Abstract Submission Form

The Women's Heart Center Program Committee is accepting abstract submission forms through **August 15, 2025**. Completed forms should be emailed to WHC@TheChristHospital.com.

Abstract submissions should be gender- and sex-specific research pertaining to one of the program topics outlined below.

The Program Committee wishes to encourage young scientific investigators and will reward up to 4 abstracts/posters submitted by presenters considered early career (definition provided below). First place will receive $1000, second place will receive $500, and two honorable mentions will each receive $250.

The presenting author will be sent an email with the status of the submission by **August 22, 2025**. If your abstract is accepted, your notification will contain complete presentation information. However, please note the following:

- All human subject research must conform to the principles of the Declaration of Helsinki of the World Medical Association.
- The presenting author should be able to provide documentation of IRB approval if requested.
- The Program Committee is unable to reimburse presenters for travel, hotel, or per diem expenses.
- Submission of an abstract constitutes a commitment by the presenting author (or designee) to present in-person at the symposium on October 3, 2025, during the following times:
    - Registration & Networking: 7:00 – 8:00 am
    - Networking Lunch: 12:00 – 1:30 pm
    - Poster Session Award Announcement: 4:50 – 5:10 pm
- All accepted abstract presenters must register for the symposium via Eventbrite and pay the applicable registration fees (trainees and invited speakers will have the registration fee waived).
- If an author wishes to withdraw an abstract, please email WHC@TheChristHospital.com.

Presenting Author Information

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Early Career (Defined as physicians, scientists, medical students, and other healthcare providers currently in residency or fellowship programs or within three years of training)? Yes ☒ No ☐

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Disclosures: Please list any relevant financial disclosures.
None

Abstract Topic (must be gender- or sex-specific)

☐ Preventative cardiology	☐ General cardiology	☐ Interventional cardiology
☒ Heart failure	☐ Cardio-oncology	☐ Cardio-obstetrics
☐ Electrophysiology	☐ Cardiovascular Imaging	☐ Coronary Microvasculature
☐ Social Determinants of Health	☐ Mental Health	☐ Precision Medicine

Title: Include the full title as it will appear on the poster.
Gender Disparities in Heart Transplant Allocation and Outcomes in the Modern Era

Background: In an initial paragraph, provide relevant information regarding the background and purpose of the study, preferably in no more than two to three sentences.
Policy reforms aimed at promoting equity in orthotopic heart transplantation (OHT) have been implemented in recent years, yet disparities in organ allocation and post-transplant outcomes remain. Using a national database, we analyzed one-year post-transplant outcomes by sex groups to provide real-world insights into ongoing inequities.

Methods: Briefly state the methods used.
We performed a retrospective analysis using the TriNetX Research Network to identify adult patients undergoing OHT between 2019 to 2023. Propensity score matching (1:1) was applied to adjust for baseline differences. The primary endpoint included trends in OHT utilization across male and female sex groups. Secondary outcomes include one-year mortality, acute rejection, heart failure readmissions, end-stage renal disease (ESRD), and all-cause hospitalization rates. Kaplan-Meier survival analysis and Cox proportional hazards models were used.

Results: Summarize the results in sufficient detail to support the conclusions.
Between 2019 and 2023, a total of 2,569 orthotopic heart transplant (OHT) recipients were included. Our study revealed that the total annual rate of OHT more than doubled from 2.3% to 5.7% (P trend=0.019). After 1:1 propensity score matching, 683 female recipients were matched to 683 male recipients with excellent covariate balance across demographics, comorbidities, medications, and laboratory data. Among female recipients, OHT incidence increased from 1.95% to 5.02%, representing a 2.6-fold rise compared with a 2.4-fold increase in males. Although the utilization gap narrowed over the five-year period, absolute transplant rates remained consistently higher in males. Notably, female recipients experienced significantly higher rates of acute rejection (58.0% vs 50.8%, HR 1.26, p=0.002), heart failure readmissions (11.3% vs 7.2%, HR 1.59, p=0.01), and hospitalizations (71.7% vs 64.7%, HR 1.21, p=0.003), despite similar mortality rates.
Click or tap here to enter text.

Conclusions: Concisely state the conclusions reached.

Our trend analysis showed a rising annual incidence of heart transplantation across both groups, reflecting broader outreach, increased organ availability, and improved listing equity in the modern transplant era. However, the consistently lower transplant incidence in women despite the near-equal burden of advanced heart failure highlights the need to continued endeavors to overcome sex-based barriers in referral and listing practices. Higher risk of early post-transplant morbidity in women underscores the importance of incorporating sex-based immunosuppressive strategies and implementing longitudinal monitoring to mitigate residual disparities and optimize post-OHT outcomes.

Tables/Figures/Graphics: Include images that are part of your submission here. Images should be high resolution and have a file type of "gif", "jpg", or "jpeg".

Outcomes	Female with Heart Transplant	Males with Heart Transplant	Hazard Ratio (95% CI)	Log-rank P-Value
All-Cause Mortality	9.80%	8.60%	1.13 (0.79 - 1.61)	0.49
Heart Failure	11.30%	7.20%	1.59 (1.11 - 2.28)	0.01
Transplant Rejection	58%	50.80%	1.26 (1.09 - 1.46)	0.002
End Stage Renal Disease	10.10%	7.80%	1.32 (0.9 - 1.93)	0.16
Tracheostomy	4.50%	4.10%	1.01 (0.66 - 1.83)	0.72
Sepsis	16.40%	18%	0.89 (0.69 - 1.15)	0.36
Acute Kidney Injury	45.30%	44.20%	0.97 (0.68 - 1.34)	0.8
Re-hospitalization	71.70%	64.70%	1.21 (1.07 - 1.38)	0.003

Figure 1. Disparities in Post-Transplant Outcomes by Gender using Cox-Proportionality Analysis

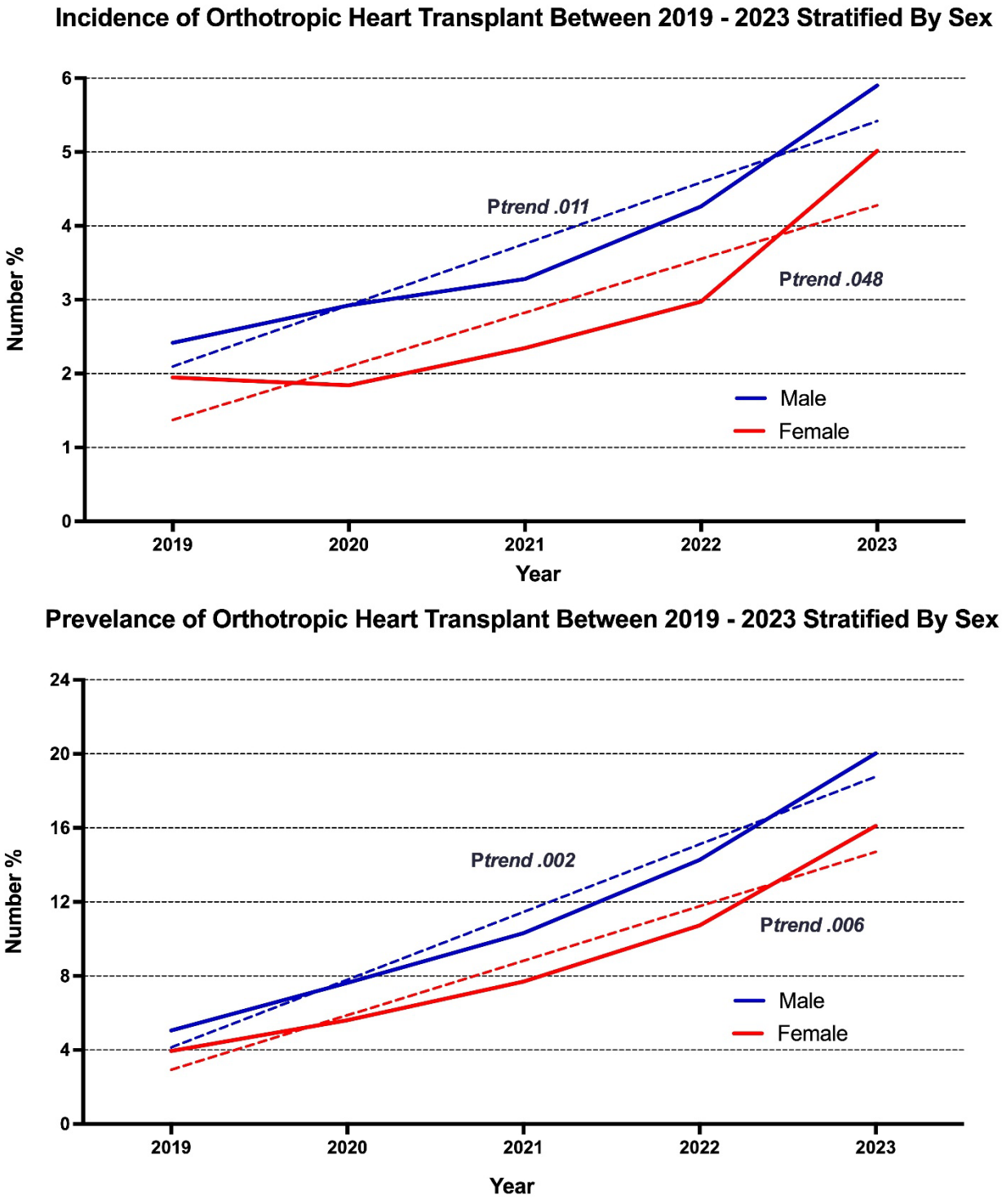

Figure 2. Annual P-trend of Incidence and Prevalence of OHT by Sex from 2019 to 2023