



Università
degli Studi
di Ferrara

Centro Universitario di Studi
sulla Medicina di Genere
*University Center for Studies
on Gender Medicine*



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Our vision of Gender Medicine (GM)

It considers women and men (and possibly other identities) as target groups for prevention, disease symptoms, treatment, and rehabilitation with gender-sensitive and intersectional approach to reinforce the clinical appropriateness for all persons.

It adopts as a systematic method the comparison of scientific data on women and men for symptoms, pathologies and experiences of disease, and highlights the differences detected.

Consequently, GM is not "Women's Medicine", nor represents a new "branch" of medicine, it could be intended as a "personomic" healthcare.

Implementation of GM in health research and biomedicine is a new and very promising emerging field.

The most recent suggested name is "**sex- and gender-based approach**". In this new paradigm it is also included public health, which in turn includes gender-based violence.



2019

Foreign guests:

Austria – Ireland - Sweden – The Netherlands

2020

**Live webinar
Gender and COVID – 19**
Biological, psychological
and social aspects

20th May 2020



**Gender Equality
GE ACADEMY**

2020

GE Academy is a Horizon 2020 project developing and implementing a high-quality capacity-building programs on gender equality in research, innovation and higher education

Participation of the Centre in the GE Academy DOCC as a “node” (H2020)

- [Training sessions](#)
- [Summer Schools](#)
- [Workshops](#)
- [Webinars](#)
- [Distributive Open Collaborative Courses \(DOCCs\)](#)
- [Train-the-Trainer sessions](#)

2022



The Center participated in Expo Dubai sponsored by the Emilia Romagna Region

Italy is a pioneer in terms of legislation:
NL 3/2018, Art. 3 that has led to the following:

- the National “Plan for the dissemination of Gender Medicine”
- the National “Training Plan on Gender Medicine”
- the “National Observatory of Gender Medicine”

On 2017
the Center launched

Proposal of gender mainstreaming in the medical degree programs of the Italian Universities. With a format for application in each Faculty

ROAD MAP
for the sex- and gender-based approaches in medical education

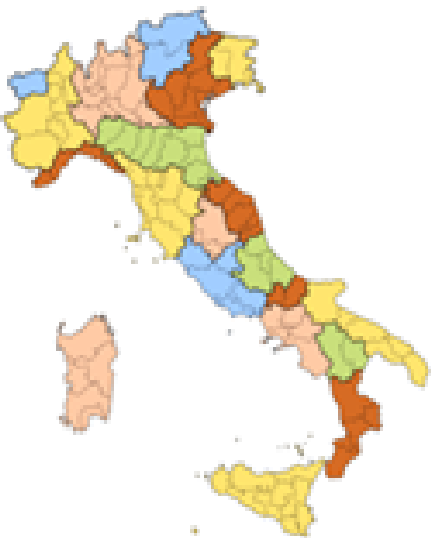
In Italy's public health service there are 22 different services, one for each region and autonomous province.

The challenge now is to make the dissemination of knowledge and the application of GM fast and uniform.



The Emilia Romagna Region is the first Italian Region that legislated on GM within a Framework Law for equality (LR.6/14).

ER Promoting GM training courses for health professionals and in the next future ER will be focusing on clinical appropriateness





1991

+ 25

AHA Scientific Statement

Acute Myocardial Infarction in Women

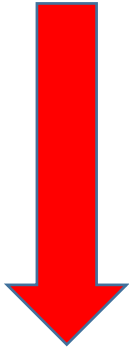
A Scientific Statement From the American Heart Association

Laxmi S. Mehta, MD, FAHA, Chair; Theresa M. Beckie, PhD, FAHA, Co-Chair; Hollis A. DeVon, PhD, RN, FAHA; Cindy L. Grines, MD; Harlan M. Krumholz, MD, SM, FAHA; Michelle N. Johnson, MD, MPH; Kathryn J. Lindley, MD; Viola Vaccarino, MD, PhD, FAHA; Tracy Y. Wang, MD, MHS, MSc, FAHA; Karol E. Watson, MD, PhD; Nanette K. Wenger, MD, FAHA; on behalf of the American Heart Association Cardiovascular Disease in Women and Special Populations Committee of the Council on Clinical Cardiology, Council on Epidemiology and Prevention, Council on Cardiovascular and Stroke Nursing, and Council on Quality of Care and Outcomes Research

Abstract—Cardiovascular disease is the leading cause of mortality in American women. Since 1984, the annual cardiovascular disease mortality rate has remained greater for women than men; however, over the last decade, there have been marked reductions in cardiovascular disease mortality in women. The dramatic decline in mortality rates for women is attributed partly to an increase in awareness, a greater focus on women and cardiovascular disease risk, and the increased application of evidence-based treatments for established coronary heart disease. This is the first scientific statement from the American Heart Association on acute myocardial infarction in women. Sex-specific differences exist in the presentation, pathophysiological mechanisms, and outcomes in patients with acute myocardial infarction. This statement provides a comprehensive review of the current evidence of the clinical presentation, pathophysiology, treatment, and outcomes of women with acute myocardial infarction. (*Circulation*. 2016;133:00-00. DOI: 10.1161/CIR.0000000000000351.)

Key Words: AHA Scientific Statements ■ cardiovascular diseases ■ coronary disease ■ myocardial infarction ■ women

2016



MAY 27, 2022

Leading journal Nature will make sex and gender reporting mandatory in research

by Kelly Burrowes, The Conversation



Credit: Shutterstock



GENDER STEREOTYPES

GENDER BIAS

**Not known new evidence
about sex and gender
differences evidence**

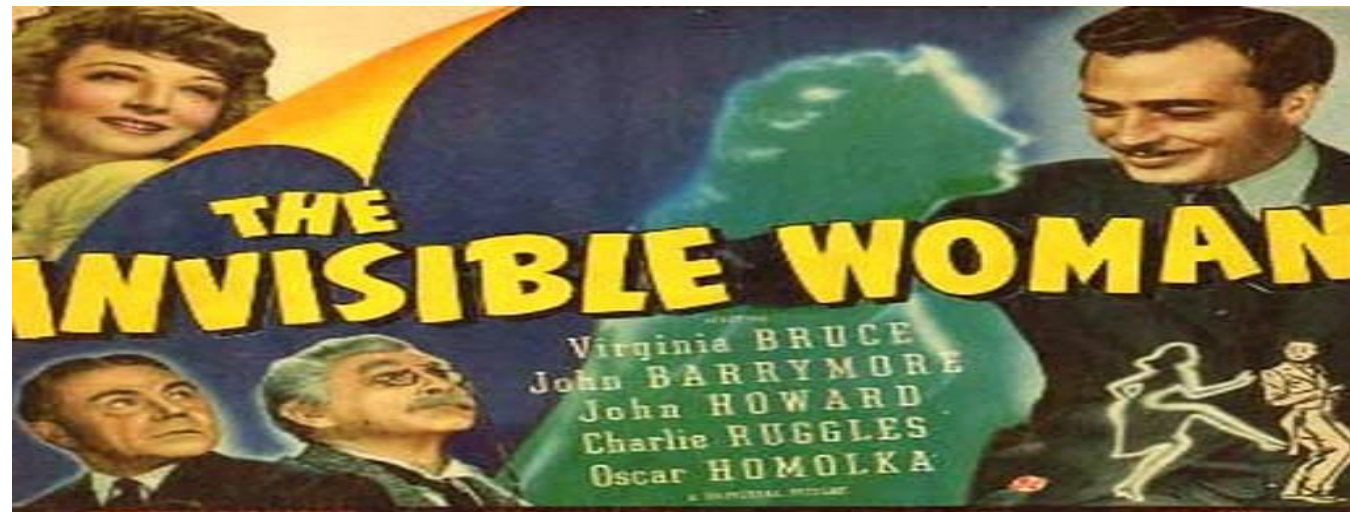
**BREAKING
BARRIERS**

SEXIST MEDICINE

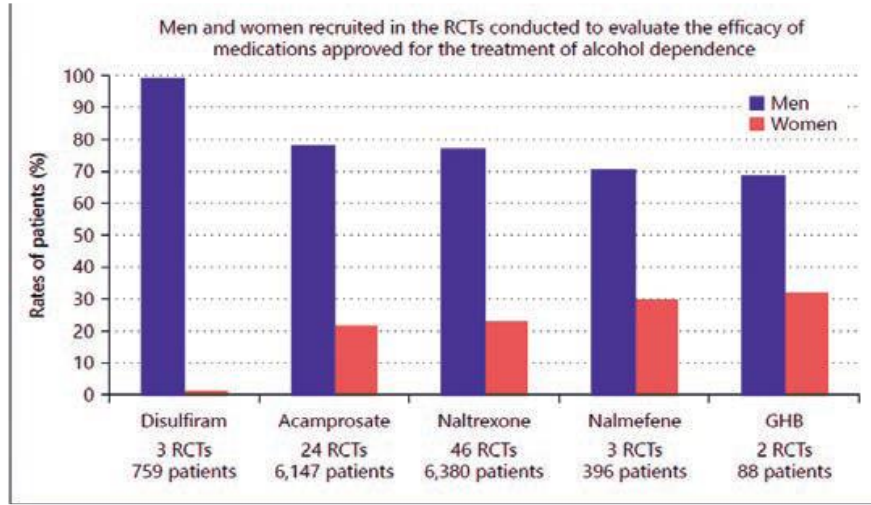
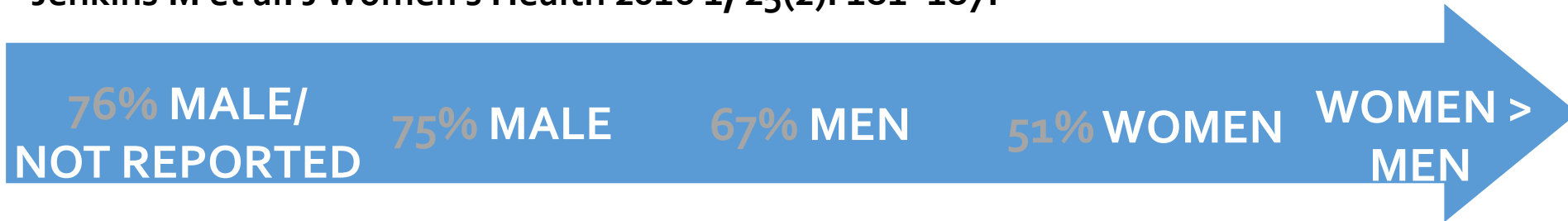
SCIENTIFIC LANGUAGE
(no mother tongue)

The Covid-19 pandemic and subsequent lockdown impacted in a sex and gender specific way in men and women (*Gomez J et al J Womens Health. 2021;30 :646–653; Vahidy et al PLoS One. 2021;16(1):e0245556; Ucar I et al PLoS One 2022;17(3):e0264265*). Briefly, morbidity and lethality were higher in men, but the consequences of the lockdown were more difficult for women, especially in terms of increased poverty, the risk of unemployment, the impact on family life, gender violence. Moreover, anti-covid-19 vaccine studies did not encompass pregnant women. A recent papers shows that only a miniscule part of clinical studies (less than 5%) includes sex and gender as analytical variables (**Rechlin RK et al Nat Commun. 2022, 13(1):2137.**), and recent survey evidences that it is also true in different clinical areas (Brady E et al Nat Comm 2021;12:4015).

This demonstrates how the sex-gender division continues to pervade medicine and that **health and medicine are still androcentric** (Campesi I et al J. Clin. Med. **2021**, 10, 4770; Franconi, F et al Cells **2019**, 8, 476).



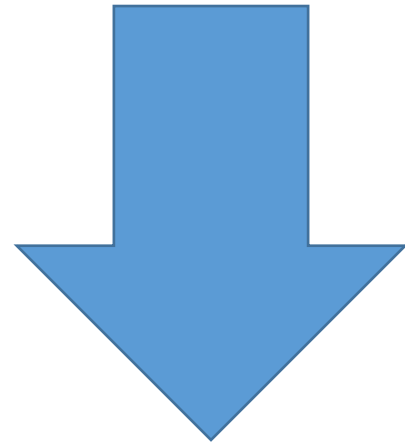
Jenkins M et al. J Women's Health 2016 1; 25(2): 181–187.



KNOWLEDGE BIAS

Agabio R, Eur Addict Res. 2016b;22(1):1-16

KNOWLEDGE BIAS + GENDER BIAS



**HEALTH INEQUITIES
AND
CLINICAL INAPPROPRIATENESS**

CASE REPORTS

Therapy The dose of drugs is calculated on 70 Kg men (Marino M et al Mol Asp Med 32 -1-70,2011). Consequently, women have more adverse effects (). Nevertheless, oncology has dramatically changed with the introduction of molecular tumor profiling into routine tumor diagnostics and the extraordinary progress in immunotherapies the personalized dosing strategies remain an unmet need. **The patient's sex and gender consideration should optimize the balance between efficacy and toxicity reducing the toxicity of anticancer therapies which prevails in women** (Özdemir BC et al Endocrinol 2022 ;163(6):bqac058)

Cardiovascular disease is the leading cause of death for men and women. However, women do not always fit the classical model of CVD, because research historically been primarily conducted with men. **Women are currently at a greater risk of being misdiagnosed, due to symptom presentation that differs from men, which can delay life-saving treatment.** They are also systematically undertreated in both general practice and hospital settings [Woodward M., Int J Environ Res Public Health.2019;16(7):1165.]. Consequently a greater proportion of preventable deaths and ill-health in women, compared with men. ([EUGenMed Cardiovascular Clinical Study Group](#) Eur heart J ;37:24-34, 2016)

Hip replacements. These devices are available in different sizes, they are assumed to be sex and gender neutral with sex and gender considerations not incorporated into fundamental research and the same models used in men and women. **Consequently, it is not surprising that women have a higher risk of failure (damage requiring replacement) than men as well as higher rates of adverse reactions, dislocations, loosening and required revisions** [Inacio MC et al.JAMA Intern Med. 2013;173:435-41; Haughom BD et al. Clin Orthop Relat Res 2015;473:2521-9.].

Proposals

- Organize a universal sex-gender sensitive health system that is well interconnected with the welfare system united with the strategical contribution and vision of women and men and other identities
- Build innovative (interdisciplinary and intersectoral) strategic plans to bridge the sex-gender gap and knowledge bias through rigorous scientific data and incentives for investigators
- Include gender sensitive approaches in the curricula of health professionals and promote appropriate career paths for women
- Assess the consequences of budgetary measures on health according to gender;
- Build resilient and innovative infrastructures using parameters adapted to the needs of women with inclusive, safe and sustainable urban settlements;