2025 PH Professional Network (PHPN) Symposium

Checklist for Poster Abstracts

Instructions: Before you submit your abstract proposal to present a poster at the 2025 PHPN Symposium, please make sure you have the following information ready to enter/upload into the Proposal Form. **All of this information is required and submission cannot be made without it:**

Abstract Information: Abstracts should fit on a single page (excluding tables and figures) when formatted using Times New Roman font, minimum font size 11, single spaced rows and one inch margins. Limit of 2000 characters not including spaces.

- ☐ Category:
  - Basic Science, Clinical Science, or Case Report
- ☐ Subcategory
  - Diseases and Conditions Associated with PH
  - Databases and Registries
  - Diagnosis, Screening and Physiologic Studies
  - Pediatrics
  - Quality of Life
  - Therapeutic Strategies
  - Psychosocial Considerations / Aspects of Care
  - Health disparities / Social Determinants of Health
  - Other [please specify]
- ☐ Title
  - The Title is the first chance to capture your readers' attention so make it interesting with a few key details describing your project.
- ☐ Author Statement
  - The Author Statement lists all significant contributors with their degrees. Please list each author's last name followed by their first and middle initials, institution, and institution location. Submissions missing this information will not be considered by the committee.
  - *Example 1: Smith, J.A., University of Alaska, Anchorage, AK*
  - *Example 2: Jones, S.E., Heart Medical System, Washington, D.C.*
- ☐ Proposal Description / Purpose (optional)
  - (objective) relates why you started the project and helps readers decide if they want to read more. Tell why this topic may be of interest to the audience. State your hypothesis, research question or objective.
- ☐ Background
  - (significance, scientific merit, interpretation) summarizes what is known about the topic and what the major issues are. Describe the results of your literature review and how they relate to your question. Include other sources of information or expert opinions.
- ☐ Methods
  - (design, implementation) describes how you went about your research or project. This may include setting, population, sample size, selection criteria and measurement tools.
- ☐ Results
  - (results, outcomes) include what you found and conclusions you made. Briefly state significant findings or performance improvement outcomes. Include qualitative data, quantitative data and any statistical analysis.

- Conclusion
    - (implications) describe the impact of your study on practice, policy, research or education. Summarize what impact your findings may have on current practice and suggest what the next step in research might be.
- Figures/Images (optional – up to 4 allowed)
    - If you have any graphs, charts, tables, or photos, please submit them individually below along with a title and/or caption for each image

Further Resources: Please see the below links and sample version of an Abstract from a previous PHPN Symposium to help you create your Abstract for the 2025 PHPN Symposium:

SAMPLE ABSTRACT (from 2017 PHPN Symposium)

Category: Clinical Science
Subcategory: Other - Echocardiography
Title: Prevalence of Right Ventricular Non-compaction: Single-Center Experience
Author Statement:
Paulus S., Niebauer N., Freichels T., Zwicke D., Aurora St. Luke's Medical Center, Milwaukee, WI
Purpose
Determine prevalence of RV non-compaction in our clinic population.
Background
Non-compaction of the left ventricle, characterized by prominent trabeculae with deep intertrabecular recesses in the ventricle, is well documented. The existence and prevalence of non-compaction of the right ventricle is documented but considered rare. However, in our clinical experience, with frequent detailed echo imaging of the right ventricle along with 3D imaging, RV non-compaction seems more prevalent than originally thought.
Methods
We prospectively reviewed echoes of patients evaluated in the pulmonary hypertension (PH) clinic from May 2014 through March 2017.
Results
A total of 75 patients (mean age 65 [range 27-91]; 63 females (84.0%)) were found to have non-compaction of the right ventricle using 3D echo imaging. Sixteen of the 75 patients (21.3%) had biventricular non-compaction. Fifty three of 75 patients (71.0%) had WHO group I PAH, 1 patient (1.3%) had CTEPH, 17 patients (22.7%) had WHO group II PH (5 systolic dysfunction; 12 diastolic dysfunction), 1 patient (1.3%) had WHO group III PH (sleep disordered breathing), and 3 patients had no PH.
Conclusion
Based on our observations, RV non-compaction is more prevalent than originally thought. In our experience, careful assessment of the RV with 3D echo imaging has been the most useful tool to detect RV non-compaction. 3D echo imaging allows detection of increased trabeculae in the RV and differentiation from RV hypertrophy or the normal RV anatomy in patients. The significance of RV non-compaction in patient symptomatology and prognosis is unknown. Identifying RV non-compaction is important in the treatment of PAH patients as it may be mistaken for RVH resulting in over treatment with PAH vasodilator therapies.