Attendees:

Saralyn Mark, MD - Founder & President, iGIAN: Facilitator
Peggy Agouris, Dean, College of Science, George Mason University
Laurence Bray, Associate Chair, Dept. of Bioengineering, George Mason University
Tracy Mason, Assistant Dean, Strategic Communications, George Mason University
Sameen Yusuf, Student, George Mason University
Lauren Breithapt, Student, George Mason University
Joanne Duncan, President, Membership and Business Operations, BIO
Jessica Foley, CSO, Focused Ultrasound Foundation
Crystal Icenhour, CEO, Aperiomics
Cynda Johnson, President and Founding Dean of Virginia Tech-Carilion School of Medicine
Sharon Krueger, Director of Innovation Grants, School of Medicine, University of Virginia
Ann Powell, Director of Healthcare Policy and Advocacy, Johnson & Johnson
Liz Powell, Founder and President, G2G Consulting
Cynthia Rancourt, CEO, Polymer Solutions
Marsha Rappley, CEO, VCU Health System and VP of Health Sciences, Virginia Commonwealth University
Cathy Howard, Associate Professor, Vice Provost Community Engagement, VCU
Janine Stevens, Director of Scientific Programs, HHMI
Joanne Theurich, Chief of Operations Services, HHMI
Denise Toney, Director, Virginia Division of Consolidated Laboratory Services
Rosemarie Truman, Founder and CEO, The Center for Advanced innovation
Jeff Gallagher, CEO, VA Bio
Sherri Halloran, VP Membership and Programs, VA Bio
Casandra Isley, Director of Business Development and Strategic Growth, VA Bio
Caron Trumbo, Director of Operations, VA Bio

Initial Goals

- Establish a common lexicon.
- Share best practices.
- Ambassadors.

Bullet Points from iGIAN- VA Bio Roundtable

1) It’s both relieving and empowering to hear “I’m not the only one” who had a difficulty with a product or service and blamed it on themselves, or settled for less than the satisfaction others appeared to get. Be an advocate and speak up in order to make a change.

2) In biomedicine, consciously embracing a sex/gender lens aligns and enriches the revolution to precision medicine. It created an understanding in discovery, development, prescription and adherence that patients are different and will react to therapeutic interventions differently.
3) Differences can be identified and understood scientifically over time and creating an increasingly good fit of therapy to individual patient in practice over time.

4) There are tools now which are upending conventional wisdom – science and data science has advanced and enables us to make the distinctions and examine the data to look at such gender/sex differences more readily and more intelligently.

5) Recognizing the imperfect fit of diagnoses and therapy created by the male only paradigm and the global benefits of improving the fit for all patients, empowers individuals to be a champion of her own health, and disrupt the paradigm from the clinical grass roots up.

Examples highlighted:

- Flat gym equipment and poorly fitting diagnostic machines intended for male use and not considering smaller female body structure.

- Lab coats are large and bulky creating an improper fit for women potentially risking safety protection.

- Women generally metabolize drugs differently and therefore prescribed dosages are an issue.

- The same disease can present differently in women than men.

- Complex public health issues, such as opioid overuse crisis, also can be mined for additional important insights by examination using the sex/gender lens, mindful, for example, that women tend to seek care in different ways and circumstances than men and that women’s brains react differently to such drugs than to men’s brains.

- Experimental design – with difficulty of science, time and financial constraints, the urge to avoid confounding variable historically, and even now, can eliminate including a female study arm; the iGIAN perspective shows this is an important variable to explore differences, in experiments ranging from cellular to human clinical to social and consumer.

- The collection of knowledge, is frequently shaped by funders – investors, grant providers, as well as regulators. Is a sex/gender analysis required, incentivized, allowed or ignored in the form for applying for a grant or other funding application?

- Health care is systematically impacted by reimbursement policies; if such policies are blind and dumb to the distinctions in treatment outcomes, patients will suffer, and needed innovation will be thwarted. Our strides in precision medicine allow physicians in advance to know which chemotherapies will and won’t be effective for a particular patient’s cancer, eliminating the try and see and move on approach of past years. The advances in understanding gained from the analysis of sex and gender differences should similarly
enable faster selection of an effective therapy, saving time to effective treatment and avoiding unnecessary therapeutic suffering and expense.

- The women in health care profession education fields noted the importance to introduce these concepts early and effectively into training, making sure they were required learning objectives and involved clinical as well as classroom treatment.

**Call to Action:**

Ensure diversity in leadership teams: the power of multiple perspectives.

At Virginia Bio, will keep gender/sex in mind as we think of the very structure, implementation and goals of our conferences.

Within R&D, reviewing protocols to ensure that gender/sex was considered with the creation of testing, devices, pharmaceuticals, etc.

Looking through the gender/sex lens through all aspects of profession.