

Advancing opportunity and representation in the American Venous Forum

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ABSTRACT

Objective: Diversity, equity, and inclusion (DEI) within the physician workforce is critical to establishing a diverse provider network that accurately represents the patient population served by vascular surgeons. Vascular surgery remains a largely male-dominated surgical specialty, and the number of women in leadership positions in academic surgical specialties continues to be disproportionate. The representation of women in leadership roles differs across vascular surgery societies. The goal of this study is to provide an update on the representation of women and incorporation of DEI topics at American Venous Forum (AVF) annual meetings and across committees.

Methods: A retrospective review was conducted of available scientific meeting programs and abstracts presented at the AVF from 2010 to 2023. The time period was divided into before 2019 and after 2019, as this was the year that the Society for Vascular Surgery established the Task Force on DEI. Women's participation and DEI domains were documented for each year. A two-sample unpaired *t*-test was used to compare mean percentages.

Results: Specifically, within the AVF, women's representation across all roles (presenters, senior authors, moderators, committee chairs, committee members, and officers) has increased when comparing prior years (2010-2019) with a more recent time period (2020-2023). The largest increase was observed for moderators (12.6% vs 30.2%; +17.6%), and the smallest increase was observed for presenters (21.1% vs 28.9%; +7.8%). When comparing the same time periods, the mean percentage of DEI domains (access to care, race and ethnicity, gender, age, health literacy, and socioeconomic status) highlighted in research presentations at AVF annual meetings has increased numerically over time but is not statistically significant except for the DEI domain of age (1.34% vs 3.28%; *P* = .0008).

Conclusions: Although there have been positive improvements in the proportion of women in leadership roles at the AVF, the integration of DEI domains at AVF annual meetings continues to show slow progress. This study reflects an opportunity for AVF leaders and councils to prioritize strategies to incorporate important DEI domains into our annual meetings and mission-related efforts. Intentional progress in these areas will ultimately contribute to more successfully carrying out the AVF Core Values (VEINS: Values and integrity, Education, Inclusivity, equity, diversity, Nurturing, Scientific excellence and research). (*J Vasc Surg Venous Lymphat Disord* 2025;13:102239.)

Keywords: Diversity, Representation, Venous disease

A diverse health care workforce is vital to improving vascular care for our patient population and has been

linked to improved outcomes and patient experience. In a population-based retrospective cohort study evaluating patients undergoing common elective or emergent surgeries, those treated by female surgeons, compared with male surgeons, had a lower risk-adjusted likelihood of adverse postoperative outcomes at 90 days and 1 year.¹ In a systematic review, racial discordance was predictive of worse communication in several domains, such as satisfaction, information-giving, visit length, supportiveness, and respect.² Although these studies emphasize the benefits of a diverse physician workforce, challenges such as reduced recruitment of underrepresented minorities and inequities in career advancement continue to pose significant barriers.³

In 2019, the Task Force on Diversity, Equity, and Inclusion (DEI) was established by the Society for Vascular Surgery (SVS) and was charged with strategizing how to increase diversity and inclusivity within the SVS and the vascular surgery workforce.⁴ The Task Force proposed to the SVS Executive Board more than 40

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recommendations, objectives, and requested actions, which included: enhance DEI programming in all SVS educational offerings; assure diverse representation in SVS-sponsored programs and events, including moderators, panelists, and invited presenters; and intentional consideration of women, underrepresented groups in medicine, and LGBTQ+ members for leadership opportunities at every level.⁵ Humphries et al in 2021 reported that, although representation of women has increased significantly in vascular surgery societies among those presenting scientific work and serving as meeting moderators and committee members, the growth observed for committee chairs, senior authors, and society leadership has lagged behind.⁶ Despite the overall increase in women representation in medical schools and the vascular surgery field, the proportion of women practicing as active vascular surgeons remains underrepresented and not representative of the eligible workforce, highlighting the “leaky pipeline” phenomenon.^{7,8}

The aims of this study are two-fold. First, to provide an update on the representation and participation of women at American Venous Forum (AVF) annual meetings and across committees since the Humphries et al publication. Second, to investigate the incorporation of various DEI domains at AVF annual meetings both before and after the establishment of the Task Force on DEI by the SVS in 2019.

METHODS

Available scientific meeting programs and abstracts presented at AVF annual meetings from 2010 to 2023 were collected via a web-based search and retrospectively reviewed. Society administrators and past researchers were contacted for additional information if data was not readily available online to enhance the completeness of the dataset as much as possible. Institutional review board approval was exempt because no human subjects were included in this study.

Women’s participation was recorded for presenters, senior authors, moderators, committee members, committee chairs, and officers, starting at the year 2020. The Humphries et al data from 2010 to 2019 was used as a historical comparison. Gender designation was categorized as the binary gender of male or female. A designation was assigned for each individual based on the listed name, personal knowledge by the researchers, and a web-based search. The web-based search consisted of using images, pronouns, biographies available on employment sites, and all other publicly available data to gather additional information. In cases where the gender remained unclear or unknown, a second reviewer on our team was recruited for validation. If the individual’s gender remained indeterminate despite these efforts, they were excluded from the final calculations. Protocol for women’s participation in the various roles was based on the previous study published by

ARTICLE HIGHLIGHTS

- **Type of Research:** Retrospective review
- **Key Findings:** Women’s representation across all roles within the American Venous Forum (AVF) has increased over time, with the largest increase observed for moderators (12.6% vs 30.2%; +17.6%). The mean percentages of diversity, equity, and inclusion domains have also grown, but only “age” was statistically significant (1.34% vs 3.28%; $P = .0008$).
- **Take Home Message:** Although there have been positive improvements in the proportion of women in leadership roles within the AVF, the integration of diversity, equity, and inclusion domains at AVF annual meetings has room for improvement.

Humphries et al.⁶ First authors were assumed to be the presenters unless otherwise noted. In instances where there was only one author listed, they were designated as the presenter and excluded from the senior author category. Last authors listed on the abstracts were defined as the senior authors. Names of session moderators at the annual meetings were obtained from the meeting programs. Committee membership and roles as well as officer positions were obtained from either the AVF website, meeting programs, or system administrators. Each committee was assumed to have one chair unless otherwise noted to be co-chaired, in which instance, both individuals were included in the calculations.

For the DEI domain analysis, the time period was divided into 2010 to 2019 and 2020 to 2023, since 2019 was the year that the SVS established the Task Force on DEI. Per the Association of American Medical Colleges (AAMC), diversity is defined as all the different attributes and identities that characterize and exist among humans. Equity focuses on recognizing the uneven distribution of resources and factors in a person or group’s specific needs or circumstances to promote their success. Inclusion refers to an environment where everyone has an opportunity to have a meaningful experience and contribution. Abstract titles were reviewed and categorized into their respective DEI domain. Full abstracts were not used because this information was not available for all the years analyzed. DEI domains investigated included: race and ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, access to care, and health literacy. These domains were determined using the definitions outlined by the AAMC⁹ and additional literature on the topic.^{10,11} A nonexhaustive list of keywords used for each DEI domain includes the following: race and ethnicity (global, European, Black), gender (male, female, woman, man, sex, menopause, pregnancy), sexual orientation (LGBTQ+, non-binary), socioeconomic status

Table I. Representation of women at American Venous Forum (AVF) from 2010 to 2019 vs 2020 to 2023

Role	Mean percentage of women participation			
	2010-2019 ^a	2020-2023 ^b	Absolute change	Relative change
Presenters	21.1	28.9 ± 3.9	+7.8%	37.0%
Senior Authors	7.5	16.0 ± 7.2	+8.5%	113.3%
Moderators	12.6	30.2 ± 10.3	+17.6%	139.7%
Committee Members	24.3	33.7 ± 4.2	+9.4%	38.7%
Committee Chairs	16.1	24.8 ± 5.5	+8.7%	54.0%
Officers	6.3	15.0 ± 10.0	+8.7%	138.1%

^aPublished by Humphries et al in the *Journal of Vascular Surgery* 2021.
^bData reported as mean percentage ± standard deviation.

(socioeconomic background, costs), age (pediatric, children, elderly), physical abilities (fitness, strength), religious beliefs (denomination, spiritual), political beliefs (politics, Republican, Democrat), access to care (disparities, urban, rural, improvement to patient care, accessibility, cost-effectiveness, Medicare, insurance), and health literacy (readability, communication, comprehension). Ambiguous titles were reassessed by a second reviewer to determine appropriate categorization into a DEI domain if applicable. Data are reported as percentages due to the number of positions or roles on committees and abstracts changing yearly. Descriptive statistics or two-sample unpaired *t*-tests, with *P*-value of less than .05 denoting statistical significance, were applied where appropriate based on available data (Supplementary Fig, online only).

RESULTS

Women's representation. Compared with the data from Humphries et al, women's participation has increased in every role when comparing the time periods of 2010 to 2019 and 2020 to 2023. Overall, there were positive trends in the absolute change in mean percentage of women's participation, with the largest increase observed for moderators (12.6% vs 30.2%; +17.6%) and the smallest increase observed for presenters (21.1% vs 28.9%; +7.8%). Relative change in mean percentage of women's participation was highest for senior authors (113.3%), moderators (139.7%), and officers (138.1%), and lowest for presenters (37.0%), committee members (38.7%), and committee chairs (54.0%) (Table I). Although minimal fluctuations in the trend of women's representation for each position were observed over the years, the overall trajectory remains positive (Fig). Our data analysis was limited by the fact that some AVF meeting programs did not fully disclose all relevant information, such as the senior authors for 2022, which accounts for the missing data point and plot line in the Fig. Positions excluded from the final analysis due to indeterminate gender are as follows: 2019, 0.29% (one first author); 2020, 0.47% (one senior author, one committee member); 2021, 0.25% (one first author); 2022,

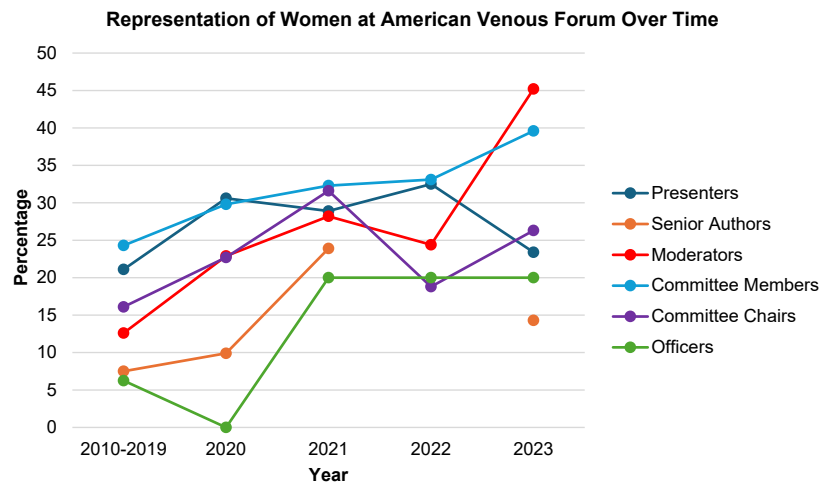
0.43% (one first author); and 2023 1.54% (five first authors, one committee member).

DEI domains. When comparing the 2010 to 2019 vs 2020 to 2023 time periods, the mean percentage of DEI domains has increased numerically. However, there was no statistically significant difference over time except for the DEI domain of age (1.34% vs 3.28%; *P* = .0008). During the 2010 to 2019 time period, the DEI domains with the highest mean percentage were access to care (3.35%), race and ethnicity (2.18%), and gender (1.73%). During the 2020 to 2023 time period, the DEI domains with the highest mean percentage were access to care (4.61%), age (3.28%), and gender (3.17%). The DEI domains with the lowest mean percentage were the same for both time periods: socioeconomic status (2010-2019, 0.17%; 2020-2023, 0.26%) and health literacy (2010-2019, 0.69%; 2020-2023, 1.11%) (Table II). Topics not addressed during annual meetings include sexual orientation, physical abilities, and religious and political beliefs.

DISCUSSION

This study highlights the growing trend of women's representation at the AVF, along with the DEI domains featured in research projects presented at annual meetings. The Humphries et al data showed that the growth in women representation in senior positions, such as senior authors, committee chairs, and officers, lagged behind those of other positions such as presenters, moderators, and committee members. Our data revealed that the relative growth in women representation was indeed lower for committee chairs; however, the relative growths noted for senior authors and officers were among the highest observed. The interpretation in improvement can be subjective depending on whether the absolute or relative change is assessed. More granular data is needed to fully understand the exact advancement pathways and opportunities that exist for women vascular surgeons.

According to the 2021 AAMC data, women represented 37.1% of all active physicians. However, their representation was much lower in specific surgical specialties:



*senior author data not available for 2022

Fig. Representation of women at American Venous Forum (AVF) over time. Senior author data not available for 2022.

Table II. Comparison of diversity, equity, and inclusion (DEI) domains presented at American Venous Forum (AVF) from 2010 to 2019 vs 2020 to 2023

DEI domain	Mean percentage		P-value
	2010-2019	2020-2023	
Access to Care	3.35	4.61	.5888
Race & Ethnicity	2.18	2.74	.6329
Gender	1.73	3.17	.3514
Age	1.34	3.28	.0008 ^a
Health Literacy	0.69	1.11	.5742
Socioeconomic Status	0.17	0.26	.7883

^aStatistically significant at *P*-value < .05.

22.6% in general surgery, 18.9% in otolaryngology, 9.6% in neurosurgery, 5.9% in orthopedic surgery, 17.6% in plastic surgery, 8.3% in thoracic surgery, 10% in urology, and 15.4% in vascular surgery.¹² The proportion of women in vascular surgery is higher than in most other surgical specialties but remains lower than general surgery. Notably, there have been improvements in women’s representation at the AVF, as the percentage of women in nearly all positions and roles, except for officers, during the 2020 to 2023 time period has surpassed the reported 15.4% of active women vascular surgeons documented in the 2021 AAMC data. Despite several factors cited to hinder the route to promotion for women in medicine, including but not limited to traditional power structures, lack of access to representative mentorship, and work-family conflict and societal expectations,^{13,14} the progress observed at the AVF in promoting women vascular surgeons to leadership roles at the national level is encouraging.

Over the past decade, there has been a steady increase in the acceptance and matriculation of women into

medical school, reaching 55.6% in 2023 compared with 47.2% in 2013.^{15,16} However, despite the growing proportion of women in medical school, they continue to be underrepresented within surgical training programs.⁸ Recruitment measures have been a key priority within vascular surgery. In 2012, initiatives were launched through a partnership between the SVS and W. L. Gore and Associates to increase the number of women entering vascular surgery.¹⁷ Emphasis on the expansion of integrated vascular surgery residency programs has also grown over the years, which has improved the successful recruitment of women as they seem to be more appealing to women than a traditional fellowship program.^{17,18} The latest AAMC data from 2021 showed women made up about 15.4% of active vascular surgeons, compared with 7.8% almost a decade prior in 2010.¹⁹ Women and underrepresented minority physicians, compared with their majority colleagues, are more likely to serve low-income and racial minority patient populations,²⁰⁻²² and given that much of the vascular surgery patient population is from lower

socioeconomic backgrounds and marginalized communities, it is paramount to continue diversifying the vascular surgery workforce.²³

In addition to advancing gender equality, initiatives focused on overall diversity, equity, and inclusion within vascular surgery have been a core mission. In the Annual Training Survey sent to all vascular surgery trainees by the Association of Program Directors in Vascular Surgery in 2020, of those who responded (35%), the majority believed that their programs comprised of a diverse background of trainees (96.9%) and faculty (89.8%). However, 20% of trainees noted having experienced discrimination, and 27% reported fear of retaliation as a reason to not engage with faculty members who make discriminatory remarks.²⁴ In a survey sent to all program directors and assistant program directors of vascular surgery training programs in 2023, those who reported discrimination were more likely to be at an institution with lesser degree of DEI integration.²⁵ Unconscious biases may lead to unintentional discriminatory comments or actions. Thus, increasing DEI initiatives and implementing implicit bias trainings to incorporate not only race, ethnicity, and gender, but also socioeconomic background, LGBTQ+, religion, and ability, will help tackle prejudicial beliefs and stereotypes while fostering a diverse workforce equipped to serve patients from all backgrounds.²⁶

In our study, although the mean percentage of DEI domains covered through research projects has increased over time, the growth has not been statistically significant except for the DEI domain of age. Between 2010 and 2023, several DEI domains have never been addressed such as sexual orientation, physical abilities, religious beliefs, and political beliefs. The scope of topics related to DEI covered at AVF annual meetings remains limited. It was not possible from the available data or our analysis to determine whether these topics are underexplored within the venous population or if they are simply not selected to be highlighted at AVF annual meetings. Goals and objectives related to DEI are most effective at spearheading systemic change when enacted at the national level.²⁷ In the Journal of Vascular Surgery, the addition of a single DEI editor position increased the number of editorials, guidelines, and other special articles focused on DEI topics within vascular surgery and the patient population.²⁸ Academic publishers and national conferences have the opportunity to identify and address gaps by expanding future research investigations and subsequent presentations at AVF annual meetings to encompass several DEI domains.

The exploration of DEI domains and their intersection with the venous population, along with the expansion of diverse representation at the national level, should be prioritized. The San Diego Population Study provides important epidemiologic data about venous disease in the United States by highlighting that the 2211

participants (4422 legs) studied were more likely to be older, women, and non-Hispanic whites²⁹; however, Hispanic patients had the highest rates of moderate disease, whereas non-Hispanic White patients had the highest rates of severe disease, closely followed by Asian patients.³⁰ In a retrospective review of patients from four tertiary United States institutions who underwent endovenous closure of their saphenous veins, an advanced Clinical, Etiologic, Anatomic, Pathophysiologic (CEAP) classification on initial presentation was predicted by low socioeconomic status, Black race, and male sex.³¹ Diverse leaders and members reflective of the patient population is a promising key in mitigating health disparities among venous patients.³² Gender diverse and inclusive teams within the corporate world have been shown to financially outperform homogenous teams as well as boost innovation.³³ Similarly, the benefits of a diverse team within the health care industry translate to improved quality measures related to patient care and financial results.³⁴ Numerous studies and reports have emphasized how greater diversity is associated with higher accuracy with clinical decision-making, and possibly translating to better health outcomes and improved patient satisfaction.³⁵ Despite a promising avenue for battling systemic health care disparities, other reported results have been inconsistent and heterogeneous. In a meta-analysis, race discordance was more closely associated with worse communication in terms of observed communication quality, information-giving, and participatory decision-making. However, results were mixed for patient-reported measures of communication quality, satisfaction, partnership building, positive and negative talk, length of visit, and talk time ratio.² The discrepancies in results may be linked to the lack of theory-driven research in this sphere, highlighting the need for more intentional investigations into how various DEI domains as well as the diversity of the care team and leadership play a role in patient outcomes for the venous population.

There are limitations to this work to consider. There was a lack of robust documentation in the earlier years at the AVF, which made it challenging to obtain detailed information about women's representation from 2010 to 2019. Efforts to obtain data from AVF administrators and authors from previous publications were largely unsuccessful, which restricted the ability for statistical calculations. Ideally, data for each year from 2010 to 2019 would be available and graphed in the Fig for comparison; however, only the composite average is available from these years. This limits our ability to sub-divide the 2010 to 2019 years into additional groups (2010-2014 and 2015-2019) to demonstrate whether the DEI Task Force was responsible for or simply temporally correlated with the increase in women representation at the AVF. More granularity and information are needed about the role and participation of women vascular surgeons at

the annual AVF meetings as well as the research selection process in order to make more definitive conclusions regarding the trends in diversity, equity, and inclusivity. Without additional insight on the breadth of submitted and selected abstracts, it remains unclear whether there is a lack of research in these important DEI areas or if these works are not being chosen for presentations at the annual meetings. Although attempts were made to incorporate as many DEI domains as possible in this study, the spectrum of DEI is vast, and the domains included in our study are not an exhaustive list of all DEI domains. Additionally, potential bias is introduced by categorizing projects into DEI domains based on abstract titles, because it may not fully reflect the scope of the project. Lastly, we acknowledge that the binary gender classification of male or female does not entirely encapsulate the spectrum of gender identities, and the protocol of our study relies on assumptions of gender constructs that may result in incorrect categorizations that bias our results.³⁶ Future studies that use self-reported gender from each individual would provide more accurate and comprehensive data; however, our current study was constrained by the limited contact information available for individuals and the decision to closely replicate the prior Humphries et al protocol for comparison.

CONCLUSIONS

Representation of women continues to grow at the AVF, with positive strides since the creation of the SVS Task Force on DEI. Although the mean percentage of DEI domains covered at the AVF annual meetings has increased numerically since the creation of the SVS Task Force on DEI, these changes were mostly not statistically significant. The structure of our study does not have the power to conclude whether the SVS Task Force on DEI is solely responsible for the acceleration in representation of women at the AVF or the increase in DEI domains; however, we highlight an optimistic trend that showcases the advancements in the field. To further promote the SVS goals of a diverse workforce and DEI initiatives, continued intentional efforts are needed to better represent the diverse providers of venous disease and the venous population we serve. This study reflects an opportunity for AVF leaders and councils to prioritize strategies to incorporate important DEI domains into our annual meetings and mission-related efforts. Intentional progress in these areas will ultimately contribute to more successfully implementing the AVF Core Values (VEINS: **V**alues and integrity, **E**ducation, **I**nclusivity, equity, diversity, **N**urturing, **S**cientific excellence and research).

AUTHOR CONTRIBUTIONS

Conception and design: LY, RB, KO, MH, KH

Analysis and interpretation: LY, RB, KO, MH, KH

Data collection: LY, RB, KO, MH, KH

Writing the article: LY, RB, KO, MH, KH

Critical revision of the article: LY, RB, KO, MH, KH

Final approval of the article: LY, RB, KO, MH, KH

Statistical analysis: LY

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DISCLOSURES

K.H. reports consultant/speaker for Medtronic and Inari; consultant for Boston Scientific and Inquis; speaker for GE Healthcare and Phillips; and medical advisory board for MedVasc. M.D.H. reports consultant/faculty educator for Shockwave Medical; and medical advisory board for Boston Scientific.

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