

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: Dec 03, 2018
To: "Rebecca Richards-Kortum" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1950

RE: Manuscript Number ONG-18-1950

A low-cost instructional apparatus to improve training for cervical cancer screening and prevention

Dear Dr. Richards-Kortum:

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 Dec 24, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: I think this is an excellent model with very realistic appearance using technological advances such as 3D printing to create cervical models and images. This is a wonderful and very cost-effective way to provide feasible training to low income areas for this important area. These are not difficult skills, yet so vitally important, that with simulated training in a cost-effective fashion, perhaps improvements in prevention of cervical cancer can be made. Great model, good testing, and good means of disseminating education.

Reviewer #2: The authors introduced a low cost universal cervical cancer instructional apparatus (LUCIA) as an alternative to current training models/approaches for training of cervical cancer screening and prevention skills in medically underserved areas (MUAs) in the US and Low and Middle income countries (LMICs). The study addresses a much needed area of improving health care and delivery for high burden of cervical cancer that disproportionately affects MUAs and LMICs.

Strengths:

- a- Authors provided great background on current technologies and available resources to address the problem in comparison to LUCIA device
- b- Authors provided a detailed description of LUCIA in the manuscript body. The instructional video was critical to understand the description under methodology.
- c- Authors were able to evaluate LUCIA in various geographic and clinical settings, which is commendable for feasibility
- d- Authors provided objective measures of usefulness and skill improvement for a set of clinical tasks after using LUCIA

Weaknesses:

- a- There was no clear objective or research question described under methodology to measure outcome. Recommend rewriting the methodology to reflect measures they used to evaluate the device.
- b- The ease of use of the device by clinical providers or trainers was not described. It would be great to include some of the qualitative comments about how easy it is to assemble and use the device, either as a measure of time or difficulty (or both).
- c- It would be great to include some of the qualitative responses collected as an appendix, including what method and why trainees prefer for skill training (LEEP, VIA biopsy etc), that compares traditional vs LUCIA training

Reviewer #3: Thank You for the opportunity to review in the script. Your research is very timely, and should contribute much needed Assistance for a problem that has been difficult to solve. Would you mind answering the following questions?

1. You have several components in the model, including a gel that may need refrigeration to maintain consistency, which may not travel well through different conditions two and in country. For instance, often, Travel to some of these countries takes almost 24 hours, and in country travel can take a full day of driving. Often, there is no significant air-conditioning or access to ice/called. Could you please comment on the preserve ability of model components in such situations and how you might Troubleshoot keeping the model intact during such transport? Also, many places these would go would not have electricity that is reliable. Please comment on use of electrocautery or energy, requiring devices for the model and how that would be supplied in such places. Access to electricity may also preclude visualization of the Instructional Video. Have you thought about how people may access the video and their situations, as well?

2. Does your model discuss follow up for lesions Wednesday or diagnosed? Or, does it just discuss initial diagnosis? In the case of the current WHO see-and-treat protocol, Of course, the patient we just returned every so often for visualization. But, does part of your instruction include regular follow-up for other procedures or HPV/pop testing?

3. Regarding follow up of patients with lesions or diagnoses that need that: infrastructure and access and many of these places is not ideal for patients to travel back-and-forth to doctors visit every few months or even twice a year. Would your model afford remote areas enough training end infrastructure to be able to provide follow up for patience and more about areas? Have you thought about how these remote areas with and communicate with more populated areas that may be able to help provide some support with questions or issues?

EDITORIAL OFFICE COMMENTS:

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

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

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

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles 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. 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: Procedures and Instruments, 200 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. 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.

10. The Journal's Production Editor had the following to say about this transcript:

"18-1950

Figure 1: okay

Figure 2: Please break this into 4 figures and update the manuscript.

Figure 3: okay

Figure 4: Please break this into 2 figures and update the manuscript.

Figure 5: Note that even with bars over the eyes, participants are still identifiable. We will need a release form from each participant pictured (we will send you the form during the revision process)."

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 Dec 24, 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 compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.



December 14, 2018

Editor, *Obstetrics & Gynecology*
409 12th Street, SW
Washington, DC 20024-2188
Email: obgyn@greenjournal.org

Dear Editor,

We are pleased to submit a revised manuscript titled "A low-cost instructional apparatus to improve training for cervical cancer screening and prevention" for consideration to be published as a Procedures and Instruments article in *Obstetrics & Gynecology*. This manuscript has only been submitted to *Obstetrics & Gynecology* and will not be submitted anywhere else pending your final decision. The manuscript covers the development of a low-cost training model to be used in cervical cancer education for medical providers. This includes collecting formal feedback on the model from medical providers through our IRB approved protocol (PA17-0562). 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 following pages of this letter contain our point-by-point responses to the thoughtful feedback from the reviewers and editor.

Please let me know if you require any additional information. We appreciate your consideration of our revised manuscript.

Sincerely,

Rebecca Richards-Kortum, PhD



REVIEWER COMMENTS:

Reviewer #1: I think this is an excellent model with very realistic appearance using technological advances such as 3D printing to create cervical models and images. This is a wonderful and very cost-effective way to provide feasible training to low income areas for this important area. These are not difficult skills, yet so vitally important, that with simulated training in a cost-effective fashion, perhaps improvements in prevention of cervical cancer can be made. Great model, good testing, and good means of disseminating education.

We appreciate the positive feedback.

Reviewer #2: The authors introduced a low cost universal cervical cancer instructional apparatus (LUCIA) as an alternative to current training models/approaches for training of cervical cancer screening and prevention skills in medically underserved areas (MUAs) in the US and Low and Middle income countries (LMICs). The study addresses a much needed area of improving health care and delivery for high burden of cervical cancer that disproportionately affects MUAs and LMICs.

Strengths:

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- c- Authors were able to evaluate LUCIA in various geographic and clinical settings, which is commendable for feasibility
- d- Authors provided objective measures of usefulness and skill improvement for a set of clinical tasks after using LUCIA

Weaknesses:

- a- There was no clear objective or research question described under methodology to measure outcome. Recommend rewriting the methodology to reflect measures they used to evaluate the device.

We revised the Methods section to clarify the objective of the research and to refer to the evaluation measures described in the Experience section.

- b- The ease of use of the device by clinical providers or trainers was not described. It would be great to include some of the qualitative comments about how easy it is to assemble and use the device, either as a measure of time or difficulty (or both).

Appendix 6 including qualitative comments/responses has been added.

- c- It would be great to include some of the qualitative responses collected as an appendix, including what method and why trainees prefer for skill training (LEEP, VIA biopsy etc), that compares traditional vs LUCIA training

Appendix 6 including qualitative comments/responses has been added.

Reviewer #3: Thank You for the opportunity to review in the script. Your research is very timely, and should contribute much needed Assistance for a problem that has been difficult to solve. Would you mind answering the following questions?

1. You have several components in the model, including a gel that may need refrigeration to maintain consistency, which may not travel well through different conditions two and in country. For instance, often, Travel to some of these countries takes almost 24 hours, and in country travel can take a full day of driving. Often, there is no significant air-conditioning or access to ice/called. Could you please comment on the preserve ability of model components in such situations and how you might Troubleshoot keeping the model intact during such transport? Also, many places these would go would not have electricity that is reliable. Please comment on use of electrocautery or energy, requiring devices for the model and how that would be supplied in such places. Access to electricity may also preclude visualization of the Instructional Video. Have you thought about how people may access the video and their situations, as well?

Specifications for storage and travel of the cervical gel models have been added to Appendix 2.

The LUCIA model is designed to support hands-on instruction for procedures that are locally relevant. We revised the Discussion to describe how LUCIA can support education across settings with a range of available infrastructure. For example, in regions lacking reliable electricity, the model can be used to support training for procedures that don't require power.

The video provided in this paper is meant to illustrate the components of LUCIA for readers; it is not needed to use LUCIA for instructional purposes.

2. Does your model discuss follow up for lesions Wednesday or diagnosed? Or, does it just discuss initial diagnosis? In the case of the current WHO see-and-treat protocol, Of course, the patient we just returned every so often for visualization. But, does part of your instruction include regular follow-up for other procedures or HPV/pop testing?

We revised the paper to clarify that LUCIA is an instructional aid designed to complement the teachings of health educators.

We revised the Discussion to describe how LUCIA can support education across settings with a range of available infrastructure, including collection of specimens for HPV/Pap testing and other regular follow-up procedures.

3. Regarding follow up of patients with lesions or diagnoses that need that: infrastructure and access and many of these places is not ideal for patients to travel back-and-forth to doctors visit every few months or even twice a year. Would your model afford remote areas enough training end infrastructure to be able to provide follow up for patience and more about areas? Have you thought about how these remote areas with and communicate with more populated areas that may be able to help provide some support with questions or issues?

We revised the Discussion to describe how LUCIA can support education across settings with a range of available infrastructure, including follow-up procedures.

We appreciate the reviewer's comment regarding the challenges that providers and patients in remote areas face. Although it is beyond the scope of this paper, in the future we aim for LUCIA to be used in conjunction with Project ECHO, a telementoring system that is being used to support providers working in remote areas (Lopez et al. *JGO*, 2017).

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.

We would like to OPT-IN.

2. Based on the forms that have been submitted, Dr. Maria Oden has not met the criteria for authorship. On the third page of the forms, items #2-4, in addition to either 1a or 1b, MUST be checked off in order to qualify for authorship. Dr. Oden 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.

Dr. Maria Oden's authorship form has been updated to correct previous errors.

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=ZQs-KZ8oxEwOp81sggiaRA&r=YOWAj1eLsBzMDw8dSzZGRgtbxid7pzD-jXw5u6-a7jc&m=s0qVAGh_p8oCj4haKKY2caFZMJ_OS8in6MZaAJ6tmo&s=mdhPp20OYbCPuhjR3zl9OmiJ1EeFOZgj8Cwh9LTV7Us&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=ZQs-KZ8oxEwOp81sggiaRA&r=YOWAj1eLsBzMDw8dSzZGRgtbxid7pzD-jXw5u6-a7jc&m=s0qVAGh_p8oCj4haKKY2caFZMJ_OS8in6MZaAJ6tmo&s=5YLqGrwzf5fvQyOhB43ar1_5j4eTCliWlAnr7cFV13s&e=.

We acknowledge the revitalize definitions as a standard.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles 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.

The revised introduction is now 213 words long and the Discussion is 266 words long. The overall manuscript itself has been shortened to 9 pages and 2,541 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).

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In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Procedures and Instruments, 200 words. Please provide a word count.

The abstract has been reviewed to ensure it corresponds with the rest of the manuscript. Abstract word count is 196 words.

7. 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=DwlGaQ&c=ZQs-KZ8oxEw0p81sqgiaRA&r=YOWAj1eLsBzMDw8dSzZGRgtbxid7pzD-jXw5u6-a7jc&m=s0qVAGh_p8oCj4haKKY2caFZMJ_OS8in6MZaAJ6tmo&s=ap3A3WKWaMeOnJWc0TW_0t5kZm_mU_b1WAZ1MSSlrYGs&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.

Our manuscript follows the rules for abbreviations.

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.

The symbol (/) has been removed from sentences with words.

9. 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://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwlGaQ&c=ZQs-KZ8oxEwOp81sqgiaRA&r=YOWAj1eLsBzMDw8dSzZGRgtbxid7pzD-jXw5u6-a7jc&m=s0qVAGh_p8oCj4haKKY2caFZMJ_OS8in6MZaAJ6tmo&s=aum7S5RBo-F6ILUxJ1wvtPBvtdMEl4JKp2ATsHa0UpA&e=.

The tables have been edited to conform to the specifications of the Table Checklist.

10. The Journal's Production Editor had the following to say about this transcript:

"18-1950

Figure 1: okay

Figure 2: Please break this into 4 figures and update the manuscript.

Figure 3: okay

Figure 4: Please break this into 2 figures and update the manuscript.

Figure 5: Note that even with bars over the eyes, participants are still identifiable. We will need a release form from each participant pictured (we will send you the form during the revision process)."

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).

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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 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 (https://urldefense.proofpoint.com/v2/url?u=http-3A_cjs.cadmus.com_da_index.asp&d=DwlGaQ&c=ZQs-KZ8oxEwOp81sqgiaRA&r=YOWAj1eLsBzMDw8dSzZGRgtbxid7pzD-jXw5u6-a7jc&m=s0qVAGh_p8oCj4haKKY2caFZMJ_OS8in6MZaAJ6tmo&s=WcvLdFCgu0RWEiFh-ugGMPOT1-RZZiPpjhktohijNWE&e=) for more direction on digital art preparation.

Figures 2 and 4 have been separated out as recommended by the editor. Figure 5 no longer contains any facial features that might be considered recognizable. All figures have been edited to meet the specifications outlined.

Daniel Mosier

From: Rebecca R. Richards-Kortum [REDACTED]
Sent: Thursday, December 20, 2018 1:30 PM
To: Daniel Mosier
Cc: Parra, Sonia Gomez
Subject: Re: Manuscript Revisions: ONG-18-1950R1
Attachments: 18-1950R1 ms (12-20-18v2)_SP.docx

Dear Dr. Moser – Please find our responses below and attached. Please let us know if you need anything else. All best; Rebecca and Sonia

From: Daniel Mosier <dmosier@greenjournal.org>
Date: December 20, 2018 at 10:27:25 AM CST
To: [REDACTED]
Subject: Manuscript Revisions: ONG-18-1950R1

Dear Dr. Richards-Kortum,
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. *I read the manuscript and agree with the changes. I did make one edit to clarify an edited statement (see track changes on returned manuscript). I also added a comment about adding a link to Appendix 6.*
2. LINE 3: Please ask Sonia Parra to respond the authorship confirmation email we sent. We sent an email from em@greenjournal.org. The message contains a link that needs to be clicked on. We emailed Ms. Parra at [REDACTED] – is this the correct address? *Sorry, the email had been sent to my spam. I found it and clicked on the authorship confirmation.*
3. TABLE 2: Would you insert a version of Table 2 in the manuscript that's not side-turned and partially cut off? *Done, please see attached manuscript.*
4. FIGURE LEGEND: Please shorten the figure legend by making the captions more succinct and concise. *Stephanie Casway reached out to us yesterday about revised figure legends she had created and we submitted our approval.*
5. FIGURE 9: Please remove this figure from the manuscript entirely. *That is fine.*

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Friday, December 27th**.

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

Fax: 202-479-0830

E-mail: dmosier@greenjournal.org

Web: <http://www.greenjournal.org>

From: [REDACTED]
To: [Stephanie Casway](#)
Cc: [REDACTED]
Subject: Re: O&G Figure Revision: 18-1950
Date: Wednesday, December 19, 2018 6:10:45 PM
Attachments: [GreenJ Video Permission Signed.pdf](#)

Dear Ms. Casway,

Attached is the signed video permission you requested.

The figures themselves look great though I do have a few edits for the figure legends.

In the Fig. 3 legend, "during (A)" should say "during (B)".

In the Fig. 6 legend, where it says "inside the pelvic frame", could you please change to "inside the pelvic frame of LUCIA".

In Fig. 7 and Fig. 8 legends, they both start off by saying "Images of cervical gel models...", please take off the "s" so it reads "Images of cervical gel model". In each figure, it is the same model being imaged.

Thank you!

Sonia

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Stephanie Casway [mailto:SCasway@greenjournal.org]
Sent: Wednesday, December 19, 2018 8:06 AM
To: [REDACTED]
Subject: O&G Figure Revision: 18-1950

Hello again Dr. Richards-Kortum,

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 2 is not attached, as no edits were made.

AQ2: Attached you will find a release form for your video. Please sign and return.

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 Friday, 12/21. Thank you for your help.

Best wishes,

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