

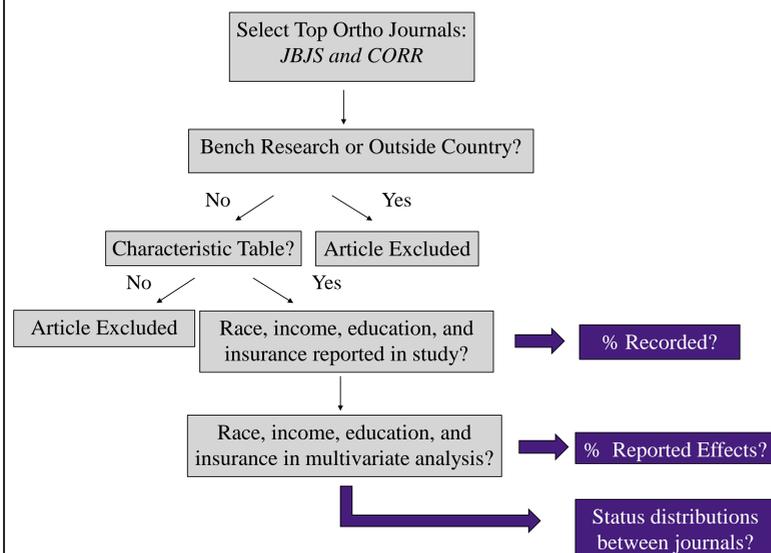
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Introduction

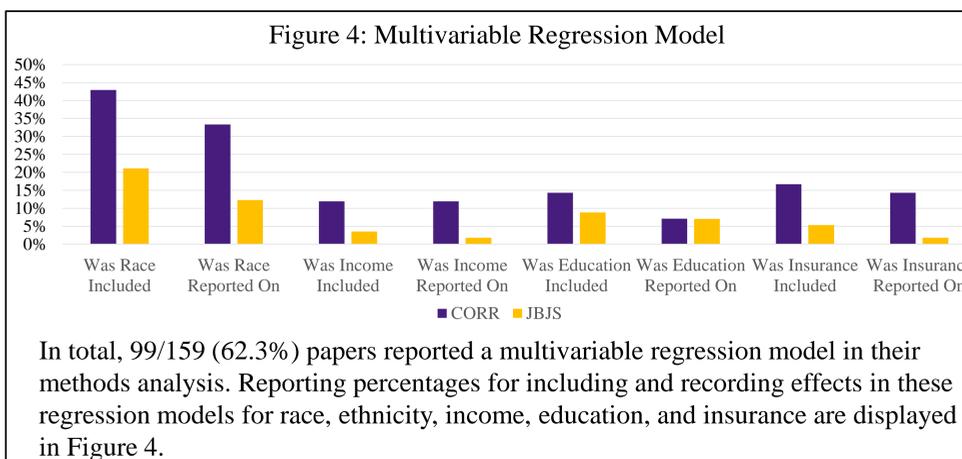
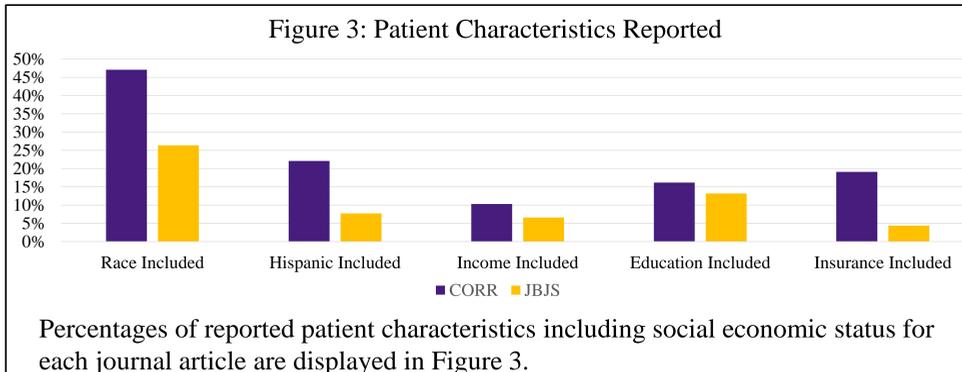
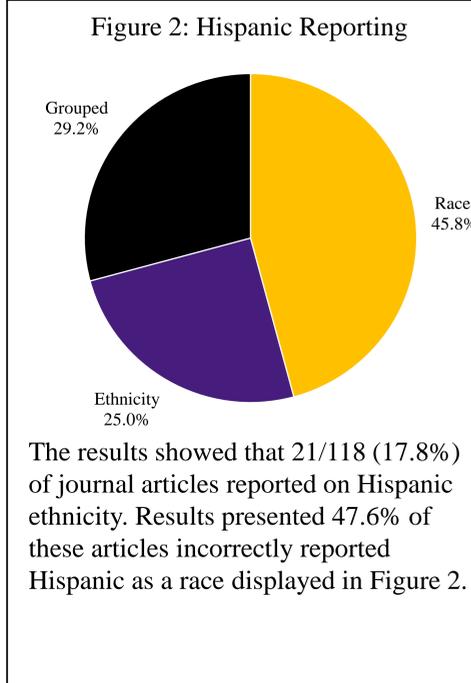
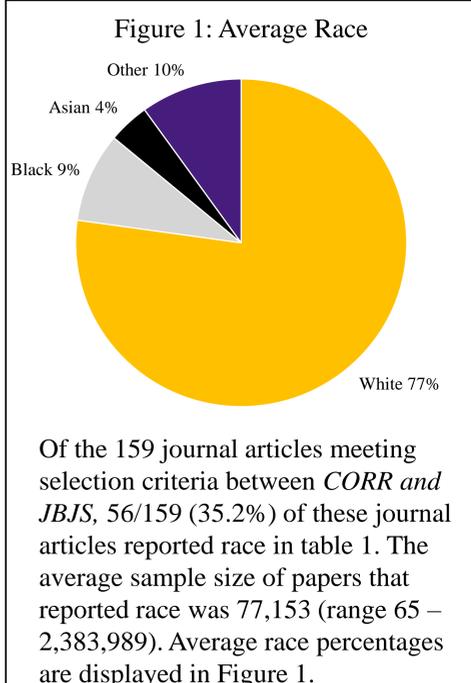
Ethnicity, race, and socioeconomic status (SES) can result in different outcomes and treatments for patients in many fields of medicine.¹⁻³ In orthopedic surgery, this appears to be the case in certain subspecialties such as joint replacement⁴ and spine surgery⁵; therefore, ethnicity, race, and SES should be included in all studies, when applicable, to ensure proper treatment for unique patient populations. The purpose of this study was to determine the number of articles in top orthopedic journals that included such documentation within the patient characteristics table.

Methods

Top 2019 orthopedics journals, not including subspecialties, based on impact factors were selected for evaluation. These include *The Journal of Bone and Joint Surgery (JBJS)* and *Clinical Orthopedics and Related Research (CORR)*. Studies conducted outside the United States and lacking a characteristic table were excluded in addition to any studies which reported bench research. This study considered race, ethnicity, income, education, and insurance and quantified the percentage in which race and ethnicity and these other social economic descriptors factored into these journal's published studies. If any of these factors were considered in the study, further investigation was sought to determine their inclusion in a multivariable regression model and to quantify the number of studies which reported the effects. We report counts and percentages of reporting status in each journal, and test equality of reporting status distributions between the journals using Fisher exact tests.



Results



Results (cont.)

These reporting rates did not differ drastically between *CORR* and *JBJS* except with regards to race (p-value = .008, *CORR* = 47.1%, *JBJS* = 26.4%) and whether race was included in a multivariable regression model (p-value=.027, *CORR* = 42.9%, *JBJS* = 21.1%).

Conclusions

- Race, ethnicity, and SES drastically underreported in orthopedic journal articles in *CORR* and *JBJS*
 - *CORR* articles report race at higher frequency than *JBJS* from 2019; however, still report race in under 50% of papers from 2019.
 - It is important to report these factors in studies to identify whether certain subgroups of patients at higher risk for complication or adverse event.
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- We can further investigate and determine if author race or gender influenced emphasis on race reporting in orthopedic journal articles
 - Expand our study to compare more orthopedic journals and investigate reporting occurrences across other subspecialty journals

Acknowledgments

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References

- Saha S, Freeman M, Toure J, et al. Racial and ethnic disparities in the VA health care system: a systematic review. *J Gen Int Med.* 2008;23:654–671.
- Egede LE. Race, ethnicity, culture, and disparities in health care. *J Gen Int Med.* 2006;21:667–669.
- Mukherjee D, Patil CG, Todnem N, et al. Racial disparities in Medicaid patients after brain tumor surgery. *J Clin Neurosci.* 2013; 20:57–61.
- Nwachukwu BU, Kenny AD, Losina E, et al. Complications for racial and ethnic minority groups after total hip and knee replacement: a review of the literature. *J Bone Joint Surg Am.* 2010;92:338–345.
- Schoenfeld AJ, Sieg RN, Li G, et al. Outcomes after spine surgery among racial/ethnic minorities: a meta-analysis of the literature. *Spine J.* 2011;11:381–388.