 1993. But she expressed concerns about the U.S. Food and Drug Administration, citing the recent approval of a pill to treat female sexual dysfunction in which the drug’s dangerous interaction with alcohol was tested in 23 men and two women.

She said that even when studies include women, researchers continue to combine their data so that results are not analyzed by sex or gender to determine if differences exist. And that women remain underrepresented in studies of cardiovascular disease and cancers, the two leading killers of women.

“I think there are systems in place that make it harder to make change in this country,” she said. “And it’s everywhere. It’s not just in health.”

She cited Dr. Bernadine Healy, the first and only named female director of the NIH, who called attending to women’s health care the country’s third suffrage movement, following the long fight for the right to vote and the women’s liberation movement of the 1970s.

And she offered a pitch that people can make to get others to help.

“Do they know about the third suffrage movement?” Mazure said. “That this really is a national emergency. That women are being treated based on data derived from men.”

Mazure said grassroots efforts are needed to advance positive change.

“As consumers, we all need to ask our health care practitioners about how sex or gender differences might affect a particular treatment,” she said. “Researchers need to analyze these differences and share their information widely.”

She expressed concern that the United States will lose its global preeminence in biomedical research and suffer the loss in jobs that might entail. But she returned more than once to the personal impact, how this crisis affects everyone in our lives.

“Our mothers, our sisters, our daughters, our aunts, and also the men we love,” she said. “Because as long as we keep pooling these data, it’s not helping women or men. So I think it’s going to benefit everybody if we raise the bar.”

DEFINITIONS OF SEX AND GENDER

Sex: The classification of living things, generally as male or female according to their reproductive organs and functions assigned by chromosomal compliment.

Gender: A person’s self-representation as male or female, or how that person is responded to by social institutions based on the individual’s gender presentation. Gender is rooted in biology and shaped by environment and experience.

Source: The Institute of Medicine
BIRCWH Scholar Update

BIRCWH Scholar to Join Faculty at CCNY

It is with great pleasure that we announce the career advancement of Dr. Philip Smith, one of our two current junior faculty scientists in our Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Scholar Program.

Dr. Smith has accepted a tenure-track position as Assistant Medical Professor in the Department of Community Health and Social Medicine at the City College of New York's Sophie Davis School of Biomedical Education.

Dr. Smith said his new position will offer “a unique opportunity to help build both research and educational programs focusing on social epidemiology, community health, and disease prevention.”

He praised his mentors and colleagues from his time as a BIRCWH Scholar and junior investigator with the Yale Specialized Center of Research examining differences between women and men in smoking behavior and smoking cessation. He has already begun planning to maintain his working relationship with WHRY.

“The quality of mentorship and interdisciplinary training in women’s health research have been truly exceptional and without question helped me to secure the highly competitive position with Sophie Davis,” Smith said. “Although I am exiting my role as a BIRCWH Scholar, I very much look forward to maintain my enriching relationship with Women’s Health Research at Yale, as I have seen firsthand how promoting interdisciplinary research on sex/gender differences and women’s health ultimately results in a highly positive impact on women’s health both locally and nationally.”

Continued: The Gift of Life

without admitting any wrongdoing.

As part of the settlement agreement, the court allowed a payment to a nonprofit organization. Ann Baker Pepe chose Women’s Health Research at Yale, embracing her mother’s attitude toward helping others.

“My mom was always interested in having an impact,” Pepe said. “That always stuck with me. It’s something really special for me to be able to do that.”

Pepe was no stranger to the concept of giving to an organization. She’s the Director of Development at The Foote School, a private K-9 day school in New Haven.

“I always joked that the reason I’m in this line of work is someday I’m going to win the lottery, and I’m going to really know how to give a gift,” Pepe said. “You would love to be on the other side of the table some time. I feel really happy I got that chance.”

Pepe had attended a WHRY workshop in the early days of the Center and followed its work closely. When faced with her unexpected funding opportunity, she didn’t hesitate to choose WHRY as the beneficiary.

“It’s hard for me to believe that until the 1990s all research was basically being done on men,” Pepe said. “No one realized that was a huge flaw in the whole scientific process. Just a jolting concept.”

Pepe praised WHRY Director Carolyn M. Mazure, Ph.D., for seeing what needed to be done and acting with urgency. Not only to fund needed research on women’s health and sex and gender differences, but to share the findings with the community so the people most affected could benefit.

“I tell this story to everybody I talk to,” Pepe said. “I have faith and confidence in the quality of the work. It’s not just going to end up on a shelf somewhere.”

Pepe believes that like The Foote School, Women’s Health Research at Yale represents what’s best about her adopted hometown.

“I love New Haven,” she said. “Women’s Health Research at Yale is just a really good, important part of New Haven. People thinking in creative ways about the health of the community. And really getting the word out.”

Pepe feels confident that her family’s gift, in the name of her mother and stepfather Alan Frane, will offer the next generation new hope for better health.

“I don’t know who, I don’t know exactly how,” Pepe said. “But getting that research done and out there so people can act on it will have an impact on somebody’s life. And maybe many, many lives.”
A Drug for Women, Tested on Men

Outside of the presidential primary campaigns, perhaps the most discussed news concerning women’s health this summer involved the federal approval of Addyi, the first-ever drug to treat female sexual dysfunction.

Critics derided the drug’s limited pool of legitimate patients (which will certainly expand through popular usage beyond the prescribed indications), low level of effectiveness, significant side effects, and misleading feminist-themed marketing campaign.

But perhaps lost amidst the media blitz was the design of a study that the FDA required the drug company to complete to determine the degree of danger in mixing Addyi with alcohol, in which the researchers concluded that women should not drink any alcohol while taking this daily drug. That study enrolled 23 men and only two women. That’s a population of 92 percent men for a drug intended only for women.

Once again, the pharmaceutical industry’s testing — accepted by the U.S. Food and Drug Administration — has overlooked the female 51 percent of the population. And this time, it’s supposedly in the name of a drug touted as a trailblazing strike for equality in a world stocked with men’s erectile dysfunction drugs.

For decades, biomedical researchers excluded women from clinical trials, assuming that women and men experience conditions and treatments identically. And for decades, we’ve known that isn’t true. Women differ from men in the prevalence, symptoms and response to treatments for many health problems.

From 1997-2000, eight of the 10 drugs taken off the market posed a more serious risk to women than men. In 2013, the FDA cut the recommended dosage of the sleep aid Ambien in half for women — 22 years after it was approved — because women absorb the drug differently than men and wake up the next day at greater risk for accidents.

Now there’s Addyi, designed for women and tested for severe interactions with alcohol in mostly men. Even though women absorb more alcohol in their blood when drinking the same amount as men, leaving them more inebriated and vulnerable to accident-induced trauma and liver and brain damage.

If this is a victory for women, perhaps I’m confused by the rules of the game.

Continued: On the Origins of Obesity

Obese men more often exhibit visceral WAT than women, who tend to collect WAT under the skin all over their bodies. But the association of fat distribution and disease has only been studied in men or male animals. Until now.

Starting with a Women’s Health Research at Yale seed grant in 2011, Rodeheffer has gathered data using mice on a high-fat diet to support his hypothesis that excessive accumulation of all WAT in females — and not just in the abdomen — contributes to disease.

“At the end of the pilot project, what we really knew is that females have a different pattern of fat cell formation,” Rodeheffer said. “But if the mechanism is different, is the fat cell itself different? Does it have a different function? Is the link to disease direct or indirect? We don’t yet know.”

Like so many WHRY-funded researchers before him, Rodeheffer has leveraged data from the seed grant to earn far greater funding from the National Institutes of Health toward the goal of answering these and many other questions.

“We’ve done more work showing that fat cell formation is via a molecular pathway we don’t understand — different than development of normal fat mass,” Rodeheffer said.

In addition, the team has made preliminary observations that suggest fat cells form faster in female mice than in males.

Future avenues of research involve the roles of hormones and exercise in the onset of diet-related obesity.

“Once again, the pharmaceutical industry’s testing — accepted by the U.S. Food and Drug Administration — has overlooked the female 51 percent of the population. And this time, it’s supposedly in the name of a drug touted as a trailblazing strike for equality in a world stocked with men’s erectile dysfunction drugs.”

And with more knowledge on how women become obese, Rodeheffer hopes to offer better ways to understand and treat this epidemic.

““The difference is drastic enough between males and females, that we can use it as a tool for new inquiries,” he said. “There is so much more to learn.”
Women’s Health Research at Yale

**FACTORIZING IN GENDER**

135 College Street, Suite 220
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Women’s Health Research at Yale generates research on women’s health and sex and gender differences, 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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- facebook.com/YaleWHR
- youtube.com/WHRYale

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WHRY in NYC

Council for Women’s Health Research at Yale member Marta Moret introduced a discussion of the past struggles, current progress, and possible future of women’s health at a YaleWomenNYC event. PAGE 8

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**IN THIS ISSUE:**

- **THE GIFT OF LIFE, P. 1**
- **CURRENT RESEARCH**
  - On the Origins of Obesity, p. 3
  - From the Gut, p. 4
  - Outsmarting Herpes, p. 6
- **DIAGNOSING THE STATE OF WOMEN’S HEALTH, P. 8**
- **ADVANCING WOMEN’S HEALTH RESEARCH AT YALE, P. 9**
- **BIRCWH SCHOLAR UPDATE**
  - Scholar to Join Faculty at CCNY, p. 10
- **PRESS NOTES, P. 11**