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Circulation Cardiovascular Quality and Outcomes: Annual Women's Issue

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The past decades have seen a gradual increase in attention toward women's heart and brain health. In the United States, this attention usually culminates in February, when the efforts of the American Heart Association, the American College of Cardiology, and other prominent organizations coincide around the reality that women are commonly afflicted by cardiovascular disease and stroke – and that our prevention programs, clinical care, and research need to include consideration of this population.

Circulation: Cardiovascular Quality and Outcomes contributes to both the awareness of women's cardiovascular health and to progress in promoting it. The journal's efforts in this respect are ongoing, highlighted by the annual Go Red For Women issue that is now in its second year. The work contained in this issue draws special attention to contributions that address women and the prevention, diagnosis, and treatment of cardiovascular disease.

We feel privileged to present an abundance of rigorous work generated by outstanding women scientists. Their contributions include thoughtful perspectives that are personal, clinical, and scientific.¹⁻³ We present a message from the Chief Executive Officer of the American Heart Association⁴ and a contribution from the President-Elect of the American College and Cardiology.² The issue includes articles by authors from various countries, by a leading policy expert and government official, by leading women's health researchers, and by junior investigators who are the future of our field.

The manuscripts submitted for this special issue have increased each year in quantity and breadth of topics. Those selected this year range from a focus on how lifestyle factors can predict heart disease far into the future,⁵ to return to work after acute myocardial infarction for young women,⁶ to sex differences in the diagnosis and incidence of peripheral artery disease,^{7,8} to the long-term implications of hypertensive pregnancy disorders,⁹ to the role of sex in prediction models,¹⁰ to the role of sex and age in percutaneous coronary intervention,¹¹ and to the relationship of parity to metabolic syndrome.¹² Some of the

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investigations are comparisons by sex and others, such as those focusing on pregnancy, address issues that are particular to women.

With this issue and those similar to come, we strive to create a future in which a special issue on women's cardiovascular health is obsolete. We will know that we have arrived when an abundance of research on the topic of women's health that generates knowledge to improve the care and outcomes of a formerly neglected population is commonplace. We will know that we have achieved equity of opportunity within medicine when there is no longer a need to note the gender (or the race/ethnicity) of authors, investigators, and leaders, especially among the upper tiers of science and clinical care. The knowledge that this new environment will foster will capture the heterogeneity of biology, experience, preference, and values among women and men. Within this framework, we will become ever more precise in our understanding, prevention, and treatment of disease, and the personalization of our approach.

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