

Profile

Vanita Aroda: the accidental role model... by no accident



Clinical academia is still male dominated in many fields, including diabetes and endocrinology. Which makes the achievements of Vanita R Aroda, the current Director of the Diabetes Clinical Research Program at Brigham and Women's Hospital and Member of the Faculty of Harvard Medical School (Boston, MA, USA), all the more impressive. With more than 100 articles in peer-reviewed journals, particularly in the areas of diabetes prevention and novel therapeutics, she has, as her colleague Melanie Davies (Leicester Diabetes Centre, University of Leicester, Leicester, UK) phrases it "progressed on a rapid trajectory using her leadership style of calm determination and clear authority," yet remains a "warm individual who is making a real impact in diabetes research and care."

Aroda's achievements have come about perhaps both because of her background and despite it. Born and raised in southern California by two immigrant Indian parents, Aroda was raised with a very 'Eastern' philosophy of self-actualisation, to retain core values and devote herself to learning without thinking of the end reward. Yet she was also raised in a culture with a strong deference to males, and with an acceptance common to many Indian families that there were differences between what men and women could do and achieve. The only exception was educational achievement, which was paramount regardless of gender.

Her embrace of educational excellence led Aroda to medicine, but it was her fellowship mentor at the University of California (San Diego), the world-renowned diabetologist Robert R Henry, who sparked her passion for clinical research. Henry mentored Aroda in several research activities, from evaluating metabolic and hormonal effects of insulin sensitisation in women with polycystic ovary syndrome, to assessment of novel diabetes

therapeutics such as the emerging incretin mimetics (GLP-1 receptor agonists) for the treatment of diabetes and obesity. He also enabled her to establish the first multidisciplinary weight management centre for the Veterans Affairs hospital in San Diego. However, one of the key aspects of Henry's mentorship was that he gave her the freedom and opportunity to pursue areas that she enjoyed, supported her when she was daunted by the insecurities thrown up by academic life such as reliance on grants, and kept the research door open for her as she explored the balance of work and family life in clinical practice. Such flexibility and understanding gave her the courage and support to re-enter scientific and medical research when she was ready.

Aroda and her family moved to the Washington DC area in 2008, where she rediscovered her enthusiasm for clinical research at Medstar Health Research Institute under the guidance of another esteemed diabetologist, Robert E Ratner. Here, she immersed herself in clinical trials, which fostered her passion for the clinical trial journey and its impact on care. "It was the interaction with the participants in the clinical trials that pulled me in and retained me in the field of clinical research", she commented. Her career has gone from strength to strength since then. Davies cites several notable works for Aroda, including her involvement in the Diabetes Prevention Programme, leading publications on outcomes in women with and without gestational diabetes that showed that lifestyle modifications and metformin could help to prevent or delay diabetes in this population, and a study leading to guideline recommendations to monitor patients treated with long-term metformin for vitamin B12 deficiency. Equally notable are her contributions to studies of new therapies, especially GLP-1 receptor

agonists, including her recent work on the PIONEER 1 trial of the first oral GLP-1 receptor agonist (semaglutide) for the management of people with type 2 diabetes. Aroda is proud of her involvement in studies that have changed diabetes clinical practices and guidelines, and is just as proud of her role in mentoring research teams and programs, helping others on their academic journey.

Aroda seems bemused at the idea that she could be a role model, especially for other women and people from minority backgrounds in science, but she is very aware of the imbalances that pervade. In many diabetes conferences and seminal publications, she has wondered where the women are, and whether the imbalances ultimately hinder our collective advancement. Yet she reflects, "While boundaries and norms may seem limiting, each of us is limitless in what we can offer," explaining that this outlook has opened up unanticipated pathways for her. She cites Henry and Ratner again as examples of what supportive mentors should be at the beginning of an academic's career. "Women are sometimes 'isolated off', or bypassed, especially during the early family years, but with a good mentor and supportive network, they can be encouraged and engaged back into research, and provided the opportunities to grow and shine at their own pace." Such encouragement she thinks could help to address the "funnelling out" of women from leadership roles in diabetes and endocrinology that is still evident today. Aroda also notes that balanced perspectives at every level can only lead to better outcomes in research. Davies commented "It is important to have role models like Vanita Aroda, who are an inspiration, particularly to aspiring female academics from diverse populations."

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