

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*

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obgyn@greenjournal.org.

Date: Jan 04, 2019
To: "Erinn Myers" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2275

RE: Manuscript Number ONG-18-2275

Robotic Sacrocolpopexy Simulation Model and Associated Hierarchical Task Analysis

Dear Dr. Myers:

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 Jan 25, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is an observational study in which a simulation system for robotic sacrocolpopexy was developed and evaluated. There are two phases of the study: creation of the simulation model and development of a hierarchical task analysis with assessment of the model's ability to replicate the steps of robotic sacrocolpopexy based on expert opinion.

The topic of robotic simulation is relevant and pertinent. Almost as important as development of a simulation model is replication of normal anatomy and surgical procedural steps within that model. The detailed discussion of the materials used to create the model is of particular creative interest, and its inclusion into the paper is a strength. Another forte of this study is development and assessment of the hierarchical task analysis. It provides a stepwise analysis of the simulation system that allows for authentication of the model. Using the validation system, the simulation was evaluated step-by-step by experts in robotic sacrocolpopexy. The model proved similar to the actual procedure in several steps. A weakness of the study was the low number of experts that evaluated the simulation.

Based on the feedback from the experts' evaluation of the simulation, I wonder if there was any thought to reconstruct the model with the goal of improving the posterior and anterior vaginal dissection

I could not find any similar studies or descriptions of simulation for robotic sacrocolpopexy. This innovative idea could be of great interest in training programs for this specialized procedure often complicated by difficult dissection. A necessary third phase for this simulation model is implementation into a training program and assessment of its impact.

Reviewer #2: ONG-18-2275

TITLE: Robotic Sacrocolpopexy Simulation Model and Associated Hierarchical Task Analysis

Article type: Procedures and Instruments.

Precis: This article presents the development and use of a robotic sacrocolpopexy simulation model and describes an associated hierarchical task analysis.

Overall:

To date, there are no robotic dry lab training resources that include presacral dissection with vaginal/sacral mesh attachment for robotic sacrocolpopexy (RSCP). The main objective was to create a simulation model to resemble the

anatomy encountered during RSCP. The authors sought to outline the tasks and subtasks required to complete a RSCP by performing a hierarchical task analysis (HTA).

Dry lab models have been developed and validated for laparoscopic vaginal mesh attachment for SCP however not for the practice of advanced robotic skills. HTA development involves identifying the tasks and subtasks that need to be performed to achieve a primary procedure.

Other: IRB exempt

Disclosures: They have disclosed a patent for the pelvic model and unrestricted grants (none used for development of this model). They also disclose 2 presentations of the model at scientific meetings.

Procedures and Instruments:

No comments.

Introduction:

No comments

Method:

1. Line 160: Could the experience of the 4 fellowship surgeons be further quantified (perhaps collective number of years of clinical practice after fellowship).
2. Line 165: could the authors explain what a "human factor expert" is.

Experience:

3. Line 180: Just a clarification - each surgeon was asked to perform just 1 procedure - correct?
4. Line 187-188: The model was not able to replicate anterior and posterior vaginal dissection steps - it might be useful to explain why in the discussion section of the paper (reviewer thinks it may have been mentioned in the videotape).

Discussion:

No comments

References:

5. Other references that might be of interest to include:

Westermann LB, Crisp CC, Mazloomdoost D, et al.

Comparative Perioperative Pain and Recovery in Women Undergoing Vaginal Reconstruction Versus Robotic Sacrocolpopexy. Female Pelvic Med Reconstr Surg (United States), Mar/Apr 2017, 23(2) p95-100

Coolen AWM, Bui BN, Dietz V, et al.

The treatment of post-hysterectomy vaginal vault prolapse: a systematic review and meta-analysis.

Int Urogynecol J (England), Dec 2017, 28(12) p1767-1783

FIGURES:

6. Inclusion of pictures are very helpful
7. Consider modifying titles of the figures 6a and 6b (tables) as follows:
 - 6a: Hierarchical task analysis for robotic sacrocolpopexy.
 - 6b: Hierarchical task analysis for robotic sacrocolpopexy: Dissection

Video:

8. Very well done video - excellent support to the paper.

Reviewer #3: This an interesting simulation model for a complex procedure and would likely have benefit to trainees who are about to perform this procedure. While this model address specific steps of this procedure, it appears to require both specific resources and skill to create that may not be broadly generalizable.

Specific comments:

ABSTRACT- clear, concise.

INTRODUCTION - Simulation continues to be an important tool in both trainee learning and improving patient care. You reference the need for a dry lab model to practice robotic skills. Is this model specific to robotic or could this be used for straight stick laparoscopy as well? Additionally, the HTA seems to have been generated after creation of the model rather than being used to drive specifics of the model. Is there justification for this approach?

METHOD - Figures and video are both helpful adjuncts to the description of model creation. An explanation of human

factors expert would be helpful to understand how the HTA was created.

EXPERIENCE - the description of convenience sample of experts would be more appropriate in the methods section. Relocating it here would help clarify collection of the post-rest questionnaire. Additionally a more detailed written description of the HTA results is needed here.

DISCUSSION - are the steps in the HTA that are not demonstrated in the simulation model relevant to the skills that are being taught? Are any modifications planned based on these results? A flaw to discuss here is the fact that 50% of the experts who created the HTA also created the model, which may bias the HTA towards support of the model. Also, please address the generalizability of this model.

STATISTICAL EDITOR COMMENTS:

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

lines 172-175 and figs 6a, 6b: Given a sample of 6 expert participants, there is little power to discern a difference between 100% (6/6) agreement and disagreement for 1, 2, 3 or 3 even 4 of those experts. That portion of the analysis would have required a much larger sample.

Should concentrate on a more qualitative description of the model and the overall satisfaction among the six experts as to whether the model faithfully simulates the surgical procedure.

lines 184-185: Since the sample had $n=6$, there is no justification for citing age to nearest .01 year, nor for assuming normal distributions by citing mean \pm SD. Should simply cite the six ages, or a median and range. Similarly, the RSCP procedures should be cited as median (range) and rounded to nearest whole number.

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.

- Since you describe the model in such detail, will this challenge your patent? Trying to make sure you are legally protected.

- Don't describe what the article will say--describe what you found. The precis is used in the table of contents as is meant to serve as a "hook" to intrigue a potential reader.

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim.

- was there a formal assessment of the components of the simulation or did the 6 experts have an informal chat about it? Please clarify.

- minimize post operative pain for patients. (in the first part of the sentence you talk about different approaches (plural) so for verb/noun congruence, patient needs to be plural.

- I have more typically heard about simulations rather than "dry lab models". are these the same thing? would you consider using "simulators" or "Simulations"?

- Can these task assessments then later be used to evaluate learners' competency or success with the different tasks?

- Here put "carolinas healthcare system institutional review board considered our work exempt"

- can you provide the product number?
- were some of these also involved in creating the task analysis or the model?
- please round up to integers. One can't do 0.75 of a procedure (at least successfully!)
- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.
- see prior note about primacy claim.
- this should be mentioned in the methods section.
- Your video is really excellent.

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:

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

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. Obstetrics & Gynecology follows the Good Publication Practice (GPP3)* guideline for manuscripts that report results that are supported or sponsored by pharmaceutical, medical device, diagnostics and biotechnology companies. The GPP3 is designed to help individuals and organization maintain ethical and transparent publication practices.

(1) Adherence to the GPP3 guideline should be noted in the cover letter.

(2) For publication purposes, the portions of particular importance to industry-sponsored research are below. In your cover letter, please indicate whether the following statements are true or false, and provide an explanation if necessary:

(2a) All authors had access to relevant aggregated study data and other information (for example, the study protocol) required to understand and report research findings.

(2b) All authors take responsibility for the way in which research findings are presented and published, were fully involved at all stages of publication and presentation development and are willing to take public responsibility for all aspects of the work.

(2c) The author list accurately reflects all substantial intellectual contributions to the research, data analyses, and publication or presentation development. Relevant contributions from persons who did not qualify as authors are disclosed in the acknowledgments.

(2d) The role of the sponsor in the design, execution, analysis, reporting, and funding (if applicable) of the research has been fully disclosed in all publications and presentations of the findings. Any involvement by persons or organizations with an interest (financial or nonfinancial) in the findings has also been disclosed.

(2e) All authors have disclosed any relationships or potential competing interests relating to the research and its publication or presentation.

(3) The abstract should contain an additional heading, "Funding Source," and should provide an abbreviated listing of the funder(s).

(4) In the manuscript, a new heading—"Role of the Funding Source"—should be inserted before the Methods and contain a detailed description of the sponsor's role as well as the following language:

"The authors had access to relevant aggregated study data and other information (such as study protocol, analytic plan and report, validated data table, and clinical study report) required to understand and report research findings. The authors take responsibility for the presentation and publication of the research findings, have been fully involved at all stages of publication and presentation development, and are willing to take public responsibility for all aspects of the work. All individuals included as authors and contributors who made substantial intellectual contributions to the research, data analysis, and publication or presentation development are listed appropriately. The role of the sponsor in the design, execution, analysis, reporting, and funding is fully disclosed. The authors' personal interests, financial or non-financial, relating to this research and its publication have been disclosed." Authors should only include the above statement if all of it is true, and they should attest to this in the cover letter (see #2, above).

*From Battisti WP, Wager E, Baltzer L, Bridges D, Cairns A, Carswell CI, et al. Good publication practice for communicating company-sponsored medical research: GPP3. *Ann Intern Med* 2015;163:461-4.

5. All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB) or ethics committee. This review should be documented in your cover letter as well in the Materials and Methods section, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

6. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

7. 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 print appendixes) but exclude references.

8. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

9. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Your current running foot contains abbreviations that are not allowed.

10. 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 that states 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."

11. 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.

12. 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.

13. The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

14. 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.

15. 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.

16. Figures

Figures 1–5: Current files are okay to resubmit as-is with the revision.

Figure 6: The figure is too big to correctly fit on a printed page. It will have to be put in online-only Supplemental Digital Content.

17. To ensure a quality experience for those viewing supplemental digital content, the journal's publisher suggests that authors submit supplemental digital files no larger than 10 MB each. The exceptions to this rule are audio or video files, which are acceptable up to 100 MB. When submitting text files or tables as supplemental digital content with your revisions, please do not submit PDFs.

18. Your current video may be included as-is. Please make sure it is re-included with your revision submission.

19. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

20. 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 and that each author has given approval to the final form of the revision.

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 Jan 25, 2019, 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.

January 22, 2019

RE: Robotic Sacrocolpopexy Simulation Model and Associated Hierarchical Task Analysis

ONG-18-2275;

Dear Dr. Nancy Chescheir,

We would like to thank you and your reviewers for your efforts on behalf of our submitted manuscript. We very much appreciate the opportunity to revise our manuscript. We have attempted to address the reviewers' comments and have included detailed responses here below to each point raised.

Thank you for the opportunity to revise this manuscript. We sincerely hope that you find the changes satisfactory.

Thank you for considering these revisions.

Sincerely,



Erinn Myers, MD



REVIEWER COMMENTS:

Reviewer #1: This is an observational study in which a simulation system for robotic sacrocolpopexy was developed and evaluated. There are two phases of the study: creation of the simulation model and development of a hierarchical task analysis with assessment of the model's ability to replicate the steps of robotic sacrocolpopexy based on expert opinion.

The topic of robotic simulation is relevant and pertinent. Almost as important as development of a simulation model is replication of normal anatomy and surgical procedural steps within that model. The detailed discussion of the materials used to create the model is of particular creative interest, and its inclusion into the paper is a strength. Another forte of this study is development and assessment of the

hierarchical task analysis. It provides a stepwise analysis of the simulation system that allows for authentication of the model. Using the validation system, the simulation was evaluated step-by-step by experts in robotic sacrocolpopexy. The model proved similar to the actual procedure in several steps. A weakness of the study was the low number of experts that evaluated the simulation.

We acknowledge the small number of experts who validated the model was a limitation of the study. The subject population pool is quite small for this procedure therefore obtaining six experts was an accomplishment. Additionally, our experts came from five different medical institutions across the United States. Further, we are conducting more in-depth validation studies which include novices and are modeling our desired sample size after Tunitsky-Bitoun et al. (2014), who used 5 experts and 15 novices.

We have included the sample size as a limitation starting at line 392.

“While our sample size was small, our study is unique as the six experts who assessed the model were not involved in the creation of the model and they practice at five different medical institutions across the United States.”

Based on the feedback from the experts' evaluation of the simulation, I wonder if there was any thought to reconstruct the model with the goal of improving the posterior and anterior vaginal dissection. I could not find any similar studies or descriptions of simulation for robotic sacrocolpopexy. This innovative idea could be of great interest in training programs for this specialized procedure often complicated by difficult dissection. A necessary third phase for this simulation model is implementation into a training program and assessment of its impact.

Thank you for your comments. We did wish to produce a model that adequately replicated each step of the procedure. There were space and material limitations which prevented us from creating anterior and posterior vaginal dissection portions for this procedure. Addition of a descending colon and bladder with respective peritoneum could not be created with the materials we had available. If possible, we would hope to add these features to future versions of the model. We are currently in the data analysis phase for face and construct validity testing and agree that assessing the usefulness and ability to integrate into a training program would be a necessary third step. Thank you for the suggestion.

We have edited starting at line 427 to reflect our changes to the discussion.

“The anterior and posterior vaginal dissection steps are not well replicated in this model due to the inability to create a descending colon and bladder with our resources. Future versions of our model may include these anatomic structures.”

We have indicated the need for trainee assessment starting at line 431.

“Subsequent validation studies are necessary to better understand the ability of this model to be used by robotic surgeons in training and perhaps even for maintenance of skills. As such, the model would need to be assessed by trainees in order to understand the impact for learners.”

Reviewer #2: ONG-18-2275

TITLE: Robotic Sacrocolpopexy Simulation Model and Associated Hierarchical Task Analysis

Article type: Procedures and Instruments.

Precis: This article presents the development and use of a robotic sacrocolpopexy simulation model and describes an associated hierarchical task analysis.

Overall:

To date, there are no robotic dry lab training resources that include presacral dissection with vaginal/sacral mesh attachment for robotic sacrocolpopexy (RSCP). The main objective was to create a simulation model to resemble the anatomy encountered during RSCP. The authors sought to outline the tasks and subtasks required to complete a RSCP by performing a hierarchical task analysis (HTA).

Dry lab models have been developed and validated for laparoscopic vaginal mesh attachment for SCP however not for the practice of advanced robotic skills. HTA development involves identifying the tasks and subtasks that need to be performed to achieve a primary procedure.

Other: IRB exempt

Disclosures: They have disclosed a patent for the pelvic model and unrestricted grants (none used for development of this model). They also disclose 2 presentations of the model at scientific meetings.

Procedures and Instruments:

No comments.

Introduction:

No comments

Method:

1. Line 160: Could the experience of the 4 fellowship surgeons be further quantified (perhaps collective number of years of clinical practice after fellowship).

Thank you for your suggestion. This was added starting at line 248 and now reads: "Four fellowship-trained female pelvic medicine and reconstructive surgeons with 40 cumulative years of post-fellowship experience who regularly perform robotic sacrocolpopexy were individually asked to identify and outline each task and subtask of a robotic sacrocolpopexy."

2. Line 165: could the authors explain what a "human factor expert" is.

Thank you for this comment. We have defined this beginning on line 255 as outlined below:

“A human factors specialist focuses on the understanding of human and system interactions in order to optimize system performance. Our human factors specialist is a Doctor of Philosophy who compiled the individual robotic sacrocolpopexy procedure outlines provided by our four experts, with discrepancies, into one document.”

Experience:

3. Line 180: Just a clarification - each surgeon was asked to perform just 1 procedure - correct?

Yes, one procedure. Starting at line 311 the text now reads: “Participants were asked to perform one robotic sacrocolpopexy using the model and complete pre and post-procedure questionnaires.”

4. Line 187-188: The model was not able to replicate anterior and posterior vaginal dissection steps - it might be useful to explain why in the discussion section of the paper (reviewer thinks it may have been mentioned in the videotape).

Thank you for your comment. Starting at line 427, the discussion now reads:

“The anterior and posterior vaginal dissection steps are not well replicated in this model due to the inability to create a descending colon and bladder with our resources. Future versions of our model may include these anatomic structures.”

Discussion:

No comments

References:

5. Other references that might be of interest to include:

Westermann LB, Crisp CC, Mazloomdoost D, et al.

Comparative Perioperative Pain and Recovery in Women Undergoing Vaginal Reconstruction Versus Robotic Sacrocolpopexy.

Female Pelvic Med Reconstr Surg (United States), Mar/Apr 2017, 23(2) p95-100

Coolen AWM, Bui BN, Dietz V, et al.

The treatment of post-hysterectomy vaginal vault prolapse: a systematic review and meta-analysis.

Int Urogynecol J (England), Dec 2017, 28(12) p1767-1783

Thank you for suggesting these additional references. While we recognize these are of interest, we have unfortunately met our maximum number of references (10) for this manuscript and thus cannot include these. However, we are working on the formal validation manuscript and will consider including these references as appropriate.

FIGURES:

6. Inclusion of pictures are very helpful
7. Consider modifying titles of the figures 6a and 6b (tables) as follows:
 - 6a: Hierarchical task analysis for robotic sacrocolpopexy.
 - 6b: Hierarchical task analysis for robotic sacrocolpopexy: Dissection

Thank you for this suggestion. These changes have been made.

Video:

8. Very well done video - excellent support to the paper.

Thank you.

Reviewer #3: This an interesting simulation model for a complex procedure and would likely have benefit to trainees who are about to perform this procedure. While this model address specific steps of this procedure, it appears to require both specific resources and skill to create that may not be broadly generalizable.

Thank you for these comments. The materials used can be accessed by simulation centers.

Specific comments:

ABSTRACT- clear, concise.

INTRODUCTION - Simulation continues to be an important tool in both trainee learning and improving patient care. You reference the need for a dry lab model to practice robotic skills. Is this model specific to robotic or could this be used for straight stick laparoscopy as well?

Thank you for your comment. This pelvis model is too large to fit into a standard Fundamentals of Laparoscopic Surgery (FLS) box trainer. We are working on modifications to allow for laparoscopic practice.

Starting at line 434, the manuscript now reads: "A laparoscopic application would also be beneficial and we are working on modifications to allow for laparoscopic practice."

Additionally, the HTA seems to have been generated after creation of the model rather than being used to drive specifics of the model. Is there justification for this approach?

Thank you for your comment. Our goal with the model was to replicate the presacral dissection and the mesh attachment portions as these can be the most challenging steps to the surgery. The

hierarchical task analysis was performed to assess the model's ability to replicate all the surgical steps for robotic sacrocolpopexy. We had limitations of space within the pelvis which made replication of the anterior and posterior vaginal dissection portions of the procedure challenging. Perhaps with future model creation, we would consider performing the hierarchical task analysis primarily and model creation subsequent to the hierarchical task analysis.

Starting at line 427, the manuscript now reads:

"The anterior and posterior vaginal dissection steps are not well replicated in this model due to the inability to create a descending colon and bladder with our resources. Future versions of our model may include these anatomic structures."

METHOD - Figures and video are both helpful adjuncts to the description of model creation. An explanation of human factors expert would be helpful to understand how the HTA was created.

Thank you for this suggestion. We have addressed this in our response to Reviewer 2.

EXPERIENCE - the description of convenience sample of experts would be more appropriate in the methods section. Relocating it here would help clarify collection of the post-rest questionnaire. Additionally a more detailed written description of the HTA results is needed here.

Thank you for your comment. Starting at line 246 of the methods section now reads, "Phase 2 comprised the hierarchical task analysis development and subsequent assessment of the model. Participants for hierarchical task analysis development were recruited using a convenience sample."

The hierarchical task analysis results are listed starting at line 321, "Post-procedure questionnaire data confirmed the model was able to replicate most of the steps for presacral dissection and vaginal and presacral mesh attachment, but the model was not able to replicate anterior and posterior vaginal dissection steps (Fig. 6a and 6b)."

DISCUSSION - are the steps in the HTA that are not demonstrated in the simulation model relevant to the skills that are being taught? Are any modifications planned based on these results? A flaw to discuss here is the fact that 50% of the experts who created the HTA also created the model, which may bias the HTA towards support of the model. Also, please address the generalizability of this model.

Thank you for your comments. We will address them in order.

- 1. Yes, all steps were deemed valuable and relevant to the procedure.*
- 2. Anterior and posterior vaginal dissection steps were not well replicated in this model due to the inability to create a descending colon and bladder with our resources. Future versions of our model may include these anatomic structures.*
- 3. Four experts created the hierarchical task analysis, two of whom developed the model. Six experts assessed the model, and the two involved in model development were not involved in this. The manuscript has been changed to reflect this starting at line 318 "The two experts*

who developed the model and participated in hierarchical task analysis development were not included in the six experts who performed and completed the post-procedure hierarchical task analysis questionnaire.”

Our final hierarchical task analysis checklist included many steps not replicated by the model thus decreasing potential bias.

4. *The materials used can be acquired and used by simulation centers.*

STATISTICAL EDITOR COMMENTS:

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

lines 172-175 and figs 6a, 6b: Given a sample of 6 expert participants, there is little power to discern a difference between 100% (6/6) agreement and disagreement for 1, 2, 3 or 3 even 4 of those experts. That portion of the analysis would have required a much larger sample.

We agree that if formal statistical analyses were performed, then a sample size of 6 would lack power to discern any significant differences; however, we did not perform any formal data analysis, nor do we make any claims regarding significance. We are simply reporting the percentage of participants who indicated what steps could be adequately replicated by the model. We have further clarified on line 307 that no formal statistical analysis was performed. We are certainly amenable to changing the language to reflect none, some, most, and all rather than using percentages; however, we question if the reader will find that as valuable and clear compared to listing percentages.

Should concentrate on a more qualitative description of the model and the overall satisfaction among the six experts as to whether the model faithfully simulates the surgical procedure.

We are simply reporting the percentage of participants who indicated what steps could be adequately replicated by the model. We have further clarified on lines 307 that no formal statistical analysis was performed.

lines 184-185: Since the sample had $n=6$, there is no justification for citing age to nearest .01 year, nor for assuming normal distributions by citing mean \pm SD. Should simply cite the six ages, or a median and range. Similarly, the RSCP procedures should be cited as median (range) and rounded to nearest whole number.

We have modified this data to reflect medians and interquartile ranges on line 316.

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.

- Since you describe the model in such detail, will this challenge your patent? Trying to make sure you are legally protected.

Thank you for your concern. We have reviewed this with our institutional lawyers and they agree that we are able to submit this manuscript to your journal.

- Don't describe what the article will say--describe what you found. The precis is used in the table of contents as is meant to serve as a "hook" to intrigue a potential reader.

Thank you for this clarification. Our precis now reads:

"A simulation model was able to replicate the steps of presacral dissection with vaginal and sacral mesh attachment at the time of robotic sacrocolpopexy."

- This is called a primacy claim (your paper is the first or biggest) and must either be deleted or supported by providing the search terms used, dates, and data bases searched (Medline, Ovid, Pubmed, Google Scholar, etc) in order to substantiate your claim.

Thank you for your comment. This claim was removed.

- was there a formal assessment of the components of the simulation or did the 6 experts have an informal chat about it? Please clarify.

There are 2 separate components.

1. For hierarchical task analysis creation, the human factors specialist led a session with the four expert surgeons to reach a final consensus.

Starting at line 248, "Four fellowship-trained female pelvic medicine and reconstructive surgeons with 40 cumulative years of post-fellowship experience who regularly perform robotic sacrocolpopexy were

individually asked to identify and outline each task and subtask of a robotic sacrocolpopexy. Two of the experts were instrumental in development of the model; however, to avoid potential biases, neither was involved in data analysis."

And in line 261, "The human factors specialist then led a session with the four expert surgeons to reach a final consensus, with four major tasks and multiple subtasks identified (Fig. 6a and 6b)."

2. *The six experts individually filled out the post-procedure questionnaire, which assessed the model's ability to replicate a robotic sacrocolpopexy.*

Starting on line 280, "Six experts individually performed a robotic sacrocolpopexy using the model and completed the post-procedure questionnaire; none were involved in its creation."

- minimize post operative pain for patients. (in the first part of the sentence you talk about different approaches (plural) so for verb/noun congruence, patient needs to be plural.

Thank you, this was changed in line 184.

- I have more typically heard about simulations rather than "dry lab models". are these the same thing? would you consider using "simulators" or "Simulations"?

Thank you for your comment. Simulation generally refers to the method while simulator is a broad term for the different forms of simulated models available. We chose to use the term "dry lab model(s)" to be more specific.

- Can these task assessments then later be used to evaluate learners' competency or success with the different tasks?

Thank you for your comment. Yes, we are currently working on a validation study using the hierarchical task analysis and validated surgical assessment tools to assess expert and novice surgeons' performance using the model.

- Here put "carolinas healthcare system institutional review board considered our work exempt"

Thank you for your comment. Starting at line 215 now reads: "We conducted a two-phase, observational, simulation study using a dry lab model. Carolinas HealthCare System institutional review board considered our work exempt."

- can you provide the product number?

We have added the product number for the pelvic model on line 223.

- were some of these also involved in creating the task analysis or the model?

Two of the four experts who created the HTA checklist were also involved in the creation of the model. Zero of the six experts who used the model and filled out the post procedure surveys were involved in creation of the model. We have made this more clear in the manuscript as well:

Starting at line 248, "Four fellowship-trained female pelvic medicine and reconstructive surgeons with 40 cumulative years of post-fellowship experience who regularly perform robotic sacrocolpopexy were individually asked to identify and outline each task and subtask of a robotic sacrocolpopexy. Two of the experts were instrumental in development of the model; however, to avoid potential biases, neither was involved in data analysis."

Starting on line 280, "Six experts individually performed a robotic sacrocolpopexy using the model and completed the post-procedure questionnaire; none were involved in its creation."

- please round up to integers. One can't do 0.75 of a procedure (at least successfully!)

Thank you for your comment. We have modified our values to reflect whole integers.

- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

Thank you for your comment. These were all removed.

- see prior note about primacy claim.

The primacy claim was removed.

- this should be mentioned in the methods section.

This was changed and now reads (line 280), "Six experts individually performed a robotic sacrocolpopexy using the model and completed the post-procedure questionnaire; none were involved in its creation."

- Your video is really excellent.

Thank you.

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:

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

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

Thank you for alerting us to the change in process. We have notified all co-authors that the eCTA will need to be signed upon revision submission.

4. Obstetrics & Gynecology follows the Good Publication Practice (GPP3)* guideline for manuscripts that report results that are supported or sponsored by pharmaceutical, medical device, diagnostics and biotechnology companies. The GPP3 is designed to help individuals and organization maintain ethical and transparent publication practices.

(1) Adherence to the GPP3 guideline should be noted in the cover letter.

We are not supported or sponsored by pharmaceutical, medical device, diagnostic or biotechnology companies.

(2) For publication purposes, the portions of particular importance to industry-sponsored research are below. In your cover letter, please indicate whether the following statements are true or false, and provide an explanation if necessary:

(2a) All authors had access to relevant aggregated study data and other information (for example, the study protocol) required to understand and report research findings.

(2b) All authors take responsibility for the way in which research findings are presented and published, were fully involved at all stages of publication and presentation development and are willing to take public responsibility for all aspects of the work.

(2c) The author list accurately reflects all substantial intellectual contributions to the research, data analyses, and publication or presentation development. Relevant contributions from

persons who did not qualify as authors are disclosed in the acknowledgments.

(2d) The role of the sponsor in the design, execution, analysis, reporting, and funding (if applicable) of the research has been fully disclosed in all publications and presentations of the findings. Any involvement by persons or organizations with an interest (financial or nonfinancial) in the findings has also been disclosed.

(2e) All authors have disclosed any relationships or potential competing interests relating to the research and its publication or presentation.

(3) The abstract should contain an additional heading, "Funding Source," and should provide an abbreviated listing of the funder(s).

We have added this information (see lines 113), "FUNDING SOURCE: Internal institutional funding from Research Innovation and Carolinas HealthCare Foundation."

(4) In the manuscript, a new heading—"Role of the Funding Source"—should be inserted before the Methods and contain a detailed description of the sponsor's role as well as the following language:

"The authors had access to relevant aggregated study data and other information (such as study protocol, analytic plan and report, validated data table, and clinical study report) required to understand and report research findings. The authors take responsibility for the presentation and publication of the research findings, have been fully involved at all stages of publication and presentation development, and are willing to take public responsibility for all aspects of the work. All individuals included as authors and contributors who made substantial intellectual contributions to the research, data analysis, and publication or presentation development are listed appropriately. The role of the sponsor in the design, execution, analysis, reporting, and funding is fully disclosed. The authors' personal interests, financial or non-financial, relating to this research and its publication have been disclosed." Authors should only include the above statement if all of it is true, and they should attest to this in the cover letter (see #2, above).

*From Battisti WP, Wager E, Baltzer L, Bridges D, Cairns A, Carswell CI, et al. Good publication practice for communicating company-sponsored medical research: GPP3. *Ann Intern Med* 2015;163:461-4.

We have added this to the manuscript starting at line 211), "No external grant funding was used for model development or study, however internal institutional funding from Research Innovation and Carolinas HealthCare Foundation was used for model development."

We would like to clarify if the paragraph above (4) is necessary because we did not receive any external or company-sponsored funding for medical research. Adding this paragraph would significantly impact our word count, but we will add it based on your recommendation.

5. All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB) or ethics committee. This review should be documented in your cover letter as well in the Materials and Methods section, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

We have a statement indicating that Carolinas HealthCare System reviewed this research and deemed it exempt (see line 216).

6. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://secure-web.cisco.com/1TSXz3PojKmoPHDb1wpCT9IRQaGJgGNbTnoC7Gc_-GEbhXtM2jYFTsZi0rC5IEscHTSDqAFZSTrMSeNF7nEi_d5XHmFBG25aeqBk3bgqWqxhJT1nnBjzltxsPozyABs9I2QzA-NY7Lg4_AP6okO-1dsjjTW5bUxf2cc7sVcf2rDvncco9vhGnEZDKospfPy4LP-FhOHc7LS9sNi9TCO91MG0dn_tv-R_b18F0fa1UnZEGT51ZuLT-Kop0albksRb9xVcLJa9-mKFSWBR6otrSTLFYLUh3tHoJTHovw8IlkjNffs56nu4Y5Ns3Bvan3T7M_i4vBq-qfau8ewOp7PigjPbtrvRtjwvFwBkDXadY/https%3A%2F%2Fwww.acog.org%2FAbout-ACOG%2FACOG-Departments%2FPatient-Safety-and-Quality-Improvement%2FreVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

We do not perceive use of the reVITALize definitions as problematic.

7. 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 print appendixes) but exclude references.

Our revised manuscript is 1857 words.

8. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

We have indicated where we have presented the video (see lines 37-45).

9. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Your current running foot contains abbreviations that are not allowed.

We have modified our running foot to now be "Robotic Sacrocolpopexy Simulation Model".

10. 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 that states 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."

We have revised our précis which now states "A simulation model was able to replicate the steps of presacral dissection with vaginal and sacral mesh attachment at the time of robotic sacrocolpopexy."

11. 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.

We have confirmed there are no inconsistencies between the abstract and the manuscript. The abstract is 196 words.

12. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://secure-web.cisco.com/1Ki5FdR-4XKb9B2lxcDfgs_lqj3ZSqaOPbN-lvW7FfRUiGfmZegPx7Gu9f4aul19CF3O9weFuPxUZ2Cme-nFJdJkNX3rFP-Xwme1eRoc5iU0RKfNJZG_H2HsmTqImjESCIF4Dj3YI5yx6m78fBbxXIWLQXjVR2_LbFzbesoNalzviB6vwtWhlXdjm5bQByslyNyKA8TibL3yJT3c4METV5LUI339_PZh9si73vFx5Jxcan53NhDG-uOoeWwM1bmYarmuZ0zC6MgbwrpO_WeGHC17t0-GIPL4VRc1r5OfGOa3RP2C4pz_MnjejovdHqgefB9zj5Ylx7PjvchGJf4Jzw/http%3A%2F%2Fedmgr.ovid.com%2Fong%2Faccounts%2Fabbreviations.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.

We have removed the abbreviations that were not indicated as acceptable on this list.

13. The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

We checked and confirmed that we adhere to this request.

14. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Thank you for your comment. We have revised and edited these instances.

15. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

Thank you for your comment. This claim was removed.

16. Figures

Figures 1–5: Current files are okay to resubmit as-is with the revision.

Figure 6: The figure is too big to correctly fit on a printed page. It will have to be put in online-only Supplemental Digital Content.

We recognize this is a large image and agree it is sufficient to put it online-only as Supplemental Digital Content.

17. To ensure a quality experience for those viewing supplemental digital content, the journal's publisher suggests that authors submit supplemental digital files no larger than 10 MB each. The exceptions to this rule are audio or video files, which are acceptable up to 100 MB. When submitting text files or tables as supplemental digital content with your revisions, please do not submit PDFs.

Thank you for this guidance. We have reviewed our files to ensure they meet these standards.

18. Your current video may be included as-is. Please make sure it is re-included with your revision submission.

We have re-included the video with our revision.

19. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://secure-web.cisco.com/1fqddTo0w4f6blhgqfIMSzKqPix0TySt0zBxSzBBf-D40Enq5PEIPP-yGgRrMidzZKJG7p_IPfPJszyHNii_VK9RY_tuOb3Qr0eE6QpuqeOm1Fu48CPuKkwKeykytm3ZJei4mSfe75R9M0hD3k9VOP6hAc1HuMmcVP6znuAeEsExq6s65RBCcRtGWChSj9tWIKVzO5WZ_U6IEuc8rJ3icmsgeChlo7qRk8nV4E3fpe9IHIPoZfOSJuQJ6MYxRPX-f0tC7jC4qXurT---MCbBoXoOHSnCFkETkITVCT-EdIRtbfPar8ZUU6kU4yLLHEkgysCvgc2cYIYS3oxPugBwWFg/http%3A%2F%2Flinks.lww.com%2FLWW-ES%2FA48. The cost for publishing an article as open access can be found at http://secure-web.cisco.com/1BsB0jeQfJw6g_JSwpAdEJemOllCWMP7cleXAhbvo-Ch5hEsOh5Xc0bYlORbbGwwEjhKyngsZGC1ZYaH_IdQej2N-4lXzsrPm19bNKBjZUyIb9ZMCVrVN4mqdn25Bka3ywwzbt6ZD9R8JWFyDgu4JhEx9-wwJvaLpNyMeaUHLALTkQYBJXLOJMXHbRDalFHjBSqM_fnRqqzUAmnDyyH1LknCmnsQTBNDISNWZcxVm_8Qk7vdU8R21p9xsSB2uun9QncFnKpsQK5-GllQjjaOSVD260_3mFrXkgzOa9U99zhbaxuoVFxjS35BF6cwtgoEwHIGvUKJVRAtD4tb4bgkU6vg/http%3A%2F%2Fedmgr.ovid.com%2Facd%2Faccounts%2Fifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

Thank you for alerting us to this process.

20. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://secure-web.cisco.com/19zfcJYnVaRmp44qgmHUQAnuYNHTxtu3VmQovJdN3qrOCPKuJGoT-H6lpXr3_4sTJRjnz_IB7H40hUlvsXLId3DOXFShGxUDns6Rwbjahc8paFc_skDVvWlacJOHxsyhgJNqmGrvsIRcdZ1-eveDVhriM6itNUJ3qK9-Za-1TVGaDRS0Hur9ECh2RaTWvraRValK8ox8t8jReW44KLnWu86mBvgcexAe4Bv2r-FrCPQGS32hZxDELjwJOKNQeDc1o4rWktFaTxYVWjVY_BN-s-pxAjALbbMNHzeOiZnpFgzszE0IZLgzv18hnzXkq_eoXdMUR0L-3dKep6B-E8wjEpew/http%3A%2F%2Fong.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 and that each author has given approval to the final form of the revision.

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 Jan 25, 2019, 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.

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...

From: [REDACTED]
To: [Randi Zung](mailto:Randi.Zung)
Subject: Re: Your Revised Manuscript 18-2275R1
Date: Thursday, January 31, 2019 3:06:10 PM

Thank you for improving the sentence. Much better!

Erinn

From: Randi Zung <RZung@greenjournal.org>
Date: Thursday, January 31, 2019 at 3:04 PM
To: "Myers, Erinn M" <[REDACTED][org](mailto:[REDACTED]@org)>
Subject: RE: Your Revised Manuscript 18-2275R1

WARNING: This email originated from outside of Atrium Health (RZung@greenjournal.org).

Do not click links or open attachments unless you recognize the sender and are expecting the message.

Dear Dr. Myers:

We are going to reword your Acknowledgement statement to say, "The authors thank the Carolinas Simulation Center for the material support and teammate time." This will bring it in line with journal style.

Thanks,
Randi

From: Myers, Erinn M <[REDACTED]>
Sent: Thursday, January 31, 2019 2:31 PM
To: Randi Zung <RZung@greenjournal.org>
Subject: Re: Your Revised Manuscript 18-2275R1

Dear Randi Zung,

Thank you for your email. I will reach out to the co-authors about the Copyright Transfer Agreement.

In the mean time here are the revisions and we approve all edits.

Thank you

Erinn M. Myers, MD FACOG FPMRS FACS

[REDACTED]
[REDACTED]
[REDACTED]

Mailing: 2001 Vail Ave. Suite 360 Charlotte, NC 28207

Atrium Health

Carolinas HealthCare System is Atrium Health

From: Randi Zung <RZung@greenjournal.org>
Date: Thursday, January 31, 2019 at 11:15 AM
To: "Myers, Erinn M" <[REDACTED]@org>
Subject: Your Revised Manuscript 18-2275R1

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Dear Dr. Myers:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.
2. Electronic Copyright Transfer Agreement: All co-authors will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager (EM@greenjournal.org). Our records show that none of your co-authors have completed this form in full yet.
3. Line 32: Why was this information included? Not sure where this should go...

To facilitate the review process, we would appreciate receiving a response by February 4.

Best,
Randi Zung

--

Randi Zung (Ms.)

Editorial Administrator | *Obstetrics & Gynecology*
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188
T: 202-314-2341 | F: 202-479-0830

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From: [REDACTED]
To: [Stephanie Casway](#); [REDACTED]
Subject: Re: O&G Figure Revision: 18-2275
Date: Thursday, January 31, 2019 2:07:09 PM

Thank you for this email.

We approve all changes.

Erinn M. Myers, MD FACOG FPMRS FACS

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

From: Stephanie Casway <SCasway@greenjournal.org>
Date: Tuesday, January 29, 2019 at 12:00 PM
To: "Myers, Erinn M" [REDACTED]
Subject: O&G Figure Revision: 18-2275

WARNING: This email originated from outside of Atrium Health (SCasway@greenjournal.org).

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Good Afternoon Dr. Myers,

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 Figures 1-4 are not attached, as no edits were made.

AQ2: We did blur the logos in Figure 5. If this is a concern, just let me know.

AQ3: Note that we did move Figures 6A and 6B to Appendix 1 and 2. A PDF of this file is attached for your review.

PLEASE NOTE: Any changes to the figures must be made now. Changes at later stages are expensive

and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Thursday, 1/31. 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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