Women are in greater need of healthcare services across their lifespans than men, for numerous reasons. Yet women historically have been sharply underrepresented—and sometimes excluded altogether—in clinical trials designed to improve care and treatment of the health issues they face.

To address this issue, PCORI has funded 61 comparative clinical effectiveness research (CER) studies targeting conditions that specifically or more often affect women and dozens of projects focused on engaging more women in the research process.

**PCORI Answers Critical Questions**

Sex and gender differences can affect multiple physiological functions and have an impact on a wide range of diseases, such as cardiovascular, pulmonary, and autoimmune conditions. To explore those differences, PCORI funds studies to help patients, clinicians, and others answer critical questions about women’s health, such as:

**PATIENT**
I read a lot about the importance of breast cancer screening but I have no family history of the disease. How do personal risk factors affect how often I should get a mammogram?

**PHYSICIAN**
I treat an African-American woman with lupus who has had insomnia for most of her adult life. Are there any non-medication-based treatments that might work better for her than drugs?

**SUBSTANCE ABUSE COUNSELOR**
Some of my clients are expectant mothers with opioid use disorder. How can I best advise them on whether to seek treatment through the clinic where they receive maternity care or a specialty addiction program?

**Study Spotlight**

**Individualized Patient Decision Making for Treatment Choices among Minorities with Lupus**

Lupus is an illness in which the immune system attacks parts of the body; it primarily affects young women. Lupus can cause a kidney disease called lupus nephritis, a swelling of the kidneys. Lupus nephritis is more common and severe in minority groups. In this study, the research team made an online decision aid specifically for women with lupus nephritis to help them make choices about available treatments. They then compared the use of this tool with reading an educational pamphlet about lupus. They found that compared with women who read the pamphlet, women who used the decision aid felt less doubt about their choices. Further details about this project are at [www.pcori.org/Singh058](http://www.pcori.org/Singh058).
As of March 2021, PCORI has invested $259 million to fund 67 patient-centered CER studies that are highly relevant to women’s health.

**SPOTLIGHT ON ONGOING STUDIES**

**Personalizing Breast Cancer Screening**
Women have different levels of risk for breast cancer, so the traditional approach of deciding when to have mammograms based mainly on age might not be the best one. This study compares two screening schedules—one based on risk and one on age—to see how well each detects cancer, how women feel about using a risk-based schedule, and whether that approach decreases false alarms that may lead to unneeded tests or treatments. For more information about this project, visit [www.pcori.org/Esserman244](http://www.pcori.org/Esserman244).

**Improving Outcomes for Low-Income Mothers with Depression**
Experiencing depression during or after pregnancy can make it hard for women to take care of themselves and their newborns. This study is comparing two ways to help pregnant women and new mothers get the care they need for their depression symptoms. Further details about this project are at [www.pcori.org/Silverstein245](http://www.pcori.org/Silverstein245).

**BY THE NUMBER OF PROJECTS**

<table>
<thead>
<tr>
<th>Condition Category</th>
<th>Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive and Perinatal Health</td>
<td>26</td>
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<tr>
<td>Cancer</td>
<td>23</td>
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<tr>
<td>Mental/Behavioral Health</td>
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<td>Infectious Diseases</td>
<td>6</td>
</tr>
</tbody>
</table>

*A study may be counted across more than one condition category*

**Care Continuum**

- **TREATMENT**: 48
- **SCREENING**: 5
- **SURVIVORSHIP**: 1
- **PREVENTION**: 13
- **DIAGNOSIS**: 2

*A project may study more than one stage on the care continuum*