Date: Aug 09, 2018
To: "Eric Strand" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1303

RE: Manuscript Number ONG-18-1303

The Residency Interview Season: Time for Commonsense Reform

Dear Dr. Strand:

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 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

As someone who is not a residency program director but has been involved in medical student education (clerkship/2nd year course), this commentary was very enlightening regarding the current state of the OB/GYN resident application process. I did not realize all the issues that arose with scheduling interviews and I think readers will find it interesting.

1. The first page lists a bullet about students limiting clinical participation to answer interview invitation emails. This seemed quite strange to me. I did not understand until later in the document, however, that the interview offers were first come, first serve. So, I would add some clarification here as to why students would be waiting around for emails to arrive in order to answer them right away. By the way, I think that policy is horrible.

2. I would explain that the Medical Student Performance Evaluation is known generally as the Dean's letter (right?) so all readers especially those over a certain age will understand what you are talking about.

3. I would add to Residency Behaviors the issue that medical schools now have to "teach to the test" because residency programs rely so heavily on USMLE scores for initial screening which is unfair and the trickle down effect is that medical schools devote significant time to preparing and studying for the USMLE which is just a licensing exam. In my own experience, I have had medical students say they didn't need to attend any of the lectures in our 2nd year Human Reproduction pathophysiology course because they only had to read First Aid for the USMLE to get all the information they needed because the whole point was to get the highest score on the USMLE possible in order to have a good residency match. E.g. the entire curriculum didn't matter....what happened to learning how to be a doctor?

4. How can these solutions be enforced? We can't really change medical schools but as ob/gyn programs we could adopt a standardized interview timeline...the authors don't address who would get this done...CREOG???

REVIEWER #2:

I thought this was a great piece. Important, no, it is a vital topic that needs addressing. Well written, clear and concise with an action plan. Good supporting data.

Few thoughts and questions below, no significant issues or edits.

1. Page 6 line 88: Are there actual numbers associated with this?

2. Page 11 line 206: This paragraph is a little confusing. It does not seem likely that an on-line anonymous shared document can be controlled or closed. However, maybe a competing monitored site might be helpful, especially if applicants know that the monitored site would be safe from tampering that might benefits one or a few applicants, and that information is verified. Likely that trust would have to be earned.

3. Page 12 line 234:It might be important to have faculty/staff available to help student sort through their acceptances to prioritize and choose wisely.

REVIEWER #3:

This article provides a discussion of the residency interview process. The manuscript is mostly opinion-based. For this type of manuscript, it seems important to distinguish between claims substantiated by data versus empirical observations made by the authors during their experience. Unfortunately, the authors make several claims about perceptions or situations among applicants, medical schools and programs which are central to their arguments for reform but do not provide data or references. Many of these perceptions are inaccurate and biased from a single program's perspective. For example:

1. Line 84 - Substantiate the claim with references that increased applications result in increased costs. This may be a theoretical assumption but likely not seen in real practice. Many tools exist to more efficiently screen applications (programs) and submit applications (applicants). Programs may simply be better at screening poor applicants and are in fact more efficient with new tools and thus reduce cost. Similarly, scheduling systems are significantly more efficient than in the past.

2. Line 154 - The authors claim that the MSPE, "the one document that is supposed to best reflect the student's achievements", should include a reference. Who has claimed that the MSPE is supposed to fulfill this role? Many program directors only use the MSPE to identify poor candidates or explain breaks in training rather than as the overall quality of the applicant. Some PDs don't even look at the MSPE.

3. Line 156 - Many programs in areas of the country prone to winter weather traveling issues must schedule their interviews as early as possible (some before Oct 1) since winter weather makes them prone to many cancellations in from late Nov to Feb and applicants don't realize this in their scheduling priority. The authors should have considered suggested changes from multiple stakeholders from multiple geographic perspectives.

4. Line 65 - The authors make several misleading claims that demonstrate they may not have performed an adequate review of the literature. For example, the claim that programs use USMLE scores to screen and that these scores correlate poorly with success in residency is misleading. USMLE scores are actually pretty good as one factor to use in predicting success and several large studies substantiate this: (Sutton, Erica & Richardson, J.David & Ziegler, Craig & Bond, Jordan & Burke-Poole, Molly & M. McMasters, Kelly. (2014). USMLE Step 1 Score a Valid predictor of Success in Surgical Residency?. Am J Surg. 208. 10.1016/j.amjsurg.2014.06.032.) and (de Virgilio C, Yaghoubian A, Kaji A, et al. Predicting Performance on the American Board of Surgery Qualifying and Certifying Examinations: A Multi-institutional Study. Arch Surg. 2010;145(9):852-856. doi:10.1001/archsurg.2010.177)

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 your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
   1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
   2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Based on the forms that have been submitted, Dr. Tammy Sonn has not met the criteria for authorship. On the third page of the form, under the section labeled "Authorship," items #2-4, in addition to either 1a or 1b, MUST be checked off in order to qualify for authorship. Dr. Tammy Sonn should be moved to the acknowledgments, or they could resubmit a revised author agreement form if they filled it out erroneously the first time. All updated and missing forms should be uploaded with the revision in Editorial Manager.

3. 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.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 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.

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

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
* 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).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com /ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

***

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

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.

Again, 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 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

August 25, 2018

To the Editors of Obstetrics and Gynecology:

Please accept this revised submission of our commentary entitled “The Residency Interview Season: Time for Commonsense Reform.” We appreciate the opportunity to respond to the recommendations of the reviews.

Included in the pages to follow are the specific comments from the reviewers and editors, with the changes we have made to the manuscript. All changes to the manuscript are “tracked.”

Dr. Strand affirms that the manuscript is an honest account of his and Dr. Sonn’s opinions regarding the interview process.

As a commentary, IRB approval was not required.

Thank you for your consideration.

Eric Strand, MD

[redacted]

Responses to Reviewers and Editors:

Reviewer #1:

1. The first page lists a bullet about students limiting clinical participation to answer interview invitation emails. This seemed quite strange to me. I did not understand until later in the document, however, that the interview offers were first come, first serve. So, I would add some clarification here as to why students would be waiting around for emails to arrive in order to answer them right away. By the way, I think that policy is horrible.

RESPONSE: In the aforementioned bullet, the additional language of "With interview invitations made available on a first-come, first-serve basis…" to provide additional clarity.

2. I would explain that the Medical Student Performance Evaluation is known generally as the Dean's letter (right?) so all readers especially those over a certain age will understand what you are talking about.

RESPONSE: When the MSPE is first mentioned on page 8, the following text was added to ensure all readers are familiar with the MSPE: "…previously known as the "Dean's Letter.""

3. I would add to Residency Behaviors the issue that medical schools now have to "teach to the test" because residency programs rely so heavily on USMLE scores for initial screening which is unfair and the trickle down effect is that medical schools devote significant time to preparing and studying for the USMLE which is just a licensing exam. In my own experience, I have had medical students say they didn't need to attend any of the lectures in our 2nd year Human Reproduction pathophysiology course because they only had to read First Aid for the USMLE to get all the information they needed because the whole point was to get the highest score on the USMLE possible in order to have a

good residency match. E.g. the entire curriculum didn't matter....what happened to learning how to be a doctor?

RESPONSE: While the authors agree with the reviewer that over-reliance on USMLE scores negatively impacts a medical school's ability to implement a well-rounded curriculum, we feel that globally addressing medical school curriculum is beyond the scope of the commentary. However, we have added an additional bullet point (with references) on page 10—"Overreliance on USMLE scores, in particular Step I: Although originally purposed as a medical licensing examination, programs commonly use USMLE scores as a screening tool. In fact, an applicant's score on the USMLE Step I exam is the most commonly cited factor by Ob-Gyn program directors in selecting applicants to interview.[17] As previously mentioned, Step I scores have not consistently been associated with success as a resident.[3-10] This also has consequences for medical schools, as schools are forced to "teach to the test" to improve their students' chances of securing a residency."

4. How can these solutions be enforced? We can't really change medical schools but as ob/gyn programs we could adopt a standardized interview timeline...the authors don't address who would get this done...CREOG???

RESPONSE: In the "Moving Forward" the authors do present several concrete solutions. In fact, all five proposals are potentially enforceable by various agencies. Specifically, by calling on the ERAS, the AAMC, and CREOG to limit applications, application overload will be avoided. The authors have added the text "per applicant" to clarify how we would limit applications. The idea of a standardized date for interview invitations is also suggested; an additional comment with citation is added to make clear that this recommendation has also been made by other experts in the field. A stronger recommendation is also made for point #5, with

the following text added—"As a part of the match participation agreement, the NRMP could require programs to adopt a clear policy regarding the communication of decisions around the interview selection process."

Reviewer #2:

1. Page 6 line 88: Are there actual numbers associated with this?

RESPONSE: Following this statement in line 88/89, we added the following text-- "Student application fees through the Electronic Residency Application Service (ERAS) rise dramatically as application numbers increase. While the first 10 applications cost a flat rate of $99, additional applications are $14 per program (applications #11-20), $18 per program (applications #21-30), and $26 for each additional program beyond 30.[13] With a larger pool of applicants, programs must devote more resources to the screening process. We deleted the prior text of "…for the student financially for the program in the time invested ti review applications" to avoid redundancy.

2. Page 11 line 206: This paragraph is a little confusing. It does not seem likely that an on-line anonymous shared document can be controlled or closed. However, maybe a competing monitored site might be helpful, especially if applicants know that the monitored site would be safe from tampering that might benefits one or a few applicants, and that information is verified. Likely that trust would have to be earned.

RESPONSE: The authors agree that an anonymous online document cannot be controlled, which is why they have listed it as a potential factor confusing the interview process. In the text, the authors do recommend that leveraging resources through APGO and CREOG could provide the same possible benefit with more oversight and protection.

3. Page 12 line 234: It might be important to have faculty/staff available to help student sort through their acceptances to prioritize and choose wisely.

RESPONSE: The following text was added to highlight this point—"With initial invitations arriving on a predictable day, medical schools could also mobilize selected faculty to assist the student in prioritizing certain programs and making wise decisions."

Reviewer #3:

1. Line 84 - Substantiate the claim with references that increased applications result in increased costs. This may be a theoretical assumption but likely not seen in real practice. Many tools exist to more efficiently screen applications (programs) and submit applications (applicants). Programs may simply be better at screening poor applicants and are in fact more efficient with new tools and thus reduce cost. Similarly, scheduling systems are significantly more efficient than in the past.

RESPONSE: The authors agree that more specific information about the applicant cost increasing with the increasing number of program applications should be provided. See response to Reviewer #2, Comment #1 for the text inserted to clarify student and program costs. The authors are unable to find any evidence of tools that would assist the applicant in submitting the application in a more cost effective manner. The only option for submission is with ERAS and the cost structure is predetermined.

In addressing the question about tools which make the screening of applications more efficient, the authors are unable to find evidence of commercial programs or descriptive "home-grown" programs. Though the ERAS website does allow for the selection of filters to allow for a program to select a specific cohort from the group of applicants, there are still a greater number

of applications that filter through these settings due to the total increase in applications. We modified the text to the following—"With a larger pool of applicants, programs must devote more resources to the screening process" because we feel this is the most accurate description of the current state.

2. Line 154 - The authors claim that the MSPE, "the one document that is supposed to best reflect the student's achievements", should include a reference. Who has claimed that the MSPE is supposed to fulfill this role? Many program directors only use the MSPE to identify poor candidates or explain breaks in training rather than as the overall quality of the applicant. Some PDs don't even look at the MSPE.

RESPONSE: The authors have clarified the text to better state the purpose of the MSPE and illustrate its suggested role in the application process. New text includes— "…renders the MSPE irrelevant. The AAMC describes the MSPE as "a summary letter of evaluation to provide residency program directors an honest and objective summary of a student's salient experiences, attributes, and academic performance."[16] Making decisions before its availability ignores this purpose, and the effort medical schools expend in creating the document."

3. Line 156 - Many programs in areas of the country prone to winter weather traveling issues must schedule their interviews as early as possible (some before Oct 1) since winter weather makes them prone to many cancellations in from late Nov to Feb and applicants don't realize this in their scheduling priority. The authors should have considered suggested changes from multiple stakeholders from multiple geographic perspectives.

RESPONSE: The Reviewer brings up an intriguing rationale about weather concerns. If earlier interview offers are given, there may be a greater chance for applicants to avoid winter weather

issues which can lead to cancellations later in the winter season. The majority of the interview season is from October to January (as cited by ACOG's Guidelines for Pursuing a Residency in OBGYN) and does not commonly extend into February. In fact, in reviewing the interview dates reported on the previously cited google document, many of the earliest interview dates were actually at programs where weather would be of little concern (September 29th for Campbell University in North Carolina; October 2nd for Central Georgia/Mercer; October 4th for Medical College of Georgia, October 6th for USCF-Fresno). No New York program began interviews before November 1st in 2017. Although winter weather may be a theoretical concern, it does not seem to be a motivating factor for programs in scheduling interviews into October, based on the data available to the authors.

The authors were surprised at the claim that programs interview before October 1st considering ERAS opens to ACGME residency programs on Sept 15th and this is a very short turnaround time to plan invites, flights, and interview day schedules. In fact, we only found one program with a single interview date in September (Campbell University—noted above and not in a location impacted by winter weather). Though we do acknowledge the point made, the other factor is that students will prioritize their interview scheduling based on their personal program list. If they received an offer from a "safety" school, they would likely schedule this for later in the season to provide room for their "top" schools and have the option of cancelling once they know their interview offers. Despite the questions raised by the reviewer, the authors feel that are statement in the "Moving Forward" section, bullet #4 is valid: "Programs need to balance their desire to reach out early to qualified applicants with the applicant's right to have his/her application reviewed in its entirety before a decision is made."

4. Line 65 - The authors make several misleading claims that demonstrate they may not have performed an adequate review of the literature. For example, the claim that programs use USMLE scores to screen and that these scores correlate poorly with success in residency is misleading. USMLE scores are actually pretty good as one factor to use in predicting success and several large studies substantiate this: (Sutton, Erica & Richardson, J.David & Ziegler, Craig & Bond, Jordan & Burke-Poole, Molly & M. McMasters, Kelly. (2014). USMLE Step 1 Score a Valid predictor of Success in Surgical Residency?. Am J Surg. 208. 10.1016/j.amjsurg.2014.06.032.) and (de Virgilio C, Yaghoubian A, Kaji A, et al. Predicting Performance on the American Board of Surgery Qualifying and Certifying Examinations: A Multi-institutional Study. Arch Surg. 2010;145(9):852-856. doi:10.1001/archsurg.2010.177)

RESPONSE: The authors agree that the statement should be rephrased to better capture the entirety of the literature. The bullet's text has been changed to the following—" Programs, seeking to efficiently whittle down the number of applications to review, begin relying heavily on screening decisions based on data such as United States Medical Licensing Examination (USMLE) Step 1 scores, which do not necessarily correlate with overall resident success. Numerous studies investigating predictors of residency success have found USMLE Step I scores to be a poor predictor of clinical performance.[3-10]"

Many studies have investigated correlations of USMLE test scores to residency level test scores alone and show a correlation with one exam's performance predicting another exam's performance. The authors believe that clinical performance is a stronger indicator of overall resident success than in-service or qualifying examination scores. We have cited a number of additional studies that focus on the value of USMLE step I scores in predicting clinical

performance; all reveal a poor correlation. Even the studies cited by the reviewer show mixed data—for instance, the study cited by Sutton et al found that USMLE scores were not predictive of either rotational evaluations or "drop out" rates (in fact, residents dropping out of a program actually had higher USMLE scores). After a further review of the literature, the authors remain of the opinion that USMLE Step I scores are a poor predictor of future resident performance, and have cited additional studies to support that opinion.

Editor's 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 your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

RESPONSE: The authors "opt-in" and allow the response letter and subsequent email correspondence to be published.

2. Based on the forms that have been submitted, Dr. Tammy Sonn has not met the criteria for authorship. On the third page of the form, under the section labeled "Authorship," items #2-4, in addition to either 1a or 1b, MUST be checked off in order to qualify for authorship. Dr. Tammy Sonn should be moved to the acknowledgments, or they could resubmit a revised author agreement form if they filled it out erroneously the first time.

All updated and missing forms should be uploaded with the revision in Editorial Manager.

RESPONSE: Dr. Sonn's authorship agreement has been revised and is resubmitted.

3. 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.

RESPONSE: These data definitions are not applicable to this manuscript.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 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).

RESPONSE: After revision, the word count is 2650.

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

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in

the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

* 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).

RESPONSE: Preparation of the manuscript received no financial assistance. The manuscript was prepared solely by Drs. Strand and Sonn. The material included has not been presented at any meeting, including the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully. In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

RESPONSE: The abstract has been reviewed and, with the revisions, continues to support the material presented in the commentary. Word count = 103.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

RESPONSE: The standards described have been met.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

RESPONSE: The virgule symbol has been removed from the text, except in one instance (page 9) when it is included as part of a direct quote.

9. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

RESPONSE: This commentary does not represent a “first report.”

Daniel Mosier

From: Strand, Eric [redacted]
Sent: Wednesday, September 5, 2018 4:48 PM
To: Daniel Mosier
Subject: RE: Manuscript Revisions: ONG-18-1303R1
Attachments: 18-1303R1 ms (9-5-18v2)_ES tracked changes.docx

Thank you. My responses are as follows—

1) We are OK with the minor edits/deletions.
2) We have ensured that "Step 1" is used instead of "Step I" throughout.
3) We have replaced the "Moving Forward" with "Recommendations"
4) For references 1 and 2, both documents are produced by the NRMP and sent to program directors across the country. In each case, we have used the "suggested citation" recommended by the NRMP. However, both documents are available online, so we have added the URL site to the citation in case that would be helpful to the readers.

I have attached the tracked changes. Please let me know if you need anything else. Thanks!

Eric Strand, MD
Associate Professor, Dept. of Obstetrics and Gynecology
Division Director, General Obstetrics and Gynecology
Residency Program Director, Dept. of Obstetrics and Gynecology
WU School of Medicine
[redacted]

From: Daniel Mosier [mailto:dmosier@greenjournal.org]
Sent: Wednesday, September 05, 2018 12:41 PM
To: Strand, Eric [redacted]
Subject: Manuscript Revisions: ONG-18-1303R1

Dear Dr. Strand,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 175: The authors have used both '1' and 'I' in the manuscript and should be consistent.
3. LINE 203: It would be advisable to get away from this overused cliché & replace with 'Recommendations' or something comparable.
4. LINE 288: For references 1 and 2, is there a URL or more specific information about where readers can find this information (especially for reference 1)?

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Friday, September 7th.**

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
The American College of Obstetricians and Gynecologists
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Tel: 202-314-2342
Fax: 202-479-0830
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Web: http://www.greenjournal.org

From: [redacted]
To: Stephanie Casway
Subject: Re: O&G Art Revision: 18-1303
Date: Wednesday, September 5, 2018 10:22:47 AM

Both of these look fine. Thank you. ES

Eric A. Strand, MD
[redacted]

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Wednesday, September 5, 2018 6:27:15 AM
To: Strand, Eric
Subject: O&G Art Revision: 18-1303

Good Morning Dr. Strand,

Your figure has been edited, and PDFs of the figure and legend are attached for your review. Please review the figure and legend CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Friday, 9/7. Thank you for your help.

Best wishes,

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