**Aim:** Coronary artery disease (CAD) is the leading cause of morbidity and mortality among both women and men, yet women continue to experience delays in diagnosis and treatment. We examined gender differences in outpatients with stable chest pain.

**Method:** We retrospectively analysed demographic, cardiovascular disease (CVD) risk, investigations and outcomes within the nurse-led chest pain clinic of a metropolitan district.

**Results:** Between 2021-2023, 1397 patients (mean age 58.1 ± 11.9 years, 641 women) were assessed. Women were more likely to be Asian, older (mean age 59.6 ± 11.5 years, p<0.001) and had lower 5-year CVD risk (<5% CVD risk: 60.7% vs 35.8%, p<0.001). 896 (62.7%, 405 women vs 471 men) underwent exercise tolerance test (ETT) and 472 (33.8%, 231 women vs 241 men) underwent CT coronary angiography.

Men had higher positive ETT (8.9% vs 3.0%, p<0.001) rates whereas non-diagnostic ETT were more common in women (33.6% vs 25.9%, p<0.001). Men were more commonly referred for invasive coronary angiography, with more obstructive CAD (17.2% vs 6.4%, p<0.001) where men underwent more revascularisation (64.3% men vs 46.3% women, p=0.037). During a median follow-up of 1.78 years, more men suffered an acute coronary syndrome (1.3% vs 0.2%, p=0.014), with no differences in cardiac death.

**Conclusion:** Women with stable chest pain had a lower predicted CVD risk, were more likely to have non-diagnostic ETT, and less likely to have obstructive CAD. Women with low 5-year CVD risk may not require further investigation and CTCA may be more appropriate to exclude prognostically important CAD.