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# More Women In Cardiology Benefit Both Women Patients And Cardiology

by [Brian Bossetta](#)

Cardiologist Alexandra Lansky directs the heart and vascular research program at Yale University. She is also one of the principal investigators of the EMPOWER CAD trial, which is the first cardiology study of its kind to include only women. Sponsored by Shockwave Medical, the study is enrolling 400 women across the US and Europe to determine whether positive results in both sexes from earlier studies with Shockwave's C2 coronary IVL catheter can be replicated. As part of our focus on women's health in honor of Women's History Month, Lansky spoke to *Medtech Insight* about the benefits of having more women cardiologists, both for the field at large and for women patients.

*Friday, 8 March is International Women's Day. To celebrate the day and Women's History Month, Medtech Insight spoke with [female leaders](#) in medtech, regulatory and health care delivery about their experiences as women, women-specific industry challenges including research and innovation needs, and how women in leadership roles today are inspiring and empowering rising generations.*

**Q** Considering only 4% of interventional cardiologists are women, what led you into the field?

**A** I'm actually a strange hybrid because I initially went into interventional cardiology and practiced for about 10 years before going into general cardiology and clinical

research. So, I don't think I should speak on behalf of all the female interventional cardiologists. But what I can say is that, as a profession, there's certainly a minority of women, no question. And perhaps one reason is that it's the ultimate job of juggling a heavy schedule and a family. You have difficult hours. You often have to get up in the middle of the night for emergencies. It's a real balancing act between the professional side and the personal side.

**Q** Other than the challenges of balancing work and family, are there other challenges women face going into cardiology, regardless of the specialty? Because even though the numbers are slightly higher than for interventional cardiologists, women still only make up around 10 to 15% of cardiologists in general.

**A** Well, just based on those percentages, you have to be willing to step into a world that is dominated by men. You've got to be very comfortable with that. And you need to realize that you will be surrounded by male colleagues, which never bothered me. But when you go to any kind of meeting you're surrounded by male colleagues, and you just have to find your place. And you have to have a voice. And that's one of the challenges. Because I think in addition to the personal life balance, this is why women shy away. But I can also tell you that there are a lot of positives about being in cardiology and that we need more women in the field.

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**Q** What are some of those positives?

**A** Well, first, there's no doubt that women can absolutely meet the challenges of the profession. They can excel. And the other thing is there are so many different aspects to cardiology, from busy clinical practices to academic positions to research, and there's so much focus on innovation, on device development, prevention, imaging,

and non-invasive imaging. So many different aspects of the field that touch on pretty much every possible aspect of medicine. And I think that's very appealing for many women.

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**Q** Because of the small percentage of women in cardiology, how important is it for women in the field to support one another, especially in terms of seasoned cardiologists supporting newcomers?

**A** With so few of us, we're very focused on supporting each other. There's an enormous amount of formal and informal mentorship that goes on in the field. And that's wonderful. It's very collegial. I get an email around twice a week from someone asking if they can talk to me, wanting my advice on their career, asking for my help.

**Q** That must be rewarding...

**A** It is. It's really nice to be in that position. It's great that women reach out. I remember going through my early career I didn't have anybody to talk to, had no one to turn to. But now, because we've created these mentoring groups, we've brought women together. They know that they can reach out and they can ask questions, and they can be comfortable about it. And so I think from that perspective, there's been a big step forward.

**Q** Speaking of going forward, have you noticed more women cardiologists now than when you started your career?

**A** Yes. Definitely. I think when I came into the field there were five women that I knew, that was early-mid-2000s. But there just weren't many women. And so we stood out. But yes, it's certainly improved, but we still have a long, long way to go.

### ***Shockwave Begins First All-Female Study Of Coronary Interventions***

By [Brian Bossetta](#)

26 Jul 2023

The EMPOWER CAD trial will evaluate Shockwave's intravascular lithotripsy system in female patients undergoing a percutaneous coronary intervention for coronary artery disease. Principal investigator Alexandra Lansky spoke to *Medtech Insight* about the first-of-its kind study in this understudied population.

[Read the full article here](#)

**Q** On that note, as far as having more women in cardiology ... you said there's a need for more women practicing. Why is that? And how does that benefit women as patients?

**A** I think women patients appreciate women physicians. There's a whole cadre of female patients that seek out women as providers, whether it's because they feel like they are going to be listened to more, or whether they're just more comfortable with women. So I think for patients themselves it makes a difference. But also on the academic side, there is so much more attention being paid to disparities in care and some of the differences in women, as with the CAD study. We have a better understanding of the complications in women because now we've studied these complications based on sex. And now we need to translate that to industry and innovations where devices need to be tailored to women's body size and smaller vessels, so that we can improve on the outcomes or lower the complication rates. Because what the data shows, time and time and time again, is that women have more vascular complications, more bleeding, and we know that increased bleeding is associated with higher mortality that's independent of sex. But when we look at data sets -- and we've been doing this now for a good decade, two decades -- we see that

women have higher mortality rates. And why do they have higher mortality rates? Because of the bleeding rates. That's at least one of the reasons. And what that is telling us fundamentally is that because there are more bleeding complications in women, we need devices that are sized to and more appropriate for women. Because the devices are not necessarily designed for smaller people.

**Q** That seems so obvious that it's something that should have already been addressed. But is that because for so long men have been designing the devices with men in mind?

**A** Well, if you don't know that there's a problem, then you don't know that it needs to be fixed.

**Q** What about the idea that a female cardiologist might be more likely to diagnosis heart disease in a woman than a male cardiologist since the symptoms sometimes present differently in women than in men?

**A** I think, in all fairness, there's been enough focus on this that both men and women physicians are primed to understand the subtleties and the differences in potential presentation of female patients. I think that's across the board. So I don't think it's fair to say that women would recognize heart disease more aptly than a man would. Having said that, there are studies and data that say that women in general listen more. They are more attentive to a patient's history, to the story the patient is telling them. So, there may be some inherent differences in the way men and women listen to patients. But I don't think it's fair to say women are better doctors for women because I don't think that's true.

**Q** But would it be fair to say that the awareness of how heart disease may present differently in women, regardless of the sex of the physician, has been a positive development for women patients?

**A** Yes, for sure.

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**Q** Since more women in cardiology would be beneficial for the field as well as for women patients, is there anything that can be done to attract more women into cardiology?

**A** That’s a tough question. How do we change statistics when they’ve been slow to change? The only thing I can say, as I mentioned earlier, is that there is such a different type of network today than there was a decade, two decades ago. And I think as every year goes by that network becomes stronger, the mentorship becomes stronger. There’s a huge focus on women in cardiology within each of the societies. And we are beginning to see more women leaders, whether it be within the AHA [American Heart Association] or the ACC [American College of Cardiology]. It’s starting to happen, which is all very positive. I think we’re making big strides.

**Q** What about pay? There was a report from the Rand Corporation that said that over the course of their careers, female cardiologists earn around \$2m less than their male counterparts.

**A** I can tell you that our institutions are really addressing this. They are looking at the differences in salary for different ranks, comparing men versus women. They’ve acknowledged that there are big differences, and they’re making adjustments. I think all the work that has gone into bringing all of this to the forefront, shining a light on all the disparities, and they are being addressed. I think it’s going to be much easier for future generations. But I would also say that it’s really important for women to advocate for themselves, and that’s something that women are very uncomfortable with. Women are really good at advocating for others. I will put you on a pedestal. I’ll

say how wonderful you are. But it's difficult for me to go and say, 'I'm great. That I do all these things and I'm worth it.' Whereas, and there's good evidence for this, men apparently really don't have that problem. And women need to get more comfortable with that. And that's where the mentorship comes in. You need to stand up for yourself. And if you feel like you're not being treated fairly, then you need to speak up.