

Title: Women as One & Radcliffe Cardiology presents: Focus on Women's Health: Takeaways from ESC 2023

Participants: Dr Marta Cvijic and Dr Julia Grapsa

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Dr Marta Cvijic

"Hello, I'm Marta Cvijic, I'm a cardiologist working in Ljubljana, Slovenia and I am here because Women as One asked us to talk about women in medicine, especially in cardiology and I would like to introduce my co-speakers.

Dr Julia Grapsa

Thanks so much also from my behalf. My name is Julia Grapsa, I'm a consultant cardiologist in London St. Thomas's Hospital and also at it's a great pleasure today with Marta to discuss about what's the latest on women's heart.

Dr Marta Cvijic

This year we have a new guideline so heart failure guidelines but I would like also to mention some new heart failure trials presented yesterday at hotline session and one of the trial is step heart failure with preserved ejection fraction.

Dr Julia Grapsa

That's a great actually study. You are right, Marta. And it proved almost 60% of the recruited population was women and this is one of the targets as women as one that to have more women included in trials. We saw that Semaglutide actually, which is a GLP one inhibitor, reduced the appetite and reduced the appetite. And also it had a tremendous effect on six-minute walk test on the quality of life. And also we saw a significant reduction of major outcomes like when it comes to the primary endpoint. And we saw even in heart failure and cardiovascular risk factors that semaglutide helped a lot these patients to reduce their risk factors for cardiovascular disease and now going to multimodality imaging and heart failure in general. What are your take-home messages from ESC 2023?

Dr Marta Cvijic

Yeah, regarding the imaging, I think that there were not a lot of topics discussing women in different imaging modalities. So what is the outcome of women for example? And I think that we need more studies especially focusing on what is the difference in the cutoff value of imaging modalities between both gender.

Dr Julia Grapsa

That's very true actually Marta, an interesting point is that we need more sessions on women's heart. We saw an interesting session on ESCTV stage yesterday morning, like Friday morning on pregnancy and cardiovascular risk and how important is to separate the pre and post-menopausal era for a woman. And then of course there is a lot of discussion about the right imaging modality, the risk factors. So we need to be now more alerted about women's heart. How to choose the appropriate modality when it comes, for example, to cardiostatics and pregnancy. How to choose the right modality to benefit the patient and balance this risk and benefit for the mother and the foetus. When it comes also to know how to classify a woman according to her risk factors. This is very interesting, what do you think?

Dr Marta Cvijic

Yes, I think it's very interesting to Julia and do you have the answer? What is the right modality for the women before menopause and after menopause?

Dr Julia Grapsa

Yeah, so that's a very interesting topic. So when it comes to an earlier age and when a female patient is pregnant, first line, for example, would be always the echo, which has the least of radiation because we respect the mother and the foetus. And then, of course, we look into advanced imaging that includes radiation with caution, like CT, CMR, and this is mostly decided at the heart team level. And now for the first time we see more teams in our hospitals like, consisted by the cardiologist, the obstetrician, the

people who have an expertise in women's heart and also we see more and more women's cardiovascular health centres. This model that is widely applied in the United States coming also in Europe I think this is a very interesting concept and then of course when it comes to menopause we think more about having a closer follow up for a female patient who is like post-menopausal and will need to look after her coronary artery disease. Use then CT or CMR, for example to exclude coronary microvascular dysfunction. So there is an endless spectrum of diseases and choices.

Dr Marta Cvijic

Yes, I completely agree and we should not forget that also eclampsia is a risk factor for cardiovascular disease. So we need to be very precise when asking patient for example old women about their pregnancy. But if we continue and we go from the patient's perspective to our perspective, we need also be to very careful when we are talking about radiation protection for us. So for doctors is there any advices you would like to give?

Dr Julia Grapsa

There was an interesting document published like almost a year ago and led by Professor Alei de Kiefo, a combination of ESC, CVI, EAPCI on the radiation protection for the cardiovascular physician and how the physician and especially we as women, female doctors, we need to be protected from radiation. For example, when we are in the cath lab, when we do structural imaging. So again, there are now documents surfacing that protect us as doctors together with our patients.

Dr Marta Cvijic

Yes.

Dr Julia Grapsa

I think a very important component was also to recognise the tremendous work from women as one in the recruitment of more female patients in trials. The equity numbers, these are great steps forward in order to provide more balanced studies and more real-world studies. Because this study of semaglutide is actually what we see in real practice, don't you think?

Dr Marta Cvijic

Yes. So if we summarise, we can say that there were a lot of new results on this ESC congress 2023, but there is also a lot of work to do, especially about gender differences and especially about women in cardiology from perspective of the patient and also from perspective of the doctor. And at that point I would like to thank Women as One who invited us to be part of this short video recording and I hope we will see at the next ESC.”