

**The financial relationship between the medical industry and obstetrics and
gynecology and urology residency leadership**

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We have no conflicts of interest to disclose.

Individual Contributions: My mentor, Dr. Tyler Muffly, introduced me to this project at its conception.

Initially, my responsibilities were to attend weekly research meetings with the team, perform my own background review of the project, and collect & organize data, including hand-searching each residency program and its corresponding program director(s) and department chair(s). During our data analysis, I participated in cleaning up the dataset to help optimize our results. In the writing phase, I contributed to both our abstract submission to the Society of Gynecologic Surgery and our manuscript submissions to The Green Journal and Urogynecology by co-writing the methods section and editing multiple drafts.

*Contributorship

**Contributorship & Faculty Mentor

Objective: To examine the magnitude of industry payments to obstetrics and gynecology (OBGYN) and urology residency directors and department chairs between 2013 and 2020.

Methods: For this cross-sectional study, non-research payments between August 1, 2013, and December 31, 2020, from drug or device manufacturers to program directors and department chairs of OBGYN and urology residencies were compiled from the Centers for Medicare and Medicaid Services Open Payments Database. This data was cross-referenced with the Accreditation Council of Graduate Medical Education. Department chairs were identified by internet search or direct program contact. Data was analyzed using nonparametric and multiple linear regression models.

Results: A total of 28,764 payments were accepted by 599 physicians, summing \$8,467,051. Urologists averaged more payments and higher amounts per engagement than OBGYNs ($p < 0.01$ for both). Similarly, department chairs received a higher number of payments and greater compensation per engagement than program directors ($p < 0.01$ for both). California accounted for the highest sum amongst the states at \$1,676,221. Male gender, regardless of specialty, was another significant variable for higher average payment compared to female counterparts ($p < 0.01$). The association between non-research payments and department chairs remained significant after adjusting for covariates (unstandardized $\beta = 171.5$; 95% CI 63, 279; $p < 0.01$).

Conclusion: Four variables were predictive of the magnitude of industry payments received: male gender, department chair, urology, and practicing in California. Non-research payments to leadership positions in OBGYN and urology residency programs can impact trainees and should be disclosed.