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: "J. Eric Jelovsek" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1835

RE: Manuscript Number ONG-18-1835

Validation of a model predicting de novo stress urinary incontinence in women undergoing pelvic organ prolapse surgery

Dear Dr. Jelovsek:

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: This paper seeks to externally validate a model to predict SUI after prolapse repair in patients who did not have SUI pre-op. The authors do succeed in validating the original model and results show including prolapse reduction stress test improves predictive value of model. Limitation is patient populations authors used were from previously conducted studies, so information may be missing.

1. Please include some comments, if known, on who uses this model and how much it is used
2. Line 54-57 - please quantify these increased and decreased risks.
3. Line 58 - what strategies?
4. Line 121 - was IRB approval obtained?
5. Line 123-127 - why was this reported as "bothersome" SUI and not just ask if has SUI? Could some patients not report SUI if they didn't find it bothersome?
6. Line 164-165 - very small number from this trial
7. Line 174-175 - did these differences in patient population have any effect on results?

Reviewer #2: Although the subject and statistics are complex, the manuscript is very well written and the authors provide sufficient information in the introduction and method section to help the reader understand.

- 1- Avoid abbreviation in precis. Consider spelling SUI.
- 2- What type of slings were placed in the initial trials?
- 3- Is the sample size large enough to provide adequate power?
- 4- Were you able to compare preop stress test without the model vs. preop stress test with model?
- 5- Figure 1 and 2 are well designed, however figure 3 is very hard to understand. Please consider changing the legend.

Reviewer #3: -

General:

- a In line 57, the term "complications" is vague
- b In lines 58-59, the sentence contains a misplaced modifier
- c In line 68, perhaps "occult" is more appropriate than "de novo" since the preoperative stress tests are positive

- Results:

- a The statistical jargon is a little dense and undigestible for a person without a strong statistical background

- Discussion:

- a In lines 237-240, the authors suggest suggests substituting urodynamic studies with a prolapse reduction test. Practically, this could be problematic: would the RNs or LVNs perform this test? Is this test reimbursable, as is the urodynamic study?

Strengths:

- The model is externally validated

Limitations:

- The model is externally validated but by a population in another country w/ a different racial and socioeconomic background
- The population used to validate the model (as described on lines 174-175) had lower BMI and lower rates of diabetes, which arguably is a significant difference since these (especially higher BMI) are major risk factors for SUI

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Parity can only have integer values, so should cite as median(IQR or range) or as categories, not as mean $\pm$ SD.
2. Figs 1 and 2: These are important graphs which convey a lot of information for the reader. However, it is not prudent to extrapolate a curve to a region beyond the observed data set. Should therefore not extend the curves beyond the 0.6 probability region on the x-axis.
It is important to point out for the reader that although the model has statistically significant utility in predicting SUI based on stress test or stress test with clinical model, considerable individual variability remains. This can be seen by the CIs for each quintile and for the absence of a monotonic increase in observed probability vs predicted probability.
3. Fig 3: Should include in figure legend the AUC with CIs for the three curves. These AUC, although statistically significant, are only modestly useful for identifying which patients will develop SUI.

ASSOCIATE EDITOR - GYN's COMMENTS:

- 1 - Please rewrite the Results section of Abstract into more easily understandable descriptions (for example, sentence line 44-46)
- 2 - The 'model' itself is a bit hard to follow and only described in lines 129-135. Since the preop stress test is apparently included in the published model, was this in or out when calculating the sentence line 46-48?

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. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic

reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), and quality improvement in health care (ie, SQUIRE 2.0). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, or SQUIRE 2.0 guidelines, as appropriate.

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: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

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: Original Research articles, 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. 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 American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice

Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

12. The Journal's Production Editor had the following to say about this manuscript:

"Figures 1–3: Please upload higher resolution versions of these figures. "

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.

Dear Editors:

We are pleased to submit a revised manuscript ONG-18-1835 for consideration entitled, ***“Validation of a model predicting de novo stress urinary incontinence in women undergoing pelvic organ prolapse surgery”*** for publication in *Obstetrics & Gynecology*. We are providing a point by point response to the reviewer’s comments below along with a revised manuscript incorporating the suggested revisions. Thank you for consideration.

On behalf of the authors,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Eric Jelovsek', with a large, stylized circular flourish at the end.

J. Eric Jelovsek, MD MMed

Reviewer #1: This paper seeks to externally validate a model to predict SUI after prolapse repair in patients who did not have SUI pre-op. The authors do succeed in validating the original model and results show including prolapse reduction stress test improves predictive value of model. Limitation is patient populations authors used were from previously conducted studies, so information may be missing.

1. Please include some comments, if known, on who uses this model and how much it is used.

Response: We, unfortunately, do not have a way to accurately measure the utilization of the tool. The model is deployed on the publicly available website riskcalc.org and provided free to American Urogynecologic Society Members in an app for mobile devices. Since it is deployed using a public online calculator the number of hits do not correlate with number of different providers or utilization. When using the AUGS mobile app the model resides on each users mobile platform and no data are collected from individuals using the app. We have added a statement to the discussion about the location of the online calculator for use in lines 166-167.

2. Line 54-57 - please quantify these increased and decreased risks. Response: We did not include summary statistics in this introductory paragraph since doing so would require a much longer list of each outcome along with the rates. For example, the definitions of increased adverse events includes bladder perforation, urinary tract infection, major bleeding and incomplete bladder emptying. The definition of decreased risk of incontinence symptoms could be defined subjectively or objectively and there is no central agreed upon summary statistic. We recommend using the references provided for these rates to determine each by study. We have also added responses based on Reviewer 3's comments to be more specific regarding complications and have made changes in the text.

3. Line 58 - what strategies? Response: We have added two strategies, "such as office stress test and clinical risk stratification" to the revised manuscript in line 60.

4. Line 121 - was IRB approval obtained? Response: Yes, we have added the statement that approval was obtained in lines 148-9.

5. Line 123-127 - why was this reported as "bothersome" SUI and not just ask if has SUI? Could some patients not report SUI if they didn't find it bothersome? Response: The original prediction model reported by Jelovsek et al., 2014 used bothersome SUI as the predicted outcome. For this study, we chose the same outcome in order to appropriately validate the model's performance on the new dataset. It is important to use the same definitions of the outcome for model validation studies when possible. Women might report SUI, but might also report little bother from this. This is why many studies used bothersome SUI as an outcome. No changes.

6. Line 164-165 - very small number from this trial Response: We agree with this comment. Since the external validation dataset included two separate studies (CUPIDO-1 and 2), the eleven participants were combined with the larger number of participants from CUPIDO-2.

7. Line 174-175 - did these differences in patient population have any effect on results?

Response: Yes, the differences affect predictions since each of these variables is in the model. This is the primary purpose of the prediction model, to account for differences in population using the variables in the model. No changes.

Reviewer #2: Although the subject and statistics are complex, the manuscript is very well written and the authors provide sufficient information in the introduction and method section to help the reader understand.

1. Avoid abbreviation in precis. Consider spelling SUI. Response: We have spelled out SUI in the Precis.
2. What type of slings were placed in the initial trials? Response: Transobturator or retropubic slings were placed in the original trials. We have inserted clarification in lines 138-139 in the revised manuscript.
3. Is the sample size large enough to provide adequate power? Response: A power analysis was not performed for this external validation study since the CUPIDO 1 and CUPIDO 2 studies had already been completed. Also, there are no generally accepted approaches to estimate the sample size requirements for validation studies of prediction models. (Ann Intern Med. 2015;162:W1-W73) In prediction studies, the number of outcomes dictates the precision of the results. In this case, we would expect the confidence intervals around the concordance indices and point estimates in the calibration curves to be smaller the larger the sample. However, we recognize that this is a potential limitation and we have added further clarification as a limitation in the discussion at line 229.
4. Were you able to compare preop stress test without the model vs. preop stress test with model? Response: For this study we did not prespecify an aim to test the hypothesis that the stress test without the model was significantly different from the preop stress test with the model since this statistical comparison was already tested in our original publication using the same model (Obstet Gynecol 2014;123:279–87; 0.72 compared with 0.54, P<.001) For this study, this would be a post hoc comparison. The ROC curve is shown on Figure 3 for the stress test alone for reference purposes only.
5. Figure 1 and 2 are well designed, however figure 3 is very hard to understand. Please consider changing the legend. Response: Figure 3 has been changed by decreasing the line size and editing the legend per Statistical Editor Comment 3 (please see).

Reviewer #3: -

General:

- a. In line 57, the term "complications" is vague Response: We have added specific examples of some adverse events based on the referenced studies for clarification.
- b. In lines 58-59, the sentence contains a misplaced modifier Response: We have removed the last phrase in this line in an effort to clarify this sentence.
- c. In line 68, perhaps "occult" is more appropriate than "de novo" since the preoperative stress tests are positive. Response: According to current recommended terminology document (Neurourology and Urodynamics 35:137–168. 2016) the term “occult” can be used at the time of testing under specific circumstances. The documents do not clarify whether this is a term used outside the testing environment. We have added the term “occult stress urinary incontinence” after the description to distinguish and clarify.

Results:

- a. The statistical jargon is a little dense and undigestible for a person without a strong statistical background. Response: We appreciate this comment and are happy to clarify language that is dense or undigestible if specific areas can be identified.

Discussion:

- a. In lines 237-240, the authors suggest suggests substituting urodynamic studies with a prolapse reduction test. Practically, this could be problematic: would the RNs or LVNs perform this test? Is this test reimbursable, as is the urodynamic study? Response: We are specifically distinguishing between urodynamics, which are of limited value in women with SUI, and performing a prolapse reduction stress test, which have some value as demonstrated in this study. Therefore, we would not substitute the terms as suggested. In our practice, nursing staff can perform either study but commenting on reimbursement of each procedure is beyond the scope of the study. No changes.

Strengths:

- The model is externally validated. Response: No response required

Limitations:

- The model is externally validated but by a population in another country w/ a different racial and socioeconomic background. Response: The process of external validation is to determine whether a model performs in populations different from those in which it was originally built. Rather than a limitation, we view this as the strength of the study and reporting of differences offers insight into the different populations in which the model has been tested.
- The population used to validate the model (as described on lines 174-175) had lower BMI and lower rates of diabetes, which arguably is a significant difference since these (especially higher BMI) are major risk factors for SUI. Response: Please see previous comment and responses to Reviewer 1, item 7.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Parity can only have integer values, so should cite as median(IQR or range) or as categories, not as mean±SD. Response: We agree with this comment. Mean and standard deviation are reported since these are the summary statistics that were originally reported in Table 1 of the model development manuscript (Obstet Gynecol 2014;123:279–87) and we wanted to maintain consistency between the two manuscripts. Additionally, we do not have the data available to us from the primary model building manuscript to obtain median and range values for the development cohort. In the current study, median (IQR) of parity was 2 (2-3) for women with SUI and 2 (2-3) without the outcome. These values have been added to Table 1 in the footnote section.

2. Figs 1 and 2: These are important graphs which convey a lot of information for the reader. However, it is not prudent to extrapolate a curve to a region beyond the observed data set. Should therefore not extend the curves beyond the 0.6 probability region on the x-axis. It is important to point out for the reader that although the model has statistically significant utility in predicting SUI based on stress test or stress test with clinical model, considerable individual variability remains. This can be seen by the CIs for each quintile and for the absence of a monotonic increase in observed probability vs predicted probability. Response: Figures 1 and 2 have been adjusted so that the x and y axis do not extend beyond the 0.6 probability as suggested. Additionally, the recommended clarification of interpreting the calibration curve variability has also been inserted as recommended in lines 216-219.

3. Fig 3: Should include in figure legend the AUC with CIs for the three curves. These AUC, although statistically significant, are only modestly useful for identifying which patients will develop SUI. Response: The AUC with CIs have been added to the figure legend for Figure 3.

ASSOCIATE EDITOR - GYN's COMMENTS:

1 - Please rewrite the Results section of Abstract into more easily understandable descriptions (for example, sentence line 44-46) Response: We have edited the sentence in the lines suggested to improve understandability.

2 - The 'model' itself is a bit hard to follow and only described in lines 129-135. Since the preop stress test is apparently included in the published model, was this in or out when calculating the sentence line 46-48? Response: We have clarified in lines 46-48 that the model we are referring to is the one with the stress test which is the same as the one described in 129-135.

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

2. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), and quality improvement in health care (ie, SQUIRE 2.0). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at https://urldefense.proofpoint.com/v2/url?u=http-3A_ong.editorialmanager.com&d=DwlGaQ&c=imBPVzF25OnBgGmVOLcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=mC7Nd07aOWwAep2rLjtCKoTapO3z5yP-lfXi0H_xhQM&e=. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, or SQUIRE 2.0 guidelines, as appropriate.

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=DwlGaQ&c=imBPVzF25OnBgGmVOLcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=1hmtsEsNZSiMEoI5G9nrfk10NVSTKsqH6DoJtFT54rQ&e=, and the gynecology data definitions are available at https://urldefense.proofpoint.com/v2/url?u=http-3A_links.lww.com_AOG_A935&d=DwlGaQ&c=imBPVzF25OnBgGmVOLcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=CDAAFuQs53XtAD_MkHLoi-VoBjPPL-wUToff6PSpneec&e=.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

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: Original Research articles, 300 words. Please provide a word count.

8. 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=imBPVzF25OnBgGmVOlcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=rWKM9mXNxIkDs9s6eGhkhzE4kxOByHc-NsEOeDco97g&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. Response: We have edited the SUI abbreviation in the Précis.

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. Response: One change to address this is in Table 1.

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://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwIGaQ&c=imBPVzF25OnBgGmVOlcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=DdT1D4XQELbnHMCKYejyylDNBOA1UoWv-9u_VpGCMgE&e=.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at https://urldefense.proofpoint.com/v2/url?u=http-3A_www.acog.org_Resources-2DAnd-2DPublications&d=DwIGaQ&c=imBPVzF25OnBgGmVOlcsiEgHoG1i6YHLR0Sj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=IEG32DdbCyoDxBbYBguV-fVC3As173TcC0ghkumYqns&e=.

12. The Journal's Production Editor had the following to say about this manuscript:

"Figures 1–3: Please upload higher resolution versions of these figures. " Response: Figures 1, 2 and 3 have been changed to higher resolution.

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 (https://urldefense.proofpoint.com/v2/url?u=http-3A__cjs.cadmus.com_da_index.asp&d=DwlGaQ&c=imBPVzF25OnBgGmVOLcsiEgHoG1i6YHLROsj_gZ4adc&r=jtBuGeSHgXO5u_UW_cuShm-AB2DJskwSwSpYnKEd9o4&m=TwDSqPSKI8g2g1gdt4Om6sz3JXKX3T9MkSu_KF9ycvk&s=7JAggdLfMph2txK4u0e647zh17FTq4rcKwO7o084Aw0&e=) for more direction on digital art preparation.

Daniel Mosier

From: Eric Jelovsek [REDACTED]
Sent: Thursday, January 3, 2019 9:55 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1835R1
Attachments: 18-1835R1 ms (1-2-19v2) EJ.docx; 18-1835R1 Transparency Declaration Statement .pdf

Thank you for the comments Daniel. Attached are the required changes. Please let me know if there are any other items.

Eric Jelovsek

From: Daniel Mosier <dmosier@greenjournal.org>
Date: Wednesday, January 2, 2019 at 11:48 AM
To: "MMEd J. Eric Jelovsek" [REDACTED]
Subject: Manuscript Revisions: ONG-18-1835R1

Dear Dr. Jelovsek,

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 17: 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. Please provide a signed version of this statement.
3. LINE 19: Is this statement correct? Please add your co-authors' disclosures, if any.
4. LINE 44: Line 178 says "Out of 228 participants..." Which is correct?
5. LINE 49: Please be sure this is stated in the body of your paper, tables, or figures. Statements and data that appear in the Abstract must also appear in the body text, tables, or figures for consistency.
6. LINE 174: Abstract says 239.
7. LINE 244: Please rewrite for clarity
8. TABLE 2: The journal does not use color in tables. Please use symbols instead and explain the symbols in the table footnote.

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, January 4th**.

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](#)
Subject: Re: O&G Figure Revision: 18-1835
Date: Wednesday, December 19, 2018 9:07:43 AM

Thank you Stephanie. These figures and the legend look good.

Eric

From: Stephanie Casway <SCasway@greenjournal.org>
Date: Wednesday, December 19, 2018 at 9:02 AM
To: [REDACTED]
Subject: O&G Figure Revision: 18-1835

Good Morning Dr. Jelovsek,

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 did renumber the figures to match the order in which they appear in the manuscript. Figure 3 is now Figure 1, Figure 1 is now Figure 2, and Figure 2 is now Figure 3. If this is a concern, just let me know.

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,

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