

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Sep 13, 2018
To: "Kirsten Jorgensen" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1416

RE: Manuscript Number ONG-18-1416

Stage IV gestational choriocarcinoma diagnosed in the third trimester

Dear Dr. Jorgensen:

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 Oct 04, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

Comments to author:

Abstract: Well written with clinically relevant question outlined.

Teaching points:

1. Line 46. I think this case report could be shortened without this teaching point and description in manuscript.

Introduction:

2. Line 52. As written it is not clear if complete and partial molar pregnancies are being included. A rising b-hcg would be persistent GTN then further evaluation for metastatic disease. Some description of rates and transformation would clarify the spectrum.

Case:

3. Line 73. What was the ultrasound findings for placenta?

4. Line 76. I don't think the mention of prenatal care with lay midwife with minimal intervention is needed unless it was thought to have had significant impact or delay in diagnosis.

5. Line 80-81. Describe more of the obstetric indications for cesarean section. Were steroids given for lung maturity?

Discussion:

6. Line 120. Describe what type of fetal Mets are seen and the clinical presentation for the baby after delivery.

7. Line 162-190. The review on chemotherapy and breastfeeding is very thorough but extends the case report beyond instructions to the author including only 8 references.

REVIEWER #2:

I found this case report to be poorly written and disorganized. The inclusion of breast feeding issues was a distraction.

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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission 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: 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.

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. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

7. 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: Original Research articles, 300 words; Reviews, 300 words; Case Reports, 125 words; Current Commentary articles, 250 words; Clinical Practice and Quality, 300 words; Procedures and Instruments, 200 words. Please provide a word count.

8. 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.

9. 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.

10. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

11. The Journal's Production Editor had the following to say about the figures in your manuscript

"Figure 2: Please upload a second version without an arrow. We will add the arrow back per journal style.

Figure 3: Please upload a second version without any arrows. We will add the arrows back per journal style.

Figure 4: Please rename this as a table and update the manuscript and Editorial Manager."

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

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.

Figures should be no smaller than the journal column size of 3 1/4 inches. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce. Refer to the journal printer's web site (<http://cjs.cadmus.com/da/index.asp>) for more direction on digital art preparation.

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 Oct 04, 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

In response to the EU General Data Protection Regulation (GDPR), you have the right to request that your personal information be removed from the database. If you would like your personal information to be removed from the database, please contact the publication office.

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

September 17, 2018

Boston, MA

Dear Dr. Chescheir and associate editors of Obstetrics and Gynecology,

We are hereby submitting for publication consideration the revised version of our case report entitled “Stage IV gestational choriocarcinoma diagnosed in the third trimester”.

We appreciate the feedback from reviewers and have included our responses to their comments below. Most notably, we have removed the portion of the original version discussing breastfeeding, thereby shortening the length of the case report. We submit this edited version with the hope that our revisions respond fully to the comments we received from reviewers, and that our responses to the comments clarify any outstanding questions.

Our manuscript is original work and it has not been submitted elsewhere. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the case being reported; that no important aspects of the case have been omitted; and that no discrepancies exist to our knowledge. All authors meet authorship criteria and have no conflicts of interest to disclose. Written consent was obtained from the patient described in this case report.

We thank you for further consideration of our manuscript and look forward to
hearing from you,

Sincerely,

Kirsten Jorgensen, MD
Monika Roychowdhury, MD
Grace da Cunha, NP
Young Bae Kim, MD
John O. Schorge, MD



We thank you for your comments. Our responses are in red.

REVIEWER #1:

Comments to author:

Abstract: Well written with clinically relevant question outlined.

Teaching points:

1. Line 46. I think this case report could be shortened without this teaching point and description in manuscript.

Per reviewers' comments, we have removed this teaching point and description from the manuscript.

Introduction:

2. Line 52. As written it is not clear if complete and partial molar pregnancies are being included. A rising b-hcg would be persistent GTN then further evaluation for metastatic disease. Some description of rates and transformation would clarify the spectrum.

This has been clarified. In line 50 the addition of "partial or complete" in place of "non-viable" seeks to describe more common presentations of gestational trophoblastic disease. On line 52 the statement has been adjusted to read "Rising quantitative b-hCG titers after appropriate treatment may be indicative of malignant..."

Case:

3. Line 73. What was the ultrasound findings for placenta?

This patient, in keeping with her wishes for a low-intervention pregnancy, did not have any ultrasounds until the first day of presentation for vaginal bleeding (one day prior to delivery). At that time the placenta was noted to be anterior without any sign of abruption. Her ovaries were noted to be enlarged with presumed theca-lutein cysts. She represented the next day with vaginal bleeding and did not have another ultrasound. The ultrasound findings have been added to the manuscript.

4. Line 76. I don't think the mention of prenatal care with lay midwife with minimal intervention is needed unless it was thought to have had significant impact or delay in diagnosis.

The mention of her care with minimal interventions was included, as imaging may have noted abnormalities, such as hyperstimulated ovaries, that may have prompted an earlier work-up. Additionally, her respiratory status may have been investigated more thoroughly. It is possible that she may have been diagnosed much earlier in the pregnancy, prior to metastatic disease.

5. Line 80-81. Describe more of the obstetric indications for cesarean section. Were steroids given for lung maturity?

Lines 85-92 have been rewritten. The obstetric indication for Cesarean section was presumed abruption due to heavy vaginal bleeding. Per NICU records, no steroids were given for lung maturity. The infant's course has been briefly discussed to include normal imaging and laboratory studies.

Discussion:

6. Line 120. Describe what type of fetal Mets are seen and the clinical presentation for the baby after delivery.

Lines 127-130 have been rewritten to address this comment, with inclusion of a new reference (reference citation 7).

7. Line 162-190. The review on chemotherapy and breastfeeding is very thorough but extends the case report beyond instructions to the author including only 8 references.

This section has been cut from the manuscript, as has the teaching point and discussion of breastfeeding in the case presentation.

REVIEWER #2:

I found this case report to be poorly written and disorganized. The inclusion of breast feeding issues was a distraction.

The breast-feeding discussion was removed from the manuscript.

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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

This transparency declaration statement is now included above.

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>.

Standard definitions were used in the writing of this manuscript.

4. 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).

The manuscript was edited to fit word count limit.

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

Introduction and discussion were edited to fit word count limits.

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 authors assisted with manuscript preparation. No financial support was used.

- * 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.

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6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

The short title "Stage IV gestational choriocarcinoma" is 37 characters

7. 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.

The abstract and manuscript have been reviewed for consistency.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words; Reviews, 300 words; Case Reports, 125 words; Current Commentary articles, 250 words; Clinical Practice and Quality, 300 words; Procedures and Instruments, 200 words. Please provide a word count.

The abstract was edited to fit the word count. Abstract word count: 125 (including the words "background", "case", "conclusion").

8. 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.

The manuscript was reviewed and all acronyms were spelled the first time they were used in the abstract, and again in the body.

9. 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.

The virgule symbol has been taken out of the text. In lieu of writing "34 1/7weeks" the adjustment was made to state "34 weeks".

10. Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

We shortened our discussion per reviewer's feedback.

11. The Journal's Production Editor had the following to say about the figures in your manuscript

"Figure 2: Please upload a second version without an arrow. We will add the arrow back per journal style.

Figure 3: Please upload a second version without any arrows. We will add the arrows back per journal style.

Figure 4: Please rename this as a table and update the manuscript and Editorial Manager."

Figures 2 and 3 have been uploaded without arrows.

Figure 4 has been renamed as Table 1; this edit is reflected in the manuscript as well.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

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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.

Figures have been uploaded as TIFFs.

Figures should be no smaller than the journal column size of 3 1/4 inches. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce. Refer to the journal printer's web site (<http://cjs.cadmus.com/da/index.asp>) for more direction on digital art preparation.

Daniel Mosier

From: Jorgensen, Kirsten A [REDACTED]
Sent: Friday, September 21, 2018 3:24 PM
To: Daniel Mosier
Subject: RE: Manuscript Revisions: ONG-18-1416R1
Attachments: GTN Case v3.docx

Hello,

Thank you for the revisions. Below are the responses and attached is the manuscript with the changes.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes. **The authors agree with all of the changes. In line 89 the word "without" was added to make the sentence grammatically correct.**
2. LINE 3: Dr. Kim checked "yes" to disclosures on the Author Agreement form. What does Dr. Kim have to disclose? **This box was erroneously checked. I confirmed with Dr. Kim that he has no disclosures. He is unfortunately out of the office today but I will send an updated author agreement for him to you on Monday 9/24.**
3. LINE 85: Is there a better word than "disease" since she hasn't been diagnosed yet? **The word "disease" has been replaced with "apparent metastases" on line 95.**
4. LINE 109: Please see abstract query and clarify. **We apologize for the confusion. She achieved remission based on serologic "undetectable" b-Hcg. The post-treatment CT did not show any further disease. We have edited line 109 for clarification. It now reads "A post-treatment CT scan demonstrated no further evidence of metastases."**
5. TABLE 1:
 - a. We are unable to use the black squares. Would you use symbols and add footnotes instead? The symbols we use are: **The table has been edited. An asterisk (*) symbol has been placed in the fields previously marked by black squares. The footnote has been changed to reflect this.**

*, †, ‡, §, ||, ¶, #, **, ††, ‡‡

Also, just confirming – there shouldn't be a "3" score, correct? **This is correct. There is no "3" score.**
 - b. "Subject" changed to "patient discussed" per journal style. **This has been left as "patient discussed" in the updated footnote.**

I was contacted also by Stephanie Casway regarding the figures and figure legend yesterday 9/20. Per my conversation with her, the figure legend was changed to reflect the journal standards for figures. I did not make these changes to the figure legend as it appears in the manuscript attached. Please let me know if I need to edit the figure legend in the manuscript to match what I discussed with Stephanie Casway yesterday.

Thank you again for your revisions, please let me know if anything else is needed.

Best,

Kirsten Jorgensen

Kirsten Jorgensen, MD PGY2
Tufts Medical Center
[REDACTED]

From: Daniel Mosier [dmosier@greenjournal.org]
Sent: Thursday, September 20, 2018 3:40 PM
To: Jorgensen, Kirsten A
Subject: [EXT] Manuscript Revisions: ONG-18-1416R1

EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

Dear Dr. Jorgensen,

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 3: Dr. Kim checked “yes” to disclosures on the Author Agreement form. What does Dr. Kim have to disclose?
3. LINE 85: Is there a better word than "disease" since she hasn't been diagnosed yet?
4. LINE 109: Please see abstract query and clarify.
5. TABLE 1:
 - a. We are unable to use the black squares. Would you use symbols and add footnotes instead? The symbols we use are:

*, †, ‡, §, ||, ¶, #, **, ††, ‡‡

Also, just confirming – there shouldn't be a “3” score, correct?

- b. “Subject” changed to “patient discussed” per journal style.

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 **Monday, September 24th**.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
The American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024
Tel: 202-314-2342
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properly dispose of the e-mail.

Please consider the environment and the security of the information contained within or attached to this e-mail before printing or saving to an insecure location.

From: [REDACTED]
To: [Stephanie Casway](#)
Subject: RE: O&G Figure Revision: 18-1416
Date: Thursday, September 20, 2018 3:09:59 PM

Hello,

Thank you for your email.

Figure 1 was resubmitted with my last revision as a .tiff file, no other changes were made. The legend is correct.

Figure 2 is correct and the legend is correct.

Figure 3 is under 10X magnification. The figure is correct.

The legend for figure 3 may be revised to state:

“Hematoxylin and Eosin stain (10X magnification) demonstrating choriocarcinoma comprised of highly atypical pleomorphic malignant trophoblasts (*black arrow*) and benign placental villi characterized by the presence of fetal capillaries and lining by inconspicuous trophoblasts (*blue arrow*).”

Please let me know if there are any further questions.

Best,

Kirsten Jorgensen

Kirsten Jorgensen, MD PGY2
[REDACTED]

From: Stephanie Casway [SCasway@greenjournal.org]
Sent: Thursday, September 20, 2018 1:30 PM
To: Jorgensen, Kirsten A
Subject: [EXT] O&G Figure Revision: 18-1416

EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

Good Afternoon Dr. Jorgensen,

Your figures and legend have been edited, and PDFs of the figures and legend are attached for your review. Please review the figures CAREFULLY for any mistakes. In addition, please see our queries below.

AQ1: Note that Figure 1 is not attached, as no edits were made.

AQ2: Please provide magnification information for Figure 3.

PLEASE NOTE: Any changes to the figures must be made now. Changes 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 Monday, 9/24. Thank you for your help.

Best wishes,

Stephanie Casway, MA
Production Editor
Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
409 12th St, SW
Washington, DC 20024
Ph: (202) 314-2339
Fax: (202) 479-0830
scasway@greenjournal.org

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