Letter to the Editor

Reply to Pendyal—Long-term Adverse Outcomes in Black Women With Obstructive Coronary Artery Disease: A Study of the Women’s Ischemia Syndrome Evaluation (WISE) Cohort

To the Editor:
We appreciate Dr Pendyal’s engagement with our recent publication and value his insightful critique. While the author highlights methodologic limitations noted in the accompanying editorial, it is important to clarify that our discussion regarding Black women with obstructive coronary artery disease potentially experiencing less discrimination in academic centres was a hypothesis, not a definitive conclusion. We concur with the need for broader social initiatives to mitigate health care disparities in the U.S., a sentiment echoed in our reference to Javed et al.’s work. In addition, we emphasise that our findings from the Women’s Ischemia Syndrome Evaluation (WISE) study, conducted in academic health centres, should not be interpreted as suggesting superiority over the thoughtful care provided in community centres. Instead, these findings should serve as a foundation for further collaborative efforts to understand and address health care disparities more effectively in various settings.

The field of cardiology faces numerous challenges in addressing women’s heart health, such as the absence of national guidelines, awareness, and equitable health care access and delivery. We suggest a shift from isolated operations of community hospitals and academic centres toward a multicentric collaborative model. This approach has proven to be effective in previous initiatives, such as reduction of door-to-balloon times for ST-segment elevation myocardial infarction. By allowing health care providers to directly activate cardiac catheterisation laboratories, we significantly improved care timeliness. This intervention was adapted by health systems nationwide to fit local contexts, and, combined with protocol care, can help eliminate treatment disparities between women and men. In the same spirit, we propose the creation of local collaborative networks for women’s health across academic and community hospitals. This multicentric approach can enhance health care access and quality for women, especially for those from underrepresented groups, and ensure timely diagnosis and treatment of cardiovascular conditions that predominantly affect women.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process
During the preparation of this work, the authors used ChatGPT to ensure grammatic accuracy and coherence in the text. After using this tool/service, the authors reviewed and edited the content as needed and takes full responsibility for the content of the publication.

Judy M. Luu, MD, PhD, FRCPC
judy.luu@mcgill.ca
C. Noel Bairey Merz, MD
Janet Wei, MD
McGill University Health Centre, Montreal, Quebec, Canada

Funding Sources
The authors have no funding sources to declare.

Disclosures
The authors have no conflicts of interest to disclose.

References