

Editorial**2005: A Year of Accreditation, Collaboration, and Setting Standards****Landmarks for the Partnership and *Gender Medicine***

This has been an exciting year for the Partnership for Gender-Specific Medicine at Columbia University and our official journal, *Gender Medicine*—the National Library of Medicine affirmed the caliber of the journal this July by granting us inclusion in its all-important MEDLINE database. This gives the imprimatur to the quality and significance of *Gender Medicine* and ensures that all the work we publish will be accessible to scholars worldwide.

The second pioneering step we've taken this year is to agree to collaborate with the newly created Georgetown University Center for the Study of Sex Differences in Health, Aging and Disease (CSD). We will publish the proceedings of the Center's Seminar Series, which invites the best scholars in the field to address vitally important issues in the rapidly expanding discipline of gender medicine. This month's issue of our journal features an address by Dr. Saralyn Mark, Senior Medical Advisor to the Office on Women's Health and to NASA, the National Aeronautics and Space Administration. NASA has been leading the way in studying the unique features of the physiology of men and women and their responses to space travel. Similar to virtually every development in gender medicine, NASA's work was an inevitable consequence of the expanding roles of women in what had been exclusively a man's world. Recalling the 1960s and 1970s at NASA, Dr. Mark points out that the investigative work concentrated solely on male astronauts. She says of that time, "In many respects, a woman was just viewed as a little man with a uterus."

According to Dr. Mark, some nations haven't gone as fast or as far as we have, and as an example she quotes the Director of the Institute of Medical and Biological Problems in Russia, Dr. Anatoly Grigoryev: "Men will be the first to go to Mars. There probably will be no woman on the first flight....After all, women are fragile and delicate creatures and that is why men should lead the way to distant planets and carry women in their strong hands."¹

I especially enjoyed Dr. Mark's comments because they mirror the observations of so many of us in this field. She knows that there is a backlash against learning more about women's health. She worries like the rest of us that the clamor for offices in men's health will further isolate sex-specific observations and rob women and men of the simultaneous attention they deserve in research programs at every level of investigation. She remarks that her audiences have been almost exclusively women, saying: "We do occasionally have 1 or 2 men. I call them 'men of good conscience.'" It appears that some male physicians are concluding that all they need to do to properly care for their female patients is to guide them to what Dr. Mark calls "female-centered facilities." Rather than diverting funds to create new centers of men's health and more centers of women's health, we should be training all physicians to care for all their patients with the latest information we have about gender-specific medicine. To that end, the Partnership has embarked on authoring a series of position papers that will propose best practices for the gender-specific care of the patient in all the subspecialties of medicine. The first of these position papers, on the gender-specific care of the diabetic patient, will appear in our next issue.

The third particularly exciting event was this year's Ferrer Award competition. Our publisher, Elsevier, pledged \$10,000 for the best original scientific research submitted to us for peer review and

publication in *Gender Medicine*. There were 32 entries for the prize; it took many votes and much discussion to choose the winner, but we found the definite front-runner to be the work of Dr. Christine Maric and her colleagues at Georgetown's CSD on the imbalance in estrogen receptors in the kidneys of diabetic rats.² Dr. Maric accepted the award at the Partnership's annual gala in New York City in June. She commented that her work had prompted considerable interest among the Women's Health Initiative investigators at the National Institutes of Health in examining their data to assess the impact of hormone therapy on the prevention and/or amelioration of renal disease in diabetic patients.

Last, at our annual gala, we presented the 2005 Athena Award, which acknowledges a singular, valuable contribution to men's and women's health. The Partnership surveyed more than 50 Wall Street firms this year before selecting as its honoree Brady Dougan, Chief Executive Officer of Credit Suisse First Boston, in recognition of the trailblazing work his company has done in identifying the needs of the diverse populations in its workforce as well as in the communities the bank serves worldwide. The Partnership is the first program in gender-

based science to be formed specifically as an alliance between academic medicine and the private sector. This particular alliance with Credit Suisse First Boston has already borne rich fruit and promises to strengthen and expand our impact in this uniquely important field.

We enter the fall of 2005 having won the gold standard of academic credibility in the indexing of our journal, opened an exciting channel of collaboration with a new center specifically dedicated to gender-specific science, and formed a vitally important new link with a powerful force in the private sector—all program aims of the Partnership. The future of gender medicine looks brighter than ever.

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REFERENCES

1. Men will be first to go to Mars. *RIA Novosti*. February 11, 2005.
2. Wells CC, Riaz S, Mankhey RW, et al. Diabetic nephropathy is associated with decreased circulating estradiol levels and imbalance in the expression of renal estrogen receptors. *Gen Med*. In press.