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Transcript of acceptance remarks at 2017 American Medical Association (AMA) Nathan C. Davis Award

Contact ORWH at orwhinfo@mail.nih.gov with questions or comments.

Acceptance Remarks:
Thank you, distinguished guests. I am so grateful to be here. Again, I am Dr. Janine Clayton, and I am honored to receive the AMA's Nathan C. Davis Award for my efforts in establishing a new policy at the National Institutes of Health that will have a profound impact on the work we, as physicians, do every day. This policy requires NIH applicants and grantees to consider sex as a biological variable in pre-clinical research, thereby increasing the applicability of NIH-funded research and maximizing our ability to turn Discovery into Health for everyone.

Specifically, I mean that NIH has moved beyond simply insuring that women are included in ***clinical*** trials we support to requiring the study of both male and female animals, as scientifically appropriate, in the ***pre-clinical*** research studies we support. We expect that the studies involving vertebrate animals and humans will be designed, analyzed, and reported in a way that accounts for SABV. Study data are disaggregated by sex; and that critical analyses can then inform future studies.

As health care-providers, we all depend on evidence-based research to guide the diagnosis and treatment decisions we make in partnership with our patients. Yet when our patients ask if the drug or treatment we prescribe has different effects in women and men, too often we just don't know. We do not know because considering sex as a biological variable has not been routinely addressed throughout the biomedical inquiry process.

Many are certainly aware that women and men may have different symptoms during a heart attack . . .although both may have chest pain, women are more likely than men NOT to experience chest pain with ischemia, to have shortness of breath, nausea and vomiting, fatigue, and pain in the back, shoulders, and jaw when they are indeed having a heart attack.

But you may not be aware, for example, that

- something as important as an anesthetic used to establish a laryngeal mask airway, Propofol, affects women differently than it does men, and a recent publication recommended lower dosages for women.
- OR that
- women metabolize nicotine faster than do men, so nicotine replacement therapies can be less effective in women.

Due to the standards of excellence that NIH demands of itself, a clarified focus on rigor and transparency, including the implementation of the sex as a biological variable policy, we can

- be more confident that the medication and dosage you are prescribing is appropriate for both men and women;
- assure women that their participation in clinical research will truly benefit them;
- improve our diagnoses and have better outcomes for our patients;
- and enhance our practice of the art and science of medicine for all populations.

Again, I am so grateful for this award and for the support I received at NIH. I would not be standing here tonight without the encouragement from and collaboration with senior NIH leadership, especially of NIH Director Dr. Francis Collins, who has shown a real commitment to women's health research and the importance of understanding sex differences.

And lastly, I have been very blessed with an amazing family who have always supported me, and I'm especially delighted to have my wonderful husband and father here with me tonight.

Thank you

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