DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Olivia H. Chang: Nothing to disclose; Jonathan P. Shepherd: Nothing to disclose; Brad St. Martin: Nothing to disclose; Eric R. Sokol: Nothing to disclose; Shannon Wallace: Nothing to disclose.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
Cara L. Grimes: Johnson and Johnson, Hourly Rate, Expert Witness; Provepharm, Inc, Hourly Rate, Consultant; Kate V. Meriwether: Elsevier Publishing, Royalties, Book Editor; Society of Gynecologic Surgeons, Travel stipend, Voting Board Member/Research Chair; RBI Medical, Per hour payment, Consultant; Danielle D. Antosh: Nothing to disclose; Emily E. Weber LeBrun: Nothing to disclose; Sonali V. Raman: Nothing to disclose; Cheryl Iglesia: Nothing to disclose; Olivia H. Chang: Nothing to disclose; Jonathan P. Shepherd: Nothing to disclose; Heidi W. Brown: Nothing to disclose.

OBJECTIVES: Due to impact of systemic racism on health disparities, we aimed to determine how frequently race and ethnicity are reported in SGS presentations and how inclusive our studies are.

MATERIALS AND METHODS: Abstracts of SGS oral presentations (2016-2020) and manuscripts of featured SGS papers (2016-2019) were reviewed, extracting data regarding the number of subjects, reported race and ethnicity. Studies of non-human subjects were excluded.

RESULTS: There were 86 abstracts (2016-2020) and 38 manuscripts (2016-2020) were reviewed. Seventy-nine of 86 abstracts and 32 of 38 manuscripts met inclusion criteria. Data were reported on subject race in 11 of 79 (14%) abstracts and 25 of 32 (78.1%) manuscripts; ethnicity was reported in 5 of 79 (6%) abstracts and 17 of 32 (53.1%) manuscripts. Of 1,056,566 participants reported in all SGS oral abstract presentations, there were 95,156 (9%) participants reporting race and 2,943 (0.3%) reporting ethnicity. One abstract of 86,023 women did not report numbers of race/ethnicity but factored it into a logistic regression. When this study is removed, leaving 10 studies with 37,911 participants, 27,257 (72%) were reported as White/Caucasian, 3,553 (9.4%) as Black/African American, 703 (1.9%) as Asian, 0 as Native Hawaiian/Other Pacific Islander, and 0 as American Indian/Alaska Native. When 2 more large database studies were removed from this count, leaving only research conducted on subjects recruited by SGS researchers, 4 of 8 (50%) studies reported categories other than White. Of these 8 studies with 1,148 participants, 1,148 (87%) were White, 49 (3.7%) Black, and no participants were reported as Asian, Native Hawaiian/Pacific Islander, American Indian or Alaska Native. Of 5 studies that had ethnicity reported (n = 29,606), 10.4% were Hispanic. When 1 database study was removed, there were 4 original studies (n = 1,327) with patients recruited by SGS researchers, of which only 13% were Hispanic. Three of 79 studies reported any other health care disparity, including 1 reporting education level and 3 reporting insurance status. Out of 32 papers with 959,619 participants, 124,787 (13%) were reported as White, 16,121 (16.8%) as Black, 1,275 (1.3%) Asian, 27 (0.0%) Native Hawaiian/Other Pacific Islander, and 0 as American Indian or Alaska Native.

CONCLUSION: The majority of abstracts of research presented at the SGS podium do not include information about race/ethnicity; featured SGS manuscripts published in the American Journal of Obstetrics and Gynecology are more likely to report these data however still do not represent the diversity of the U.S. population. To interrupt the impact of structural racism on health, it is imperative that future research characterize participant race and ethnicity in publications and increase the number of women from diverse race and ethnicity included but also increase minority involvement in study design, recruitment, and implementation.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
O. Brown, T. Mou, S. Lim, S. Jones, M. Kwasny, M. Mueller, K. Kenton

OBJECTIVES: We aimed to evaluate if there are differences in letters of recommendation (LOR) written for Obstetrics and Gynecology residency applicants based on an applicant’s gender and or underrepresented minority (URM) status.

MATERIALS AND METHODS: We first analyzed all LOR submitted to a single Obstetrics and Gynecology residency program during the 2019-2020 application cycle using a computerized text analysis.