

Letter to the Editor Regarding “Research Equity in Otolaryngology–Head and Neck Surgery”

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We read with a lot of interest the commentary by Patterson et al¹ titled “Research Equity in Otolaryngology–Head and Neck Surgery (OHNS).” The authors highlight inequity in global OHNS and propose a framework to build local research capacity and increase representation.¹ The collaborative’s research equity guidelines include stakeholder analysis and involvement, early and clear definition of roles, attribution of authorship positions based on meritocracy, and study validation by experienced researchers.

In a recent bibliometric analysis of Global OHNS research,² we identified influential contributors and themes. The following low- and middle-income country (LMIC) institutions had the most publications in their regions: the University of the Witwatersrand (sub-Saharan Africa), Mahidol University (East Asia and Pacific), University of São Paulo (Latin America and the Caribbean), Tehran University of Medical Sciences (Middle East and North Africa), Hacettepe University (Europe and Central Asia), and All India Institute of Medical Science (South Asia).² As highlighted by Patterson et al,¹ high-income country authors and institutions were major contributors of Global OHNS. Four of the 10 most prolific countries were high-income countries contributing to 67.4% of the top 10 publications.² The Middle East and North Africa published the least, followed by Latin America and the Caribbean, and sub-Saharan Africa. Regional differences in the total number of publications ($P = .016$), citations ($P = .013$), and collaborations ($P = .001$) were statistically significant.² These findings highlight regions in need of research capacity building. The initiative can equally leverage the experience of higher-performing LMIC centers to foster “South-South” collaboration.

The thematic analysis of Global OHNS articles revealed the emergence of coronavirus disease 2019 (COVID-19) as an influential topic.² The COVIDSurg Collaborative estimates

that COVID-19 has led to the cancellation of up to 81.9% of nononcologic OHNS.³ These cancellations have increased the surgical backlog, morbidity, and mortality due to diseases amenable to OHNS.^{3,4} These findings highlight the need to study the pandemic’s impact on other aspects of Global OHNS. For example, we must evaluate the pandemic’s impact on LMIC OHNS workforce given the professional risk OHNS specialists face.

Once again, we salute Patterson et al¹ for their brilliant piece on research equity in Global OHNS. We look forward to seeing the product of their research equity framework on the quality and output of research from LMICs.

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References

1. Patterson RH, Xu MJ, Okerosi S, et al. Research equity in otolaryngology–head and neck surgery. *OTO Open*. 2021;5(2):2473974X211024145. doi:10.1177/2473974X211024145
2. Djoutsop OM, Mbougo JV, Kanmounye US. Global head and neck surgery research during the COVID pandemic: a bibliometric analysis. *Ann Med Surg (Lond)*. 2021;68:102555. doi:10.1016/j.amsu.2021.102555.
3. COVIDSurg Collaborative. Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans. *Br J Surg*. 2020;107(11):1440-1449.
4. COVIDSurg Collaborative. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. *Lancet*. 2020;396(10243):27-38.

