

## PAPER 43

Title: Gender Disparity within the Musculoskeletal Tumor Society: Does it exist?

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Background: Women accounted for approximately 15% of the Musculoskeletal Tumor Society (MSTS) membership while they comprise approximately half of all medical students within the United States. While other surgical fields have seen steady and consistent increases in female trainees, the percentage of women in orthopaedic surgery has remained consistently low around 5.8% over the last two decades. Although the percentage of women entering orthopedic residency programs has grown, it has done so at a slower rate than in other surgical fields and is the lowest among all residencies. While studies have shown disparities amongst men and women within other academic organizations, there has been a paucity of literature examining this matter within the MSTS.

Purpose: The purpose of this study was to assess if gender differences existed between MSTS member academic achievements, salaries, case logs, practice obligations and setting. Additionally, the study sought to determine if there were gender differences in regards to time spent time on administrative duties, research activities, teaching, counseling students and residents, and clinical duties.

Methods: Self-reported survey data was obtained from 2020 MSTS members. Responses were received from 80 (33.2%) of those who were surveyed. Complete responses were received from 49 (61.2%), 8 females and 41 males. The survey form is a 73-question survey that includes information regarding work status (full time versus part time), sex, years in practice, practice setting, practice type (private versus academic), academic rank, hours worked, division of hours worked on clinical/administrative/academic tasks, case volume, and income. The main outcome evaluated was self-reported gender differences. Secondary outcomes included reported differences amongst all MSTS members.

Results: Males were more likely to identify as married (96% vs 57%),  $p < 0.001$ . Females were less likely to have children,  $p < 0.001$  (35% vs 91.5%). There was a trend towards more males having completed a second fellowship (22% vs 7.1%),  $p = 0.2$ . There were no gender differences found between MSTS members in relation to years in practice, practice setting, practice type, practice location, academic title, operative volume, clinical collections, income, time spent time on administrative responsibilities, research responsibilities, academic responsibilities, and clinical duties.

Conclusion: Marital status and family status disparity between male and female orthopaedic surgeons remains significant in the Musculoskeletal Tumor Society. Although practice setting, years in practice, collections and income, and amount and distribution of procedures and time spent on responsibilities did not differ amongst genders, further study is warranted to determine if the latter findings stem from the perception and prevalence of gender-based career obstacles and discrimination. While some disparity exists, on the whole, this provides an example of a culture of equity that may be an encouraging example to cite in recruitment efforts of current female surgeons to seek careers in orthopaedic oncology.