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A WELCOME TREND: AUTHORSHIP IN CARDIOTHORACIC SURGERY

To the Editor:

We read with great interest the article by Dr Bryan and colleagues evaluating gender-related trends in scholarly authorship among cardiothoracic surgeons. Over a 10-year period from 2011 to 2020, the authors evaluated first and last authorship by gender in 2 major cardiothoracic journals. They found that first authorship among women rose by an average of 0.42% per year, whereas last authorship increased by an average of 0.06% per year, although the trend among last authors did not reach statistical significance. These quantitative values were compared to the rise of women among active cardiothoracic surgeons during the same period, from 4.6% to 8% (a 0.42% average increase per year). One of the more compelling subanalyses was the breakdown of study type: among women first authors, the greatest increase was in commentaries, and, among both women first and last authors, the smallest increase was in clinical trials.

This work is particularly relevant during a time in which there is an overdue emphasis on increasing diversity in our specialty. As such, we appreciate the work put forth by these authors for highlighting both the progress that has been made and the continued disparities that exist.

This article raises additional questions that warrant discussion. By subdividing the articles included in the analysis by type, we are shown that there are differences in the types of research that are being published by men versus women. The etiology of this circumstance is not clear but may be due in part to underfunding of women scientists, lack of sponsorship for major trials, and less frequent receipt of research awards. The authors comment on this finding, but their explanation requires further exploration. This issue brings forth more crucial questions regarding which types of research are available and accessible to women, as well as how all aspects of research in our specialty can be further enriched by diverse perspectives. In addition, do these groups of first and last authors represent the same subset of women authors?

One of the important take-home points from this work is the fact that despite an increase in women within the cardiothoracic workforce, authorship did not increase at a similar pace. This phenomenon may stem from problems with mentorship, as it has been demonstrated that gender-concordant mentorship encourages academic productivity among women in cardiothoracic surgery. Despite the immense value of gender-concordant mentorship, it also poses challenges for those underrepresented in the specialty, as it pulls from a small pool of individuals. This unequal progression in publications and active surgeons also may highlight the unique challenges faced by women surgeons as they work to advance in their careers. Therefore, we must make understanding these barriers a priority within our specialty to help expedite this upward trend.

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