APPENDIX

Supplementary Table 1. Workforce & pipeline trends (n=8)						
Study	**Year**	**Country**	**PMID/PMCID**	**Design/data source**	**Population**	**Key finding**
Findlay BL, Path to parity (*Urology*)	2023	U.S.	36495948	Cross-sectional trends (AAMC)	US urologists & trainees, 2007–2019	Practicing female urologists doubled (+104%); resident growth +28% → parity still distant.
Jackson EM, how female is the future of urology? (*Urology*)	2023	U.S.	37244431	Projection model (workforce + trainee inputs)	US workforce through 2062	Female urologists projected ≈38% by 2062 under status-quo trends.[2]
Nam CS, projected urology workforce per capita (*JAMA Netw Open*)	2021	U.S.	34783827	Simulation/projection	US per-capita supply	Per-capita urology shortage persists; diversification occurs within overall scarcity.
Sierra A, gender demographics in urology in Europe (*Eur Urol Focus*)	2024	Europe (9 nations)	39477704	National trainee/consultant datasets	Trainees & consultants, 2012–2022	Female trainee share rising; consultant growth slower; wide country variation.
Wang CN, AUA 2021 Census: differential treatment by	2023	U.S.	37003473	AUA Census 2021	Practicing urologists	Women more likely to report differential treatment &

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gender (*Urology*)						constrained scope.
Saltzman A, Women urologists: changing trends (*Urology*)	2016	U.S.	26952567	National survey	Practicing female urologists	Women younger; clustered in academic/urban settings; high weekly hours despite part-time reports.[6]
Oberlin DT, gender divide: Practice atterns (*J Urol*)	2016	U.S.	27177426	Case-log analysis	US urologists	Female surgeons' panels skew toward women & gender-neutral procedures; men do more male-specific cases.[7]
Grutman AJ, Voices of change: experiences of early women urology residents — a single institution qualitative research study (*BMC Medical Education*)	2025	U.S.	39915762	Qualitative analysis	Early women residents (single-institution)	Context on training climate; notes 44.9% female 2024 match vs ~11.8% women in practice.[8]

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Supplementary Table 2. Academic promotion & leadership (n=7)						
Study	**Year**	**Country**	**PMID/PMCID**	**Design**	**Population**	**Key finding**
Breyer BN, Promotion disparities in academic urology (*Urology*)	2020	U.S.	31917291	Cross-sectional + regression	2,926 academic urologists	Women took ~1.2 yrs longer to reach Associate; men 3× likelier to be rapid-promoted; no diff. Associate→Full.
Awad MA, gender differences in promotion & productivity (*Can J Urol*)	2017	U.S./Canada	28971789	Cross-sectional	Academic urologists	Senior-rank underrepresentation among women; productivity strongly associated with rank.[10]
Cancian M, representation of women in urological leadership (*Urol Pract*)	2018	U.S.	37300232	Cross-sectional audit	Societies, boards, chairs	~10% leadership overall; ~1–2% dept chairs at snapshot; committees more balanced than top posts.
Dullea AD, female representation on AUA subspecialty boards (*Cureus*)	2022	U.S.	35371808	Longitudinal audit	AUA subspecialty societies	Board representation rose modestly (≈11→14%, 2014–2020); some boards had 0 women.
Casals RK, diversity within academic urology leadership (*Urology*)	2022	U.S.	35969723	Cross-sectional (AAMC data)	Urology leaders vs med leadership	Women 7.4% of urology leaders vs 22% in academic urology overall ($p<0.0001$).[13]

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Nettey OS, gender representation in urologic subspecialties (*Urology*)	2018	U.S.	29331304	ABU certification dataset	Certifying urologists	Women 16.7% of first-time certifiers; more likely in academia (23.6% vs 13.7%).[14]
Marco BB, glass ceilings at EAU/ESPU meetings (*EU Open Science*)	2023	Europe	37284042	Congress analytics	EAU/ESPU 2012–2022	Female chairs/speakers increased but remain minority; incremental change.

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Supplementary Table 3. Authorship & citation impact (n=8)						
Study	**Year**	**Country**	**PMID/PMCID**	**Design/ dataset**	**Population**	**Key finding**
Mayer EN, publication productivity & gender (*Urology*)	2017	USA	28232174	Bibliometric (Scopus/GS)	1,922 academic urologists	Men higher h-index; m-quotient similar → gaps reflect shorter careers/representation.[16]
Prunty M, redefining gender gap in authorship (*Eur Urol Focus*)	2022	USA	34975008	Bibliometric (10 journals; 59k+ papers)	2002–2020	Female first authorship ~15%→29%; senior ~10%→19%; senior gap persists.[17]
Prunty M, authorship vs editorial board composition (*Eur Urol Focus*)	2022	USA	35534391	Correlational bibliometric	8 high-impact journals	More women on editorial boards correlated with higher female authorship.[18]
Suárez-Arbeláez MC, Authorship gender composition (*Urology*)	2022	USA	34995564	Bibliometric (18 journals)	2015–2020	≈21% of authors were women; lower share in higher-impact journals; gradual increase.[19]

Burg ML, gender disparities on urology journal editorial boards *(Eur Urol Focus*)	2022	Int'l	35504837	Cross-sectional audit (105 journals)	5,989 editors	Women 14.6% overall; regional & quartile differences.
Nguyen AX, editorial boards of major urology Journals (*CUAJ*)	2021	USA/Canada	3509938	Cross-sectional	29 journals, 1,364 editors	Women 7.5%→11.9% (2015→2020); leadership still heavily male.
Singh A, Women on CUA guideline panels (*CUAJ*)	2025	Canada	40637624	Authorship audit	CUA guideline committees	Female guideline authorship underrepresented; growth not proportional to workforce.[22]
Demir DÖ, Women in urology publishing in EU & JU (*Urol Int*)	2023	Europe/USA	36330955	Bibliometric	Eur Urol & J Urol output	Women's academic presence rising yet comparatively low; subspecialty patterns differ.[23]

Supplementary Table 4. Compensation & industry payments (n=6)						
Study	**Year**	**Country**	**PMID/PMCID**	**Design**	**Population**	**Key finding**
Spencer ES, gender differences in compensation (*J Urol)*	2016	U.S.	26384452	National survey (AUA)	848 urologists	Adjusted salary gap ≈$70–80k/yr disadvantaging women; hour differences didn't explain.
North AC, gender pay gap in urology (*Urol Pract*)	2021	U.S.	37145431	AUA Census 2017	2,323 urologists	Men more likely to earn >$350k (57% vs 40%) despite similar weekly hours.
Cone EB, salary expectations & contract	2021	U.S.	32540301	Residency survey	705 residents	Women expected lower starting salaries; felt less

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preparedness (*Urology*)						prepared for contracts.
Wang Y, gender gap in industry payments (*Investig Clin Urol*)	2024	U.S.	38978221	Quantitative observational study	15,980 urologists	Women urologists were found to be significantly less likely than men to receive high-value consulting or honoraria payments, highlighting persistent gender disparities in industry engagement despite some progress.[27]
Reed J, open payments: urologists vs APPs (*Urology*)	2023	U.S.	37517679	Retrospective cross-sectional observational design	Urologists & APPs	Urologists received significantly higher total and category-specific industry payments compared to APPs. Women urologists received significantly less compensation on average compared to men urologists.
Nam CS, practice patterns & reimbursements (*JAMA Netw Open*)	2019	U.S.	34783827	Retrospective cohort study using fee-for-service Medicare claims	US urologists	Female urologists cared for more female patients and received lower payments per

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						wRVU (context for pay gap).[29]

Supplementary Table 5. Patient preferences & clinical outcomes (n=7)						
Study	**Year**	**Country**	**PMID/PMCID**	**Design**	**Population**	**Key finding**
Amir H, do urology male patients prefer same-gender urologist? (*Am J Men's Health*)	2018	Israel	27222116	Clinic survey	119 male pts	42.8% preferred male urologist; skills/experience outweighed gender; embarrassment drove preference.[30]
Wynn J, patient preference for urologist gender (*Int J Urol*)	2021	Australia	33150602	Clinic survey	400 outpatients	Most had no strong preference; preference rose for intimate exams/procedures.[31]
Tamalunas A, How do patients choose their urologist? (*Eur J Med Res/Patient Prefer Adherence*)	2022	Germany	36353408	Multisite survey	1,012 pts	~65% reported some gender preference; strong same-gender preference for intimate/ embarrassing conditions.[32]
Razdan S, Provider gender preference in urology (*BJUI Compass*)	2022	U.S.	36816153	Single-center survey	540 pts	60% no preference; 37% preferred male, 3% female; preferences attenuate with positive experience.[33]
Ficko Z, Urology is a sensitive area: Assessing preferences (*Urol Pract*)	2018	U.S.	37300200	Survey	457 pts	80% no preference; 18% same-gender preference; modest effect sizes overall.
Steinkohl F, Acceptance of female urologists (*Patient Prefer Adherence*)	2021	Germany	3440396	Survey (stones cohort)	1,025 pts	83% of male pts had no gender preference; 17% preferred male urologist.[35]

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Passarelli N, Are women urologists caring for predominantly women patients? (*Urology*)	2025	U.S.	40122293	Case-log analysis	93k minimally invasive cases	Female urologists' panels ~54% women vs. 23% for male urologists; pronounced gender-concordance in case mix.[36]

Supplementary Table 6. Perceptions of reverse bias, burnout & well-being (Male-focused signals) (n=8)

Study	Year	Country	PMID/PMCID	Design	Population	Key finding
Martin B, Perceptions of gender equity by urologic subspecialty (*Urology*)	2023	U.S.	36702444	National survey	536 urologists	Perceptions of inequity varied by subspecialty; male and female responses diverged on fairness and opportunity.[37]
Martin B, Perceptions of gender equity among endourologists (*J Endourol*)	2022	U.S./Int'l	36112672	Society survey	Endourology community	Reported gender-related barriers; baseline perceptions data to track equity efforts.[38]
Koo K, burnout among urologists (*Urology*)	2021	U.S.	34174271	Survey analysis	Practicing urologists	High burnout; identified institutional drivers; informs male burnout context alongside female.[39]
Cheng JW, Burnout and career regret in trainees (*Urology*)	2020	U.S.	32032685	National resident survey	Urology residents	Significant burnout and career-choice regret; program factors associated.
Narang SK, Personality traits and burnout: A survey of practicing US urologists (*Urology*)	2022	U.S.	35292294	Cross-sectional survey	US Urologists	Burnout was prevalent across genders, with about 49.1% of respondents meeting criteria for burnout.[41]
Reeson E, burnout in pediatric urology	2024	U.S.	38582728	Survey	Pediatric urology fellows	High burnout; workload & institutional support salient; not sex-

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fellows (*J Pediatr Urol*)						limited but relevant to male experience.
Payne K, Sexual harassment & discrimination in training (*Urol Pract*)	2025	U.S.	40517820	Multi-center survey	Pediatric urologists	Increased prevalence of burnout among pediatric urologists since the 2016 AUA census, with 43% meeting criteria for high burnout (compared to 25.5% in 2016).
de Mazancourt ES, discrimination during pregnancy in training (*Prog Urol*)	2024	France	38909782	National survey	FR trainees	High discrimination reports (mostly women); sets context for climate; male trainees also report inequities.

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