

Center For Women's Health Research Quarterly Highlights

SPRING 2015



UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Message

from Center for Women's Health Research Director, Dr. Judy Regensteiner

Hello everyone! The winter months have been full of activity at the Center for Women's Health Research.

Our **13th Annual Women's Health Symposium** was held on February 28th and was attended by 150 health care professionals, who enjoyed learning about the latest research in the areas of cardiovascular disease, diabetes, rheumatoid arthritis, asthma, and personalized medicine. **The Let's Talk: Conversations about Women's Health** event on March 9th in partnership with the University of Colorado Hospital provided helpful and important information to attendees about the risk of stroke and cardiovascular disease and underscored how critical it is to "Know your Numbers" in order to improve modifiable risk factors.

Please mark your calendars for two upcoming events:

June 9th: Let's Talk: Girls' Career Day – Exploring Opportunities in Healthcare. High School aged girls will learn from a variety of researchers and health care professionals.

September 29th: CWHR Annual Community Luncheon. Keynote Speaker, **JoAnn Manson, MD**, will address "Controversies in the Prevention of Cardiovascular Disease: Aspirin, Estrogen, and Vitamin D."

Sadly, this winter marked the passing of two strong supporters of the CWHR, **Jim Cohig and Susan Kirk**. Jim, husband of former advisory board chair Toni Cohig, was a beloved community and business leader and longtime advocate for the CWHR. Susan Kirk, a former Regent at the University of Colorado, was a visionary founder of the CWHR and active board member for 10 years. Both Susan and Jim will be missed greatly.

We are pleased to welcome the CWHR's newest staff member, **Anne Kerksmar**. Anne comes from the International School of Denver where she served as a development associate. As the CWHR program assistant, Anne will assist in the daily operations and program planning and implementation.

We are very excited about the growth of the **CWHR Faculty Development Fund**, which offers a tremendous boost in supporting the research of the CWHR's mentors and junior faculty. Additionally, the CWHR will be awarding several new seed grant recipients this Spring through a competitive process.

Many thanks for your interest in and commitment to the work of the CWHR! We look forward to seeing you at an upcoming event.

Best Regards,



Dr. Judy Regensteiner

2015 Women's Health Symposium

Over 150 health care providers attended the highly informative 2015 Women's Health Symposium, organized and sponsored by the CWHR on February 28th. The CWHR Women's Health Symposium is held annually and is supported by the University of Colorado School of Medicine and community philanthropic support.

University of Colorado School of Medicine faculty presented the following talks on their areas of research and clinical expertise:

Motivation and Medications: Combination Therapy for Diabetes

Jane Reusch, MD

Screening for Comorbidities in Obese Youth: What Do You Do If You Find Something?

Megan Kelsey, MD

Sex Differences in the Cardiovascular Consequences of Type 2 Diabetes: Time to Consider in the Clinic?

Judy Regensteiner, PhD

Asthma: An Epidemic Caused by Epigenetics?

David Schwartz, MD

Personalized Medicine in Practice: Opportunities, Resources, and Strategies

David Kao, MD

Sex Differences in Rheumatoid Arthritis: Pathophysiology and Clinical Management

Kristen Demoruelle, MD

In addition to receiving Continuing Medical Education credits, providers greatly appreciated the breadth and depth of the research presented.

One provider shared that "all speakers were excellent. I love the pace of this conference, the exposure to medical research, and the opportunity for questions following the presentations. I appreciate the sensible, realistic approach that the speakers had with lifestyle changes."



2015 CWHR Annual Community Luncheon

You will not want to miss the 2015 CWHR Annual Community Luncheon on September 29th at the Seawell Ballroom, Denver Center for the Performing Arts!

We are honored and thrilled to have **Dr. JoAnn Manson**, one of the most respected leaders in the field of women's health, speak about controversies in the prevention of cardiovascular disease.

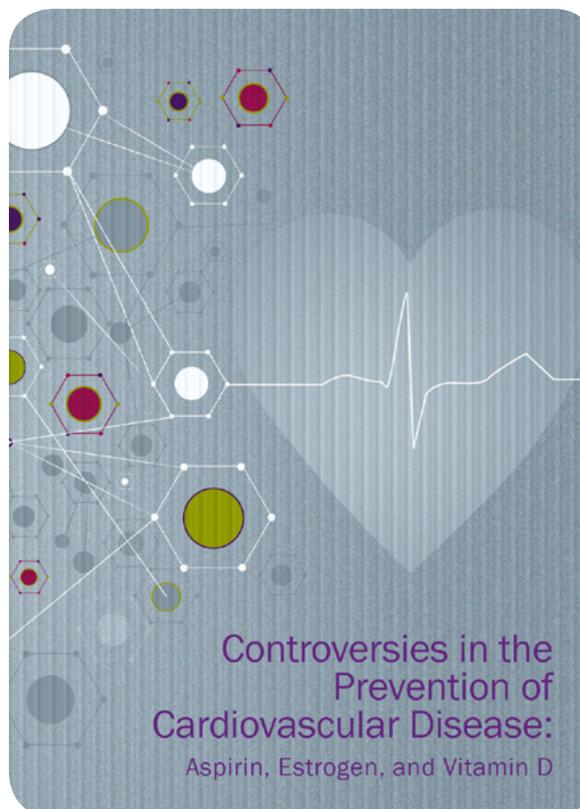
Do you ever wonder why you are told to take aspirin, estrogen, or vitamin D to prevent cardiovascular disease and then hear or read about a study that has conflicting findings?

Dr. Manson, Professor of Medicine and the Michael and Lee Bell Professor of Women's Health at Harvard Medical School, is an endocrinologist, epidemiologist, and Principal Investigator of several large NIH studies, including the Women's Health Initiative and the Kronos Early Estrogen Prevention Study. She will provide us with insights into the latest research about the prevention of cardiovascular disease, the leading cause of death for both men and women. Her primary research interests include the role of lifestyle and nutritional factors in the prevention of cardiovascular disease and diabetes, the benefits and risks of estrogen therapy, aspirin, vitamin D, omega-3s, and folic acid supplementation, the effects of moderate intensity versus vigorous exercise, and the role of biochemical and genetic factors in predicting risks of CVD, diabetes, and other chronic diseases.

For more information about sponsorships or individual tickets, please visit our website at www.cwhr.org or call 303-724-0305.



Dr. JoAnn Manson of Harvard University



Let's Talk: Conversations About Women's Health:

Keeping Your Interior Highway in Top Notch Condition

Did you know that we have over 100,000 miles of blood vessels in our bodies? We need to keep this interior highway in tip-top condition, and "knowing your numbers" and understanding how to address and improve modifiable risk factors is the best way to prevent stroke and cardiovascular disease.

On March 9th, 75 guests attended the extremely informative Let's Talk event about stroke and cardiovascular disease.

Dr. Jennifer Simpson and Dr. Sharon Poisson, neurologists in the Stroke Clinic at the University of Colorado Hospital, taught the group about stroke, which is the fourth leading cause of death in the United States and a leading cause of disability. Women are more likely than men to have a stroke over the course of their lifetime and are more likely to die from a stroke.



Dr. Judy Regensteiner, Director of the Center for Women's Health Research, gave hands on, practical information about cardiovascular disease and peripheral artery disease (PAD). Cardiovascular disease, the #1 killer of both men and women, occurs when these vessels do not function as they should, usually because of the presence of plaque that builds up in the walls of the vessels. Atherosclerosis, or the build-up of plaque, can lead to coronary artery disease, stroke, and peripheral artery disease. A commonly undiagnosed type of cardiovascular disease is peripheral artery disease (PAD), or atherosclerosis of the arteries and legs. Eight to 12 million Americans have PAD and suffer from an impaired ability to walk, which adversely affects their quality of life.

Attendees left the event with an action plan to reduce the risk of cardiovascular disease, PAD, and stroke. The following four items were discussed as ways to decrease the risk of cardiovascular disease and stroke:

- 1) Know your numbers: cholesterol, blood pressure, blood glucose level and A1C, and body mass index
- 2) Decide to eat healthy foods and maintain a healthy weight
- 3) Stop smoking
- 4) Control stress

Questions for Sarah Perman, MD

2014 CWHR Seed Grant Recipient

Q: As an emergency medicine physician, do you see any differences in men and women who come to the ER with symptoms of a heart attack? Do women tend to have worse outcomes than men? Are patients with a poorer diagnosis receiving fewer interventions?

A: Men and women can present very differently when they suffer a myocardial infarction (MI) or “heart attack.” Classically, the symptoms are described as substernal chest pressure, shortness of breath, diaphoresis or sweating, and the pain can radiate into one’s arms or jaw. Women can still present with the above mentioned classic symptoms, however, women can also present with less classic symptoms including nausea/vomiting, back or jaw discomfort, pressure in the lower chest or upper abdomen, and dizziness or lightheadedness. It is very important, when evaluating women with acute symptoms in the ER, to be very aware of these atypical presentations.

Studies have shown that women tend to have delays in therapy after MI, and are less likely to receive appropriate therapy. These findings are thought to contribute to poorer outcomes for women who suffer a heart attack.

Women who have myocardial infarctions tend to be older in age, have more comorbid conditions, be non-white race, present with atypical symptoms and delay seeking medical care. This has resulted in delays in perfusion therapy as well as patients being excluded from early perfusion therapies.

Q: The CWHR seed grant funding is for your project “Gender Differences in the Decision to Withdraw Life Sustaining Therapy after Cardiac Arrest.” How did you become interested in this question? Are you finding that families are making different choices with male and female cardiac arrest patients? Are health care providers making different choices?

A: I became interested in this question during my residency at the University of Pennsylvania. In working with one of the faculty, Dr. Raina Merchant, I found that in a small cohort of comatose cardiac arrest patients, women tended to have earlier establishment of “poor prognosis” documented in the medical chart. Additionally, women had earlier establishment of DNR (Do Not Resuscitate) and “early withdrawal of life” sustaining therapy in comparison to men. Although we had made this observation, we did not have sufficient numbers to make a strong statement regarding this topic, so it has been an interest of mine since that early stage in my research career.

(continued...)



Sarah Perman, MD

Our preliminary work out of the California State In-patient Dataset (SID) has shown that women who suffer a cardiac arrest and are admitted to the hospital have a higher incidence of establishment of DNR in the first 24 hours of hospitalization versus men. This indicates that either families or physicians are making different decisions for women versus men, however, the SID is a large data set that does not answer the granular questions that we are addressing in our CWHR pilot regarding physician care of post-arrest patients.

Q: How do you balance your time between your clinical work and your research?

A: Not very well! It is difficult being a clinician researcher, with the competing demands on your time and efforts. Especially currently, where clinical productivity and efficiency is a must and funding for research endeavors is challenging to come by. On my worst days, I always remember why I went to medical school and what is important to me personally. Being a clinician is all of that, and without my encounters with patients and treating the critically ill, I would have no fire to fuel my research. Clinician researchers are a unique asset to the research endeavor, as we see first-hand the social and medical conundrums that affect our patients daily and can transition that into novel research questions that can directly affect patient outcomes.

Q: What are the long term implications for your research?

A: Long term, I hope to utilize the findings from the CWHR pilot to further inform larger projects looking to improve upon the quality of decisions post-cardiac arrest and limit the implicit bias that may contribute to varying outcomes for women and racial/ethnic minorities.

Research Study Volunteers Needed

Are you interested in the potential benefits that exercise may be able to offer you?

Researchers at the University of Colorado are conducting clinical trials studying the effects of exercise on diabetes.

To qualify, you must:

- Be male or female between 22 and 70 years old
- Be a non-smoker
- Currently exercise no more than once per week
- If Type 2 diabetes, not treated with insulin
- If Type 1 diabetes, ok to be treated with insulin.

For more information, please contact the ACTIVE research lab at 303-724-2255.

Do you have Type 2 diabetes? To qualify, you must:

- Be a man or woman between 22 and 70 years old
- Be generally healthy with Type 2 diabetes
- Be taking metformin only for your diabetes
- Be a non-smoker
- Have a BMI greater than 25

For more information, please contact Shawna McMillin at 303-724-2255 or shawna.mcmillin@ucdenver.edu

For more research opportunities please visit www.cwhr.org.

Remembering Susan Kirk

Susan Kirk, longtime Advisory Board member and visionary leader of the Center for Women's Health Research, died on March 7, 2015 at the age of 81.

As a Regent of the University of Colorado, Susan helped to lead the effort to gain official recognition and center status for the CWHR. As an extremely active and effective member of the CWHR advisory board, Susan was an integral part of its growth and its fundraising efforts to support the CWHR's young researchers and outreach programs.

Susan will be remembered for her passion, enthusiasm, and dedication to bringing awareness to the lack of research in women's health. We will miss Susan tremendously.



Susan Kirk, center, flanked by her husband Dick and fellow advisory board member, Mary Noonan, at the 10th anniversary dinner celebrating the CWHR

Welcome to Anne Kericsmar

Program Assistant, Center for Women's Health Research

Prior to joining the CWHR, Anne helped coordinate various fundraising efforts as a Development Associate at the International School of Denver, a language immersion school in Lowry. She has also interned with the Honorary Russian Consulate in Denver and volunteered as a citizenship training teacher with Jewish Family Services. She is excited to join the CWHR team and looks forward to transitioning her skills to help advance women's health research.

Anne holds an M.A. from the University of Kansas in Slavic Languages and Literature and a B.A. in Russian from Duke University. While born and raised in Ohio, Anne moved to Colorado five years ago and is thoroughly enjoying life in Denver with her husband and two dogs.



Anne Kericsmar

Debunking Exercise Myths:

Tips to enjoy a lifestyle that can prevent premature aging

We all know how critical exercise is in maintaining good health. But what about individuals who are facing physical limitations to weight loss and other barriers to healthy living?

Amy Huebschmann, MD, with the Center for Women's Health Research at University of Colorado Anschutz Medical Campus states that exercise can promote healthy aging in individuals with type 2 diabetes, and keeping up good fitness levels is not just good for your waistline — it also lowers the risk of early death and protects against heart attacks and strokes. The U.S. Physical Activity Guidelines for Americans recommend 2 ½ hours per week of moderate intensity physical activity such as brisk walking.

Dr. Huebschmann's research and practice focuses on barriers to physical activity experienced by people with diabetes and older adults. "Studies have shown that people with diabetes have physical challenges that are barriers to exercise, but that when they overcome those barriers they attain tremendous health benefits," says Dr. Huebschmann. "Physical activity should be fun – people are more likely to be active if they find exercises that are personally rewarding, such as walking regularly or going to an exercise class."

While gradual declines in fitness with age are inevitable, fitness worsens more aggressively if a person does very little physical activity or has type 2 diabetes. For example, a sedentary person with type 2 diabetes generally has a 20% lower fitness level than a sedentary person without diabetes. Dr. Huebschmann notes, "The good news is that sedentary people with and without diabetes can improve their fitness levels and prevent heart attacks and strokes by starting a regular physical activity program."

Tips for older adults considering an exercise program:

- 1. A little goes a long way.** Findings suggest that after as little as 12 weeks of regular exercise, fitness in people with type 2 diabetes can improve by as much as 40%.
- 2. Exercise can help to improve arthritis pain and function.** Exercise can help to improve arthritis pain and stiffness by "greasing the joints" as it renews the lubrication for the cartilage of the joint. In addition, regular physical activity can keep the muscles around arthritic joints more strong and may help control joint swelling.
- 3. I'm disabled.** Even those who are wheelchair bound can and should get exercise. Any activity that can increase your heart rate such as chair yoga and lifting weights can be beneficial. The U.S. Physical Activity guidelines recommend getting advice about starting a program, "People with disabilities are encouraged to get advice from professionals with experience in physical activity and disability because matching activity to abilities can require modifying physical activity in many different ways."

- 4. Use it or lose it – what if I've lost it?** It is never too late to form healthy behavior patterns.

With an increasing number of individuals diagnosed with diabetes and living longer in worse health, the loss of fitness increases the risk of early death, heart attack, and stroke.

Dr. Huebschmann says, "The key message is to find fun ways to be active for 2 ½ hours per week – such as 30 minutes per day on 5 days of the week. Your heart will thank you for it."

Donor Spotlight: Catherine Petros

Incoming Advisory Board chair, Catherine Petros, is very committed to supporting the careers of the CWHR's junior faculty. Catherine joined the CWHR Advisory Board in 2012 and served as chair of the Annual Community Luncheon in 2012 and 2013.

As a strong believer and advocate for the CWHR Faculty Development Fund, Catherine Petros gave the lead gift to support this important endeavor. Seed grants allow scientists to gather pilot data for their research, and they go on to use these findings to compete for larger National Institutes of Health grants. The CWHR Faculty Development Fund is critical to increasing the number of seed grants given to young scientists and increasing the number of senior faculty mentors.

Catherine gives to the Faculty Development Funds for three reasons:

1. She is committed to the mission of the center which includes critical work in researching diabetes and cardiovascular disease.
2. Catherine is a huge believer in mentoring. She has benefited from mentoring in her life, but she often wonders what different paths she might have taken if she had more dedicated mentoring. She is in awe of the time and energy put into mentoring by CWHR senior faculty Judy Regensteiner, Jane Reusch, Wendy Kohrt, and Lorna Moore.
3. Most importantly, Catherine gives because of the people involved at the Center, and specifically researchers at the Center. She wants to support them on their career path as they work hard to make discoveries to improve women's health.

Catherine and Kerrie Moreau, PhD were paired in CWHR's "Adopt a Researcher" initiative. Catherine explains that "it has been a privilege and great fun to learn more about Kerrie's research and collaborations. Every time I hear Kerrie speak, I am able to understand more of what she does, and each time one of her papers is published and she gets a grant, I better understand what our researchers go through to stay in research. While this is personally gratifying, it is through these encounters and by listening to our researchers speak about their work that I am better able to tell friends about the exciting research being conducted under the umbrella of the Center."

Thank you, Catherine, for your amazing support!



Catherine Petros with CWHR researcher Kerrie Moreau

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