

# OBSTETRICS & GYNECOLOGY



**NOTICE:** This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

**Date:** Oct 10, 2018  
**To:** "Shokoufeh Dianat" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-18-1677

RE: Manuscript Number ONG-18-1677

Side effects and health benefits of depot medroxyprogesterone acetate: A systematic review

Dear Dr. Dianat:

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 31, 2018, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1: This is a systematic review describing side effects and health benefits of DMPA compared to other contraceptive methods among women of reproductive age.

This study would be of interest to ob/gyns and help make contraceptive counseling more robust.

Specific comments

#### Abstract

1. L54: "continuous" method use is confusing since that term is often applied to continuous vs cyclic use of combined hormonal contraception. Perhaps "continued", "consistent", "correct" or "long term" is more appropriate?

2. L78: are you looking at any cancer or cancers of the genital tract specifically?

#### Introduction

3. If space permits, it would be helpful to add some information about how DMPA might be different from other contraceptive methods biologically, ie how it might cause the side effects/benefits described.

#### Methods

4. L137: Is there a difference between DMPA subcutaneous and intramuscular? If there is, the results may need to be stratified. If not, please state so.

#### Results

5. L252-3: Why does a non-U.S. based study introduce bias? Is the DMPA dose different? It is not clear. Please clarify in methods. (this affects interpretation of Results L308)

6. L258: Please describe briefly if there's a standard for assessing body composition. It appears that different methods are used. Are some more precise than others?

7. L322: subjective weight gain. Is this a meaningful parameter? It might be more helpful in a study looking at perceptions and satisfaction.

## Discussion

8. This section is quite long and feels like a second review article. Could some of the information from prior reviews be included in the introduction? It would help to describe what is already known on the topic. The discussion would be a better place to summarize information this systematic review adds to the existing body of literature rather than another analysis.

Reviewer #2: MANUSCRIPT NUMBER: 18-1677

TITLE: Side effects and DMPA

Overall: The authors present a systematic review on side effects and benefits of depo medroxyprogesterone acetate (DMPA). There are some important weaknesses in the paper.

## INTRODUCTION:

1. Lines 120-124: The authors clearly state the reason for conducting the review and gaps to be filled.
2. The aims would be more clear if the key questions were introduced here.

## Sources/Study Selection

3. What was searched and how?
4. Was a computerized system used for the sources?
5. The detailed sub-sections between data sources section and the study selection section made it hard for this review to easily understand the sources and the selection. Consider moving these definitions to a different location in the methods
6. What search terms were used?
7. Lines 186-196 - there is a lot of information packed into this paragraph.
8. Provide details/working for the key questions throughout the manuscript otherwise readers have to go back and remind themselves what the focus of the paper was.
9. Which and how many reports were included in the final tabulation?

## RESULTS:

10. Could paragraph 1 be detailed in a flow chart and a more concise statement of the final number of articles be explained here.
11. Why were duplicate reports of the same study used?

## RESULTS:

12. Could paragraph 1 be detailed in a flow chart and a more concise statement of the final number of articles be explained here.
13. Why were duplicate reports of the same study used?

## DISCUSSION:

14. Overall the discussion should be about 50% shorter
15. Line 482: The word "possible" seems very weak... and overall wouldn't be very helpful for physicians in practice. A more concise summary of the side effects in a manner that readers can convey and counsel their patients would make the paper much stronger.
16. Lines 490-493: The lack of randomized trials is a very important part of this report. But the sentence that RCT of contraceptive methods is too brief and a little disingenuous. There is a body of literature about the feasibility of randomizing women to RCTs for contraception and there should be more comment to this in the discussion to educate readers.

17. Lines 531-571: A topic sentence here about DMPA and weight gain would help frame this section. The five new papers that reported that weight gain was associated with DMPA use is important and would help readers counsel women and should be stressed more in this section.

18. Subheadings should not be used in the discussion. Instead topic sentences and direct points would make the discussion stronger. Use the Green Journal's writing guide to assist with writing a good discussion. [edmgr.ovid.com/ong/accounts/guidetowriting.pdf](http://edmgr.ovid.com/ong/accounts/guidetowriting.pdf)

Reviewer #3: This is an impressive and thorough review of DMPA side effects, and will be useful to clinicians who counsel for and prescribe contraception. I appreciated that the paper is situated firmly in patient autonomy and patient-centered counseling.

STATISTICAL EDITOR'S COMMENTS: Difficult to come to any conclusions, based on the moderate to high degree of bias and the variable number of studies addressing the outcomes cited in the review. Main conclusion is that further research of higher quality is needed. Authors could perhaps give concise outline of which areas need further evaluation and how future studies should be designed and what sample sizes would be required.

#### EDITORIAL OFFICE COMMENTS:

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

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Based on the forms that have been submitted, Drs. Reva Lee Stidd and Susan Moskosky have met the criteria for authorship. On the third page of the form, under the section labeled "Authorship," items #2-4, in addition to either 1a or 1b, must be checked off in order to qualify for authorship. They should be moved to the acknowledgments, or they could resubmit a revised author agreement form if they filled it out erroneously the first time. All updated and missing forms should be uploaded with the revision in Editorial Manager.

3. In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, the database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.

4. 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>.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Review articles should not exceed 25 typed, double-spaced pages (6,250 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.

6. 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).

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: Reviews, 300 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. 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](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

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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.

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Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

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

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