

Gender Differences in X (Formerly Twitter) Use Among Orthopedic Surgeons from US News Top-Ranked Hospitals: Cross-Sectional Study

Jordan Olivia Gasho, Daniel G Tobert, Katelyn M Atkins

Submitted to: Journal of Medical Internet Research
on: November 27, 2024

Disclaimer: © The authors. All rights reserved. This is a privileged document currently under peer-review/community review. Authors have provided JMIR Publications with an exclusive license to publish this preprint on its website for review purposes only. While the final peer-reviewed paper may be licensed under a CC BY license on publication, at this stage authors and publisher expressly prohibit redistribution of this draft paper other than for review purposes.

Table of Contents

Original Manuscript.....	4
---------------------------------	----------

Preprint
JMIR Publications

Gender Differences in X (Formerly Twitter) Use Among Orthopedic Surgeons from US News Top-Ranked Hospitals: Cross-Sectional Study

Jordan Olivia Gasho¹ BS; Daniel G Tobert² MD; Katelyn M Atkins³ MD, PhD

¹ Keck School of Medicine of USC Los Angeles US

² Massachusetts General Hospital Boston US

³ Cedars-Sinai Medical Center Los Angeles US

Corresponding Author:

Katelyn M Atkins MD, PhD

Cedars-Sinai Medical Center
8700 Beverly Blvd
Los Angeles
US

Abstract

Background: Gender disparities in academic medicine persist, particularly in male-dominated fields such as orthopedic surgery. Social media platforms are reshaping academic communication, though data describing gender differences in use and engagement limited.

Objective: The aim of this study was to analyze gender-based differences in X use, influence, and engagement among individual orthopedic surgeons.

Methods: This cross-sectional study evaluated publicly available data from the 2023 U.S. News and World Report top 20 hospitals for orthopedic surgery. Demographic data, apparent gender (binary), and public X (formerly Twitter) data were collected.

Results: Of 1,327 orthopedic surgeons, 25% were on X. X-users were more likely to hold leadership roles ($p<0.001$), higher faculty appointments ($p<0.001$), and additional advanced degrees ($p=0.007$). Women X-user (vs men) were less likely to be full professors (12% vs 20%; $p=0.041$). While women (vs men) had similar numbers of followers, following, and posts ($p>0.05$), women liked more posts (median 242 vs 35, $p=0.006$) and were more likely to mention being a parent, spouse, or hobbies/interests (24.4% vs 12.1%; $p=0.048$).

Conclusions: Orthopedic surgeons on X were more likely to have higher academic rank, leadership titles, and dual degrees, though gender disparities persisted with women X-users harboring lower rates of full professorship. Women orthopedic surgeons were more actively engaged with other posts on X. The motivation behind these trends is worthy of further study.

(JMIR Preprints 27/11/2024:69366)

DOI: <https://doi.org/10.2196/preprints.69366>

Preprint Settings

1) Would you like to publish your submitted manuscript as preprint?

✓ **Please make my preprint PDF available to anyone at any time (recommended).**

Please make my preprint PDF available only to logged-in users; I understand that my title and abstract will remain visible to all users.

Only make the preprint title and abstract visible.

No, I do not wish to publish my submitted manuscript as a preprint.

2) If accepted for publication in a JMIR journal, would you like the PDF to be visible to the public?

✓ **Yes, please make my accepted manuscript PDF available to anyone at any time (Recommended).**

Yes, but please make my accepted manuscript PDF available only to logged-in users; I understand that the title and abstract will remain visible to all users.

Yes, but only make the title and abstract visible (see Important note, above). I understand that if I later pay to participate in a JMIR journal, my title and abstract will remain visible to all users.

No. Please do not make my accepted manuscript PDF available to anyone.

Original Manuscript

Gender Differences in X (Formerly Twitter) Use Among Orthopedic Surgeons from US News Top-Ranked Hospitals: Cross-Sectional Study

Jordan O. Gasho BS¹; Daniel G. Tobert MD², Katelyn M. Atkins MD, PhD³

1. Keck School of Medicine, University of Southern California, Los Angeles, California
2. Department of Orthopedic Surgery, Massachusetts General Hospital, Boston, Massachusetts
3. Department of Radiation Oncology, Cedars-Sinai Medical Center, Los Angeles, California

Corresponding author: Katelyn M Atkins MD, PhD; 8700 Beverly Blvd AC1019, Los Angeles, CA 90048; Phone: 310-423-2178; Fax: 310-659-3332; Email: katelyn.atkins@cshs.org; X: @_katelynatkins

Word Count: 1491

Funding: This study received no grants, contracts, or other forms of financial support.

Disclosures: KA reports honoraria from OncLive, outside of the submitted work. DGT reports editorial consulting with Wolters Kluwer. The remaining authors have no disclosures.

Abstract:

Background: Gender disparities in academic medicine persist, particularly in male-dominated fields such as orthopedic surgery. Social media platforms are reshaping academic communication, though data describing gender differences in use and engagement are limited.

Objectives: To examine gender differences by X-use among orthopedic surgeons, including variations in engagement, content, and influence.

Methods: This cross-sectional study evaluated publicly available data from the 2023 U.S. News and World Report top 20 hospitals for orthopedic surgery. Demographic data, apparent gender (binary), and public X (formerly Twitter) data were collected.

Results: Of 1,327 orthopedic surgeons, 25% were on X. X-users were more likely to hold leadership roles ($p<0.001$), higher faculty appointments ($p<0.001$), and additional advanced degrees ($p=0.007$). Women X-user (vs men) were less likely to be full professors (12% vs 20%); $p=0.041$). While women (vs men) had similar numbers of followers, following, and posts ($p>0.05$), women liked more posts (median 242 vs 35, $p=0.006$). On thematic analysis of biographical content, women were more likely to mention being a parent, spouse, or their hobbies/interests (24.4% vs 12.1%; $p=0.048$).

Conclusions: Orthopedic surgeons on X were more likely to have higher academic rank, leadership titles, and dual degrees, though gender disparities persisted with women X-users harboring lower rates of full professorship. Women orthopedic surgeons were more actively engaged with other posts on X. The motivation behind these trends is worthy of further study.

Keywords: Social media; X (Twitter); gender disparities; orthopedic surgery; physician workforce disparities.

INTRODUCTION

Women comprise more than half of medical students since 2019, but gender differences in promotion, tenure, and satisfaction in academic medicine persist[1]. According to the 2024 Association of American Medical Colleges (AAMC) report, women comprise 52% of medical graduates, 29% of full professors, and only 25% of department chairs[2]. These differences are particularly pronounced in orthopedic surgery, where women comprise 18% of the academic workforce—the lowest amongst all medical specialties—but hold only 9% of higher professorial ranks (including one department chair in 2016), and lag behind other specialties in increasing representation of women [3]. This dearth of women in top academic positions suggests a leaky pipeline, which in most cases begins after training and declines with each promotion.

Social media, particularly the platform X (previously Twitter), is being increasingly used in professional settings. Relevant hashtags and retweets connect geographically distant individuals, enabling greater dissemination of research, enhancing digital scholarship, and building relationships[4–6]. Among orthopedists, hashtags such as #OrthoTwitter and #womeninortho have been developed to facilitate an online community for education, networking, and professional development[7–9]. However, despite the professional popularity of X, there is a paucity of data on X usage and whether gender disparities persist in online orthopedic surgery communities (such as X). Given the underrepresentation of women in orthopedic surgery coupled with social media's expanding professional reach, studies examining gender disparities in social media use and the workforce are essential. This study aims to examine gender differences by X-use among orthopedic surgeons, as well as gender differences in X engagement, content, and influence.

METHODS

Data Acquisition

The 20 best hospitals for orthopedic surgery were identified according to 2023 U.S. News

and World Report (USNWR) rankings. Institutional websites and related faculty profiles were accessed from February 2024 to June 2024 to identify residency-trained orthopedic surgeons. Non-operative sports medicine practitioners were excluded. Available faculty demographic data were collected, including geographical region, training dates, degrees received, and faculty appointments. Apparent gender (binary) was assigned using name, pronouns, and/or public profile images. For X information, publicly available data (e.g., number of followers/following/likes/posts, account creation date, and biography) were manually extracted. Personal profiles and private accounts were excluded. Data was collected by a single investigator (JOG).

Data Analysis

Length of training was defined as years of training since medical school graduation. To assess the thematic content of X profile biographies, text was classified based on mentioning one or more themes, including job roles and/or specialty, and personal information, which included mentions of parent, spouse, and/or personal interests. The characteristics of orthopedic surgeons were assessed based on X use and by gender among X-users. Descriptive statistics included Wilcoxon rank-sum test for continuous variables and chi-squared or Fisher's exact test for categorical variables. Statistical analyses were performed using StataSE, version 17.0 (StataCorp LLC) with two-sided tests at a significance level of 0.050.

Ethical considerations

This cross-sectional study evaluated publicly available data and was exempt from ethical approval according to the Cedars-Sinai Medical Center institutional review board (STUDY00003292). The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines were followed.

RESULTS

A total of 1,327 orthopedic surgeon profiles were analyzed, of which 330 (24.9%) were on X. Compared to non-users, X-users were more likely to be geographically located in the Northeast (44.9% vs 36.5%; $p<0.001$), hold leadership titles ($p<0.001$), higher faculty appointments ($p<0.001$), additional advanced degrees ($p=0.007$), and have fewer years in practice since medical school completion ($p=0.02$). Among X-users, women (vs men) were less likely to be full professors (12.2% vs 19.7%); $p=0.041$), though there was no significant difference in geographic location, leadership titles, or dual degree status ($p>0.05$).

While women (vs men) had similar numbers of followers, following, and posts ($p>0.05$), women had higher levels of self-engagement in the form of liking more posts (median 242 vs 35, $p=0.006$). On thematic analysis of X profile biographies, women (vs men) were more likely to mention personal information including being a parent, spouse, or hobbies/interests (24.4% vs 12.1%; $p=0.048$), while men (vs women) were more likely to mention their job/specialty (93.4% vs 82.9%; $p=0.02$).

DISCUSSION

Principal Results

In this cross-sectional study, we explored demographic and professional characteristics of X use by gender in the social media orthopedic surgery workforce. The strength of this study is the robust analysis of over 1,000 orthopedic surgeons, including detailed evaluations of more than 300 X profiles and their usage statistics. We observed that while X-users (vs non-X-users) were more likely to hold leadership titles and higher faculty appointments, women X-users (vs men X-users) were less likely to be full professors, highlighting the persistence of gender disparities among orthopedic surgeons on X. Further, women orthopedic surgeon X-users demonstrated greater engagement (in the form of interacting with posts), suggestive of gender-based differences in motivation for professional

X use, which is worthy of further study.

Comparisons with Prior Work

In 2021, Friedman et al. highlighted the use of #OrthoTwitter on social media to connect the orthopedic community amidst isolation during the COVID-19 pandemic[10]. The same year Cole et al. concluded that social media is a powerful tool in orthopedic surgery resident training by enhancing worldwide communication[11]. This is consistent with the rise in popularity of professional X use among orthopedic surgeons, with nearly 32,000 posts and more than 700,000 likes using #OrthoTwitter in 2022 [8]. In a 2023 study evaluating the use of social media by women surgeons, the authors reported that the majority of posts were for personal reasons (44%) and suggested the use of the hashtag #womeninortho to maximize the reach of their content[7]. Building upon these findings, we observed that women were more likely to engage with posts from other users and share personal/family information in their profile biographies, consistent with studies showing that women physicians are more likely than men to use social media to build support networks and/or foster online communities[12].

In a scoping review of the demographic characteristics of X influencers in academic medicine, Istl and colleagues analyzed 13 studies and described persistent gender disparities on X in academic medicine[13]. The current study builds upon these findings, focusing on the male-dominated specialty of orthopedic surgery, which lags behind other specialties in increasing the representation of women ([3]). We observed that despite X-users (vs non-users) being enriched for more leadership titles, higher faculty appointments, and dual advanced degrees, women orthopedic surgeon X-users (vs men), remained less likely to be full professors. The various potential reasons for disparate ascension in academic medicine, particularly for surgeons, are several-fold. Women physicians are more likely to take on greater parenting roles, sacrifice work time for domestic responsibilities, and have spouses who are employed full-time[14]. Women surgeons face

disproportionate conflicts of work-life integration and threats to their careers from pregnancy and childbearing[15,16]. And for physician mothers in procedural fields, these self-reported greater familial demands are associated with lower overall career satisfaction[17,18]. Further, women physicians face gender discrimination and sexual harassment, manifesting as workplace microaggressions, lower rates of promotion, and unequal compensation[16,19,20]. Each of these factors may limit career progression and promote the early exit of women physicians.

Some have proposed that social media platforms such as X would offer women an equal opportunity to share their perspectives, promote their work, and connect with same-gender role models[4] —the latter of which has been identified as a most significant barrier faced by female professionals[21–24]. The results of our study, however, suggest that this leveling is not realized in practice. We observed similar levels of X followers and posts between men and women, aligning with survey data demonstrating that men and women physicians report similar rates of using social media to build their professional network and increase collaborations[12]. However, despite similar intent for professional development, women physicians are less likely to report career-advancing benefits (i.e., speaking engagement or expanded research portfolio)[12]. Further, others have shown that despite similar follow count, men physicians are more likely to hold a ‘verified’ X account—a (now controversial) designation of validity[25]. Together, these data underscore the need for further research to understand motivational and/or behavioral differences in professional social media use and identify strategies to improve gender inequities.

Limitations

This study has several potential limitations, including inaccuracies or incompleteness in publicly available data. The use of binary gender classification may introduce classification bias or inaccuracy in preferred gender. Additionally, only physicians from top USNWR hospitals were selected, which may not reflect other medical practice settings. Additionally, the cross-sectional

design limits causal inference, for instance, whether X-users were more likely to hold leadership roles or higher faculty appointments due to social media presence or whether these positions contributed to social media presence/use, which is worthy of further study.

Conclusions

Gender disparities persist in the orthopedic surgery X community, although women orthopedic surgeons were more actively engaged. The motivation behind these trends, the temporal relationship between social media use and leadership positions, and the impact of social media use on gender disparities in professional development are worthy of further study.

CONFLICTS OF INTEREST

None declared.

REFERENCES

1. Murphy M, Callander JK, Dohan D, Grandis JR. Women's Experiences of Promotion and Tenure in Academic Medicine and Potential Implications for Gender Disparities in Career Advancement: A Qualitative Analysis. *JAMA Netw Open*. 2021;4(9):e2125843. doi:10.1001/jamanetworkopen.2021.25843
2. The State of Women in Academic Medicine 2023-2024: Progressing Toward Equity. AAMC. Accessed February 7, 2025. <https://www.aamc.org/data-reports/data/state-women-academic-medicine-2023-2024-progressing-toward-equity>
3. Chambers CC, Ihnow SB, Monroe EJ, Suleiman LI. Women in Orthopaedic Surgery: Population Trends in Trainees and Practicing Surgeons. *J Bone Joint Surg Am*. 2018;100(17):e116. doi:10.2106/JBJS.17.01291
4. Lewis JD, Fane KE, Ingraham AM, et al. Expanding Opportunities for Professional Development: Utilization of Twitter by Early Career Women in Academic Medicine and Science. *JMIR Med Educ*. 2018;4(2):e11140. doi:10.2196/11140
5. Daneshjou R, Shmuylovich L, Grada A, Horsley V. Research Techniques Made Simple: Scientific Communication using Twitter. *J Invest Dermatol*. 2021;141(7):1615-1621.e1. doi:10.1016/j.jid.2021.03.026
6. Choo EK, Ranney ML, Chan TM, et al. Twitter as a tool for communication and knowledge exchange in academic medicine: A guide for skeptics and novices. *Med Teach*. 2015;37(5):411-416. doi:10.3109/0142159X.2014.993371
7. Stevens CR, Merk K, Ierulli VK, Mulcahey MK. Analysis of Social Media Posts That Promote Women Surgeons. *J Surg Educ*. 2023;80(5):682-688. doi:10.1016/j.jsurg.2023.02.002
8. Bellaire CP, Ottesen TD, Gu A, Mulcahey MK, Levine WN. What's Important: #OrthoTwitter as an Online Community for Orthopaedic Surgeons. *J Bone Joint Surg Am*. Published online March 5, 2024. doi:10.2106/JBJS.23.00851
9. Grossman R, Sgarbura O, Hallet J, Søreide K. Social media in surgery: evolving role in research communication and beyond. *Langenbecks Arch Surg*. 2021;406(3):505-520. doi:10.1007/s00423-021-02135-7
10. Friedman LGM, Menendez ME. What's Important: How Social Media Can Foster Connectedness: Voices from the #OrthoTwitter Community. *J Bone Joint Surg Am*. 2021;103(12):1152-1154. doi:10.2106/JBJS.20.01738
11. Cole WW, Perez-Chaumont A, Miskimin C, Mulcahey MK. Social Media and Its Use in Orthopaedic Surgery Resident Education and Training. *JBJS Rev*. 2021;9(11). doi:10.2106/JBJS.RVW.21.00083
12. Woitowich NC, Arora VM, Pendergrast T, Gottlieb M, Trueger NS, Jain S. Gender Differences in Physician Use of Social Media for Professional Advancement. *JAMA Netw Open*. 2021;4(5):e219834. doi:10.1001/jamanetworkopen.2021.9834
13. Istl AC, Verma S, Jawa NA, Mackin R, Seemann NM, Kirpalani A. Across the Twitter-verse: Is

- Twitter an equitable tool in academic medicine? A scoping review. *Adv Health Sci Educ Theory Pract.* 2023;28(3):997-1013. doi:10.1007/s10459-022-10201-y
14. Dyrbye LN, Shanafelt TD, Balch CM, Satele D, Sloan J, Freischlag J. Relationship between work-home conflicts and burnout among American surgeons: a comparison by sex. *Arch Surg Chic Ill 1960.* 2011;146(2):211-217. doi:10.1001/archsurg.2010.310
 15. Willett LL, Wellons MF, Hartig JR, et al. Do women residents delay childbearing due to perceived career threats? *Acad Med J Assoc Am Med Coll.* 2010;85(4):640-646. doi:10.1097/ACM.0b013e3181d2cb5b
 16. Chesak SS, Salinas M, Abraham H, et al. Experiences of Gender Inequity Among Women Physicians Across Career Stages: Findings from Participant Focus Groups. *Womens Health Rep.* 2022;3(1):359-368. doi:10.1089/whr.2021.0051
 17. Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender Differences in Time Spent on Parenting and Domestic Responsibilities by High-Achieving Young Physician-Researchers. *Ann Intern Med.* 2014;160(5):344-353. doi:10.7326/M13-0974
 18. Lyu HG, Davids JS, Scully RE, Melnitchouk N. Association of Domestic Responsibilities With Career Satisfaction for Physician Mothers in Procedural vs Nonprocedural Fields. *JAMA Surg.* 2019;154(8):689-695. doi:10.1001/jamasurg.2019.0529
 19. Lyubarova R, Salman L, Rittenberg E. Gender Differences in Physician Burnout: Driving Factors and Potential Solutions. *Perm J.* 27(2):130-136. doi:10.7812/TPP/23.023
 20. Levine RB, Lin F, Kern DE, Wright SM, Carrese J. Stories from early-career women physicians who have left academic medicine: a qualitative study at a single institution. *Acad Med J Assoc Am Med Coll.* 2011;86(6):752-758. doi:10.1097/ACM.0b013e318217e83b
 21. Edmunds LD, Ovseiko PV, Shepperd S, et al. Why do women choose or reject careers in academic medicine? A narrative review of empirical evidence. *Lancet Lond Engl.* 2016;388(10062):2948-2958. doi:10.1016/S0140-6736(15)01091-0
 22. Salem V, Hirani D, Lloyd C, Regan L, Peters CJ. Why are women still leaving academic medicine? A qualitative study within a London Medical School. *BMJ Open.* 2022;12(6):e057847. doi:10.1136/bmjopen-2021-057847
 23. Chow CJ, Ferrel MN, Graham EM, Fix ML. Perspectives From Students and Faculty on How Women Achieve Leadership Roles in Academic Medicine: An Exploratory Qualitative Study. *Cureus.* 2024;16(4):e57969. doi:10.7759/cureus.57969
 24. Koopman RJ, Thiedke CC. Views of family medicine department Chairs about mentoring junior faculty. *Med Teach.* 2005;27(8):734-737. doi:10.1080/01421590500271209
 25. Rupert D, Shah K, Chen BY, et al. Sex and Location Differences in Verification Status of Physician-Held Social Media Platform Accounts. *JAMA Netw Open.* 2022;5(8):e2225671. doi:10.1001/jamanetworkopen.2022.25671

Table 1. Baseline characteristics stratified by X use.

Variable	Not on X (N=997)	On X (N=330)	P-value
Geographic Region			
Northeast	364(36.51)	148(44.85)	<0.001
Midwest	178(17.85)	75(22.73)	
South	84(8.43)	30(9.09)	
West	371(37.21)	77(23.33)	
Gender			
Male	902(90.47)	289(87.58)	0.133
Female	95(9.53)	41(12.42)	
Faculty type			
None/Not listed	431(43.23)	72(21.82)	<0.001

Instructor	40(4.01)	12(3.64)	
Assistant	264(26.48)	118(35.76)	
Associate	114(11.43)	66(20.00)	
Full Professor	148(14.84)	62(18.79)	
No. leadership titles			
0	731(73.32)	184(55.76)	<0.001
1	182(18.25)	91(27.58)	
2	57(5.72)	37(11.21)	
3+	27(2.71)	18(5.45)	
Subspecialty			
General	27(2.71)	2(0.61)	<0.001
Sports medicine	205(20.56)	106(32.12)	
Upper extremity	167(16.75)	40(12.12)	
Lower extremity	259(25.98)	74(22.42)	
Spine	159(15.95)	33(10.00)	
Trauma	48(4.81)	12(3.64)	
Pediatric	43(4.31)	18(5.45)	
Musculoskeletal oncology	20(2.01)	10(3.03)	
Multiple/Other	69(6.92)	35(10.61)	
Dual degree (PhD, MBA, MPH, MS)			
Yes	83(8.32)	44(13.33)	0.007
No	914(91.68)	286(86.67)	
Interval since medical school (years)			
Median (IQR)	24(14-35)	21(15-29)	0.023

Data are presented as number of patients (column %) or median (IQR, interquartile range). P-value is calculated by Wilcoxon rank-sum test for continuous variables; and chi-squared test or Fisher's exact test for categorical variables as appropriate.

Table 2. Characteristics of orthopedic surgeons on X stratified by gender.

Variable	Male (N=289)	Female (N=41)	P-value
Region			
Northeast	126(43.6)	22(53.66)	0.373
Midwest	67(23.18)	8(19.51)	
South	29(10.03)	1(2.44)	
West	67(23.18)	10(24.39)	
Faculty type			
None/Not listed	68(23.53)	4(9.76)	0.041
Instructor	12(4.15)	0	
Assistant	98(33.91)	20(48.78)	
Associate	54(18.69)	12(29.27)	
Full professor	57(19.72)	5(12.2)	
No. leadership titles			

0	162(56.06)	22(53.66)	0.949
1	78(26.99)	13(31.71)	
2	33(11.42)	4(9.76)	
3+	16(5.54)	2(4.88)	
Subspecialty			
General	2(0.69)	0	0.005
Sports medicine	94(32.53)	12(29.27)	
Upper extremity	32(11.07)	8(19.51)	
Lower extremity	69(23.88)	5(12.2)	
Spine	32(11.07)	1(2.44)	
Trauma	11(3.81)	1(2.44)	
Pediatric	10(3.46)	8(19.51)	
Musculoskeletal oncology	8(2.77)	2(4.88)	
Multiple/Other	31(10.73)	4(9.76)	
Dual degree (PhD, MBA, MPH, MS)			
Yes	37(12.8)	7(17.07)	0.452
No	252(87.2)	34(82.93)	
Interval since med school graduation (years)			
Median (IQR)	22(16-30)	17(12-24)	0.002
X use variables (publicly available)			
Time on X (years),			
Median (IQR)	9(6-12)	8(5-11)	0.133
Average number of followers on X			
Median (IQR)	221(40-717)	270(79-773)	0.386
Average number of following on X			
Median (IQR)	123(31-307)	159(32-426)	0.414
Average number of liked posts on X			
Median (IQR)	35(0-537.5)	242(20-1110)	0.006
Average number of posts on X			
Median (IQR)	103(18-579.5)	83(17-452)	0.705
Thematic content of X profile biography			
Job roles and/or specialty			
Mention	270(93.43)	34(82.93)	0.020
No mention	19(6.57)	7(17.07)	
Personal information (parent, spouse, and/or interests)			
Mention	35(12.11)	10(24.39)	0.048
No mention	254(87.89)	31(75.61)	

Data are presented as number of patients (column %) or median (IQR, interquartile range). P-value is calculated by Wilcoxon rank-sum test for continuous variables; and chi-squared test or Fisher's exact test for categorical variables as appropriate.