Emory’s heart team is saving women’s lives.
You can help.

Emory Heart & Vascular Center
Women’s Heart Health

The word *heart* often is a stand-in for something else—the center, the crux, the most significant part. There are no substitutes for the physical heart, which is at the center of a person’s well-being and vital to human life. This is why good heart health is so important.

- More women are killed by heart disease than the next seven causes of death combined in the United States. And more women than men die of heart disease every year.
- Heart disease is a leading cause of disability among women. Two-thirds of women who have a heart attack fail to make a full recovery.

Thanks to the work of leading researchers at Emory, women’s heart disease is now recognized as a serious health problem. Researchers, clinicians, and scientists in Emory’s Women’s Heart Program are working hard to challenge heart disease’s position as the leading killer of women. By transforming guidelines for treatment, offering superb clinical care, reaching out to the community, and conducting game-changing research, Emory’s physician scientists are making a difference in women’s lives in the Southeast and beyond.

Joan Jahnke’s story

A CHARGE NURSE on a cardiac care unit in South Carolina, Joan Jahnke had always been healthy and active.

One day in 2005, while sprinting up a long set of stairs next to her neighbor’s steep driveway, she suddenly couldn’t breathe. It was as if someone had punched her in the stomach. Such symptoms recurred over the next couple of years, worsening to the point where she could no longer muster enough air to speak.

During that time she underwent exhaustive medical tests, but no one could pinpoint the cause. “My doctor in South Carolina and my other medical friends told me it was time to get out of town,” she says. “I needed to go someplace, a center of excellence for heart care that could help figure out what was going on with my heart.”

That place was Emory. Physicians at the Emory Heart and Vascular Center collaborated with her hometown cardiologist to diagnose the illness—coronary microvascular disease—and determine the best treatment. Today she is doing well on a simple regimen of nitroglycerin, a common medication for heart disease.
Gina Lundberg, MD, FACC
assistant professor of cardiology, Emory School of Medicine; medical director, Saint Joseph’s Heart Center for Women; clinical director, Emory Women’s Cardiovascular Health Center

Emory cardiologist Gina Lundberg is a pioneer for women’s heart health who started Georgia’s first women’s heart center in 1998.

Now the clinical director of the Emory Women’s Cardiovascular Health Center and the medical director of Saint Joseph’s Heart Center for Women, Lundberg has dedicated her life to women’s heart health. At Saint Joseph’s, she started an innovative screening program to reach women before they have cardiac events. Using a friendly, one-on-one approach, the screening is tailored to each woman and takes one to two hours to conduct. Forty percent of women screened are found to be at risk and are offered personalized care targeted to their specific health needs.

To promote cardiac health in groups with the highest risk for heart disease, Lundberg reaches out to African American and Latino communities through health fairs and church events. “We want to be here for all women of Atlanta,” she says.

Leslee Shaw, PhD, FACC, FASNC, FAHA
professor of cardiology, Emory School of Medicine; co-director, Emory Clinical Cardiovascular Research Institute

Recently honored by Woman’s Day magazine and the American College of Cardiology for her work in fighting heart disease in women, Leslee Shaw is a leading research scientist and co-director of the Emory Clinical Cardiovascular Research Institute. With funding from the National Institutes of Health, she studies test accuracy, risk assessment, prognosis, and cost efficiency, focusing on how diagnostic tests work differently to measure heart disease risk in various ethnic groups and in women versus men.

In one recent study, Shaw and colleagues analyzed data from nearly 8,000 women and men who underwent myocardial perfusion positron emission tomography (PET) imaging, which measures the flow of blood in the heart. They discovered that this diagnostic procedure accurately and safely predicts the risk of heart disease in both women and men, unlike the commonly used angiogram, which accurately predicts risk in men but misses the signs in women. Pioneering studies like this one change the way heart disease is detected and help women get treatment before they suffer a heart attack.

Together Lundberg and Shaw are working on a National Institutes of Health-funded project—the International Study of Comparative Health Effectiveness with Medical and Invasive Approaches (ISCHEMIA)—to determine the best way to treat heart disease. Shaw is heading the multi-center trial, while Lundberg is supporting Shaw’s efforts at Saint Joseph’s. With collaborations like this one—emblematic of Emory and Saint Joseph’s partnership—these two national leaders are making a tangible difference in women’s lives.