

the percentage of patients who did not receive any reperfusion therapy (Figure 1).

Nevertheless, Prof Kala emphasized that variation in the use of PPCI still persists among countries in Europe. However, he added that the initiative has expanded to address some specific factors, including sex disparities in patients' access to cardiovascular care and the early diagnosis and treatment of ACS, to increase female patients' access to reperfusion therapy. Cross-border issues are also being evaluated, he noted, because reimbursement of treatment and transport costs is a significant barrier to cross-border collaboration in the treatment of patients with STEMI.

The SFLI has launched a campaign called "ACT NOW. SAVE A LIFE," which aims to improve the public's awareness of heart attack symptoms, urging people to act quickly and call emergency medical services to allow them to receive lifesaving PPCI treatment. However, despite its name, the SFLI is not solely focused on stent use; it is about reperfusion and improving patient care in general, Prof Kala concluded.

## Update on the WOMEN Initiative to Address Gender Inequalities in Interventional Cardiology

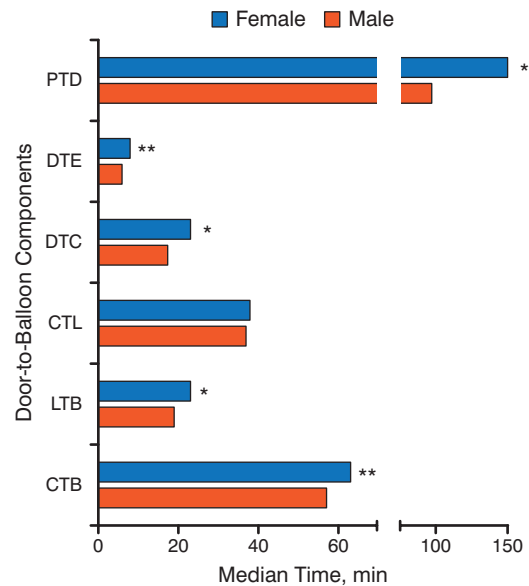
Written by Nicola Parry

Josepa Mauri, MD, PhD, Germans Trias i Pujol University Hospital, Badalona, Spain, presented an update on the WOMEN Initiative of the European Association of Percutaneous Cardiovascular Interventions (EAPCI). The initiative was developed to tackle gender inequalities in interventional cardiology at both the patient and professional level.

Over the last 2 decades, advances in the diagnosis and management of acute coronary syndromes (ACSs) have led to reduced cardiovascular disease (CVD) mortality rates among men. However, CVD remains the leading cause of death among women.

Women with CVD also face unique challenges when compared with men. In addition to experiencing different symptoms, women contend with longer referral times than men. Delayed referrals result in a more advanced disease state by the time the patient is seen, requiring more urgent or emergent procedures [Blomkalns AL et al. *J Am Coll Cardiol.* 2005]. Longer door-to-balloon times have been shown in women vs men with STEMI ( $P < .001$ ), along with delays in each step from onset of pain to hospital arrival, door to examination, and door to diagnosis of STEMI (Figure 1) [Dreyer RP et al. *Heart Lung Circ.* 2013].

Figure 1. Gender Differences in Door-to-Balloon Times in STEMI



CTB, call-to-balloon time; CTL, STEMI code to laboratory; DTC, door to catheterization; DTE, door to examination; LTB, laboratory to balloon; PTD, pain to door.

\* $P < .05$ . \*\* $P < .001$ .

Adapted from *Heart, Lung and Circulation*, 22, Dreyer RP et al, Evaluation of Gender Differences in Door-to-Balloon Time in ST-Elevation Myocardial Infarction, 861-869, Copyright (2013), with permission from Australian and New Zealand Society of Cardiac and Thoracic Surgeons and the Cardiac Society of Australia and New Zealand.

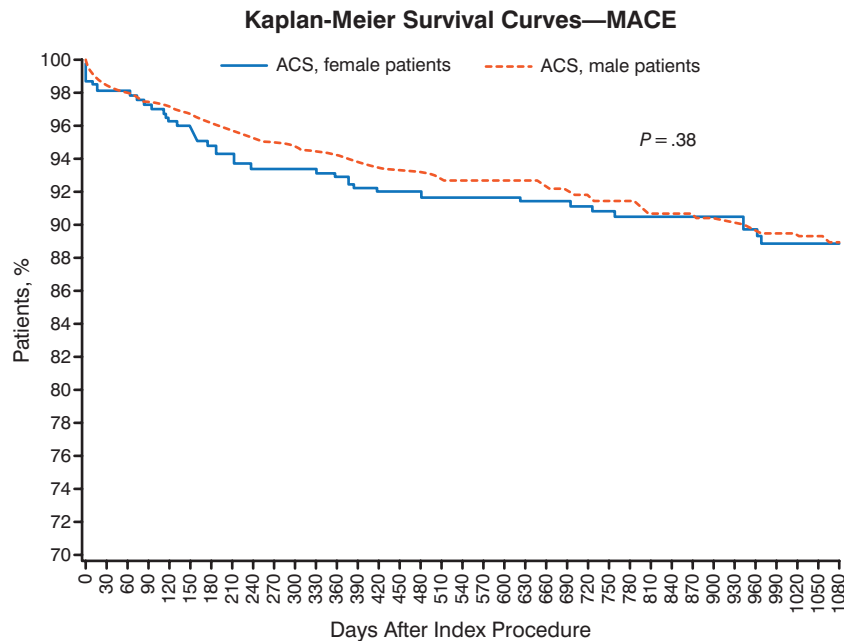
The prominent gender gap in the management of acute myocardial infarction (AMI) therefore leads to increased mortality in women. Data from a study in France also demonstrated an increase in the incidence of STEMI in women  $< 60$  years old, which can be largely attributed to an increased rate of smoking in this age group [Puymirat E et al. *JAMA.* 2012].

However, no differences were seen in any of the clinical outcomes between men and women with ACS treated with contemporary drug-eluting stents (Figure 2) [Fath-Ordoubado F et al. *Am J Cardiol.* 2012].

With these statistics in mind, the EAPCI developed the WOMEN initiative. By better understanding gender-related disparities, the initiative seeks to ultimately achieve gender equality in interventional cardiology. According to Prof Mauri, approximately 60% of medical students are women, but 90% of interventional cardiologists are men. The WOMEN committee therefore comprises a community of female interventional cardiologists within the EAPCI whose mission is to encourage female physicians to choose a clinical or research interventional career. The committee also aims to increase awareness in the interventional and research community about gender inequality in the diagnosis and treatment of cardiac patients.



Figure 2. An Evidence-Based Treatment Approach to STEMI Results in Similar Outcomes in Men and Women



ACS, acute coronary syndrome; MACE, major adverse cardiac event.

Adapted from *American Journal of Cardiology*, 110, Gender Impact on Prognosis of Acute Coronary Syndrome Patients Treated With Drug-Eluting Stents, 636-642, Copyright (2012), with permission from Elsevier.

In 2014, the committee conducted a survey to assess the motivations and barriers among women in choosing an interventional cardiology career. Interestingly, when female respondents (n = 315) were asked their reason for choosing this subspecialty, 82% of them indicated that it was their passion.

Prof Mauri emphasized that future objectives for the WOMEN initiative in 2014 include launching the WOMEN networking platform website, and developing more educational programs and research studies. The committee will also collaborate with the Stent for Life Initiative and participate in the “ACT NOW. SAVE A LIFE” campaign to improve awareness of heart attack symptoms among women.

## Update on the SFLI in Egypt

Written by Nicola Parry

Mohamed Sobhy, MD, Alexandria University, Alexandria, Egypt, shared updates from the Stent for Life Initiative (SFLI) in Egypt ([www.stentforlifeegypt.com](http://www.stentforlifeegypt.com)), reporting initial success in increasing the number of patients in the country with STEMI who are treated with primary percutaneous coronary intervention (PPCI).

Guidelines from the European Society of Cardiology (ESC), American College of Cardiology, and American

Heart Association acknowledge PPCI as the method of choice to treat patients with STEMI, because it is superior in reducing morbidity and mortality, and improving quality of life, compared with any other treatment modality [Levine GN et al. *J Am Coll Cardiol*. 2011].

In Egypt, the SFLI is an international project conducted by the European Association of Percutaneous Cardiovascular Interventions of the ESC and EuroPCR, together with the Egyptian Society of Cardiology and the Egyptian Ministry of Health, which aims to generalize PPCI treatment in patients with acute STEMI.

Since enrolling in the SFLI in 2010, Egypt has been active in creating its professional organizational structure and developing and executing an action plan, prepared and enrolled by ICOM, to help improve the treatment of patients with cardiovascular diseases throughout the country. According to Prof Sobhy, access to PPCI has improved in Egypt since the program was implemented. The first step in the initiative was the launch of an online registry, the Egyptian SFLI registry [Stent for Life Egypt. <http://www.stentforlife.com/2013/09/sfl-egypt-following-the-public-revolution-after-30-june/>. Accessed September 24, 2014], to document the incidence of STEMI in Egypt and identify barriers to providing proper cardiovascular care to this patient population, which produced considerable results.