DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS:
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04 Reporting information about race and ethnicity of participants in research presented at the society of gynecologic surgeons (SGS)


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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 (2016-2019) were reviewed, extracting data regarding the number of subjects, reported race and ethnicity. Studies of non-human subjects were excluded. Proportion of studies that reported data about race, ethnicity was calculated. Descriptive statistics characterized race and ethnicity of participants.

RESULTS: There were 86 abstracts (2016-2020) and 38 manuscripts (2016-2019) 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 95,136 (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:
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; Heidi W. Brown: Nothing to disclose; Emily E. Weber LeBrun: Nothing to disclose; Sonali V. Raman: Nothing to disclose; Svjetlana J. Lozo: Nothing to disclose; Cheryl Iglesia: Nothing to disclose; Julia G. Keltz: Nothing to disclose; Julia Gynnisman-Tan: Nothing to disclose; Shunaha Kim-Fine: Nothing to disclose; Erin A. Brennand: Boston Scientific, Grant, Principal Investigator; Rebecca G. Rogers: UpToDate, Royalties, Author; International Urogynecological Association, Travel and Stipend, Co-Editor-In-Chief; American Board of Ob Gyn, Travel and Stipend, Member of the PMRS subspecialty board, Board examiner for the general and specialty boards.

05 Do letters of recommendations for obstetrics and gynecology residency applicants differ by gender and race? a mixed-methods study

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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 under-represented 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...
software to evaluate the presence of 23-word categories based on previous studies. Multivariable regression was used to compare differences in the frequency of word categories by gender and URM status. We then performed a qualitative analysis of LOR from a random sample of applicants balanced for gender and URM status until thematic saturation was reached and compared code themes by gender and URM status.

RESULTS: We analyzed 3,060 LOR written for 834 applicants: 721 (86.5%) females; 198 (23.7%) URM. Women authored 1455 (47.5%) of LOR. There were no differences in least square mean (SE) word counts for LOR written for female and male applicants (444 [6.7] vs. 437 [11.8] words, $P = 0.55$) or URM and White or Asian applicants (438.5 [8.9] vs. 444.6 [5.0] words, $P = 0.55$). On multivariable analysis controlling for USMLE Step 1 score, medical school ranking, interview status, and letter writer gender, there were no differences in word categories used in letters written for male and female applicants or URM compared to White and Asian applicants (Figure 1). Female letter writers used more communal words (i.e., being relationship-oriented with a focus on being kind and helpful) compared to male letter-writers ($P < 0.001$). On the qualitative analysis, we reached thematic saturation with 110 LOR from 30 applicants (14 male [7 URM and 7 non-URM] and 16 females [8 URM and 8 non-URM]) description of personality and emotional traits were commonly mentioned in LOR for female applicants (Table 2). Whereas mention of surgical skills and leadership potential were common in male LORs applicants. When examining URM status, themes on surgical skills, work ethic, leadership, were common in LOR for White and Asian applicants. However, doubt-raisers were found more in letters written for URM applicants.

CONCLUSION: There are differences in how applicants were described in LOR based on race and gender, indicating the presence of gender and racial bias consistent with other surgical fields.
Investigation of the association between surgeon sex and laparoscopic device ergonomic strain in gynecologic surgery

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OBJECTIVES: Laparoscopic instruments are known to contribute to the ergonomic injury of surgeons. Laparoscopic devices have largely been designed as one-size-fits-all; however, women surgeons have reported an increased odds of physical strain from use of these devices. Our objective was to assess if female sex is associated with greater reported ergonomic strain with use of 4 advanced energy laparoscopic devices in gynecologic surgery (Ligasure, HALO PKS, ENSEAL, and Harmonic scalpel).

MATERIALS AND METHODS: Gynecologic surgeons were surveyed through the Society of Gynecologic Surgeons listserv and through 4 Obstetrics and Gynecology departmental listservs. The primary outcome was the presence of physical complaints or discomfort attributed to the use of laparoscopic devices. Descriptive statistics were used to compare surgeon characteristics and the presence of ergonomic symptoms between female and male surgeons. Logistic regression was performed with adjustment for surgeon characteristics to identify an association between surgeon sex and physical symptoms related to laparoscopic device use.

RESULTS: The response rate was 45%, comprising 145 women (79%) and 38 men (21%). Women compared to men had significantly younger age (mean 34 vs 40 years old, P < 0.01), smaller glove size (mean 6.3 vs 7.5, P < 0.01), shorter height (median 66 vs 71 in, P < 0.01), and were less frequently in practice for >10 years (19% vs 47%, P < 0.01). Women significantly more often reported physical complaints or discomfort related to use of laparoscopic devices (79% vs 45%, P < 0.01). The Ligasure, HALO PKS, ENSEAL, and Harmonic scalpel were all reported significantly more often by women to have too large a fit for appropriate use (P ≤ 0.01). Women were found to have 4.7 times the odds of physical complaints or discomfort attributed to the use of laparoscopic instruments (cOR = 4.7, 95% CI = 2.2-10.1); with adjustment for glove size, height, age, and level of experience was no longer significant (aOR = 1.9, 95% CI = 0.6-6.5).

CONCLUSION: Women significantly more often experience physical complaints with use of and report inappropriate fit of the Ligasure, HALO PKS, ENSEAL, and the Harmonic scalpel. Surgeon sex is associated with significantly greater odds of physical complaints with laparoscopic device use, however other surgeon demographic and anthropometric characteristics may in part explain this relationship. It will be critical to experimentally investigate the strain encountered by surgeons with device use in order to fully understand the factors related to surgeon strain and injury.

Racial and ethnic disparities in complications after apical support and sling procedures- national trends over time: A secondary analysis of the national surgical quality improvement program database

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OBJECTIVES: Racial and ethnic disparities in complications rates after FPMRS procedures exist. Prior studies have shown that Black women have higher complication rates than other racial and ethnic groups; however, it is not known whether these complication rates have changed over time. We sought to compare 30-day complication rates after apical support and sling procedures across racial/ethnic groups, and evaluate trends over time.

MATERIALS AND METHODS: Using a nationally validated, outcomes-based database we identified women who underwent apical support procedures and/or sling procedures between 2014 and 2018 using CPT codes, and stratified by race and ethnicity into four groups (1. Black, 2. White, 3. Hispanic, and 4. Other). Complication rates were calculated based on frequency of any complications reported in the 30-day postoperative period. Group comparisons were performed using one-way analysis of variance (ANOVA) to compare complication rates between groups. Multivariable logistic regression was used to adjust for operative year, age, BMI, diabetes, and hypertension requiring medication.

RESULTS: We identified 51,921 surgeries with apical support procedures and 15,409 sling procedures over the five-year period. Among women who underwent apical support procedures, complication rates differed between racial and ethnic groups with the highest complication rates noted in Black women at 11.5% (Table 1). There were few significant differences in complication...