

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: Oct 11, 2018
To: "Angela Stephens" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1697

RE: Manuscript Number ONG-18-1697

Novel Use of Bovine Pericardial Mesh for Second Trimester Uterine Scar Dehiscence

Dear Dr. Stephens:

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 01, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

ONG-18-1697

This is a case report of successful repair of a uterine dehiscence at 23 weeks using a Bovine pericardial graft and this pregnancy was prolonged after the surgery and delivery was done at 35 weeks.

Main issues:

1- It is important to highlight the standard of care in this case and compare the risk and benefits of this new proposed approach. This would help the reader identify the risks and benefits when they are faced with the next case. For example, what is the risk of infection specific to this graft? A systematic review on cases published on repair of dehiscence with sutures or other materials should be conducted to provide a balanced background.

2- I would recommend using the word "graft" instead of "mesh." Usually mesh is preserved to synthetic materials like polypropylene mesh

Specific points:

3- Title, abstract, Precis and teaching points: please consider changing "mesh" to "graft."

4- Introduction:

- a. Please provide some references to the introduction to support various statements made.
- b. Line 144: Please change to graft.

5- Case:

- a. Did the patient receive progesterone to reduce her risk of preterm labor?
- b. Please provide more details about the obstetric history of the patient.
- c. What were the options provided to the patient and what were the details of the risk shared with her about the use of biological graft during pregnancy?
- d. The authors report discussion between MFM and GYN-ONC team and there is no mention of the specific discussion with the patient. Please clarify?

6- Conclusion:

- a. Please provide a summary of the literature on second trimester uterine dehiscence and what is considered the

standard of care!.

b. Line 187: Please change from "mesh" to "graft".

c. What is the published literature on the use of biological grafts during pregnancy and was that done before? Please support with a systematic search of the literature.

d. A balanced discussion about potential risk and benefit against what is considered a standard of care should be presented.

REVIEWER #2:

Stephens and colleagues present a case report of repair of a uterine scar dehiscence in the second trimester with bovine pericardial mesh and continuation of the pregnancy. I have the following comments/questions for the authors:

1. Both in the Introduction and in the Conclusion, you describe other literature demonstrating conservative surgery success in this setting. Reference those manuscripts.
2. How do you know this is the first such case? You should include your search date, terms used, and engines used.
3. Why gynecologic oncology consultation?
4. I'm not sure that Figures 1, 2 and 4 demonstrate well what the authors intend to show.
5. Why operate on this patient at 23 weeks? Your case presentation suggests that the dehiscence occurred at 13 weeks.
6. Likewise, why is the reader to believe that this patient wouldn't have delivered at 35 weeks without any intervention?
7. There is a reference made to a Table 1 that is not included in the submission.

ASSOCIATE EDITOR'S COMMENTS:

Please in your revision be much more circumspect about the wisdom of continued pregnancy in this situation and be cautionary about the potential for catastrophic outcomes with any form of continued pregnancy management.

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 appendices).

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: Case Reports, 125 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.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

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

"Figures 1–4: Please upload the original figures to Editorial Manager (tiff, eps, jpeg). Items pasted into Word tend to reproduce poorly. Additionally, please include versions without any labels or arrows. These will be added back per journal style."

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.

12. The web editor has reviewed your manuscript and feels that you may significantly enhance the clarity and visibility of your report with the addition of a video. The video file may be uploaded with your revised submission as "supplemental digital content." Acceptable file types include .wmv, .swf, .flv, .mov, .mp4, .avi, .mpg, .mpeg, or .m4v. The file may not

exceed 100 MB. The video will accompany your article as supplemental digital content on the Green Journal web site, be displayed in the journal's video gallery, and also be uploaded to the journal's YouTube channel (if deemed appropriate by the editors). If you have questions prior to submission, please contact the journal's production editor at obgyn@greenjournal.org.

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 01, 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.

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

10.26.18

Dear Editors,

We are pleased to submit our original manuscript entitled “**Bovine Pericardial Graft for Second Trimester Cesarean Scar Dehiscence: A Case Report and Literature Review**” for consideration of publication. We have taken all of reviewer and editorial office comments into consideration and have revised this manuscript extensively. Please see our direct responses to each comment, recommendation, and suggestion below. We continue to feel strongly that this manuscript would be of interest to the readership of *Obstetrics and Gynecology*.

Each of the authors take full responsibility for the contents, have contributed substantially to the drafting, and have approved the final version of this manuscript. There are no conflicts of interest to disclose. We have no financial disclosures. This work has not been published and is not under consideration elsewhere and does not duplicate or overlap other published work. **Written consent has been obtained from the patient described in this case.**

Thank you for your consideration of this revised manuscript. If you require further information, please do not hesitate to contact me.

Sincerely,

Angela Stephens, M.D (Corresponding Author)

A large black rectangular redaction box covering the signature and any handwritten notes or contact information that might have been present.

Main issues:

1- It is important to highlight the standard of care in this case and compare the risk and benefits of this new proposed approach. This would help the reader identify the risks and benefits when they are faced with the next case. For example, what is the risk of infection specific to this graft? A systematic review on cases published on repair of dehiscence with sutures or other materials should be conducted to provide a balanced background.

Thank you for the suggestion, and we agree. We have revised our introduction and conclusion to more clearly reflect the lack of gold standard in management of cases of cesarean scar defects. It is our hope that this will further highlight the significance of our case. Additionally, we had drafted a paragraph that specifically addresses the previously published cases pertaining to cesarean scar dehiscence during the second trimester and materials used. Our hope is that this more clearly ties Table 1 into our text and helps readers understand the uniqueness of our case. Please see that we have also added additional discussion pertaining to unique advantages and complications of the bovine pericardial graft.

2- I would recommend using the word "graft" instead of "mesh." Usually mesh is preserved to synthetic materials like polypropylene mesh

Excellent point. The word graft has been exchanged for mesh in the title, abstract, precis, teaching points, and manuscript body.

Specific points:

3- Title, abstract, Precis and teaching points: please consider changing "mesh" to "graft."

Excellent point. The word graft has been exchanged for mesh in the title, abstract, precis, teaching points, and manuscript body.

4- Introduction:

a. Please provide some references to the introduction to support various statements made.

Please see that our introduction has been revised extensively and references clearly cited.

b. Line 144: Please change to graft.

Excellent point. The word graft has been exchanged for mesh in the title, abstract, precis, teaching points, and manuscript body.

5- Case:

a. Did the patient receive progesterone to reduce her risk of preterm labor?

Yes. This is now specifically addressed in the text.

b. Please provide more details about the obstetric history of the patient.

Please see that we have expanded the obstetrical history of our patient in the case.

c. What were the options provided to the patient and what were the details of the risk shared with her about the use of biological graft during pregnancy?

Yes. We provided her several options including expectant management, definitive surgical repair, and conservative surgical repair with pregnancy continuation. Please see that in both our case and discussion sections the specifics of options offered to her and risk/benefits

discussions have been provided. We hope that this will provide additional transparency to our case.

d. The authors report discussion between MFM and GYN-ONC team and there is no mention of the specific discussion with the patient. Please clarify?

Thank you for this observation. Please note that specific information regarding our counseling of the patient has been provided in both the case and discussion sections of the manuscript.

6- Conclusion:

a. Please provide a summary of the literature on second trimester uterine dehiscence and what is considered the standard of care.

Please see that an additional paragraph has been added with this information. Please see that we have now directly addressed the standard of care in both our introduction and conclusion.

b. Line 187: Please change from "mesh" to "graft".

Excellent point. The word graft has been exchanged for mesh in the title, abstract, precis, teaching points, and manuscript body.

c. What is the published literature on the use of biological grafts during pregnancy and was that done before? Please support with a systematic search of the literature.

Thank you for this excellent question. Please see that this is now directly addressed in the text. However, there were no examples found of biological grafts being placed during pregnancy for uterine repair. There were; however, examples of their use in gynecologic surgeries. This literature as well as examples of mesh use during pregnancy for uterine repair were used to counsel our patient.

d. A balanced discussion about potential risk and benefit against what is considered a standard of care should be presented.

I believe that our revisions have now directly addressed the standard of care in cases of cesarean scar dehiscence during pregnancy. We specifically addressed that while the usual mode of management is delivery of preterm and/or previable infant with concurrent repair, that there is no clearly established gold standard of care. We addressed factors that could be used in consideration of management as well as added a review of literature demonstrating different modes of management. We additionally addressed specifically why our patient was managed as she was given her specific preferences. Our hope is that our approach to cesarean scar dehiscence in this case is more transparent.

REVIEWER #2:

Stephens and colleagues present a case report of repair of a uterine scar dehiscence in the second trimester with bovine pericardial mesh and continuation of the pregnancy. I have the following comments/questions for the authors:

1. Both in the Introduction and in the Conclusion, you describe other literature

demonstrating conservative surgery success in this setting. Reference those manuscripts.
Please see that this has been added.

2. How do you know this is the first such case? You should include your search date, terms used, and engines used.

Please see that we have now specifically addressed our literature review process now in the conclusion section of the manuscript. However, as we cannot be entirely certain that this has not been performed before and not published, this claim has been removed from the text.

3. Why gynecologic oncology consultation?

Thank you for this excellent question. We consulted gyn-onc due to their expertise with minimally invasive uterine repair techniques, experience with mesh and graft materials, and the patient's history of multiple previous cesarean sections with anticipated difficulty with surgery. We have specifically addressed this question in the text so that others with the same question will understand the need for consultation.

4. I'm not sure that Figures 1, 2 and 4 demonstrate well what the authors intend to show.

Thank you for the clarification. Please note that we have re-ordered our figures.

5. Why operate on this patient at 23 weeks? Your case presentation suggests that the dehiscence occurred at 13 weeks.

Thank you for asking this question. The imaging did not suggest dehiscence until her 20-week imaging. Please see that this is now clarified within the text.

6. Likewise, why is the reader to believe that this patient wouldn't have delivered at 35 weeks without any intervention?

Excellent point. There is no way to know this. However, we remain encouraged that our patient had no clear complications related to the graft itself and was able to deliver at healthy infant for an additional 12 weeks following surgery. Please see that we have now acknowledged this in the text.

7. There is a reference made to a Table 1 that is not included in the submission.

Thank you for noticing this oversight. Please see that Table 1 is now included within the submission.

ASSOCIATE EDITOR'S COMMENTS:

Please in your revision be much more circumspect about the wisdom of continued pregnancy in this situation and be cautionary about the potential for catastrophic outcomes with any form of continued pregnancy management.

Thank you. Please see that we addressed now more specifically the counseling the patient received regarding risks associated with the repair itself as well as complicated related to pregnancy continuation given uterine dehiscence.

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.

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.

A transparency letter is now included in cover letter.

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://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Flinks.lww.com%2FAGO%2FA515&data=02%7C01%7Canstephens%40augusta.edu%7Cff385ac4e9c440e9abaa08d62fb6449d%7C8783ac6bd05b4292b483e65f1fdfee91%7C0%7C0%7C636748857292060374&sdata=dXOqc8nUZ3VrBY3X59thInQv9csyY48MegEI9uTl6SI%3D&reserved=0>, and the gynecology data definitions are available

at <https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Flinks.lww.com%2FAGO%2FA935&data=02%7C01%7Canstephens%40augusta.edu%7Cff385ac4e9c440e9abaa08d62fb6449d%7C8783ac6bd05b4292b483e65f1fdfee91%7C0%7C0%7C636748857292060374&sdata=IgbvJyh9TnbPC5po6FpfiH2mR%2FzwWu%2FAWgr62wDCVsM%3D&reserved=0>.

Thank you. These have been reviewed.

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.

Thank you for the clarification. Our introduction and discussion now adhere to these word limits. However, per the recommendations of both reviewers we have included a literature review component to our manuscript that would alter the specific manuscript type.

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).

Thank you. A separate acknowledgements section has been included in manuscript to directly address this.

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

Thank you. Our abstract word count now fits within this requirement, although given the suggested revisions of our manuscript we now have a literature review component to our submission.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at <https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fedmgr.ovid.com%2F>

[ong%2Faccounts%2Fabbreviations.pdf&data=02%7C01%7Canstephens%40augusta.edu%7Cff385ac4e9c440e9abaa08d62fb6449d%7C8783ac6bd05b4292b483e65f1fdfee91%7C0%7C0%7C636748857292060374&sdata=xM1C6mFEWFJ06FxBOpjbMtfK96uPOtmxrchDqyPSEsU%3D&reserved=0](https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fedmgr.ovid.com%2Fong%2Faccounts%2Fabbreviations.pdf&data=02%7C01%7Canstephens%40augusta.edu%7Cff385ac4e9c440e9abaa08d62fb6449d%7C8783ac6bd05b4292b483e65f1fdfee91%7C0%7C0%7C636748857292060374&sdata=xM1C6mFEWFJ06FxBOpjbMtfK96uPOtmxrchDqyPSEsU%3D&reserved=0). 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.

Thank you. All unapproved abbreviations have been removed from our text.

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.

Thank you. We have reviewed our document to ensure these symbols are not contained.

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.

Thank you for this point. We have included a literature review component to our manuscript to reflect our ability to make previous statements. However, as we know that not all cases of uterine scar dehiscence have been necessarily published, we have removed our claims of being the first to do this technique of repair, although no examples exist within the literature we reviewed.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fedmgr.ovid.com%2Fong%2Faccounts%2Ftable_checklist.pdf&data=02%7C01%7Canstephens%40augusta.edu%7Cff385ac4e9c440e9abaa08d62fb6449d%7C8783ac6bd05b4292b483e65f1fdfee91%7C0%7C0%7C636748857292060374&sdata=ZOyk8ePoE7gfxUKxmHeNWx%2B46R9%2Bzf3tXZ0O7AP6ids%3D&reserved=0.

Thank you. We have reviewed the table guidelines.

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

"Figures 1–4: Please upload the original figures to Editorial Manager (tiff, eps, jpeg). Items pasted into Word tend to reproduce poorly. Additionally, please include versions without any labels or arrows. These will be added back per journal style."

Please note that these original jpegs are now updated.

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

As above.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate

Daniel Mosier

From: Stephens, Angela [REDACTED]
Sent: Sunday, November 4, 2018 10:09 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1697R1

Hi Mr. Mosier,

Attached is the manuscript with the updated table.

Thank you,

Angela Stephens, MD
[REDACTED]

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Friday, November 2, 2018 2:23 PM
To: Stephens, Angela
Subject: [EXTERNAL] RE: Manuscript Revisions: ONG-18-1697R1

This is an external email. Use caution responding, opening attachments and following links.

Dr. Stephens,

Thank you for revising your manuscript in a timely manner. The Editors have reviewed your latest version, and in addition to making a few minor edits, have one additional request for you and your co-authors:

1. TABLE 1, "AUTHOR" COLUMN: Please add reference #s as superscripts

When revising, please use the attached version of the manuscript. Leave the track changes on, and do not use the "Accept all Changes" function prior to re-submission.

Please let us know if you have any other questions or concerns.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Stephens, Angela [REDACTED]
Sent: Wednesday, October 31, 2018 3:03 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Subject: Re: Manuscript Revisions: ONG-18-1697R1

Hello Mr. Mosier,

Below are my responses.

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
I agree with all of the minor edits.
2. LINE 74: What was the outcome? Be sure the Case section includes all of this information: Summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome. Any information in the abstract must also be contained in the body text, table, or figures for consistency.
I have been more specific in my abstract now and have more clearly defined the outcome of our case.
3. LINE 128: wide?
I agree with the substitution of wide for 5cm.
4. LINE 137: and in situ?
I agree with this change.
5. LINE 144: Please create the table using the table function (we can't use a photo) and add to the end of the manuscript. It appears this table has been reprinted. Where did it originally appear?
I created this table myself and it has not been published elsewhere. I created it using the table function. However, I misunderstood the previous suggestions and took a screen shot to make it jpeg format as my other figures are. I have now placed the table in its original format at the end of my manuscript (attached).

Thank you. Please let me know if you need anything additional.

Angela Stephens, MD
[REDACTED]

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, October 30, 2018 3:28 PM
To: Stephens, Angela
Subject: [EXTERNAL] Manuscript Revisions: ONG-18-1697R1

This is an external email. Use caution responding, opening attachments and following links.

Dear Dr. Stephens,

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 74: What was the outcome? Be sure the Case section includes all of this information: Summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome. Any information in the abstract must also be contained in the body text, table, or figures for consistency.
3. LINE 128: wide?
4. LINE 137: and in situ?
5. LINE 144: Please create the table using the table function (we can't use a photo) and add to the end of the manuscript. It appears this table has been reprinted. Where did it originally appear?

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 **Thursday, November 1st**.

Sincerely,
-Daniel Mosier

Daniel Mosier

Editorial Assistant

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From: [REDACTED]
To: [Stephanie Casway](#)
Subject: Re: O&G Figure Revision: 18-1697
Date: Wednesday, October 31, 2018 2:19:13 PM

Hi Ms. Casway,

Thank you for your assistance. The figures and legends for both Figure 1 and Figure 2 are correct.

However, Figure 3 and its corresponding legend need a bit of work. Within Figure 3 itself, the yellow arrow can be deleted entirely. It is only pointing to the patient's skin. Also the legend should read : "Figure 3: Uterus after closure of **hysterotomy** with **intact graft** **(arrows) overlying** previous repair."

Please let me know if there are any additional questions!

Thank you so much,

Angela Stephens, MD

[REDACTED]
[REDACTED]
[REDACTED]

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Tuesday, October 30, 2018 8:23 AM
To: Stephens, Angela
Subject: [EXTERNAL] O&G Figure Revision: 18-1697

This is an external email. Use caution responding, opening attachments and following links.

Good Morning Dr. Stephens,

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 query below.

AQ1: Note that we added "(arrow)" to the legends for Figures 1 and 2. Please let me know if these are not correct.

These are correct

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 Thursday, 11/1. Thank you for your help.

Best wishes,

Stephanie Casway, MA
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