The Way Forward

When it comes to life-threatening diseases, people understandably want to maximize their chances for survival. So when considering the best practices to check for breast cancer, it makes intuitive sense that doctors and patients would prefer to screen early and often.

After all, approximately 224,000 women are diagnosed with the disease in the United States each year, and each year it kills nearly 41,000 women. Among American women who are 40 years old today, nearly 4 percent will develop breast cancer sometime before they reach 60, and the rates increase with age.

But different medical authorities offer different guidelines, which can lead to confusion for women facing an average risk for breast cancer. The issue can get even more complicated when considering the various imaging technologies used to screen for cancer and how to proceed with elderly patients or those already diagnosed with cancer in one breast.

SEARCHING FOR CLARITY AMONG CONFLICTING BREAST CANCER SCREENING GUIDELINES

In January, the U.S. Preventive Services Task Force (USPSTF) released new recommendations on screening for breast cancer. These differed slightly from new recommendations by the American Cancer Society (ACS) and from recommendations by the American College of Obstetricians and Gynecologists (ACOG) last updated in 2011.

But even while the three sets of guidelines offer slight disagreements...
RECOGNIZING OUR SUPPORTERS

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Attn: Ramona E. Gregg

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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.
INNOVATIONS IN WOMEN'S HEALTH

EDUCATION UPDATE

The Future is Now
FIVE BIRCWH SCHOLARS MOVE ON AND MOVE SCIENCE FORWARD

As a core mission, Women's Health Research at Yale trains the next generation of researchers to continue the important work of determining the influence of sex and gender on health outcomes.

Judging by the accomplishments of the first five junior faculty graduating from our Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Scholar Program funded by the National Institutes of Health, the next generation has arrived.

“Both during and since leaving the program over the last two years, these enthusiastic and dedicated faculty members have swiftly displayed an investigative talent that has advanced our knowledge of some of the most serious health conditions we face today,” said WHRY Director Carolyn M. Mazure, Ph.D. “Moreover, they are providing leadership in contemporary research with their focus on women’s health and sex differences.”

Over their three years in the program, the research accomplishments of the first five graduates were recognized through a total of 58 peer-reviewed scientific papers, of which 62 percent listed one of them as the first author. They gave 30 presentations at national scientific meetings. And all were awarded competitive grants to fund their work, including two as principal investigators.

“We could not be more proud of their progress nor more delighted to count them as valued colleagues,” Mazure said.

DR. MEGAN SMITH, now among the tenure-track faculty of Yale’s Department of Psychiatry and the Child Study Center with a secondary appointment in the School of Public Health, created and built a unique neighborhood-based infrastructure for studying and responding to the health needs of the community.

As Director of the New Haven Mental Health Outreach for MotherS (MOMS) Partnership, Smith studies the needs of socially and economically disadvantaged pregnant and parenting women and then translates her research into public policy. She aims to redefine how communities can employ the latest proven findings to sustain and improve health and well-being.

“It’s been incredibly successful,” Smith said. “We have proven the effectiveness of our interventions and are now in a position to partner with state and federal agencies to expand our reach, help more people, and gather data on a wider scale.”

For example, a study led by Smith while a BIRCWH Scholar and published in 2013 showed that the stress associated with reduced resources such as the inability to pay for diapers led to depressive symptoms. High levels of stress and depression in parents can harm a child’s development, mental health, and school achievement, leading to problems that can last a lifetime. Smith pondered how to stop this cycle and decided to supply diapers to mothers as an incentive for seeking and receiving their own mental health care. She was able to empirically show that providing diapers increased the number of mothers receiving mental health care, which led to improvement in the quality of parenting and better outcomes for children.

CONTINUED NEXT PAGE
Other innovations in her collaborative work with the community include a new pilot study to reduce postpartum smoking, using smartphone technology to assess smoking abstinence and provide monetary rewards for compliance.

“Similar contingency management programs using monetary rewards have proven effective when nothing else works to help people make better choices under difficult circumstances,” Mazure said. “In the end, these investments save money by improving or preventing conditions that can cause illness and increase the burden on the health care system.”

Smith expressed particular enthusiasm for a new effort in which MOMS is joining with the state and the White House Office of Social Innovation and Civic Participation to implement a pay-for-success model to study 2,500 families over five years with a focus on providing care that will curb maternal depression and achieve good outcomes for children.

Designed by Smith as a partnership with the state, philanthropic organizations, and private investors, collaborating banking institutions will finance specific health improvement programs and receive 5 percent returns for successful outcomes as measured by metrics such as children reading at grade level, increased school attendance, and reduced Medicaid spending for mothers and children.

“This is a well-researched technique, a sound evidenced-based practice that works to help people change their behavior,” Smith said. “We are providing needed support with contingencies designed to help people help their families.”

During her BIRCWH training, DR. TOMOKO UDO honed her interest in sex differences in addictive behaviors as she pursued both human and animal model research and expanded her focus from smoking to other addictive behaviors, including alcohol abuse and overeating. Upon graduation from our program she was recruited to a tenure-track position as an Assistant Professor at The State University of New York at Albany in the Department of Health Policy, Management and Behavior.

Among her accomplishments, in 2014, Udo co-authored the first study of the general U.S. population to find that women experiencing stressful life events were more likely than men to have an increase in their body-mass-index (BMI), a measure of weight relative to height.

“Previous studies have shown a connection between stress and higher body weight that might be stronger in women than men,” Udo said. “But I wanted to know more about how stress affects changes in BMI and how this relationship might differ by gender.”

Udo and her co-authors found that women reported higher increases in BMI than men and that women but not men experienced BMI increases following stressful life events such as job changes, legal trouble, and the death of family or friends.

“We are providing needed support with contingencies designed to help people help their families.”

After demonstrating epidemiological research expertise as a BIRCWH Scholar examining differences between women and men in smoking behavior and cessation, DR. PHILIP SMITH was recruited by the City College of New York’s Sophie Davis School of Biomedical Education as a tenure-track Assistant Medical Professor in the school’s Department of Community Health and Social Medicine.
While at Yale, Smith conducted research on sex differences in a variety of different populations in relation to addictive behaviors and co-occurring conditions. These included the association of mental illness and cigarette smoking, excessive gambling and psychiatric disorders among Native Americans, and the impact of childhood abuse on smoking cessation.

In one study, published in 2014, Smith and his co-authors found that women who were physically or emotionally abused as children were more motivated to quit smoking but less likely to succeed, possibly because of serious psychological distress. The authors found that maltreatment in childhood and serious psychological distress did not affect smoking outcomes among the men they studied. “People with a history of childhood maltreatment are more likely to smoke cigarettes than those who had no adversity in their past,” Smith said. “There is a growing body of evidence that associations between childhood maltreatment and adult substance use may be stronger in women than men. We need to better understand how this history of abuse and current stress affect smoking cessation to create better gender-sensitive treatments.”

Since joining CCNY in the fall, Smith has received a grant to study factors that influence how well different smoking cessation medications might work for different people, including a focus on gender differences.

In addition, he has applied for another grant to investigate the effectiveness of these medications in real-world settings as opposed to highly-controlled clinical trials, using statistical techniques to isolate cause and effect within observational data collected from The Population Assessment of Tobacco and Health, a three-year study following 46,000 people nationwide.

“People in clinical trials are being monitored and counseled,” Smith said. “Very often people with mental or physical illness are excluded. It’s unclear how results translate to real-world populations. With this large population of observational data, we can get a sense of how these medications are working for women and men in the real world.”

And like his work in the BIRCWH Program, the study would look at potential sex and gender differences. “I can’t do research now and not think about gender differences and women’s health issues,” Smith said. “It’s just deeply ingrained in the fabric of who I am as a scientist.”

In the next newsletter, we will catch up with former BIRCWH Scholars Drs. Azure Thompson and Elise DeVito.

TRAINING THE NEXT GENERATION

Women’s Health Research at Yale helps fulfill its mission to teach students, fellows and junior faculty interested in pursuing research in women’s health and gender differences in part through a $2.5 million grant from the National Institutes of Health’s Office of Research on Women’s Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse.

The Yale Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) Scholar Program is led by Principal Investigator Carolyn M. Mazure, Ph.D., and Research Director Sherry McKee, Ph.D.

Dr. Megan Smith was mentored by Dr. Linda Mayes, the Arnold Gesell Professor in the Yale Child Study Center, and Dr. Kimberly Yonkers, a Professor of Psychiatry.

Dr. Tomoko Udo was mentored by Dr. McKee and Dr. Ralph DiLeone, Professor of Psychiatry.

Dr. Philip Smith was mentored by Dr. McKee and Dr. Rani Hoff, Professor of Psychiatry.

DR. PHILIP SMITH HELPED SHOW THAT WOMEN WHO WERE PHYSICALLY OR EMOTIONALLY ABUSED AS CHILDREN WERE MORE MOTIVATED TO QUIT SMOKING BUT LESS LIKELY TO SUCCED.
The Way Forward (Continued from front cover)

about whether, for example, a 40-year-old woman should begin annual screening mammograms, experts stress the recommendations have more in common than not. ACOG aimed to reach a consensus at a conference it hosted in Washington, D.C., later in January, attended by representatives from the ACS, the USPSTF, the National Comprehensive Cancer Network, the American College of Radiology, and other groups, including patient advocate organizations.

“We saw this as a good next step,” said Dr. Mark DeFrancesco, President of ACOG. “There are different ways of interpreting evidence. We want to have stakeholders around the same table and try to find agreement.”

ACOG recommends annual mammograms for women of average breast cancer risk starting at age 40. The ACS suggests that 40-44-year-old women should have the choice to start annual mammograms but only recommends that 45-54-year-old women get mammograms annually, with women 55 and older switching to these screenings every other year and a choice to continue yearly. The USPSTF suggests that annual mammograms for women between the ages of 40 and 49 should be an individual choice. The group recommends biennial screening mammography for women aged 50 to 74.

One source of the conflicts stems from the groups possibly using different health outcomes to inform their recommendations. It’s also likely that the groups assign differing weights to the potential benefits of early detection and potential cures compared with the possible harms of looking too carefully or too often for cancer. For example, inherently imperfect physical examinations and imaging tests that rely on interpretation may show signs of cancer where none exists, potentially leading to unnecessary stress and expense caused by false positive tests.

After the conference, an ACOG spokeswoman said the groups will continue to address screening recommendations but did not announce any agreement.

USPSTF Vice Chair Dr. Kirsten Bibbins-Domingo said the group sent representatives to the ACOG meeting to present the evidence that informed their 2016 final recommendations, adding that the evidence is also posted on the USPSTF website (www.uspreventiveservicestaskforce.org) so patients and health care professionals can learn more about the science the group reviewed.

Dr. Bibbins-Domingo said that the USPSTF is an independent panel that cannot sign any consensus documents. But she said that most groups agree that mammography is a valuable tool to reduce deaths from breast cancer and that those benefits increase with age.

“Support of a personal, informed choice for women in their early 40s is a widely shared notion,” Bibbins-Domingo said. “We hope that the groups attending this meeting and others will focus on what the science shows about the balance of benefits and harms.”

Individuals deserve the choice to know as much as possible when it comes to their risk for developing potentially life-threatening diseases.

Women’s Health Research at Yale

Carolyn M. Mazure, Ph.D., shared that optimism.

“We still have much to learn about regional, racial and ethnic disparities in the prevalence of certain cancers, as well as individual risks based on family history,” Mazure said. “But we can all agree that individuals deserve the choice to know as much as possible as soon as possible when it comes to their risk for developing potentially life-threatening diseases. Our hope is that these respected authorities can reach an agreement on how to assess the available data and reach a shared conclusion to benefit everyone.”
Using MRI Before Breast Cancer Surgery in Elderly Patients to Detect Tumors in the Opposite Breast

When it comes to the more precise screening provided by magnetic resonance imaging (MRI), the ACS only recommends ordering such a scan for women who have a 20 percent or greater lifetime risk of developing breast cancer. Women in this category include those with a strong family history of breast or ovarian cancer or other risk factors such as a history of treatment for Hodgkin’s lymphoma with radiation to the chest, neck, and arms. But even if a mammogram or an MRI reveals clear signs of what’s eventually confirmed as cancer, physicians are growing more wary of aggressively treating some of the early cancers for fear of overreacting to tumors that can be slow-growing or inert so as to present little or no threat to a patient’s life. This phenomenon, called overdiagnosis and overtreatment, is the subject of a study on MRIs performed on older women prior to surgery for breast cancer published by Yale researchers in a November issue of the Journal of Clinical Oncology. The study looked at the additional cancers detected by MRI in the opposite breast. “Sometimes, these sensitive tests are able to detect cancers that would not have caused any harm to the patient,” said Dr. Cary Gross, senior author of the study, a Professor of Medicine, and Co-Director of the Robert Wood Johnson Foundation Clinical Scholars Program at Yale. “As a result, people are suffering. They get mastectomies. Chemotherapy. Very aggressive treatments when perhaps in some cases it’s not necessary.”

But Dr. Regina Hooley, an Associate Professor of Radiology and Biomedical Imaging at the Yale Cancer Center, worries that the study could send the wrong message to health care providers and patients. “I understand the naysayers,” Hooley said. “But I think when it comes to using technology, instead of saying, ‘No, let’s not use this at all,’ let’s say, ‘How we can use this better?’”

A New Study

The study by Gross and his colleagues analyzed a database of 38,971 female Medicare patients with breast cancer, ages 67 to 94 when diagnosed, by dividing them into two groups: women who underwent an MRI prior to surgery to check for signs of cancer in the opposite (contralateral) breast and women who did not have an MRI. Doctors diagnosed additional cancers in the opposite breast in 7.2 percent of women who had undergone an MRI compared with 4 percent of women who did not have an MRI. But after five years, the higher rate of initial cancer detection did not correspond with a decrease in advanced-stage life-threatening cancer in the opposite breast. The authors concluded that almost half of the cancers found after a preoperative MRI were likely overdiagnosed and may not have harmed the patient if left undiagnosed and never discovered by MRI.

“Patients and physicians need to balance the risks and benefits of the MRI,” said lead author Dr. Shiyi Wang, Assistant Professor of Chronic Disease Epidemiology at Yale School of Public Health and a faculty member in the Cancer Outcomes, Public Policy, and Effectiveness Research (COPPER) Center at the Yale Cancer Center. “They need to discuss that an MRI can potentially increase detection of an early stage cancer. But it may not improve health outcomes, because many of these additional cancers might not have caused any health problems.”

For elderly patients, who are more likely to die from some other cause before a slow-growing breast cancer can kill them, Wang found the evidence clearly points to one conclusion.
“Our analyses call into question whether older women are receiving any health benefit from routine preoperative MRI,” he said.

Hooley questioned how the authors defined older patients.

“A WHITE DOT ON A MAMMOGRAM INDICATES A PALPABLE ABNORMALITY. THE AMERICAN CANCER SOCIETY ONLY RECOMMENDS AN MRI AS A PRIMARY SCREENING MEASURE IN ADDITION TO A MAMMOGRAM FOR WOMEN WITH AT LEAST A 20 PERCENT LIFETIME RISK OF DEVELOPING BREAST CANCER. IMAGE: NATIONAL CANCER INSTITUTE (NIH) ID-2705

“Depending on the type of cancer and their personal histories, preoperative MRI may be beneficial to some selected groups of women over 65. I think to extrapolate the study’s conclusions to people of such a broad range of ages may not be fair to everyone.”

Hooley commended the authors, including COPPER Center data analyst Jessica Long and Yale faculty members Drs. Brigid Killelea, Suzanne Evans, Kenneth Roberts, and Andrea Silber. But she felt their study confirmed established practices rather than blazed new ground.

“When I see a patient getting an MRI for the contralateral breast at 75-80 years old, I almost always try to cancel it,” Hooley said. “But there may be a reason based on an individual's circumstance to go ahead, particularly if the woman is less than 75 years of age.”

Gross said that the team adjusted for the patients’ ages when analyzing the data and found no age-related benefit of preoperative MRI on the incidences of advanced cancer in the contralateral breast.

**ADVANCING WOMEN’S HEALTH RESEARCH AT YALE**

**Progress Requires Persistence**

In December, Congress passed a spending bill that raised the budget of the National Institutes of Health by $2 billion, a 6.6 percent increase to the current spending plan after more than a decade during which the agency’s purchasing power declined by 25 percent.

This is good news. But it’s just for one year and — based on a legislative deal struck with the White House — not necessarily the beginning of a consistent trend toward greater investment in health research. This underscores the need for Women’s Health Research at Yale to focus resources and help researchers successfully compete for their share of this funding.

It has been 25 years since the signing of a federal law requiring the inclusion of women in NIH-funded trials, but we still have a long way to go to achieve true sex and gender equity in biomedical research.

A study by the U.S. General Accountability Office released in October found that the NIH, the world’s largest single funder of biomedical science, still does not ensure that study results are analyzed by gender. So even if researchers include adequate numbers of female subjects and materials, they are often lumping them together with male subjects and materials and averaging the results, leaving us in the dark about any potential sex differences.

This year, the NIH has begun to implement a new policy calling for grant recipients to use and report results for both male and female animals in preclinical studies unless they provide strong justification for studying only one sex. In addition, because every human and animal cell has a sex, the NIH will encourage researchers to consider and report on the sex of cells as a biological variable. But the NIH policy does not require that researchers include adequate numbers of subjects of both sexes to ensure that they can draw statistically significant conclusions about the possible effect of sex on their experimental observations.

And while the GAO report found that researchers have enrolled adequate numbers of women in their studies on humans, it also concluded that the NIH is unable to judge which categories...
Balancing Risks and Benefits

A review last year by the American Cancer Society found estimates of overdiagnosis of breast cancer vary from less than 5 percent to more than 50 percent. The review concludes that there is high quality evidence that overdiagnosis due to mammographic screening exists but that estimates of the magnitude of the problem remain clouded by low quality evidence.

Hooley said that even if up to 30 percent of cases screened by mammography can be deemed overdiagnosis, that does not negate findings that show mammography contributing to a 30 percent reduction in patient deaths.

“We unfortunately, no one knows which cancers are overdiagnosed,” Hooley said, noting that pathologists currently have some biomarkers which can predict which tumors may grow quickly and which may not, though their accuracy remains undetermined. “Hopefully someday soon we will figure it out. Until then, we should be cautious about being less aggressive about trying to find and treat all breast cancers.”

The new data published by Wang, Gross and their colleagues offers insight into the use of MRI for older women and overdiagnosis, a concept descriptive of large populations that can be helpful to craft a general rule of thumb for how to set screening guidelines.

But for clinicians examining an individual patient, the issue isn’t just one of overdiagnosis.

It’s about finding abnormalities, making the correct diagnosis, and then managing and treating a diagnosed cancer appropriately.

Breast Cancer Mammography Screening Recommendations for Women at Average Risk

American College of Obstetricians and Gynecologists: Age 40 years and older annually

American Cancer Society: Ages 45 to 54 annually; Ages 55 and older every two years with choice to continue annual screening; Ages 40 to 44 should have choice for annual screening

US Preventive Services Task Force: Ages 50 to 74 every two years; Ages 40 to 49 should have choice of biennial screening

We should be cautious about being less aggressive about trying to find and treat all breast cancers.

Sincerely,

Bobbi Mark
Yale College ’76
WHRY Philanthropy Chair
WOMEN’S HEALTH RESEARCH AT YALE

SCOR UPDATE

Study Shows Better Way for Women to Quit Smoking

The Yale Specialized Center of Research (SCOR) continues to add crucial knowledge about the differences between men and women when it comes to smoking, including the first-ever demonstration that women have a preferential response to a specific smoking cessation medication.

“It’s been well documented that women have a harder time quitting smoking,” said Dr. Sherry McKee, the Yale-SCOR Director and Deputy Director of WHRY. “And women don’t do as well on nicotine replacements.”

The study, published Oct. 7 by the journal Nicotine and Tobacco Research, found that varenicline, marketed as Chantix, was more effective earlier in women though equally effective in women and men after one year.

“It’s important that the medication works sooner for women, because women are more likely than men to relapse after an attempt to quit smoking, and relapse typically occurs very soon after quit attempts,” McKee said. “This finding suggests that varenicline can help women get over that hump and offers more evidence for better, gender-specific treatments.”

Cigarette smoking kills 556,000 Americans each year and remains the leading cause of preventable disease and death. Studies have shown that women are more susceptible to tobacco-related health conditions such as cardiovascular disease.

McKee’s team found that varenicline was 46 percent more effective in women after three months of treatment, and 31 percent more effective at maintaining complete abstinence after six months.

Analyzing clinical trial data from 6,710 smokers using varenicline for smoking cessation in 2014, McKee’s team confirmed many prior clinical trial findings in showing that women were less likely than men to quit when using a placebo.

Unlike nicotine replacement and bupropion (marketed as Wellbutrin and Zyban, among other brand names), which produce lower rates of quitting in women, varenicline produced similar rates of complete abstinence from smoking for men and women — 53 percent after three months, according to the researchers. But when factoring in the lower placebo effect in women, they found that varenicline increased the odds of women quitting by 46 percent.

It’s unclear why varenicline is more effective for women, though McKee hypothesized that sex differences in the nicotine receptor system in the brain may be a key factor.

“This really speaks to the whole approach to precision medicine,” McKee said. “We’re supposed to consider individual characteristics when making decisions. And one of the primary factors is that person’s sex.”

STUDY AUTHORS INCLUDE:

Sherry McKee, Ph.D.
Deputy Director, Women’s Health Research at Yale

Philip H. Smith, Ph.D.
Women’s Health Research at Yale
BIRCWH Scholar (former)

Carolyn M. Mazure, Ph.D.
Norma Weinberg Spungen and Joan Lebson Bildner Professor of Psychiatry and Psychology; Executive Director, Women’s Health Research at Yale

Andrea H. Weinberger, Ph.D.
Yeshiva University

Mira Kaufman
National Institute of Child Health and Human Development, National Institutes of Health

The study was supported by grants from the National Institutes of Health Office on Women’s Health and the National Institute on Drug Abuse.
Committee Judges Applications

Once again this year, our Pilot Project Program received many new proposals on the influence of sex on health and health outcomes. A final evaluation of selected applications is underway.

Our Scientific Review Committee will meet at the end of April before making the final decisions and awarding the grants to begin work in July.

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.

News As Directed: Making Sense of Health Headlines

Have you ever read a news story about a health study that completely reverses your understanding of an issue, only to have a subsequent story send you 180 degrees back to where you started?

You’re not alone.

With our rebranded “Help with the Headlines,” Women’s Health Research at Yale is working with our partners at OhioHealth Healthcare System to deliver practical information on the latest studies to help readers improve communication with their health care providers and gain more control over their health.

With 72 percent of internet users looking online for health information — a majority of them women — it’s more important than ever that people have reliable sources to sort through the large volume of health reports in the media and cut through the confusion.

Media companies often perform a public service, but they are not public health agencies. And they sometimes report on controversial information to draw an audience. One study examining the media coverage of hormone replacement therapy (HRT) and breast cancer research showed that 53 percent of large scientific studies reported positive findings (an association between HRT and breast cancer), and 47 percent of studies reported negative or null findings (no evidence of an association or a protective association). But 90 percent of media reports on that same issue cited positive study results, with only 10 percent citing null results.

WHRY strives to help readers understand that science represents our best understanding of the world at any given moment, constantly subject to challenges from new data and developments in technology and methodology.

We work with experts in their fields to examine each study for its credibility and context. What was the method employed? Was the sample size large, diverse, reliable and applicable to wide populations? Was the data analyzed by gender? How does the study fit into the larger body of academic literature?

In a crowded, confusing media marketplace, it’s more important than ever that people know the answers to these questions.

Please share our efforts via email and social media. We aim to provide as many people as possible with the true value of the latest research making headlines.

Continued: Boosting Our Efforts

New Haven County residents — as adjusted for age to the U.S. standard population — have some form of invasive cancer. This is the highest rate in the state, which averages a rate of 504 per 100,000. And heart disease remains the leading cause of death for Connecticut women.

“Women’s Health Research at Yale is an outstanding organization that has successfully used its gender-specific research to make path-breaking gains in preventative health care for women, including early breast cancer detection in Connecticut,” said William W. Ginsberg, President and CEO of The Community Foundation for Greater New Haven.

“Its research has practical and important implications for the health outcomes of our mothers, sisters, and daughters, which we know impacts the overall well-being of the family unit as a whole.”

Funding for this grant was made possible by two Community Foundation funds: the John A. & Edna M. DeLeon Fund for cancer and heart disease research and the Nellie Ward Fund and Edith P. Rausch Fund for cancer research.
Women’s Health Research at Yale

FACTORING IN GENDER

135 College Street, Suite 220
New Haven, CT 06510

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:
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HELP WITH THE HEADLINES

According to a recent study, people who exercised more as young adults were more likely to live longer and showed lower risks of cardiovascular disease than less active peers later in life.

For more information on this and other health topics in the news, join our email list or visit our website: www.yalewhr.org.

Educational and outreach activities are made possible through the generous support of:

- The Community Foundation for Greater New Haven
- The Grace J. Fippinger Foundation
- Maximilian E. & Marion O. Hoffman Foundation, Inc.
- Seymour L. Lustman Memorial Fund
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