




Women in Cardiology

Salvatore De Rosa ^{1,*}, Margarita Brida^{2,3}, Julia Grapsa ⁴, Laura Dos Subira⁵, Magnus Bäck ⁶, and Alaide Chieffo^{7,8}

¹Department of Medical and Surgical Sciences, Magna Graecia University, Viale Europa, 88100 - Catanzaro, Italy; ²Department of Medical Rehabilitation, Medical Faculty University of Rijeka, Rijeka, Croatia; ³Royal Brompton & Harefield Hospitals, Guys & St Thomas's NHS Trust and Imperial College, London, UK; ⁴Department of Cardiology, Guys and St Thomas NHS Trust, London, UK; ⁵Integrated Adult Congenital Heart Disease Unit, Vall d'Hebron University Hospital-Santa Creu i Sant Pau University Hospital, Barcelona, Spain; ⁶Department of Cardiology, Karolinska University Hospital, Stockholm, Sweden; ⁷Department of Medicine, Vita Salute San Raffaele University, Milan, Italy; and ⁸Interventional Cardiology, IRCCS San Raffaele Scientific Institute, Milan, Italy

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Figure 1 Women leaders in Cardiology. The picture reports some of the many Women Leaders who inspired and continue to inspire cardiologists worldwide. From the top left corner, clockwise: *Elena Lucrezia Cornaro Piscopia*, first woman ever to earn a University Degree, Padua University, 1678; *Maria Salomea Skłodowska* (a.k.a. Marie Curie), first female scientist ever awarded with the Nobel Prize in 1903; *Barbara Casadei*, first ever female President of the European Society of Cardiology (ESC); *Margarita Brida*, Chairperson-Elect, ESC Working Group (WG) on Adult Congenital Heart Disease and ESC Chair of Adult Congenital Heart Disease Study Group for Central and Southeastern Europe; *Alaide Chieffo*, first ever female President-Elect of the European Association for Percutaneous Cardiovascular Interventions (EAPCI) and first women ever awarded with the Transcatheter Cardiovascular Therapeutics Linnenmeier Young Investigator Award in 2006; *Dana Dawson*, Chairperson of the ESC WG on Myocardial Function; *Victoria Delgado*, first ever female President-Elect of the European Association of Cardiovascular Imaging (EACVI); *Alessia Gimelli*, Founding Editor-in-Chief of the *European Heart Journal—Imaging Methods and Practice*; *Julia Grapsa*, Editor-in-Chief of the *Journal of the American College of Cardiology: Case Reports*; *Esther Lutgens*, Chairperson of the ESC WG on Atherosclerosis & Vascular Biology; *Cinzia Perrino*, Chairperson of the ESC WG on Cellular Biology of the Heart; *Teresa Padrò*, Chairperson of the ESC WG on Coronary Pathophysiology & Microcirculation.

* Corresponding author. Tel: +39 0961 3697123, Email: saderosa@unicz.it

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As a way of facilitating to our readers the access to specific subtopics featured in #EHJOpen, we are launching article collections on sought-after topics.

The large number of sex-specific studies in cardiology harboured in our journal is a clear sign of the increasing awareness in our community about diversity for cardiovascular disease (CVD) in men and women. Nevertheless, still underdiagnosis and undertreatment of CVD in women is encountered in real-world practice. In addition, from the article on women leadership in cardiology authored by the Pink International Young Academy of Cardiology group¹ to the most recent report on gender gap by the Irish women in cardiology,² gender balance in cardiology healthcare professionals has always been a relevant theme on *European Heart Journal Open*. This surely represents a key issue to raise the awareness about sex-based medicine.

Therefore, the first themed collection will be focusing on sex-based medicine and women in cardiology.

All articles included in the collection will be listed on the dedicated web page: <https://academic.oup.com/ehjopen/pages/women-in-cardiology>.

Special focus will be on sex-specific cardiovascular risk factors, pathophysiological features, diagnosis, and management of cardiovascular disease in women. In addition, since sex balance is a powerful arrow to improve quality of care for women, the collection also features articles about women's cardiology practice.

Among the hurdles presented by cardiovascular disease in women, a recently randomized study by the Echocardiography group of the Royal Brompton Hospital, led by Roxy Senior, shed new light on the ever-frustrating challenge to recognize coronary artery disease.³ The authors provide informative results on the comparative effectiveness different modalities of exercise test in women presenting with suspected coronary artery disease and an intermediate a priori risk.³ Along the same line, the recent Heart Attack Research Program-Imaging Study (HARP) revealed that women with non-ST-segment elevation myocardial infarction with non-obstructive coronary arteries (MINOCA) present more commonly layered plaque (31 vs. 12%) and less frequently plaque rupture (14 vs. 67%), plaque erosion (8 vs. 14%), or a calcified nodule (0 vs. 6%) than the group with coronary artery disease (CAD)-related myocardial infarction as assessed by optical coherence tomography.⁴

Moving to sex-specific cardiovascular issues, recent results by a multicentre collaboration from California provided new information to clarify the clinical meaning of breast arterial calcification: the new data suggest they mark the risk of incident atrial fibrillation among older but not younger post-menopausal women.⁵ A French multidisciplinary collaboration contributed with a comprehensive overview on the association between cardiovascular disease and endometriosis, affecting 1 in 10 reproductive-age women.⁶ Dealing with a similar field in the topic of cardiovascular risk, a recent meta-analysis including data from 4 337

683 women, confirmed that pregnancy loss is associated with higher cardiovascular and stroke risk.⁷

The Editorial Board at the *European Heart Journal Open* will be supported in this endeavour by exceptional guest editors, including key opinion leaders in sex-based medicine, recognized ambassadors for gender balance and living role model for women leaders in cardiology. We would like to acknowledge all women editorial board members of EHJ Open as well as all women colleagues, who are embraced by ESC (Figure 1).

We hope you will enjoy browsing the collection 'Women in Cardiology', and we look forward to your submissions in the field of sex-based cardiology and women in cardiology: #OpenUpYourScience with #EHJOpen!

Conflict of interest: None declared.

Data availability

No new data were generated or analysed in support of this research.

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