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

Name (First, Last, Credentials):
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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

Co-author Information

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Disclosures: Please list any relevant financial disclosures.

N/A

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

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

Title:

"Prognostic Factors of Heart Failure with Preserved Ejection Fraction and Cardiac Imaging in Women: A Literature Review"

Background:

Heart failure with preserved ejection fraction (HFpEF) is a rapidly expanding cardiovascular epidemic that disproportionately affects women and presents clinical and pathophysiological diversity. The condition's frequently asymptomatic early stages necessitate sophisticated imaging techniques for detection, while accurate phenotypic characterization has become crucial for guiding personalized treatment approaches given the variable therapeutic responses among different HFpEF subgroups.

Methods:

A comprehensive literature review was conducted, focusing on studies that investigated prognostic factors and the utility of advanced cardiac imaging—primarily cardiovascular magnetic resonance (CMR)—in characterizing HFpEF in women.

Results:

Women with HFpEF display unique risk profiles, with reproductive history, estrogen status, and female-specific treatments such as breast cancer radiotherapy influencing myocardial fibrosis and cardiac function. Advanced imaging techniques like CMR with T1 mapping for extracellular volume (ECV) and native T1 times reliably detect diffuse and focal myocardial remodeling. Elevated ECV and native T1 values are robust predictors of adverse outcomes, and indexed ECV (iECV) correlates with ventricular remodeling and renal dysfunction. Biomarkers including NT-proBNP, FGF-23, and circulating microRNAs further support prognostic stratification. Diabetic and obese women with HFpEF tend to exhibit greater fibrosis and adverse metabolic phenotypes.

Conclusions:

HFpEF in women is a heterogeneous syndrome with distinct prognostic factors and pathophysiology. Advanced cardiac imaging, integrated with gender-specific risk profiles and biomarkers, enhances phenotyping and risk stratification. These approaches are key to developing individualized and effective management strategies for women at high cardiovascular risk.

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”.