Women First Research Coalition

July 9, 2025

The Honorable Robert F. Kennedy Jr.
Secretary
Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy:

On behalf of the Women First Research Coalition (WFRC), we wish to raise an important issue: how the Department of Health and Human Services (HHS) can improve the health of women by investing in research related to conditions that are unique to women or that disproportionately impact women.

WFRC is a coalition comprised of the nation's leading professional medical and research organizations specializing in women's health. Our coalition was formed to address pressing challenges in women's health research and to raise awareness about the need for sustained and strengthened investment in the prioritization of research in conditions that are specific to women or those conditions that may present differently in women than men. We also aim to advance a research platform that improves the health outcomes of women and ensures an adequate research workforce focused on these key issues. We believe robust, sustained, and predictable funding is important for all biomedical research. This is an opportunity to correct the deficit in resources dedicated to research on condition that are unique or occur predominantly in women, which have been historically underfunded.

It is imperative that HHS and the National Institutes of Health (NIH) prioritize and integrate the health of women to meet your goal to make American healthy again and end the chronic disease epidemic. Women make up more than half of the population of the United States, but our understanding of conditions that uniquely, disproportionately, or differently affect them continues to lag. While women live longer than men, they spend more of their lives in poor health and with degrees of disability, spending nine years in poor health. To meaningfully improve the health of women, HHS and NIH must invest in research on conditions affecting their health. Despite more attention being focused on conditions like menopause and maternal mortality, investment in these and other conditions remains insufficient to meaningfully improve women's health across the lifespan. It is critical that the NIH and other federal research agencies prioritize and integrate women's health research to ensure that we make advances that will improve the health of women across the lifespan.

We wish to make the following recommendations to advance women's health research and make us all healthier.

<u>Increase Investments for Research on Women's Health</u>
Research on women's health issues, including menopause, endometrial cancer, and chronic diseases like overactive bladder syndrome and chronic migraine, are examples of conditions unique to, or predominantly occurring in women, that merit additional investigation and funding.

The ramifications of untreated or undertreated health conditions in women not only result in women living their lives in poor health but also have economic repercussions. For example, endometrial cancer is the most common gynecologic cancer, and the fourth most common malignancy among women in the United States trailing only breast, lung, and colorectal cancers. In fact, in 2023, it is estimated that 66,200 new cases will be diagnosed, and about 13,030 women will die from the disease. While most women diagnosed with endometrial cancer are postmenopausal, we are seeing this cancer diagnosed more frequently in younger women. Additionally, the mortality rate has been increasing by almost two percent each year. More study is needed to understand the increasing mortality rates of this and why it is diagnosed in younger women to allow those diagnosed to lead full, productive lives.

Breakthroughs in women's health improve our understanding of health for everyone, including men. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) funds two networks – the Multidisciplinary Approach to the Study of Pelvic Pain and the Lower Urinary Tract Dysfunction Research Network – both of which include individuals with overactive bladder (OAB). Through the samples collected, researchers have hypothesized that the syndrome of idiopathic OAB is comprised of 5 phenotypic subtypes. Since sex-specific factors may affect these subtypes, analyses are performed on females and males separately, providing meaningful information on how this condition manifests differently in men and women and why it is more frequently diagnosed in women.

Reforms to the Grant Review Process

WFRC understands that the NIH review process for grants and contracts is currently being revised and centralized to run more efficiently. As changes to this process are being considered, the WFRC recommends that all grant review processes should have a subject matter expert assigned to review specific grants. For example, while heart disease impacts both men and women, it affects men and women differently and the research on it and the differences in men and women should be reviewed by someone with an expertise in women's health, not just cardiovascular health, at NIH. To ensure that the reviewer understands the implications for the population being researched, the study section review panels at the NIH's Center for Scientific Review (CSR) should have a women's health or OB/GYN expert on panels reviewing applications targeting women's health.

Given the challenges women's health researchers have encountered where reviewers lack this specialized expertise, we welcome the opportunity to work with you and Dr. Bhattacharya to ensure that CSR has access to these experts and that special emphasis panels will still be used when standing sections do not have the required expertise. We have already submitted a list of potential reviewers to the center but believe that improving the health of women will require more concerted efforts with the forthcoming centralized review process.

Preserving the Women's Health Research at NIH

WFRC understands and supports your goal to ensure federal investments in research are efficient and effective. Most institutes make some investment in women's health research. For instance, the NICHD supports work on maternal mortality and gynecologic health, including endometriosis and uterine fibroids; the National Cancer Institute supports research on gynecologic cancers including endometrial, cervical, and ovarian cancers; and the National Institute on Aging has menopause within its scope. The Office of Research on Women's Health administers many of the critical research working training programs including the Building Interdisciplinary Research Careers in Women's Health program, the Women Reproductive Health Research (WRHR) program, and the Reproductive Scientist Development Program

(RSDP), and plays an important coordinating role to support women's health research portfolios across NIH's institutes and centers.

We believe that your efforts to make NIH more efficient and effective provide an opportunity to break down the silos at NIH to allow for more research collaborations across NIH institutes and centers on conditions affecting the health of women. However, we urge you to preserve the important functions – supporting the full range of conditions affecting the health of women, training programs in women's health research, and the implementation of the sex as a biological variable – as your administration contemplates further changes at NIH. Additionally, we urge you to preserve sex differences research where appropriate to better provide effective and efficient research and stewardship of research. Furthermore, WFRC welcomes the opportunity to work with you to optimize investments and existing NIH functions.

Thank you for your consideration of these recommendations to strengthen and support women's health research. Working together, the WFRC is confident that we can meaningfully improve the health of women across the lifespan through research and help meet your goals of improving American's health and reducing the burden of chronic disease. We will be following up to request a meeting to discuss these issues in more detail. Please reach out to our Washington representative Erika Miller at emiller@dc-crd.com with any questions.

Sincerely,

Marianna Alperin, MD
Chair, Women First Research Coalition

David Turok, MD, MPH, FACOG
Chair-Elect, Women First Research Coalition