

A Survey of Abstracts Related to Women's Issues at the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention

Evan Collins,
Community Advisory Group, IAS 2007

INTRODUCTION

Concern has long been expressed by women's advocates that there is a lack of research relating to women and HIV. The advocacy group ATHENA argues that since at least half the people living with HIV/AIDS are female, at least half the research conducted, published and presented at international AIDS conferences should be directly related to women and girls. In addition to identifying research priorities that promote best practices in women's prevention, care/treatment/support, and policy, ATHENA argues that all research studies accepted for presentation at HIV conferences should have information on the number of women in the study sample and perform gender comparison and analysis.

In anticipation of the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention to be held in Sydney, Australia in July 2007, concern was also expressed that many investigators doing research in women and HIV had abstracts not accepted for presentation at the conference. To investigate this, ATHENA made requests of the International AIDS Society to access the abstract database before the conference. However, a long established policy at international AIDS conferences embargoes the distribution of abstract content until the day before the conference although the titles of all presentations are available on the conference website.

Prompted by concerns expressed by ATHENA and other advocacy groups, Ron Rosenes, the Community Liaison for the Sydney conference requested that an internal review be done which respected the abstract embargo policy but allowed for an analysis before the conference. As a member of the Community Advisory Group for the conference, I was granted access to the abstract database and worked with the Conference Programme Department of the IAS to do a survey of abstracts related to women's issues to be presented in Sydney.

METHODOLOGY

Word search was done of all accepted abstracts to the Sydney conference. Search terms were Woman, Women, Female, Mother, Girl(s), Obstetrics, Pregnancy, Menopause, Menstruation, Rape, Vagina, Vaginal, Cervix, Uterus, Breast(s), Breastfeeding, and Maternal. Each abstract was then read to exclude those not directly relevant to women or girls despite having some of the search terms in the abstract text. Criteria for defining relevant abstracts was adapted from recommendations on the ATHENA website and included studies directly about women and women's issues; studies in which the study sample was 50% or greater female; studies in which there was gender analysis; and/or studies in which there was explicit gender comparison between females and males in the cohort. A second word search was done of all submitted abstracts sent for blind review although time did not allow a direct review of each abstract in this database to exclude non-relevant research. This survey was of regular submitted and accepted abstracts only and did not include late-breaker abstracts or the numerous plenary addresses, special sessions, bridging sessions and symposia to be held at Sydney.

RESULTS

There were 3239 abstracts submitted to the conference from which 1666 abstracts were accepted after blind peer review by three different on-line reviewers (subsequently there were also 117 abstracts submitted as "late-breakers" and 37 selected for presentation). The electronic word search of regular abstracts identified 362 abstracts with these search terms but after review, 60

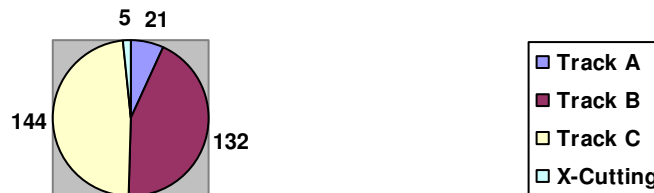
(16.1%) of the studies were excluded for not being about women or women’s issues, having study samples less than 50% female, or not making gender comparisons, leaving a total of 302 abstracts. The 302 women’s abstracts represented 18.1% of all accepted (non-late-breaker) abstracts. Of these, 16 were selected as oral abstracts out of 86 oral presentations to be held at the conference (18.6%); fourteen were selected as Poster Discussion abstracts out of a total of 57 Poster Discussions (24.6%); one hundred and fourteen abstracts were selected to be Poster Exhibitions out of a total of 798 (14.3%); and 155 abstracts are to be included in the CDROM distributed at the conference out of a total 725 (21.4%). This data is represented in TABLE #1

TABLE #1

ABSTRACT TYPE	WOMEN’S ABSTRACTS	TOTAL ACCEPTED	% of TOTAL
All Abstracts	302	1666	18.1%
Oral Abstracts	16	86	18.6%
Poster Discussions	14	57	24.6%
Poster Exhibitions	114	798	14.3%
CD-ROM	158	725	21.8%

The 302 women’s relevant abstracts included 21 Track A (HIV Basic Science), 132 Track B (Clinical Research, Treatment and Care), 144 Track C (Biomedical Prevention), and 5 Cross-cutting abstracts, as illustrated in Figure #1.

FIGURE #1



Of these 302 abstracts, 50 were related to prevention of mother to child transmission, and at least another 7 were chiefly related to infant health. Some might argue that PMTCT and infant studies have more to do with infants than women but were included as most dealt with maternal and women’s health concurrently (eg PMTCT trials that looked at mother’s attitudes or maternal side-effects). In addition, 9 abstracts were related to girl children, either as studies solely in girls or studies of children in which greater than 50% of the cohort were female.

Of the 3239 valid abstracts that were submitted for blind peer-review, 779 had one or more of the search terms in their text. Given that on review, 16.1% of accepted abstracts did not meet the a priori criteria set for defining research related to women’s issues, 16.1% of the 779 submitted abstracts were excluded, leaving 654 as the pool of submitted abstracts deemed related to women’s issues. This represents 20.2% of the total submitted abstract pool and is summarized in Table #2. Average abstract score from peer-review is also listed for the submitted abstracts.

Table #2

	Women’s Abstracts	Average Score	Total Abstracts	Average Score	% Women
Submitted	654	5.30 ¹	3239	5.55	20.2%
Accepted	302	not available ²	1666	6.53	18.1%

¹ average score was computed from the all 779 abstracts with women’s search terms

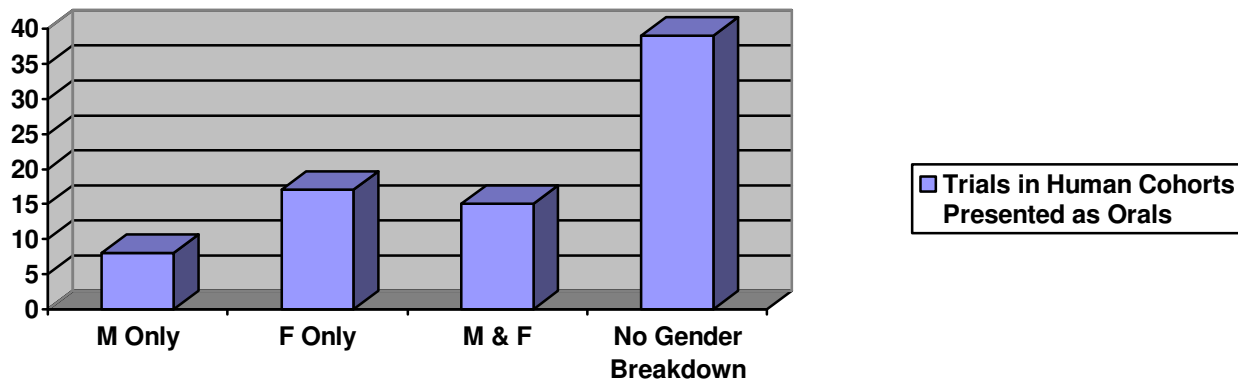
² the database of accepted abstracts with women’s search terms did no contain abstract scores

Also available was data on the gender of the abstract author. Of this data, 1286 of 3218 (40%) of abstracts were submitted by women and 719 of 1654 (43.5%) of these abstracts were accepted for presentation (total denominators slightly different because some abstracts were submitted by transgendered persons, and some submitters did not declare gender). This is summarized in Table #3 along with average abstract score.

Table #3

Gender of Author	Abstracts Submitted	%	Average Score	Abstracts Accepted	%	Average Score
Female	1286	40%	5.74	719	43.5%	6.53
Male	1932	60%	5.43	935	56.5%	6.53
Total	3218	100%	5.55	1654	100%	6.53

To get a measure of the gender breakdown of studies, an analysis was done of the general and late-breaker oral abstracts from studies conducted in human cohorts (9 Track A; 40 Track B; 25 Track C; and 5 Cross-cutting abstracts). Of these studies, 8 were exclusively in men, 17 studies were in women only, 13 studies were in both men and women and reported gender breakdown of their cohorts (samples ranging from 5% - 59% women) and a full 39 studies supplied no breakdown of gender in their sample description. An additional 2 studies did not report gender breakdown but did state that baseline characteristics of study arms, including gender, were equal. This data is displayed in Figure #2:



DISCUSSION

By the criteria used in this analysis, 18.1% of non-late-breaker conference abstracts to be presented at the Sydney conference are studies related to women issues. In addition, among studies done in human cohorts, and to be presented as orals, close to half did not report any gender breakdown in their sample description. Further, a significant amount of this women's research was related to PMTCT and maternal/infant health. Although the measure of women's research is low in this survey, there will be a number of late-breaker abstract sessions, plenary presentations, special sessions, bridging sessions and satellite symposia not analyzed in this survey which will add women's related content to the conference. For example at least 5 late-breaker oral presentations meet the criteria used to define women's relevant research.

The *submitted* abstracts related to women's issues was also low (20.2%) but slightly higher than the proportion of *accepted* women's abstracts (18.1%). It is difficult to say what accounted for this difference (note: no assessments of statistical significance were computed). Was there a slight gender bias at play in the abstract review process or did the lower average abstract score of women's abstracts (5.3 v 5.55) lead to the lower number of accepted women's abstracts? Caution should be exercised in making this latter interpretation as the average abstract score for women's

submitted abstracts was computed from the whole database of 779 abstracts. To further confound, the proportion of *accepted* abstracts by women authors was higher than the proportion of those *submitted*, and the average score of submitted abstracts was higher for women than men; admittedly though, author's gender is a poor proxy for research related to women's issues. Until further study is done, all one can conclude is there was a low amount of research related to women's issues submitted to the conference, whether this was due to a low degree of research being conducted by the scientific community, or investigators doing this type of research chose not to submit to the Sydney conference.

Potential methodological weaknesses of this survey include:

- 1) Late-breaker abstracts and non-abstract driven sessions were not included in this analysis and add women's related content to the conference programme.
- 2) The database showed only the first 118 words of the abstract for the studies in the CD-ROM, therefore some women's related studies could have been missed.
- 3) A number of studies with samples less than 50% female still had sizeable numbers of women in the cohorts. For example a few studies had samples of 48 or 49% female but being less than 50% did not meet the a priori criteria set for defining women's relevant research. Further, it might be argued that a study with a sample in the thousands and 35% female might still provide some useful information relevant to women. Indeed some would argue that even gender neutral research can be relevant to women's issues.
- 4) The construction of the database did not allow for tests of statistical significance.
- 5) In the pool of *submitted* abstracts identified by women's search terms, the separation of abstracts truly related to women was estimated only.

As measured by this survey, research related to women's issues remains low despite the increasing feminization of the epidemic. This seems chiefly related to a low rate of women's research being conducted by the scientific community and a lack of gender analysis or even gender breakdown in research trials among both males and females. The affects of abstract score and/or potential gender bias needs more careful study. It is recommended that after the conference, when the abstract publication embargo is lifted, more rigorous research is undertaken on the conference abstract databases on these and related issues. In addition, the IAS, as an organization that promotes research, evidence and best practices in HIV, should join with advocacy groups like ATHENA to look at ways in which research related to women's issues can be enhanced both at international conferences and within the scientific community at large.

Acknowledgement and gratitude to the IAS Conference Programme staff for the work they did supplying the data and answering my numerous questions at their most hectic time just weeks before the conference; and to ATHENA for raising these critical issues and pushing for answers.