Abstract Submission Form

The Women's Heart Center Program Committee is accepting abstract submission forms through **August 16, 2024**. 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 30, 2024**. 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 11, 2024, during the following times:
    - Registration & Networking: 7:00 – 8:00 am
    - Networking Lunch: 12:00 – 1:00 pm
    - Poster Session Award Announcement: 3:40 – 4:00 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.

Comparison of Procedural Characteristics and Outcomes in Men versus Women Undergoing Mitral Edge to Edge 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.

Among patients undergoing mitral transcatheter edge to edge repair (M-TEER), there is paucity of data regarding sex differences.

Methods: Briefly state the methods used.

We performed an observational study of 380 patients undergoing M-TEER at a single institution between (2014-2022). Baseline characteristics, procedural variables and outcomes were compared between men and women.

Results: Summarize the results in sufficient detail to support the conclusions.

A total of 176 (46%) women and 204 (56%) men were treated with M-TEER during the study period. Women were older than men [W: median age 80 years (72-86) vs. M: 78 (69-84), p=0.055) but had less co-morbidities including diabetes (W:24% vs. M:38%, p=0.005), previous CABG surgery (W:15 % vs. M:30%, p=0.001), or an implantable cardioverter defibrillator (ICD) (W:16% vs. M:31%, p=0.001) resulting in similar STS scores (W:4.4 [2.1-9.4] vs. M:4.4 [2.7-6.9], p=0.812).

Women had smaller left ventricular end-systolic (W: 3.7 ± 1.2 cm vs. M:4.6 ± 1.2 cm, p<0.001), diastolic dimensions (W:5.1 ± 0.9 vs. M:5.7 ± 1.0, p<0.001), and higher ejection fraction (W: 56% [38-61] vs. M: 44% [29-58], p<0.001] than men. There were no differences in MR severity or etiology (primary vs. secondary). Women required fewer devices (W:1 clip 78% vs. M:1 clip 61% p=0.002) and achieved similar rates of MR reduction (residual MR ≥ moderate W: 5%, M: 9%, p=0.126) but with higher residual gradients (W: 4 [3, 5] mmHg, M: 3 [2,4] mmHg, p=0.002). There were no differences in survival at discharge, 30-days, or 1-year. MACE (stroke, MI, all-cause mortality) did not differ between sexes at discharge, 30-days, or 1-year.

Conclusions: Concisely state the conclusions reached.

Women undergoing M-TEER achieved similar rates of MR reduction as men but with fewer clips and higher residual gradients. No sex differences were observed in clinical 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”.