SB: I’m Sola Biu and welcome back to Science Sessions. In 2010, the Institute of Medicine released a report titled: *Women’s Health Research: Progress, Pitfalls and Promise*, that found lack of sex-specific scientific data reporting had slowed down progress in women’s health advancements over the last 20 years. A year later, the Institute of Medicine hosted a workshop to address the recommendations found in this report.

This week you’ll be listening to chair of the workshop committee, Doctor Nancy Adler, a social psychologist and vice-chair of psychiatry at the University of California, San Francisco. I sat down with Adler to discuss the need for sex-specific reporting in scientific research and overall recommendations from the report.

SB: Let’s start with the definition of sex-specific reporting; what does that mean?

NA: It means that if you’ve done a study, and hopefully you’ve included enough men and enough women that you can have enough statistical power to know is the phenomenon you’re looking at significant for both men and for women. It means reporting them separately so you know what the finding is for men and what it is for women, not just controlling for sex or gender.

SB: Who commissioned the Institute of Medicine to produce this report?

NA: My understanding is that it came initially from Senator Mikulski who said we’ve funded a lot of research on women’s health and has it done anything? Have we had breakthroughs? Has it resulted in different care? Has it been communicated to women? And asked that a report be done on that.

SB: What were some of the challenges you faced with pulling this research together?

NA: The first thing we grappled with is what is women’s health? In the early days women’s health was really thought of as the health of reproductive organs and things that make women unique from men. But, over the years women’s health has really expanded and we had a very broad view of women’s health and as a result it really covers almost all diseases.

SB: Did researchers come across any positive advancements in women’s health while analyzing the data?
NA: In three areas we found there have been real gains in women’s health. One is in drops within breast cancer mortality, second is drops in cardiovascular mortality and then the third is the vaccine for HPV which really has the promise for major reductions, going forward, in cervical cancer.

SB: Did you notice any interesting trends in the research?

NA: Overall it seemed there was more attention paid to diseases that involved mortality than morbidity. So for example on autoimmune diseases, which really affect a large number of women, have a very serious affect on quality of life, there’s been actually very little progress.

SB: What are some notable conclusions or recommendations from this report?

NA: One of our other conclusions about why there has not been as much progress in women’s health as one would have liked was that there had been actually quite a good deal of progress in including women in research and in clinical trials. You know, twenty years ago there was a period when women were actually excluded from clinical trials. However, even though we’ve made advances because of earlier policies, we haven’t really taken full advantage of the data. So often women will be included in trials but the data will be analyzed separately for men and women. So you still don’t know does it in women? and conversely does it work in men? So one of the recommendations from the report was that the editors of particularly the clinical journals require that all trials be reported with sex-specific data so you knew whether it worked with men and with women. We really wanted from the very basic science up to the clinical trials for the editors to be sensitized to the need to ask for sex-specific reporting.

SB: For a free, detailed summary of this workshop visit: www.iom.edu/reports