

KENTUCKY CHAPTER

Women in Cardiology

American College of Cardiology

Michele Friday, MD
KY-ACC Women in Cardiology Chair



Meeting agenda

Welcome and introductions

Michele Friday, MD and the WIC working committee

Women in Cardiology

Our chapter, purpose and activities

Featured speaker

Dr. Tamar Polonsky

Panel participants

Dr. Mrin Shetty, Dr. Steve Leung and Dr. Li Zhou

Closing and next steps

Upcoming gatherings and ways to participate

Introductions today: Dr. Dealla Samadi, PGY4 and Haven Jacob, MS

Who we are

A professional community for women in cardiology

Kentucky connections, supported by
the ACC's national Women in Cardiology
Member Section

OUR CHAPTER

Michele Friday,
MD

KY-ACC WIC Chair

KY ACC WIC Working Committee

Dr. Mrin Shetty

Dr. Patricia Grodecki

Dr. Helen Collins

Dr. Sonu Abrahams

Dr. Helen Ibeawuchi

Dr. Li Zhou

Dr. Dealli Samadi

Stephanie Czuhajewski, MPH, CAE

Dr. Michele Friday

Our purpose

Career development	Mentoring, professional development and a strong support network.
Leadership	Opportunities to build leadership skills and advance within the ACC.
The next generation	Encouragement for students and residents considering medicine/cardiology.
Equity	Advocacy for parity in compensation and leadership advancement.
Public education	Educating people of all ages across the Commonwealth about cardiovascular risk factors.

Michele Friday, MD

Women in Cardiology in Kentucky

Connection continues beyond this meeting

Our chapter offers a supportive space for colleagues / women in cardiology and interested in cardiology -across the state.

Virtual coffee gatherings

Informal conversations about experiences and challenges in cardiology/ education/ coaching -Occurs bimonthly Thursday 7:30 am

Shared learning

Guest speakers and occasional book-club discussions, COACHING and adding value to our community of patients./ **Annual Spring Luncheon**

Mentorship and collaboration

Relationships that support professional growth and shared problem-solving.

Continuing the conversation/ WIC KY ACC

A place to connect.
A community to contribute to.



Upcoming gatherings

Connect with the Kentucky chapter
for **virtual coffee bimonthly**
Thursday at 7:30 am, **our Spring
Luncheon** and **other WIC activities**.

KY ACC / Women in Cardiology

Your participation

Share experience. Offer mentorship.
Suggest topics for future sessions.
Assist in our mission!

Our featured speaker

Tamar Polonsky

MD, MSCI

UChicago Medicine

Associate Professor of Medicine
Director, Preventive Cardiology

Clinical and research focus

Cardiovascular prevention
Risk assessment and epidemiology
Women's heart disease

Our panel

Mrin Shetty

MD

UofL Health

Advanced cardiac imaging
Cardiovascular disease
in women

Steve Leung

MD

University of Kentucky

Cardiovascular imaging
Cardiology fellowship
leadership

Li Zhou

MD, PhD

**Norton Heart &
Vascular Institute**

Medical Director,
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Thank you

For sharing your time, experience and commitment
to women in cardiology and the patients we serve.

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Questions for the panel

Women's heart health

What would you most like clinicians to recognize earlier when assessing cardiovascular risk in women?* Dr Zhou

Prevention across all ages

How can we help people across the Commonwealth understand their risk factors and take action at every age?* Dr. Zhou

Mentorship and leadership

What support has helped you most in your career, and how can our chapter offer it to others?* Dr. Shetty

Our next step

What one initiative should Kentucky WIC prioritize to strengthen prevention or support women in cardiology? Dr Shetty

More questions for the panel

Access to care	How can we make cardiovascular prevention and specialty care more accessible in rural Kentucky?
Imaging decisions	When does cardiac imaging add the most value to risk assessment, and how do you explain that choice to patients?
Career sustainability	What changes in the workplace would help women in cardiology sustain fulfilling careers? * Dr Polonsky
Allies and advocates	How can colleagues and leaders actively support women's advancement in cardiology?-* Dr. Polonsky

Questions for Dr. Steve Leung

Recruitment	What helps women residents choose cardiology, and how does your recruitment process address barriers? * Dr. Leung
Equal opportunities	How do you ensure women fellows have equal access to procedures, research and leadership roles?
Training and family	How can fellowship programs support pregnancy and parental leave while protecting training opportunities?
Active sponsorship	As a male program director, how do you turn support for women fellows into sponsorship and career opportunities? * Dr. Leung

Finding a path in cardiology

Tammy Polonsky, MD, MSCI



Setting the scene

- Grew up on the South Side of Chicago, on the campus of the University of Chicago
- Came home to University of Chicago for medical school where I realized that I liked clinical research
- Went to the Brigham and Women's Hospital for internship and residency
- During the break between internship and residency married my high school boyfriend who was still in Chicago
- During residency what I liked most about cardiology was wealth of clinical trial data, mixture of physical exam, hemodynamics, combination of imaging and procedures
- Also enjoyed ability to help patients make lifestyle changes, manage a chronic disease
- Given my husband's job I knew I had to move back to Chicago, took off a year to do research at U of C
- Had our first son in March of my gap year

During fellowship

- Enjoyed imaging but most of the research in our group at the time was related to technical aspects of imaging, and what I liked was what it told you about physiology
- Worked on a project looking at associations of self-reported erectile dysfunction and ankle-brachial index testing among men referred for nuclear stress test
- Wanted an experience that would provide rigorous training in research and grant writing
- Best option in Chicago was T32 at Northwestern University in Cardiovascular Epidemiology and Prevention
- I didn't know much about epidemiology and prevention and wasn't sure it was an interest, but received outstanding training from giants in the field – Philip Greenland, Donald Lloyd-Jones, Mary McDermott – and grew to love it

First (and only) job – University of Chicago

- Planned to continue working with Drs. Greenland and Lloyd-Jones while at Chicago, but realized harder than anticipated at different institutions, even in the same city
- Connected with David Meltzer, prior research mentor, in hospital medicine
- Worked together on R01 application to study anemia and symptoms, which didn't get funded, but taught me about grant writing and led to inclusion in MINT trial
- Also led to involvement in ADAPTABLE and PREVENTABLE
- Continued working with Mary McDermott on clinical trials in PAD
- Over years became site PI and now Co-I on several grants, had R21 funded as part of an ancillary study of one trial looking at microbiome

Some important realizations

- I needed to make my career in Chicago
- I really like clinical medicine and consider that a major part of my identity
- I love thinking and working on clinical trials, which is labor intensive
- I'm better at supporting roles when it comes to research projects than being the person to find cutting edge treatments
- I like writing but I write slowly and can't churn out papers like some people can
- Some people are driven by passion to study one condition – I'm not that person
- I applied my interest in trials and prevention (which grew during the T32) to meld a research and clinical career
- Clinical niches – prevention, PAD, cardio-oncology, women with preeclampsia and now (as I get older) CVD in women across the life spectrum

Questions to ask yourself

- If you are considering research, are you willing to spend significant time writing grants?
- Do you like writing papers?
- If you prefer a clinical focus, what clinical niche(s) can you develop?
- Are you interested in additional ways to have a role in medicine apart from clinic – quality improvement, medical education, professional societies, clinic or section leadership, volunteer work
- What level of support do you have, what additional training do you need?
- What mentorship is available to you?
- Do you like managing people?

Some clinical pearls for prevention

Is it appropriate to restrict coffee intake?



ESC

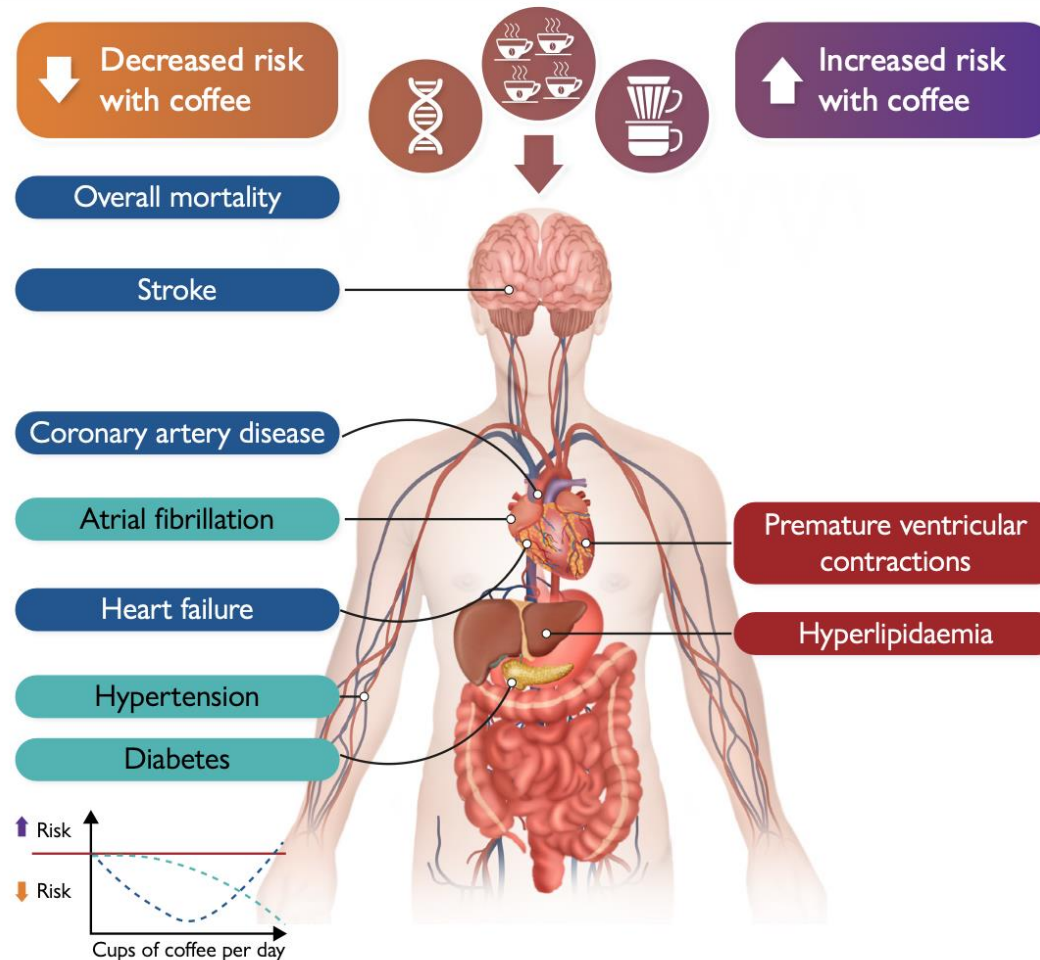
European Society
of Cardiology

European Heart Journal (2025) 46, 3546–3554
<https://doi.org/10.1093/eurheartj/ehaf421>

STATE OF THE ART REVIEW

Epidemiology, prevention, and health care policies

Coffee and cardiovascular risk

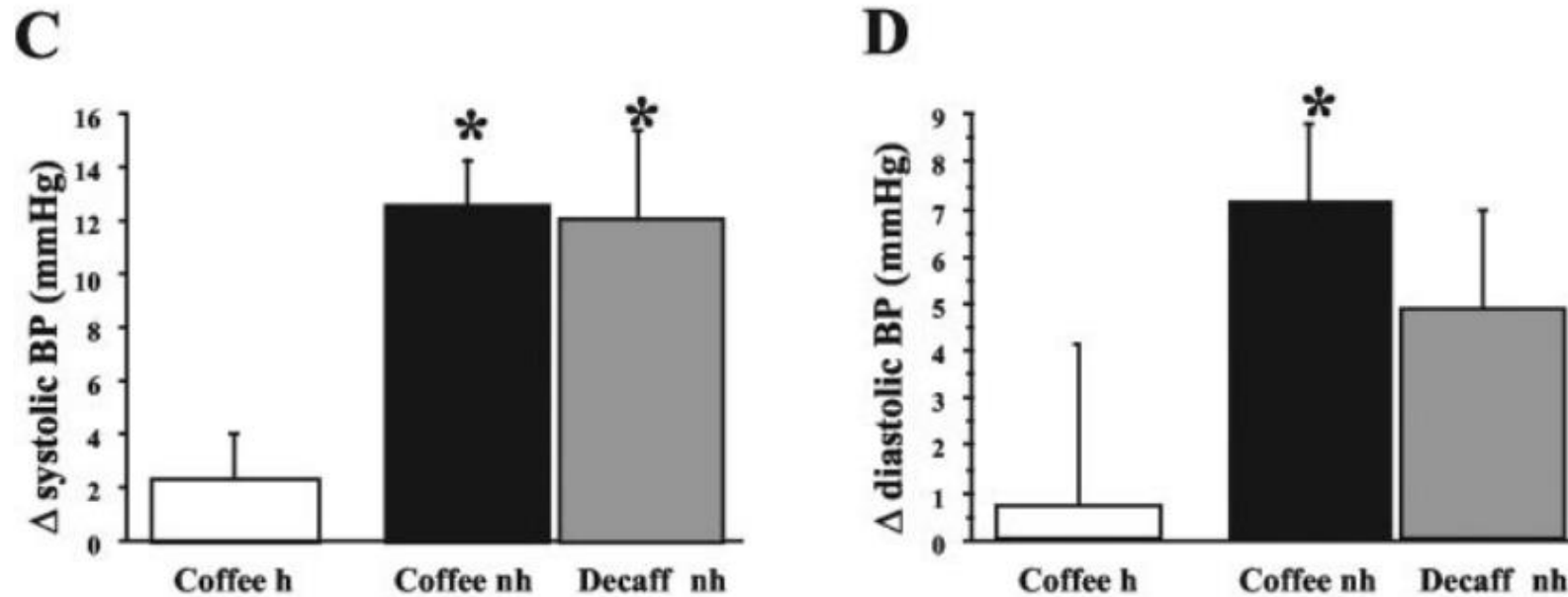


Coffee and cardiovascular disease

Thomas A. Dewland¹, Rob M. van Dam², and Gregory M. Marcus^{1,*}

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Acute effects of triple shot of espresso on blood pressure

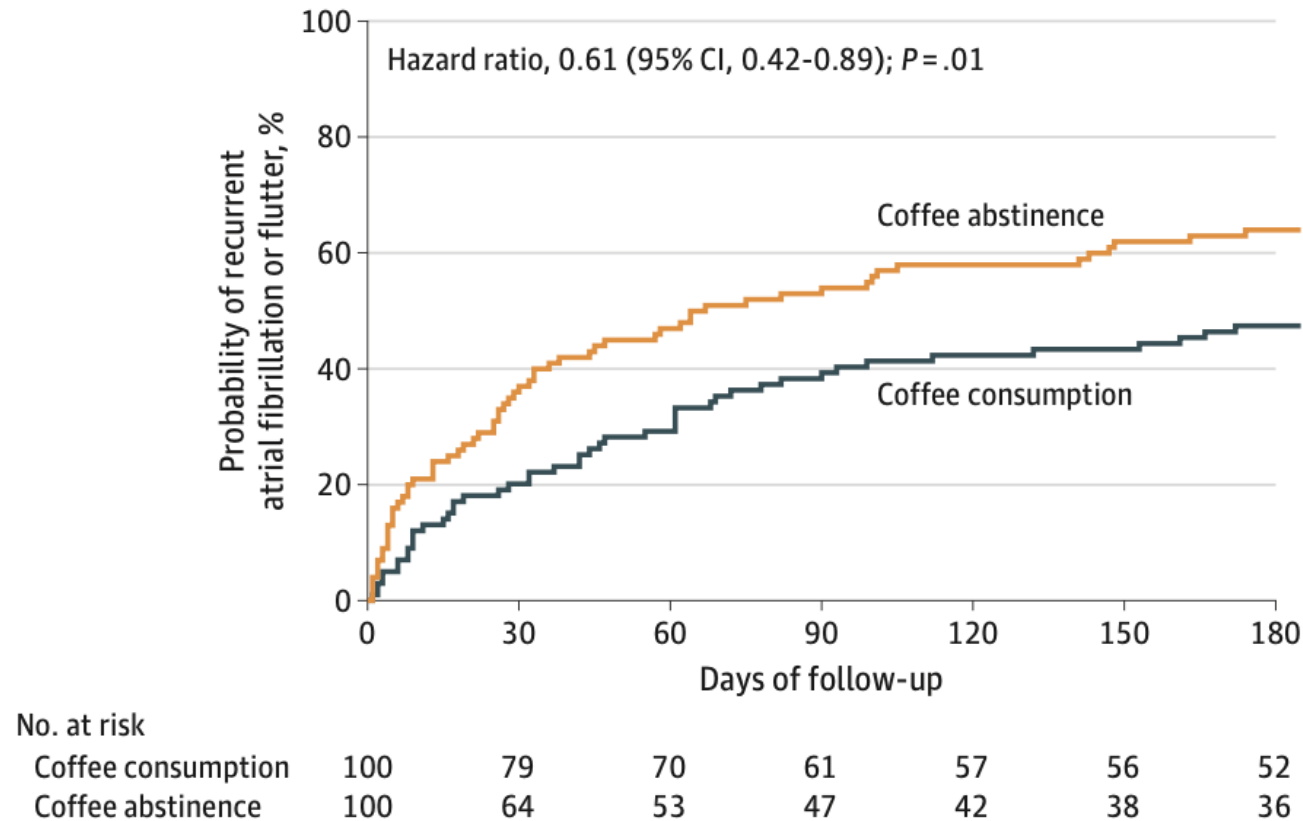


Corti et al. *Circulation*. 2002;106:2935-2940

Coffee and AF – the DECAF trial

- 200 coffee-drinking adults with persistent atrial fibrillation, planned for electrical cardioversion
- Randomized to daily coffee consumption vs abstinence from coffee and other sources of caffeine for 6 months
- Primary outcome clinically detected recurrence of atrial fibrillation or flutter

Time to recurrence of atrial fibrillation by coffee consumption



Does it matter how you space out exercise?

B WW defined as ≥ 150 min of MVPA/wk (guideline based) with $\geq 50\%$ over 1-2 d

Outcome	No. of events	No. of participants	Hazard ratio (95% CI)
Atrial fibrillation			
Active WW	1009	36 887	0.78 (0.74-0.83)
Active regular	548	20 980	0.81 (0.74-0.88)
Inactive	1085	29 167	1.00 (0.94-1.07)
Myocardial infarction			
Active WW	470	37 124	0.73 (0.67-0.80)
Active regular	226	21 077	0.65 (0.57-0.74)
Inactive	533	29 283	1.00 (0.91-1.10)
Heart failure			
Active WW	411	37 657	0.62 (0.56-0.68)
Active regular	169	21 343	0.64 (0.56-0.73)
Inactive	640	29 871	1.00 (0.92-1.09)
Stroke			
Active WW	313	37 417	0.79 (0.71-0.88)
Active regular	224	21 260	0.83 (0.72-0.97)
Inactive	354	29 631	1.00 (0.90-1.11)

