ID #	Full Article Reference	Key Words	Year of Publication	Overview of Paper / Key Details	Link(s) to Paper and any Reference Material
1	Göttgens, I., Jasmijn A.M. Sleutjes, Boerner, K. E., Sialino, L. D., & Natália Valdrighi. (2023). A genderful research world: rapid review, design, and pilot study of an interactive platform for curated sex and gender health research resources. International Journal for Equity in Health (Online), 22(1). https://doi.org/10.1186/s12939-023-01899-2	Sex, Gender, Research Methods, Information dissemination, knowlegde mobilization, SGBA+ , Health Research, Equity	2023	Sex and gender are critical determinants of health that influence disease eitology, clinical presentation and treatment outcomes. While sex referes to the biological attributes such as chromosomes and hormones, gender encompases socially and culturallt constructed roles, ideantied and expressions, including those who identify as women, men, transgender, intersex and other gender diverse individuals. Despite their significance, major gaps persist in the integration of sex and gender considerations in health reasearch. A survey across ten health disciplines revealed that most basic science studies continure to rely on male animals, leaving women to remain unrepresented in clinical trials. Furthermore, the U.S FDA does not require sex-based compariosons of dosage or efficancy in phase 2 trials. Exsiting studies that do explore sex differences often focus narrowly on biological comparisons, negelecting the broader sociocultural dimentions of gender and their intersections with other social factors. To address this gap, the Genderful Research World platform was developed as an interactive web based tool to consolidate the delivery of SGBA+ resources in an enganging format. Guided by the rapid reveiw of 45 exsisting resourses and built through collaborative, interdisciplinary input, the platform featured reflective quizzes, definitions and branching research pathways tailored to preclinical and clincial/pubic reseachers. Feasibility testing among interational researchers showed that the platform was well-received in terms of usability, relevance and visual engagement. Participant feedback directly informed iterative improvemtns resulting in a user-centered tool that supports the intergration of SGBA+ across diverse research context.	https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-01899-2#abbreviations
2	White, J., Tannenbaum, C., Klinge, I., Schiebinger, L., & Clayton, J. (2021). The Integration of Sex and Gender Considerations Into Biomedical Research: Lessons From International Funding Agencies. The Journal of Clinical Endocrinology & Metabolism, 106(10), 3034–3048. https://doi.org/10.1210/clinem/dgab434	Sex, Gender, Health Research, Evidence, Reporting, Guidelines, SGBA+, Bias	2021	Over the past decades, health research has evolved from a narrow focus predominatly male models to a more complex understanding of human biology within diverse populations. This shift has progressed by growing recognition of the consequences shown when exclusion of sex and gender are visible. Ranging from irreproducible results to harmful clinical outcomes and public disrust in science. Misconceptions such as the belief that female physiology introduced excessive variability have been debunked, meanwhile the historical relience on male subjects leaves critical gaps in our understanding in disease mechanisms, treatment efficency and pharmacologcial repsonses in female and other gender-diverse populations. These oversights have compromised the rigor, reproducibility and generalizability of research findings. In response funding bodies and regulatory agenciew have adopted SGBA frameworks, including policies like the NIH Sex as a biological variable (SABV) mandate. Such frameworks emphasize the integration of sex differences from the earliest stages of reseach design through data interpretation and reporting. During COVID-19, the lack of inclusion further highlighted the importance of SBGA in Data, where data revealed that sex, gender and their intersections significantly influene disease severity and outcomes. International agencies have prompted SGBA by provideing incentives, developing traning resources and incorperating SGBA into peer review processes. Evidence suggested that linking SGBA intergration to funding sucess was essential to changing research culture and improving scientific accountability. Despite this progress, challanged remain in translating awareness into consistant high quality application. With the development of Genderful Research World supports this shift by offering engaging, phase specific tools to incorperate SGBA across diverse biomedical context.	https://academic.oup.com/jcem/article/106/10/3034/6302229
3	Brabete, A. C., Greaves, L., Maximos, M., Huber, E., Li, A., & Lê, M.-L. (2022). A Sex- and Gender-Based Analysis of Adverse Drug Reactions: A Scoping Review of Pharmacovigilance Databases. Pharmaceuticals, 15(3), 298. https://doi.org/10.3390/ph15030298	Adverse drug reactions; sex; gender; SGBA+; lifecycle management of drugs; pharmacovigilance	2022	This paper explores how well women were represented in clinical trials for new drugs and biologics approved by the FDA between 2019 and 2020. The authors reviewed 101 approved products and found that women made up approximately 56 percent of all trial participants. In about 74 percent of cases, their level of participation reflected how common the disease was among women in the general population, suggesting progress in aligning trial enrollment with real-world disease patterns. However, the study also found that only 26 percent of trials reported outcomes separately for men and women, limiting the ability to detect possible sex-based differences in how drugs work or what side effects may occur. The paper notes that underrepresentation of women was still seen in certain areas like cardiovascular and infectious diseases. The authors stress that including women in trials and analyzing data by sex is key to improving the safety, effectiveness, and fairness of new treatments.	https://www.mdpi.com/1424-8247/15/3/298
4	Greaves, L., Brabete, A. C., Maximos, M., Huber, E., Li, A., Lê, M.-L., Eltonsy, S., & Boscoe, M. (2023). Sex, Gender, and the Regulation of Prescription Drugs: Omissions and Opportunities. International Journal of Environmental Research and Public Health, 20(4), 2962. https://doi.org/10.3390/ijerph20042962	Sex, gender, equity, SGBA+, regulation of prescription drugs, pharmacovigilance, ICH, FDA, EMA, Health Canada	2023	The article argues that science becomes more accurate and reliable when sex and gender are properly considered in research. For years, studies in medicine and biology have focused mainly on male subjects, including male animals, cells, and human participants. Female subjects were often excluded based on the false belief that hormonal cycles would make data less reliable. As a result, important sex-based differences have been missed, leading to gaps in diagnosis, treatment, and drug safety. Women, for example, are more likely to suffer adverse drug reactions because most medications are developed and tested on male bodies. The article calls on funders, journals, and research institutions to require sex and gender analysis at all stages of research, highlighting efforts by organizations like the European Commission and the Canadian Institutes of Health Research. Overall, the article emphasizes that considering sex and gender is not just about equity, it is essential for producing high-quality science that benefits everyone.	https://www.mdpi.com/1660-4601/20/4/2962

5	McCarthy, L., Milne, E., Waite, N., Cooke, M., Cook, K., Chang, F., & Sproule, B. A. (2017). Sex and gender-based analysis in pharmacy practice research: A scoping review. Research in Social and Administrative Pharmacy, 13(6), 1045–1054. https://doi.org/10.1016/j.sapharm.2016.11.007	Sex, Gender, Biological variables, Animal models, Experimental design Reproducibility,Bias	2017	The article reviews progress since the NIH introduced its policy requiring researchers to consider sex as a biological variable (SABV) in preclinical research. This policy aimed to correct the male bias in animal and cell studies that historically excluded female subjects, leading to limited generalizability and overlooked health risks. While awareness has grown, the authors note that many studies still include both sexes without analyzing or reporting sex-specific results. This failure limits the potential to uncover critical biological differences that could influence disease development, drug metabolism, and treatment responses. The article explains that ignoring SABV can lead to misleading conclusions, unsafe drug dosing, and ineffective therapies, particularly for women. It stresses that integrating SABV can lead to more personalized medicine, improved clinical trial design, and better health outcomes across populations. Ultimately, the authors call for a shift in scientific culture to treat sex not as a variable to control for, but as a valuable source of discovery and innovation.	https://www.sciencedirect.com/science/article/abs/pii/S1551741116303394?via%3Dihub#preview-section-abstract
6	Greyson, D. L., Becu, A. R., & Morgan, S. G. (2010). Sex, drugs and gender roles: mapping the use of sex and gender based analysis in pharmaceutical policy research. International Journal for Equity in Health, 9(1), 26. https://doi.org/10.1186/1475-9276-9-26	Sex, Gender, Implementation research, Equity, Health systems, Low- and middle-income countries	2010	This article argues that sex and gender must be integrated into implementation research to improve health equity and effectiveness, particularly in low- and middle-income countries. The authors critique the frequent absence of these considerations in health systems research and highlight how gender norms shape who accesses care, who makes health decisions, and how interventions are received. They present detailed case studies, such as a maternal health program in Bangladesh and an HIV prevention initiative in South Africa, to show how failing to account for gendered power dynamics limited the reach and impact of these interventions. The article outlines specific methodological steps for incorporating sex and gender: formulating research questions that address sex/gender differences, ensuring disaggregated data collection, using mixed methods (qualitative and quantitative), and applying intersectional analysis to interpret findings. They emphasize that tools like gender analysis matrices, participatory methods, and community-based approaches are essential for capturing lived experiences and social constraints. The authors argue that this kind of inclusive research leads to more realistic policy recommendations, improved implementation strategies, and better health outcomes. In conclusion, the paper calls for researchers, funders, and institutions to treat sex and gender analysis as a core component of rigorous, ethical, and impactful implementation science.	https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-9-26
7	Brabete, A. C., Greaves, L., Hemsing, N., & Stinson, J. (2020). Sex- and Gender-Based Analysis in Cannabis Treatment Outcomes: A Systematic Review. International Journal of Environmental Research and Public Health, 17(3), 872. https://doi.org/10.3390/ijerph17030872	SGBA; cannabis use disorder; randomized controlled trial.; sex- and gender-based analysis.	2020	Sex and gender have been historically underrepresented in health research policies, despite strong evidence showing they affect disease risk, progression, diagnosis, treatment, and outcomes. The authors examine and compare international policies, particularly from Canada, the United States, and the European Union that require researchers to consider sex and gender in funding applications and study designs. They highlight that while policy awareness has grown, many researchers still lack the training or guidance to effectively implement these requirements. The paper outlines several policy strategies that have proven effective, such as requiring sex-disaggregated data, mandating sex and gender analysis in peer review, and offering educational resources for researchers. It emphasizes the importance of clear accountability mechanisms and sustained funding for capacity-building, such as through Canada's Sex- and Gender-Based Analysis Plus (SGBA+) framework. The article uses a policy review methodology to evaluate the strengths, weaknesses, and implementation challenges across jurisdictions. Ultimately, the authors argue that embedding sex and gender into research policy is essential for achieving more ethical, inclusive, and evidence-based health research.	https://pubmed.ncbi.nlm.nih.gov/32019247/
8	Kozak, K., H. Smith, P., Lowe, D. J. E., Weinberger, A. H., Cooper, Z. D., Rabin, R. A., & George, T. P. (2021). A systematic review and meta-analysis of sex differences in cannabis use disorder amongst people with comorbid mental illness. The American Journal of Drug and Alcohol Abuse, 47(5), 535–547. https://doi.org/10.1080/00952990.2021.1946071	Cannabis use disorder, Comorbid mental illness, Sex differences, Gender, Systematic review, Meta-analysis, Substance use, Psychiatric disorders	2021	This article offers a clear opportunity to apply an SGBA+ lens to understand substance use patterns more deeply. The authors conducted a systematic review and meta-analysis to examine sex differences in cannabis use disorder (CUD) among individuals with co-occurring mental illness. Their findings revealed that males with comorbid psychiatric conditions had a significantly higher risk of developing CUD compared to females. However, the paper also notes a lack of consistent sex-disaggregated data and limited exploration of underlying gender-based or social factors that could influence these outcomes. Using SGBA+ in this context would mean not only comparing males and females biologically, but also examining how social roles, stigma, access to care, and cultural expectations shape cannabis use and treatment engagement differently across genders. For instance, SGBA+ would encourage future studies to explore why women with mental illness may be underdiagnosed for CUD or face different barriers to accessing support. It would also prompt intersectional analysis, asking how factors like income, race, trauma history, or caregiving roles interact with gender to influence substance use patterns. By applying SGBA+, the gaps in the current literature identified by this article could be addressed, leading to more targeted prevention, screening, and treatment strategies that account for both biological and sociocultural realities. This aligns with SGBA+'s goal to improve health equity and strengthen evidence by making research more inclusive, context-specific, and responsive to real-world complexity.	https://research-ebsco-com.proxy1.lib.uwo.ca/c/c5w5ss/viewer/pdf/kzuwkohljr?route=details

9	Desai, A. V., Han, D., Kowalski, D. L., Lademacher, C., Pearlman, H., & Yamazaki, T. (2019). No Dose Adjustment for Isavuconazole Based on Age or Sex. *Antimicrobial Agents and Chemotherapy* , *63* (6). https://doi.org/10.1128/aac.02629-18	Age, Isavuconazole, pharmacokinetics, sex	2019	This study examines whether age or sex affects how the antifungal medication isavuconazole is processed in the body, using data from phase 1 and phase 3 clinical trials. The authors analyzed pharmacokinetic data from 981 individuals and found no significant differences in drug exposure between males and females or across age groups. While this suggests no need for sex- or age-based dose adjustments, the study does not explore the broader social or gender-related factors that may affect treatment access, adherence, or outcomes. An SGBA+ (Sex and Gender Based Analysis Plus) lens would go beyond the biological findings to ask how gender roles, health system interactions, or intersecting factors like comorbidities, race, or caregiving status may influence medication use and effectiveness in real-world settings. For instance, while drug levels may not vary by sex, differences in prescribing practices, side effect reporting, or diagnosis rates could still exist based on gender norms or systemic bias. SGBA+ would also push for more inclusive clinical trials that actively recruit diverse populations and report sex-disaggregated outcomes alongside gender-based behavioral data. By applying SGBA+, researchers could better understand whether the “no difference” result in pharmacokinetics translates to equal effectiveness and safety across different sex and gender groups in real-life care settings. This would strengthen the clinical relevance of the findings and ensure that therapeutic decisions are both scientifically valid and socially responsive.	https://journals.asm.org/doi/epub/10.1128/aac.02629-18
10	Casey, M. J., O’Brien, R., Rendell, M., & Salzman, T. (2012). Ethical Dilemma of Mandated Contraception in Pharmaceutical Research at Catholic Medical Institutions. The American Journal of Bioethics, 12(7), 34–37. https://doi.org/10.1080/15265161.2012.680532	Biomedical research, Human subjects research, Informed consent, IRB (Institutional Review Board), Regulatory issues, Research ethics.	2012	This article examines the ethical tension between pharmaceutical companies’ requirements for female research participants to use contraception and Catholic hospitals’ refusal to allow such mandates. As a result, women are often excluded from clinical trials at Catholic institutions, limiting their access to research and skewing sex-specific data. An SGBA+ lens shows how this issue disproportionately impacts women, particularly those who are celibate, in same-sex relationships, or have personal or religious objections to contraception. The article argues for flexible research policies that respect religious values while protecting women’s autonomy and access to research. SGBA+ supports this by recognizing how sex, gender, and intersecting identities shape people's ability to participate in and benefit from health research. Ultimately, it calls for inclusive, ethical approaches that ensure fair participation without compromising individual rights or scientific integrity.	https://www.tandfonline.com/doi/epdf/10.1080/15265161.2012.680532?needAccess=true