

OBSTETRICS & GYNECOLOGY



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- 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.*

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Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Dec 06, 2018
To: "Christopher Awtrey" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2054

RE: Manuscript Number ONG-18-2054

Hysterectomy practice patterns in the post-morcellation era

Dear Dr. Awtrey:

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 27, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Authors used NSQIP database to characterize trends in route of hysterectomy before and after the FDA warning against power morcellation. Anything about impact of FDA warnings and power morcellation are always interesting to readers and it is good to see that MI hysterectomy was not impacted by FDA warning given its association with lower mortality. However, I am not sure this paper has large impact for practicing gynecologists.

Reviewer #2: Thank you for your work on this.

Introduction: Can you address if there was impact on vaginal hysterectomy rates, or how these rates varied with the decrease in laparoscopy?

Methods: are well explained. Lines 121-5 is there any data on accuracy of these classifications in this data set?

Results: lines 143-4 while you are right not to repeat the data, you could point out any important findings in this table. Can you include whether there were any significant differences, or whether there were none in Table 1 or the text.

Lines 184-5: was there any variation in these numbers during the time after the FDA warning or was it a straight decrease?

Discussion: lines 202-3 could you present this data in the results more clearly? Lines 232-4 would this include SILS type laparoscopy incisions as minilap or do you think these are included as laparoscopy already? Overall good discussion.

Reviewer #3:

This information is important for this journal. Gynecologic surgical trends.

I would suggest that this is a descriptive and not a retrospective cohort especially since it is a review of a large national database.

The authors should address why there is a continued increase in laparoscopic hysterectomy throughout the time period and give an opinion about why tvh procedures continue to fall.

The article does not separate out cancer from benign cases.

This study should also address cases that were thought to be benign pre op and report if cancer discovered intraop or on permanent section.(if possible)

Consider clearly presenting the number of hysterectomy procedures performed each year from 2011 to 2018. the study would be more reflective if data from 2010 to 2017 are included.

Make sure to account for the fact that there may be other reasons for the increase then decrease in tah over the time period

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: Are there any statistically significant or clinically important differences in baseline factors among these cases?

Fig 1, 2a, 2b: Either in the figure legends or within the graphs, should include a summary of the stats analysis of the time series.

For figs 2a, 2b, should include 95% CIs for the quarterly estimates of proportions.

Table 2 and the figures cite changes in proportions, but not in annual estimates for number of cases. Either in the main text or as supplemental material, should also show changes in absolute numbers of cases by surgical approach one quarterly or annual basis.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- It was not just due to the WSJ article that the FDA responded--As written that's the way you make it sound.
- Do you have primary and secondary outcomes? Given your large numbers, please show power (for methods section) to be able to show a difference in the different time frames for your primary outcome?
- please include the CPT codes used in the supplemental digital content
- interval between the WSJ article and the FDA decision???
- After you identify your primary and secondary outcomes, please order the presentation of your data and discussion with primary followed by secondary outcomes. In this paragraph you discuss 3 different time periods but you have 4. Please clarify.
- You've described your time zone by event, not dates. As written now, the reader needs to go back and figure out into which of your zones, for instance, Quarter 4 of 2016 falls. Can you be more consistent with your terminology to make it easier for the reader?
- We do not allow authors to describe variables or outcomes in terms that imply a difference (such as the terms "trend" or "tendency" or "marginally different") unless there is a statistical difference. Please edit here and throughout.
- This seems like this is crossing 2 time zones. Is that correct?

- minilaparotomy for large specimen removal?

2. 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.

3. 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.

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: 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 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. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. Figures 1 and 2 may be resubmitted as-is.

14. 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 27, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

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

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

RESPONSES TO REVIEWER COMMENTS:
RE: Manuscript Number ONG-18-2054

Reviewer #1: Authors used NSQIP database to characterize trends in route of hysterectomy before and after the FDA warning against power morcellation. Anything about impact of FDA warnings and power morcellation are always interesting to readers and it is good to see that MI hysterectomy was not impacted by FDA warning given its association with lower mortality. However, I am not sure this paper has large impact for practicing gynecologists. **Thank you for these kind words. We believe it is important both within gynecologic surgery--as well as in the practice of medicine in general--to present the updated information that minimally invasive hysterectomy is increasing despite the issues with power morcellation.**

Reviewer #2: Thank you for your work on this.

Introduction: Can you address if there was impact on vaginal hysterectomy rates, or how these rates varied with the decrease in laparoscopy?

Thank you for your interest in our vaginal hysterectomy data, and for requesting more clarity on this issue. We have added the interrupted time series for vaginal hysterectomy to the results section (Line 406), and have added more discussion as well (line 460).

Methods: are well explained. Lines 121-5 is there any data on accuracy of these classifications in this data set? **Nearly all of the hysterectomies had a single CPT code, which made determining their mode of incision straightforward. In the very small minority of cases where we found multiple CPT codes, we deferred to codes for abdominal hysterectomy, as this is the most invasive mode of surgery and with the most complications. This categorization of multiple CPT codes is commonly practiced in hysterectomy mode of incision studies.**

Results: lines 143-4 while you are right not to repeat the data, you could point out any important findings in this table. Can you include whether there were any significant differences, or whether there were none in Table 1 or the text. **Thank you for this suggestion. The text has been updated with our findings reflecting that there were no meaningful differences among the groups. (Line 376)**

Lines 184-5: was there any variation in these numbers during the time after the FDA warning or was it a straight decrease?

Thank you for your interest in the vaginal hysterectomy data, and for requesting more clarity on this issue. We have added the interrupted time series for vaginal hysterectomy to the results section (Line 406), and have added more discussion as well (line 460).

Discussion: lines 202-3 could you present this data in the results more clearly?

Thank you for requesting more clarity on this issue. We have added the interrupted time series for vaginal hysterectomy to the results section (Line 406), and have added more discussion as well (line 460).

Lines 232-4 would this include SILS type laparoscopy incisions as minilap or do you think these are included as laparoscopy already? Overall good discussion.

Though we rely on the surgeons performing the hysterectomy to select the best CPT code for their case, we believe that it would be reasonable to assume that single-site laparoscopy would be billed as laparoscopic hysterectomy. Conventional or robotic-assisted laparoscopy that employs minilaparotomy for specimen removal is also typically billed as laparoscopic hysterectomy.

Reviewer #3:

This information is important for this journal. Gynecologic surgical trends. **Thank you for these kind words.**

I would suggest that this is a descriptive and not a retrospective cohort especially since it is a review of a large national database.

Thank you for this suggestion. We have updated the language in the abstract and methods (line 334).

The authors should address why there is a continued increase in laparoscopic hysterectomy throughout the time period and give an opinion about why tvh procedures continue to fall.

The true answer to this excellent question is a bit outside the scope of this project, and we are reluctant to report any theories that are not completely substantiated by high quality research. We believe that that this is phenomenon is related to issues in gynecologic surgery training. Over the past several decades, there have been fewer vaginal hysterectomies performed, and so residents do not get as much exposure to TVH as trainees, and thus they do not practice as much vaginal hysterectomy, so subsequently their residents get even less training in vaginal hysterectomy, and so on. In the same time, TLH has gone from bold new experimental surgery in 1988 to standard of care now, and so it is natural that as more people are trained, there will be higher utilization. We have added a statement and citation about TVH changes (Line 460)

The article does not separate out cancer from benign cases.

This is an excellent suggestion for a follow-up study. We aimed to describe the birds-eye view of how hysterectomy in general is practiced in the United States, and we feel that including both benign and cancer cases is the best way to do this, particularly considering that many benign cases are performed by oncologists and conversely that benign gynecologists may stumble upon occult malignancy. NSQIP does offer a robust hysterectomy-focused dataset that provides many additional details that would make it possible to accurately separate benign from oncologic surgery; however, this additional dataset was only offered starting in 2014, which would not capture the timeperiod prior to the FDA safety communication. We considered trying to manually separate benign and oncologic cases, but we found that relying on database CPT codes and postop diagnoses alone could lead to some inaccurate categorization and thus misleading results. And again, our aim was to describe hysterectomy in general, so we preferred to include both benign and malignant cases.

This study should also address cases that were thought to be benign pre op and report if cancer discovered intraop or on permanent section.(if possible)

This is a fantastic question. Unfortunately, NSQIP includes only information about postoperative diagnosis. This is a wonderful idea for another study using a different data source that captures this information.

Consider clearly presenting the number of hysterectomy procedures performed each year from 2011 to 2018. the study would be more reflective if data from 2010 to 2017 are included.

Thank you, and we are grateful for your interest in seeing even more information related to this project. We feel that publishing data through the end of 2016 does a good job of showing how surgeons adjusted their practice immediately and then up to 2.5 years following the FDA safety communication. Additionally, Dr. Chescheir's comments below request resubmitting our figures without changes, and so in our revisions we have deferred to this request. Overall, we feel that adding the 2017 data does not add much in terms of answering our primary question. We can consider performing this update in a few years to determine how sustained the observed changes are.

Make sure to account for the fact that there may be other reasons for the increase then decrease in tah over the time period

Thank you. This has been added to the paragraph on weaknesses (line 502)

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: Are there any statistically significant or clinically important differences in baseline factors among these cases?

On careful review, no factor appears to be clinically different. A statement of this has been added to the Results section, line 376. Because of the very large sample size, we did not run statistical tests, as those could result in statistically significant but not clinically meaningful changes. P-values are typically not included in a demographic table.

Fig 1, 2a, 2b: Either in the figure legends or within the graphs, should include a summary of the stats analysis of the time series.

For figs 2a, 2b, should include 95% CIs for the quarterly estimates of proportions.

Thank you for your interest in seeing even more data from our project. Below, Dr. Chescheir requested that the figures be resubmitted as-is; thus we shall defer to the editor request.

Table 2 and the figures cite changes in proportions, but not in annual estimates for number of cases. Either in the main text or as supplemental material, should also show changes in absolute numbers of cases by surgical approach one quarterly or annual basis.

Thank you for your comment. We have included a supplemental table (Supplemental Table 2) with the raw numbers per quarter. We present proportions because NSQIP includes different numbers of hospitals each year, making comparing absolute numbers confusing to a reader.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- It was not just due to the WSJ article that the FDA responded--As written that's the way you make it sound.
Thank you for pointing out this interpretation. The text has been changed (line 72).

- Do you have primary and secondary outcomes? Given your large numbers, please show power (for methods section) to be able to show a difference in the different time frames for your primary outcome?

Thank you for this clarifying question. Our primary outcome was mode of surgery. Secondary outcomes were utilization of abdominal, vaginal and supracervical hysterectomy. These have now been explicitly stated in the text (Line 344)

We did not do an a priori sample size or power calculation because we used all available data. We did not perform post hoc power calculation because although that would be appropriate in a situation where we did not observe significant statistical differences, we did observe difference across the time periods studied.

- please include the CPT codes used in the supplemental digital content

We apologize that this supplemental table was not provided in our initial submission. CPT codes have been provided in supplemental digital content (Supplemental Table 1).

- interval between the WSJ article and the FDA decision???

Thank you for pointing out this omission. The text has been updated (line 358)

- After you identify your primary and secondary outcomes, please order the presentation of your data and discussion with primary followed by secondary outcomes.

Completed as requested.

In this paragraph you discuss 3 different time periods but you have 4. Please clarify.

As described in the methods, we exclude the interval between the WSJ article and the FDA decision to make our t-test comparisons in Table 2; however, we explore and describe the change in practice during this interval using the interrupted time series (line 155). Consistent with other studies, we excluded the interval between the WSJ article and the FDA decision from our t-test comparisons because it is a period of rapid change, and does not belong to either the before or the after group. This is why we performed the interrupted time series analysis to better analyze this phenomenon. We felt that an interrupted time series was a superior statistical method for describing the surgical practice changes in response to the attention surrounding power morcellators in the press. It is because of the novel use of the interrupted time series analysis (and not just t-tests as in the previous papers) that we believe that our study is particularly strong.

- You've described your time zone by event, not dates. As written now, the reader needs to go back and figure out into which of your zones, for instance, Quarter 4 of 2016 falls. Can you be more consistent with your terminology to make it easier for the reader?

Thank you for this suggestion. We reviewed the text and made multiple changes in order to make time easier for the reader to understand. This is particularly important to keep straight because our two different statistical methods-- the t-tests and the interrupted time series -- approach time in different ways.

- We do not allow authors to describe variables or outcomes in terms that imply a difference (such as of the terms "trend" or "tendency" or "marginally different") unless there is a statistical difference. Please edit here and throughout.
Thank you for pointing out our lack of clarity here. We have removed such language. We have also searched the document for other uses of comparative language and have either adjusted the text or provided statistics.

- This seems like this is crossing 2 time zones. Is that correct?

Many apologies—this should have read simply “the FDA safety communication.” Thank you for recognizing this and allowing us to correct.

- minilapartomy for large specimen removal?

Thank you for this clarifying question. We have added your suggestion of specimen removal to Line 500.

2. 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.

3. 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.

Completed

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 https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_AOG_A515&d=DwlGaQ&c=WknmpdNpvrIj2B5K1aWVqL1SOiF30547pgSuOmtwXTQ&r=92OGFIgURgMYw5N1VPrASqvmBZgPGd2C-mOXOuUQcKU&m=Ka5fgmWYkPrmB4iCgqeGw_vFkZQt2nuTI01Xr0Fjlvk&s=ZmIXRkHpskQsUmeaiBijlts4qOZc9aHRnKtW5X_n1kl&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=WknmpdNpvrIj2B5K1aWVqL1SOiF30547pgSuOmtwXTQ&r=92OGFIgURgMYw5N1VPrASqvmBZgPGd2C-mOXOuUQcKU&m=Ka5fgmWYkPrmB4iCgqeGw_vFkZQt2nuTI01Xr0Fjlvk&s=b24PU0B9M_oIZ-2NTIDE7nzhX4mh4p0ptYM-MtPPL7Y&e=.

5. 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 appendices).

Please limit your Introduction to 250 words and your Discussion to 750 words.

The manuscript has been edited to conform with these restrictions.

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. **n/a**

* 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. **n/a**

* 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. **n/a**

* 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). **Reported.**

Confirmed and acknowledged when applicable.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

Provided.

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Abstract carefully reviewed.

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.

Abstract reviewed, and word count provided.

9. Only standard abbreviations and acronyms are allowed. A selected list is available online

at [https://urldefense.proofpoint.com/v2/url?u=http-](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=WknmpdNpvrj2B5K1aWVqL1SOiF30547pqS)

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[wEDac7USAp45A&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwlGaQ&c=WknmpdNpvrj2B5K1aWVqL1SOiF30547pqS). 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.

Abbreviations and acronyms reviewed.

10. 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.

Manuscript reviewed for the virgule symbol; 1 change made in Table 1.

11. 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.

Manuscript reviewed; no claims of first report made.

12. 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-](https://urldefense.proofpoint.com/v2/url?u=http-3A_edmgr.ovid.com_ong_accounts_table-5Fchecklist.pdf&d=DwlGaQ&c=WknmpdNpvrj2B5K1aWVqL1SOiF30547pqSuOmtwXTQ&r=92OGFIgURgMYw5N1VPrASqvmBZgPGd2C-mOXOuUQcKU&m=Ka5fgmWYkPrmB4iCgqeGw_vFkZQt2nuTI01Xr0Fjlvk&s=_XOkSTNxO-CJH2bd-fdp0ZAJGadbe-Lg9DD7ZMy_RE&e=)

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Reviewed and confirmed.

13. Figures 1 and 2 may be resubmitted as-is.

Thank you.

14. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at [https://urldefense.proofpoint.com/v2/url?u=http-](https://urldefense.proofpoint.com/v2/url?u=http-3A_ong.editorialmanager.com&d=DwlGaQ&c=WknmpdNpvrj2B5K1aWVqL1SOiF30547pqSuOmtwXTQ&r=92OGFIgURgMYw5N1VPrASqvmBZgPGd2C-mOXOuUQcKU&m=Ka5fgmWYkPrmB4iCgqeGw_vFkZQt2nuTI01Xr0Fjlvk&s=BU5kMoRo9oPx5O5MxM87EqBxcgaOrWPrXGZ3RJvjIRA&e=)

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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.

Reviewed and confirmed.

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 27, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

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

Randi Zung

From: Jorgensen,Elisa (BIDMC - OB:GYN) [REDACTED]
Sent: Friday, January 11, 2019 3:05 PM
To: Randi Zung
Cc: Awtrey,Christopher S. (HMFP - OB/GYN)
Subject: Re: [External] Your Revised Manuscript 18-2054R1
Attachments: 18-2054R1 ms (1-9-19v2) EMJ edits.docx; ATT00001.htm; green reviewer responses 2.docx; ATT00002.htm

Dear Ms. Zung,

Thank you again to you and the editors for the opportunity to improve and revise our manuscript further. We hope that these responses are satisfactory, and we are happy to cooperate with any further requests.

Attached are our responses and the word document with tracked changes. I will send the updated figures one at a time because the files are large.

Thank you!

Elisa

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From: [REDACTED]
To: [Stephanie Casway](#)
Subject: Fw: Urgent Fw: O&G Figure Revision: 18-2054
Date: Wednesday, January 23, 2019 9:41:57 AM

Hi

We are all set thanks

Chris

Christopher S. Awtrey, M.D.

[REDACTED]

[REDACTED]

[REDACTED]

From: Jorgensen,Elisa (BIDMC - OB:GYN)
Sent: Wednesday, January 23, 2019 9:40 AM
To: Awtrey,Christopher S. (HMFP - OB/GYN)
Subject: Re: Urgent Fw: O&G Figure Revision: 18-2054

They look perfect to me! I think we should approve as-is.

On Jan 23, 2019, at 9:35 AM, Awtrey,Christopher S. (HMFP - OB/GYN)

[REDACTED] wrote:

Hi

Can you look at this?

C

Christopher S. Awtrey, M.D.

[REDACTED]

[REDACTED]

[REDACTED]

From: Stephanie Casway <SCasway@greenjournal.org>
Sent: Wednesday, January 23, 2019 9:34 AM
To: Awtrey, Christopher S. (HMFP - OB/GYN)
Subject: [External] FW: O&G Figure Revision: 18-2054

Good Morning Dr. Awtrey,

I just wanted to follow up on the email below. If you need additional time, just let me know.

Thanks so much!

From: Stephanie Casway
Sent: Wednesday, January 16, 2019 8:42 AM
To: [REDACTED]
Subject: O&G Figure Revision: 18-2054

Good Morning Dr. Awtrey,

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.

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, 1/18. Thank you for your help.

Best wishes,

Stephanie Casway, MA
Senior 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

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<18-2054 Legend.pdf><18-2054 Fig 1 (1-15-19 v2).pdf><18-2054 Fig 2 (1-15-19 v2).pdf>

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