

OBSTETRICS & GYNECOLOGY



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Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Jul 18, 2018
To: [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1195

RE: Manuscript Number ONG-18-1195

Laparoscopic pediatric radical trachelectomy for the management of cervical embryonal rhabdomyosarcoma in a 2-year-old girl

Dear Dr. May:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 08, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: May and colleagues report the case of a 2 year with an embryonal rhabdomyosarcoma who underwent neoadjuvant chemotherapy followed by radical trachelectomy. The report is certainly novel. Comments for the authors:

1. Why was lymph node assessment not performed at the time of surgery?
2. Did the patient undergo evaluation with PET preoperatively?
3. Clarify meaning of why the patient was treated as an intermediate risk category (lines 186-188)?
4. Is it safe to omit radiation just because margins are negative? Is there a role for treating the nodal basins/surrounding tissues? It seems like sequelae of radiation would always be a concern in pediatric patients and not unique to this case?

Reviewer #2: This is a well done case report in a rare malignancy. The authors emphasize a fertility preserving treatment plan for cervical embryonal rhabdomyosarcoma with use of chemotherapy and laparoscopic radical trachelectomy. This will add to the literature and is worthy of a case report given the young age of the patient and the combination of fertility preserving surgery and chemotherapy. I have the following comments:

- 1) In this case a laparoscopic approach was used for a cervical cancer (granted rhabdomyosarcoma is rare). Recently the outcomes of the phase 3, prospective, randomized, multicenter Laparoscopic Approach to Cervical Cancer (LACC) trial showed an increased risk of local pelvic recurrence and decreased overall survival in patients with early stage cervical cancer who underwent a laparoscopic or robotic approach compared to open surgery. Please consider addressing this in your discussion. Do you think this is applicable to this patient population, should patients undergo exploratory laparotomy with trachelectomy instead of a laparoscopic approach in this setting?
- 2) No uterine manipulator was used which is not uncommon, however do the surgeons place anything in the vagina to elevate the uterus/cervix? If so would indicate what this is, or simply indicate nothing is placed in the vagina to elevated the specimen.
- 3) Does the DICER testing add to the case report, does not appear so. If you agree, recommend removal.
- 4) Would consider adjusting Figure 3A and Figure 3D. The words are hard to read.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including

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5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

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8. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

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- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

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If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

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If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

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Sincerely,

The Editors of Obstetrics & Gynecology

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