Date: Oct 12, 2018
To: "Katelin E Sisler" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1734

RE: Manuscript Number ONG-18-1734

Primary Small Cell Neuroendocrine Tumor within a Suburethral Diverticulum

Dear Dr. Sisler:

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 Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a well written case report about a very rare entity: Primary small cell neuroendocrine tumor within a suburethral diverticulum.

1. The Short Title should not have abbreviations.

2. Teaching point #3: What kind of imaging is recommended?

3. Introduction: I would add some information about urethral diverticula.

4. Overall: What is the difference between a suburethral diverticulum and a urethral diverticulum...both terms are used in the text.

5. Given the rarity of cancer in a urethral diverticulum, do you really recommend an MRI for everyone with this condition? Would the MRI have identified it in this case? Is there some other more helpful conclusion that can be drawn? Perhaps, if someone is going to surgery,make sure you look for any solid component and biopsy it?

Reviewer #2: This is nice case presentation of an uncommon condition in young women with an even rarer final pathology. The teaching points are well established and the case is well written.

Teaching points:
#3: Do the authors mean surgical management?

Introduction:
The authors only discuss neuroendocrine tumors and leave out any background on urethral diverticulum. I would suggest adding a couple sentences on urethral diverticulum.

Case
Line 87: Did the patient have any other complaints? Was the thin mucous discharge the only reason for the office visit?

What was the reasoning for not ordering imaging prior to intervention? This is relevant given the multiple recurrences.

Line 103: It is noted that the opening of the diverticulum was distal to the urethrovesical junction. What was the estimated distance?

Line 125: The authors state the serial imaging and cystoscopies will be performed every 3 months, for how long? 1 year? 5 years?

Discussion:
Would suggest clarifying nomenclature seems like the authors are using small cell carcinoma and small cell neuroendocrine carcinoma interchangeably.

Line 152: When they refer to initial imaging, please clarify that this is post-procedure.

Lines 176-177: The authors conclude that imaging should be considered before undergoing expectant management. Do they mean surgical management?

Reviewer #3:

Line 89 - When the author states "bedside drainage" was this drainage in the office? Was it performed with scalpel or needle aspiration?

Line 93-94 - The author list the differential diagnosis for vaginal wall cyst. Prior to taking the patient to the operating room did the patient undergo any testing to narrow the differential and etiology of the vaginal cyst and to assess for complexity of the cyst? Was a cystoscopy or MRI performed to determine if this was indeed a diverticulum as suspected? If not please explain.

Line 94 - Was there consideration of a possible ectopic ureter in the setting of this patient with a congenital mullerian anomaly and genito-urinary involvement?

Line 108-109 - How was the urethral communication closed? Was delayed suture used? Was a flap performed to assure closure without fistula?

Line109 - Prior to removal of the Foley catheter did the patient undergo cystoscopy or voiding cystogram to assure closure of the urethra without leakage?

Line 122 - What chemotherapy dose and interval was used in this patient? What other treatment alternatives were offered to this patient?

Line 126 - Is any additional surveillance and follow up scheduled for this patient?

Explain why the author recommends preoperative imaging and they did not follow this algorithm. Did this case change the authors protocol? Would imaging (i.e. MRI) have changed the treatment plan?

EDITOR 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. Author Agreement Forms: Each author needs to sign their own individual form. Please resubmit separate forms for each author.

Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be

listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org):

* Substantial contributions to the conception or design of the work;
OR
the acquisition, analysis, or interpretation of data for the work;
AND
* Drafting the work or revising it critically for important intellectual content;
AND
* Final approval of the version to be published;
AND
* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at http://edmgr.ovid.com/ong/accounts/agreementform.pdf. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.

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).

5. 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: Case Reports, 125 words. Please provide a word count.

6. 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.

7. 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.

8. Lines 155-156: 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.

9. Figures

Appendices 1–4: Would you like any of these to go in the manuscript as figures, rather than in supplemental digital content?

10. 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 Nov 02, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

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.

_____
In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

Cover Letter

a. This manuscript has been contributed solely to *Obstetrics & Gynecology.*
b. This manuscript is not under consideration elsewhere and it will not be submitted elsewhere until a final decision has been made by the editors of *Obstetrics & Gynecology.*
c. Declaration of Transparency:
    a. 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.

    Signature: Katie Sisler
d. Clinical trial registration not applicable.
e. Not applicable, this case report is not industry-sponsored.
f. IRB exemption was obtained according to Saint Louis University protocol. Documentation of this is available upon request.
g. A signed consent has been obtained from the patient.
h. This manuscript is a case report and the described guidelines are not applicable when reporting the manuscript.
i. Unlikely to obtain potential cover art.

REVIEWER COMMENTS:

Reviewer #1: This is a well written case report about a very rare entity: Primary small cell neuroendocrine tumor within a suburethral diverticulum.

1. The Short Title should not have abbreviations. The short title was altered to not have any abbreviations.

2. Teaching point #3: What kind of imaging is recommended? MRI is the recommended image modality as it provides precise documentation of location and complexity of the diverticulum. See the added text on Lines 168-170 and the added reference #4.

3. Introduction: I would add some information about urethral diverticula. Information about urethral diverticula has been added to the introduction. Some information has been moved from the discussion. See Lines 61-65.

4. Overall: What is the difference between a suburethral diverticulum and a urethral diverticulum...both terms are used in the text. There is no significant difference. The term suburethral was replaced with urethral throughout the text.

5. Given the rarity of cancer in a urethral diverticulum, do you really recommend an MRI for everyone with this condition? Would the MRI have identified it in this case? Is there some other more helpful conclusion that can be drawn? Perhaps, if someone is going to surgery, make sure you look for any solid component and biopsy it? We would still recommend an MRI if the patient is going to be conservatively managed due to the risk of cancer, particularly in older patients. This case report also highlights that cancer can occur in young patients as well. MRI is being increasingly used preoperatively to aid in surgical planning as it accurately provides information about location, number, and complexity of the diverticulum. See response from Reviewer #1 about Teaching Point #3 as above. There is also a recurrence risk that may be related to some predicable factors, such as size, location, and presence of multiple abnormalities.

Reviewer #2: This is nice case presentation of an uncommon condition in young women with an even rarer final pathology. The teaching points are well established and the case is well written.

Teaching points:
#3: Do the authors mean surgical management? No – While MRI is increasingly used for preoperative surgical planning, consideration should be to perform MRI in those who conservative management is considered. This is to assess for any solid component which may indicate need for surgical intervention.

Introduction:
The authors only discuss neuroendocrine tumors and leave out any background on urethral

diverticulum. I would suggest adding a couple sentences on urethral diverticulum. See similar response as above to Reviewer #1.

Case
Line 87: Did the patient have any other complaints? Was the thin mucous discharge the only reason for the office visit? She palpated the mass at home as well. She felt some vaginal discomfort, which she originally attributed to starting her cycle soon, and noticed a mass upon digital exam. This was added to the text on Lines 68-69.

What was the reasoning for not ordering imaging prior to intervention? This is relevant given the multiple recurrences. Imaging was not performed prior to the operating room as the patient was already spontaneously draining and she desired definitive surgery. At the time, it was felt that it would not have changed the management of this patient. This has been added to the text on Lines 76-78.

Line 103: It is noted that the opening of the diverticulum was distal to the urethrovesical junction. What was the estimated distance? 1.5 – 2 cm. This has been updated on Lines 79-80.

Line 125: The authors state the serial imaging and cystoscopies will be performed every 3 months, for how long? 1 year? 5 years? 2 years. Her case was reviewed at tumor board and at another institution. There was a consensus that she should be followed every 3 months for 2-5 years but no specific recommendation exists. This was added to the text on Lines 111-112.

Discussion:
Would suggest clarifying nomenclature seems like the authors are using small cell carcinoma and small cell neuroendocrine carcinoma interchangeably. All of these terms have been changed to small cell neuroendocrine carcinoma.

Line 152: When they refer to initial imaging, please clarify that this is post-procedure. This has been changed to initial post-operative imaging on Line 140.

Lines 176-177: The authors conclude that imaging should be considered before undergoing expectant management. Do they mean surgical management? No - See Teaching Point #3 from Reviewer #2 as above.

Reviewer #3:

Line 89 - When the author states "bedside drainage" was this drainage in the office? Was it performed with scalpel or needle aspiration? Yes, this was in the office. The patient already had an area of spontaneous drainage and this was enlarged by using a hemostat into the opening. The text has been corrected to reflect that on Lines 70-71.

Line 93-94 - The author list the differential diagnosis for vaginal wall cyst. Prior to taking the patient to the operating room did the patient undergo any testing to narrow the differential and etiology of the vaginal cyst and to assess for complexity of the cyst? Was a cystoscopy or MRI performed to determine if this was indeed a diverticulum as suspected? If not please explain. See similar response to Reviewer #2 above. Imaging was not performed prior to the operating room as the patient was already spontaneously draining and she desired definitive surgery. In hind sight, an MRI could have been done but would not have changed management. The diverticulum would still have been opened further, and if the solid component noted, it would have been excised and sent to pathology.

Line 94 - Was there consideration of a possible ectopic ureter in the setting of this patient with a congenital mullerian anomaly and genito-urinary involvement? Yes, but she had prior imaging which showed solitary kidney on the right with no duplication of the ureter or suggestion of an ectopic ureter.

Line 108-109 - How was the urethral communication closed? Was delayed suture used? Was a flap performed to assure closure without fistula? The urethral opening was closed with 4/0 Vicryl in 2 layers: the first being interrupted and the second layer being continuous imbricating with the Foley catheter in place. A flap was not placed as it was a very small opening and able to be closed in two layers without tension.

Line109 - Prior to removal of the Foley catheter did the patient undergo cystoscopy or voiding cystogram to assure closure of the urethra without leakage? The patient did not undergo imaging prior to catheter removal.

Line 122 - What chemotherapy dose and interval was used in this patient? What other treatment alternatives were offered to this patient? The patient was offered an anterior exenteration, but at the age of 31 declined due to the extensive nature of that surgery. There is a long term risk of complications with no literature to support that this made any difference in prognosis. For small cell neuroendocrine tumors, the role of surgery appears to be for optimal debulking and in this case, the area was resected with clear margins. She was treated with cisplatin 150 mg and etoposide 188 mg IV q 3 weeks x 4 doses.

Line 126 - Is any additional surveillance and follow up scheduled for this patient? She is getting a cystoscopy and CT scan of the abdomen/pelvis every 3 months for the first 2 years. She will then follow-up based on her status.

Explain why the author recommends preoperative imaging and they did not follow this algorithm. Did this case change the authors protocol? Would imaging (i.e. MRI) have changed the treatment plan? This is a similar response to the questions from Reviewer #3 regarding Line 93-94. Imaging was not obtained as the decision to proceed with surgery had already been made. It would not have changed the management of this patient; however, it has changed the protocol for the authors. Prior to making a decision for conservative management, an MRI will be obtained to assess for any solid component which would lead to a recommendation for surgical excision.

EDITOR 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.

We would like to Opt-In

2. Author Agreement Forms: Each author needs to sign their own individual form. Please resubmit separate forms for each author.

Each author has signed their own individual forms, which have all been submitted.

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 https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A515&d=DwIGaQ&c=Pk_HpaIpE_jAoEC9PLIWoQ&r=5LnUMQiv_EnHXp0ZyLHLkbBDEZolnuOapGRJxqRNWq8&m=sIJxwTNMXcUwK0KT7YQhyi4NCpBz2wgpF-85Cl0bze8&s=EsD_KogWx4bCyPtJyac7vNYvHMsWI0g1nDqwMNLKD50&e=, and the gynecology data definitions are available at https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A935&d=DwIGaQ&c=Pk_HpaIpE_jAoEC9PLIWoQ&r=5LnUMQiv_EnHXp0ZyLHLkbBDEZolnuOapGRJxqRNWq8&m=sIJxwTNMXcUwK0KT7YQhyi4NCpBz2wgpF-85Cl0bze8&s=HshuvI7RG6RFkbJMY9RrVaFRCfJAwElxhur0Ak48PaA&e=.

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).

5. 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: Case Reports, 125 words. Please provide a word count.

The word count of the abstract is 124 words.

6. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwIGaQ&c=Pk_HpaIpE_jAoEC9PLIWoQ&r=5LnUMQiv_EnHXp0ZyLHLkbBDEZolnuOapGRJxqRNWq8&m=sIJxwTNMXcUwK0KT7YQhyi4NCpBz2wgpF-85Cl0bze8&s=dLicrEOcYe6cIbYU_XraZ8wLqWAG7JENV4yG6CERU8s&e=. 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.

7. 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.

These symbols have been removed.

8. Lines 155-156: 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.

The claim was based on a systematic search of a specific database, but certainly not the entirety of the medical literature. The claim of it being the first reported case was removed from the text.

9. Figures

Appendices 1–4: Would you like any of these to go in the manuscript as figures, rather than in supplemental digital content?

Yes, I meant for them to be in the manuscript as figures.

From: [redacted]
To: Randi Zung
Subject: Re: Your Revised Manuscript 18-1734R1
Date: Wednesday, October 31, 2018 5:08:00 PM
Attachments: Revised Case Report (2).docx

Dear Randi Zung,

This email contains my responses to the author queries from your previous email. Attached is also the manuscript that includes my track changes.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.
They are all correct.

2. Precis: Perhaps this could be more definitive if written as "Clinicians should be aware of the possibility of malignancy in a urethral diverticulum when managing urethral lesions expectantly, even in young people".
I agree with the change and the statement in the manuscript has already been changed by the editor.

NOTE: Your case report is about urethral diverticular cancers. As it is not about vaginal lesions, this should be omitted from your precis and conclusions. The vagina is not part of the urinary tract.

3. Teaching Point 1: When you make a comparative statement, it's important to include what the comparison is "To". Since this is an ob journal, what is the significance of telling us its more common in women? If you wish to include it, please tell us the frequency in both men and women.
A comparative frequency in both men and women was included in the teaching point.

4. Teaching Point 3: My recommended changes here are to "tighten" your writing a bit, to use active voice.
These changes have already been made in the manuscript by the editor.

5. Line 73: Since there is some information that you allude to in the teaching points that cancer is known to occur in these at some rate, please state that here.
A statement was added from Lines 74-75 that provided the rate of malignancy.

6. Line 76: Please remove the actual years of the patient's care and then include interval statements... Of note, 3 years earlier she had an in-office drainage of a cyst at the same site, with a recurrence 2 years after that..... This is mostly to help protect her identity.

These dates have been eliminated from the text and interval statements have been included instead. The date February, 2018 was also removed from Line 118.

7. Line 115: How many months after surgery?
She completed chemotherapy 4 months after her surgery. This has now been added to the text in Line 117.

8. Line 133: I'm not sure you need to provide the female age range—there are only 3 patients and their ages are in this paragraph. For the men, how many are there?
The female age range was removed and the number of male cases, five, was added to the text in Lines 136-137.

Thank you!!

Katelin Sisler

From: Randi Zung <RZung@greenjournal.org>
Sent: Tuesday, October 30, 2018 12:17:34 PM
To: Katelin Sisler
Subject: Your Revised Manuscript 18-1734R1

Dear Dr. Sisler:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.

2. Precis: Perhaps this could be more definitive if written as "Clinicians should be aware of the possibility of malignancy in a urethral diverticulum when managing urethral lesions expectantly, even in young people".

NOTE: Your case report is about urethral diverticular cancers. As it is not about vaginal lesions, this should be omitted from your precis and conclusions. The vagina is not part of the urinary tract.

3. Teaching Point 1: When you make a comparative statement, it's important to include what the comparison is "To". Since this is an ob journal, what is the significance of telling us its more common in women? If you wish to include it, please tell us the frequency in both men and women.

4. Teaching Point 3: My recommended changes here are to "tighten" your writing a bit, to use active voice.

5. Line 73: Since there is some information that you allude to in the teaching points that cancer is known to occur in these at some rate, please state that here.

6. Line 76: Please remove the actual years of the patient's care and then include interval statements... Of note, 3 years earlier she had an in-office drainage of a cyst at the same site, with a recurrence 2 years after that..... This is mostly to help protect her identity.

7. Line 115: How many months after surgery?

8. Line 133: I'm not sure you need to provide the female age range—there are only 3 patients and their ages are in this paragraph. For the men, how many are there?

To facilitate the review process, we would appreciate receiving a response within 48 hours.

Best,
Randi Zung

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Randi Zung (Ms.)
Editorial Administrator | *Obstetrics & Gynecology*
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188
T: 202-314-2341 | F: 202-479-0830
http://www.greenjournal.org

From: Stephanie Casway
To: [redacted]
Subject: FW: O&G Figure Revision: 18-1734
Date: Thursday, November 1, 2018 10:50:00 AM

Hi again Dr. Sisler,

Just spoke with our managing editor, and magnification would be necessary. There is not a big rush to get this information since it would only appear in the legend. Once you have the information, just let me know and I can have the legend updated.

Thanks so much!

From: Stephanie Casway
Sent: Thursday, November 1, 2018 10:45 AM
To: 'Katelin Sisler' [redacted]
Subject: RE: O&G Figure Revision: 18-1734

Good Morning Dr. Sisler,

Thank you so much for your review. Magnification is something we try to provide when available, but might not be necessary in all cases. I am going to reach out to the editor to confirm. I will follow up once I hear back.

Have a great day!

From: Katelin Sisler [redacted]
Sent: Wednesday, October 31, 2018 5:13 PM
To: Stephanie Casway <SCasway@greenjournal.org>
Subject: Re: O&G Figure Revision: 18-1734

Dear Stephanie Casway,

Thank you for your email. In regards to the author queries, I do not know the magnification for the images. I have reached out to my co-authors and the pathologist and am still waiting for a response. When do you need a definitive answer by?

Katelin Sisler

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Tuesday, October 30, 2018 7:19:11 AM
To: Katelin Sisler

Subject: O&G Figure Revision: 18-1734

Good Morning Dr. Sisler,

Your figure legend has been edited, and a PDF of the legend is attached for your review. Please review the figure legend CAREFULLY for any mistakes. Note that the actual figures are not attached, as we did not make any edits. In addition, please see our query below.

AQ1: Please consider providing the magnification for these images.

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 Thursday, 11/1. 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
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