

# OBSTETRICS & GYNECOLOGY



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

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

**Date:** Mar 12, 2019  
**To:** "Sarah M Temkin" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-19-208

RE: Manuscript Number ONG-19-208

Gynecologic Oncology: Personal Reflections on the Field and its Future

Dear Dr. Temkin:

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 Apr 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1: This is a sad commentary on the human face- physician's- of the failures of our fractured silo'd health system that is everything but patient-centric.

This reviewer appreciated the author's honesty (warts and all) and bravery (for showing vulnerability) in sharing what must be painful career experiences.

Couple of suggestions to consider;

1. For a more balanced approach, it will be worthwhile adding a paragraph or two on some potential solutions that might mitigate issues identified. Leaving readers a sense of hope- just as the author will do for her sickest patients- will be quite useful.
2. Stylistically, consider re-phrasing "bitch face" with something more neutral.

Reviewer #2: This is a brave and insightful reflection of this mid career gyn oncologist. I opine that she is experiencing burnout. She is a victim of abiding by the Hippocratic Oath. Dr Temkin is what we call here a "Good Doctor" . Initially i thought this was too personal and not worthy of the Green but now i see how it is a wonderful communique on how the administration of gyn oncology has changed over the last two decades. Specialty Ob-Gyn physicians will have the opportunity glimpse the challenges of oncology in the framework of an Ob-Gyn department. I too feel that the subspecialty is drifting away from the core specialty as our discipline becomes more medically oriented and complex. The CREOG objectives to my chagrin seem to put more emphasis on topics not related to Gyn Oncology and surgery. A compelling reason for me to become a gyn oncologist was to teach residents surgery and care for ill patients. Now I wonder if the advanced skills i teach to residents should be reserved for those seeking more training after residency in the form of fellowships(unofficial or official).

I think this personal perspective should be accepted but on two caveats. 1. Dr. Temkin should make sure that she wants these personal thoughts published. There may be those who have a position that is 150 degrees away from my own. 2. Dr Temkin should offer opinion(s) about how to improve the system. Should we separate from Ob-Gyn? Should there be more of a push for more gyn oncologists to become dept chairs? Should gyn oncologists either be medical or surgical but not both? Should vacation time be mandated? etc etc

Reviewer #3: I think this is an excellent summary and reflection of the sentiment many gynecologic oncologists share

about the subspecialty. The incorporation of supporting literature provides a scaffold upon which your personal experiences rests. This is not surprising given that gynecologic oncologists are some of the most data-driven physicians out there.

Have you considered adding a comparison of your experience to your older, in particular male, colleagues? I do not know any male gynecologic oncologists that would have endured 2 years without a nurse or vacation. The SGO 2015 state of the subspecialty survey included some mind-boggling information on the unequal compensation between male and female gynecologic oncologists, though the survey admits it was not designed to be able to control other variables. I realize that this may be a bit of a landmine and understand why you may have avoided it in the first place. The subspecialty is finally catching up to the rest of obstetrics and gynecology in the balance of female to male physicians. As a self-identified feminist, in not including a contrast of the experience of male and female gynecologic oncologists, you may be missing an important influence on future of the subspecialty. You may find more resonance with female general ob/gyns who may identify more with the issues of work/life balance, the needs of a spouse's career, and family life.

#### EDITORIAL OFFICE COMMENTS:

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

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

2. 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.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology 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.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 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.

5. 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).

6. 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."

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a

revision, please check the abstract carefully.

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

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

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

10. 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.

\*\*\*

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 Apr 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

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

---

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>) Please contact the publication office if you have any questions.