F-145
THE INFLUENCE OF PHYSICIAN AND PATIENT GENDER ON PREOPERATIVE RISK ASSESSMENT FOR LUNG CANCER RESECTION: A RANDOMIZED TRIAL
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Objectives: Women do not receive appropriate surgical therapy for lung cancer as often as men. Patient gender may influence treatment recommendations; less is known about the effect of physician gender on recommendations.

Methods: Gender neutral clinical vignettes representing low (two), average (two) and high (two) risk lung resection candidates were paired with concordant videos of male and female standardized patients. Cardiothoracic trainees and practicing thoracic surgeons read a vignette, provided an initial estimate of the percent risk of major complications after lung resection, viewed a video (randomized to male or female standardized patients matched for race, age, body mass index, gait speed, and strength), and provided a final estimate of risk.

Results: One hundred and seven surgeons participated; 90 were men and 17 were women. Initial estimated risks were calibrated to actual vignette risk: 10.4% ± 10.6 for low-risk vignettes, 17.6% ± 15.0 for average-risk vignettes, and 21.1 ± 16.4% for high-risk vignettes (P < 0.001 by ANOVA). After viewing SP videos, final risk estimates were: 9.5 ± 10.3%, 20.8 ± 17.1%, and 30.8 ± 20.7%, respectively, for low-risk, average-risk, and high-risk vignettes (P < 0.001 by ANOVA). On average, male surgeons increased their risk estimates in response to viewing videos more than did female surgeons (mean change: 4.5 ± 9.5 vs 1.7 ± 7.2, P = 0.001). This was particularly true for average-risk and high-risk vignettes. This effect was greater for male surgeons viewing female standardized patients videos (male surgeons’ risk estimate increase: 4.2 ± 9.8 vs 1.0 ± 6.2 for female surgeons; P < 0.004) than when male surgeons viewed male standardized patients videos (4.7 ± 9.2 vs 2.3 ± 8.0; P = 0.057).

Conclusion: Differences in estimating the risk of complications for lung resection candidates are related to physician and patient gender. This may influence recommendations for surgery. Understanding such biases may help reduce inequities in treatment recommendations.

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