



WOMEN AND SEX DIFFERENCES *in medicine*

Vision: “Healthy women *and men* – from conception through the life course.”

Mission: Advancing human health across the lifespan through research and education in women's health, biology of sex differences, and gender medicine.

Currently anchored in SPRC and co-directed by SPRC's Marcia Stefanick, Ph.D., and her Ob/Gyn colleague, Lynn Westphal, M.D., the Stanford Center for Health Research on Women and Sex Differences in Medicine (i.e. WSDM Center) acknowledges the “wisdom” of research and education on sex (e.g. chromosomes, gonads, gonadal hormones) and gender (sociocultural) factors which influence health. Emphasizing women's health and embracing the gender spectrum, this multi-disciplinary center is supported by every department in Stanford's School of Medicine and has partnerships across the Stanford campus. WSDM Symposia (on Sex Differences, Women's Health, and selected topics), Workshops, and special courses aim to educate the broader Stanford community and general public.

The Stanford WSDM Center promotes the scientific investigation of sex and gender influences on biology – from molecular and cellular levels to the organism from conception to old age, in individuals (clinical perspective) and across populations. The WSDM Center also aims to educate our community about gender biases in medical practice that create health disparities due to inadequate or inappropriate screening, diagnosis and/or medical care. Examples include female patients with diseases stereotypically regarded as “men's” (e.g. heart disease), men with conditions generally considered to be “women's” diseases (e.g. osteoporosis, breast cancer) and patients whose gender identity and/or sexual orientation lead to other “unmet clinical needs.”

The focus on conception recognizes the profound role of a mother's physiology, including nutritional and obesity status, on the health and epigenetic outcomes of her developing fetus. The lifecourse approach emphasizes life transitions and medical issues specific to reproductive phases – from puberty to beyond menopause (in women); to social roles and aging. The important role of family caregivers on the health of children, partners, elderly relatives, and community members is also recognized. Emphasizing the broad gender spectrum and women's health beyond reproductive physiology balances the current, predominantly male-based or sex/gender-blind medical literature and builds gender identity into the concept of “personalized” medicine.

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KILLER OF WOMEN IS HEART
DISEASE, OFTEN CONSIDERED A
“MAN'S DISEASE”

1 in 2

U.S. MEN VERSUS

1 in 3

U.S. WOMEN WILL DEVELOP
AN INVASIVE CANCER IN THE
COURSE OF THEIR LIFETIME

1 in 3

U.S. HIP FRACTURES ARE IN MEN,
YET OSTEOPOROSIS IS USUALLY
CONSIDERED A “WOMAN'S DISEASE”

78%

OF PEOPLE WHO DEVELOP AN
AUTOIMMUNE DISEASE ARE WOMEN.

~55%

OF U.S. WOMEN LIVE TO AGE 80 OR
OLDER, COMPARED TO ONLY 35%
OF U.S. MEN.