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.
FRACTURE: Influence of Sex on Perioperative Outcomes in Aortic Stenosis of Patients Undergoing Hip Fracture Repair

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.
Hip fractures (HFx) are a common cause of hospitalization in the elderly, disproportionately affecting women but associated with higher postoperative morbidity and mortality in men. In patients with concomitant aortic stenosis (AS), surgical risk is substantially increased, yet the optimal management strategy and the influence of gender on outcomes remain unclear.

Methods: Briefly state the methods used.
We conducted a retrospective analysis of the National Inpatient Sample (2019–2022) to evaluate sex-specific differences in postoperative outcomes among patients with AS undergoing hip fracture surgery. Survey-weighted logistic regression models were used to assess associations between sex and in-hospital mortality and complications, adjusting for demographics and comorbidities. Interaction and stratified analyses further examined sex-based effect modification.

Results: Summarize the results in sufficient detail to support the conclusions.
Among 114,814 patients who underwent hip fracture surgery, 2,775 (2.42%) had a diagnosis of aortic stenosis (AS), with females comprising 60.7% of the AS cohort. In multivariable regression, female sex was independently associated with lower in-hospital mortality among AS patients (adjusted odds ratio [aOR] 0.62, 95% CI 0.55–0.70; $p < 0.001$). There was no significant interaction between sex and AS on mortality ($p = 0.735$). Compared to males, females with AS had lower odds of acute myocardial infarction (aOR 0.68), pulmonary edema (aOR 0.18), and delirium (aOR 0.65). In sex-stratified models, coronary artery disease, malnutrition, and end-stage renal disease were consistently associated with complications in both sexes.

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Conclusions: Concisely state the conclusions reached.

Female sex is associated with reduced in-hospital mortality and fewer complications in patients with AS undergoing hip fracture surgery. However, underlying comorbidities exert sex-specific effects, warranting tailored perioperative risk assessment and management strategies.

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".

Figure 1: Study Design

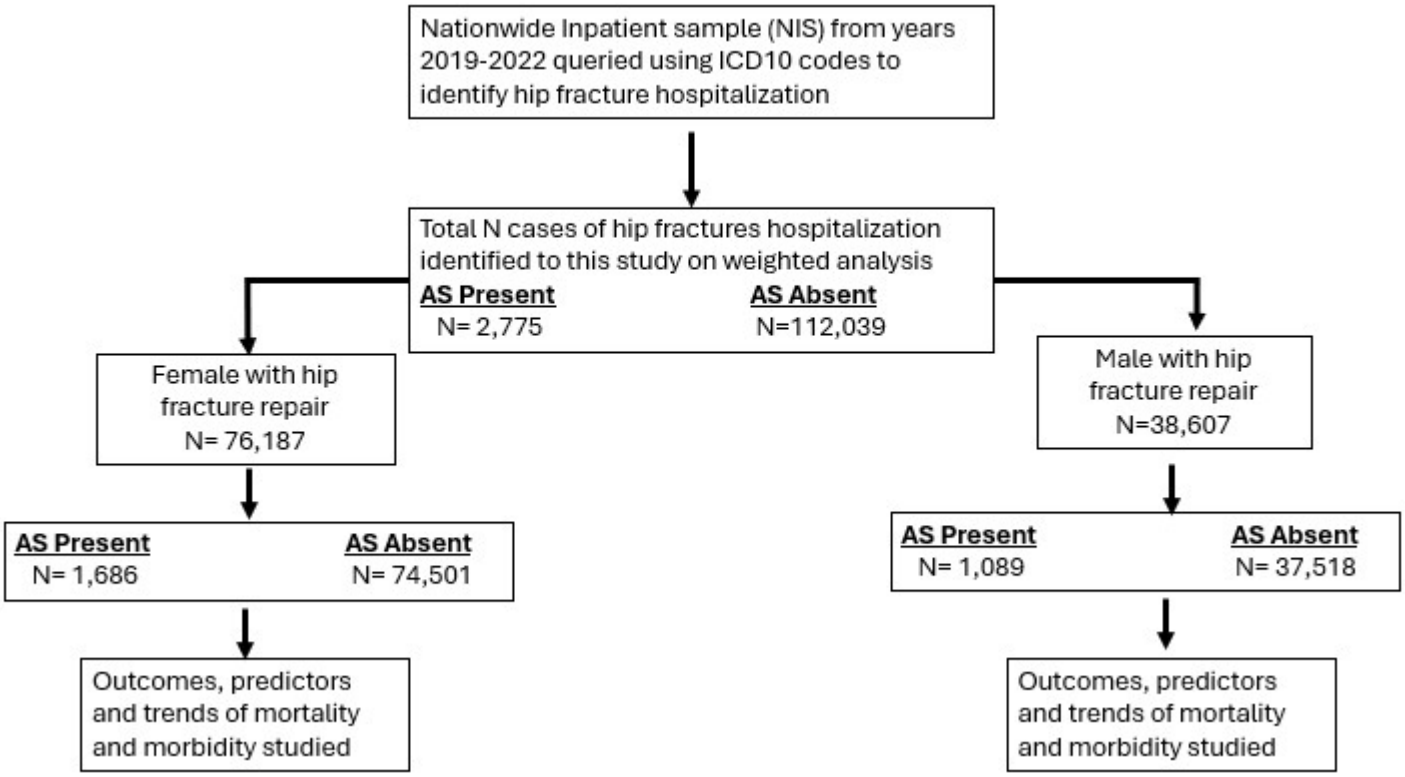

Table :

Table 1: Baseline Characteristic of hip fracture surgery hospitalization

		Aortic Stenosis		
	Patients, Number(%)	Present	Absent	P value
Characteristics	114,814	2,775 (2.42)	112039(97.58)	
Age, mean (SD),y		84.4 (6.8)	77.3 (14.3)	<0.001
Age groups,y				<0.001
18-54	4,685(4.22)	31(1.1)	4,839(4.3)	
55-64	9,827(8.86)	38(1.4)	10,129(9.0)	
65-74	23,445(21.13)	249(9.0)	23,991(21.4)	
75-84	38,551(34.75)	832(30.0)	39,036(34.9)	
>85	34,440 (31.04)	1,652 (59.6)	34,044(30.3)	
Sex				<0.001
Female	76,187(66.37)	1,686 (60.8)	74,501(66.5)	
Male	38,607(33.63)	1,089 (39.2)	37,518(33.5)	
Race				0.0006
White	96,974(86.5)	2,414 (89.1)	94,560(86.4)	
Black	5,331 (4.8)	86(3.2)	5,245(4.8)	
Hispanic	5,039 (4.5)	99(3.7)	4,940(4.5)	
Other	4,747 (4.2)	110(4.1)	4,637(4.2)	
Comorbidities				
Hypertension	52,459(45.7)	1031 (37.2)	51428(45.9)	<0.001
Uncomplicated Diabetes	10,597(9.23)	255(9.2)	10,342(9.2)	0.9394
Complicated Diabetes	15,947(13.9)	15,440(13.8)	507 (18.3)	<0.0001
Plumonary HTN	4,897 (4.27)	318 (11.46)	4,579(4.09)	<0.0001
Cornary Artery Disease	529(0.46)	506(0.5)	23(0.8)	0.0038
Long term anticoaguation	16,495(14.37)	15,944(14.2%)	551 (19.9%)	<0.0001
Chronic kidney Disease	14,152(12.33)	13,588(12.1%)	564 (20.3%)	<0.0001
End stage renal disease	1,932(1.68)	1,865 (1.7%)	67(2.4%)	0.0022
Malignancy	3,359 (2.93)	3,274 (2.9%)	85(3.1%)	0.6666
Obesity	6,681(5.82)	6,512 (5.8%)	169 (6.1%)	0.5387
Alcohol Abuse	4995 (4.35)	50(1.8)	4945 (4.41)	<0.0001
Ataxia	0 (0.0)	0 (0.0)	0(0.0)	—
Osteoporosis	15,175 (13.22)	335(12.07)	14840(13.25)	0.0703
Vitamin D deficiency	0 (0.0)	0 (0.0)	0(0.0)	—
Protein energy malnutrition	3841 (3.35)	122(4.4)	3719(3.32)	0.0016
Dementia	0 (0.0)	0 (0.0)	0(0.0)	—
Osteoarthritis	1599 (1.39)	50(1.8)	1,549 (1.38)	0.0601
Rheumatoid arthritis	3,145(2.74)	57(2.05)	3,088(2.76)	0.0266
Smoking	627(.55)	6(0.22)	621(0.55)	0.0171
Chronic obstructive pulmonary disease	24,382(21.24)	663(23.89)	23,719 (21.17)	0.0005
Elixhauser groups				<0.0001
<4	64,918 (56.5)	596(21.48)	64322 (57.41)	
4-6	40,549(35.32)	1,475(53.15)	39,074(34.88)	
>6	9347 (8.14)	704(25.37)	8,643(7.71)	
Insurance status				<0.001
Medicare	94,237(82.2)	2,541 (91.7)	91,696(81.9)	
Medicaid	4,044 (3.5)	30(1.1)	4,014(3.6)	
Private	11,913(10.4)	144(5.2)	11,769(10.5)	
Others	4,486 (3.9)	56(2.0)	4,430(4.0)	
Hospital Bed Size				0.7846
Small	28,213(24.57)	666(24)	27547 (24.59)	
Medium	34765 (30.28)	846(30.49)	33,919(30.27)	
Large	51,836(45.15)	1,263(45.51)	50,573 (45.14)	
Hosital Location				0.0058
rural	13,555(11.81)	277(9.98)	13,278(11.85)	
urban, nonteaching	24,367(21.22)	577(20.79)	23,790(21.23)	
urban teaching	76,892(66.97)	1,921 (69.23)	74,971(66.92)	

Table 2

Table 2: Outcome Characteristic of hip fracture surgery hospitalization stratified by Gender and Aortic stenosis								
		Female				Male		
		Aortic Stenosis		P value		Aortic Stenosis		P value
	Patients, Number(%)	Present	Absent		Patients, Number(%)	Present	Absent	
	76,187	1,686 (2.21%)	74,501 (97.8%)		38,607	1,089(2.82%)	37,518 (97.2%)	
Length of stay - days Median (IQR)		5 [4–7]	4 [3–6]	<0.001		5 [4–8]	5 [3–7]	<0.001
In hospital Deaths	719 (0.94)	30 (1.8)	689 (0.9)	0.0003	660 (1.71)	33 (3.0)	627 (1.7%)	0.0006
Total Hospital Charges		94,107 (±1,745)	85,066 (±477)	<0.001		100,010 (±2,17	94,881 (±671)	0.019
Acute Myocardial Infarction	3,643 (4.8%)	116 (6.9%)	3,527 (4.7%)	0.0001	3,186 (8.3%)	120 (11.0%)	3,066 (8.2%)	0.0008
Acute Pulmonary edema	147 (0.2%)	3 (0.2%)	144 (0.2%)	0.8866	90 (0.2%)	8 (0.7%)	82 (0.2%)	0.0005
Cardiogenic shock	125 (0.2%)	7 (0.4%)	118 (0.2%)	0.0101	83 (0.2%)	11 (1.0%)	72 (0.2%)	< 0.0001
Acute DVT/Pulmonary embolism	457 (0.6%)	12 (0.7%)	445 (0.6%)	0.5462	230 (0.6%)	6 (0.6%)	224 (0.6%)	0.8456
Septic shock	175 (0.2%)	5 (0.3%)	170 (0.2%)	0.5618	206 (0.5%)	6 (0.6%)	200 (0.5%)	0.9364
Pneumonia	11 (0.01%)	0 (0%)	11 (0.01%)	0.6174	17 (0.04%)	0 (0%)	17 (0.04%)	0.4808
Acute Respiratory failure	175 (0.2%)	5 (0.3%)	170 (0.2%)	0.5618	206 (0.5%)	6 (0.6%)	200 (0.5%)	0.9364
Acute Ischemic CVA	231 (0.3%)	6 (0.4%)	225 (0.3%)	0.6914	139 (0.4%)	5 (0.5%)	134 (0.4%)	0.5795
Acute Renal failure	12 (0.02%)	0 (0%)	12 (0.02%)	0.6009	18 (0.05%)	1 (0.1%)	17 (0.05%)	0.4837
Acute Delirium	4,414 (5.8%)	132 (7.8%)	4,282 (5.7%)	0.0003	2,668 (6.9%)	122 (11.2%)	2,546 (6.8%)	< 0.0001
Post operative SS infection	15 (0.02%)	0 (0%)	15 (0.02%)	0.5582	13 (0.03%)	0 (0%)	13 (0.03%)	0.5392
Post operative bleeding	17 (0.02%)	0 (0%)	17 (0.02%)	0.5343	7 (0.02%)	0 (0%)	7 (0.02%)	0.6528