

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

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

obgyn@greenjournal.org.

Date: Jan 23, 2019
To: "Shannon Laughlin-Tommaso"
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2326

RE: Manuscript Number ONG-18-2326

Tubal Ligation Does Not Impact Age of Natural Menopause

Dear Dr. Laughlin-Tommaso:

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 Feb 13, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This paper is a cross sectional study of patients from 3 pre-existing data bases with an objective to examine the effect of tubal ligation on the age of natural menopause. Objective as stated is very broad, vague and would benefit from including specific factors authors are examining. Strength of study is review of medical records for the three cohorts. Major limitation is the patient population included in this study and whether results are generalizable to other groups.

1. Line 83-88 - please provide more detail here
2. Line 89-90 - please back up these statements with lit search, etc.
3. Line 92-97 - please quantify these findings
4. Line 106 - where is Olmsted County, Minnesota
5. Line 125-126 - were these the only types of tubal ligation performed, were other types excluded, or were all types put into one of these categories?
6. Line 159-160 - why wasn't type of surgical sterilization abstracted for cohorts 2 and 3 as with cohort 1?
7. Line 202 and line 205-206 - references here
8. Line 203-214 - did any of these studies include the age of menopause of these patients?
9. Line 215-219 - these studies only went to 5 years post-op, so really can't make conclusions about longer-term effects on markers of ovarian reserve compared to women without tubal
10. Line 224 - 226 and 236-239 - since these studies did not follow the patients to age of menopause, cannot say there findings support this study.
11. Line 240-242 - what are the reasons for having additional surgery at a higher rate?
12. Line 276-277 - support this statement please

Reviewer #2: This excellently researched and well written paper puts to rest a long held but unsubstantiated belief that

tubal ligation leads to an early menopause.

My comments are minor.

Introduction:

1. The information in lines 84-88 and 93-95 is presented in the discussion also. There is no need to have the same data in two places and it seems more appropriate to all be in the discussion

Methods

2. line 125 a typo: " type of type"

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Reviewer #3: The authors studied the impact of tubal ligation on the age of natural menopause utilizing three pre-existing population-based cohorts restricted to women who never smoked and reached natural menopause. They concluded that there was no significant difference in age of natural menopause in women who underwent tubal ligation.

Specific comments:

1. The introduction provides a clear overview of the current controversy regarding tubal ligation and possible long term negative effects on ovarian function postoperatively.

2. The methods section is very detailed but could be improved if it was shortened. Some of the information is unnecessary.

3. The results section is concise and well written.

4. Table 1 is lengthy and could be shortened significantly.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Does the "No. available" refer to number of women in each cohort from whom age at tubal ligation was available? If so, there could be bias in comparing the 3 groups, considering the non-proportionate allocation of missing data. The difference in ages (NO vs YES for tubal ligation) possibly could have affected recall bias re: age of onset of menopause.

2. Fig 1: Since the women in each cohort entered the study at various ages (< 50, 30+ and 35+ years) and the age at onset of menopause was therefore recalled from differing reference points, how is this not subject to recall bias and possibly differential rates of recall bias for the three cohorts, esp cohort 1?

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. 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 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.

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 26 typed, double-spaced pages (6,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. 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).

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

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

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

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

10. 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.

11. 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.

12. The Journal's Production Editor had the following comments on the figures in your manuscript:

"Figure 1: Please add exclusion boxes and upload as a separate figure file on Editorial Manager."

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

13. 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 Feb 13, 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, please contact the publication office if you would like to have your personal information removed from the database.



200 First Street SW
Rochester, MN 55905

February 12, 2019

Dr. Nancy C. Chescheir, Editor-in-Chief
Obstetrics & Gynecology
Chapel Hill, NC

Dear Dr. Chescheir,

Please find attached for re-submission our manuscript entitled "*Tubal Ligation Does Not Impact Age of Natural Menopause*". We appreciate the thorough and thoughtful review and have provided our response to reviewers below.

I affirm 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.

Thank you for the opportunity to improve our manuscript. We hope it is now suitable for publication. Please do not hesitate to contact me with any questions or concerns,

A handwritten signature in black ink, appearing to read "Shannon Laughlin-Tommaso".

Shannon Laughlin-Tommaso, MD.



Reviewer Comments:

Reviewer #1: This paper is a cross sectional study of patients from 3 pre-existing data bases with an objective to examine the effect of tubal ligation on the age of natural menopause. Objective as stated is very broad, vague and would benefit from including specific factors authors are examining. Strength of study is review of medical records for the three cohorts. Major limitation is the patient population included in this study and whether results are generalizable to other groups.

1. Line 83-88 - please provide more detail here

These lines were also addressed by Reviewer #2 who suggested the information was presented in duplicate – both in the introduction and discussion. Reviewer #2 suggested this information was best presented in the discussion (lines 219-242) and we agree. Rather than add detail we have shortened the

previous lines. Hopefully these summary statements are best suited to the introduction and do not leave the reader desiring more detail, as Reviewer #1 observed.

2. Line 89-90 - please back up these statements with lit search, etc.

We have added the citations discussed later in the paragraph related to long-term health outcomes after tubal ligation (line 90). There are no other studies to our knowledge that have investigated age of menopause after tubal ligation and no additional quantifications or citations were added to this point.

3. Line 92-97 - please quantify these findings

We appreciate the desire for added detail but feel the summary statements included in this paragraph are best suited to their place in the introduction section of our manuscript. Added detail is provided in the discussion section.

4. Line 106 - where is Olmsted County, Minnesota

Olmsted County is located in southeastern Minnesota, in the United States. This additional description was not added to the methods section as we did not feel this added valuable information to what has been accurately described by other reviewers as 'lengthy'.

5. Line 125-126 - were these the only types of tubal ligation performed, were other types excluded, or were all types put into one of these categories?

All types of tubal ligation observed in the medical records were included within the categories listed. Additional approaches to tubal ligation were not performed in the patients included in this study. No edits were made to the manuscript to reflect this point.

6. Line 159-160 - why wasn't type of surgical sterilization abstracted for cohorts 2 and 3 as with cohort 1?

Thank you for the opportunity for clarification. The type of surgical sterilization was not abstracted for cohorts 2 and 3 as many of the patients in these cohorts had the procedure performed elsewhere, limiting our access to operative reports. This information has been added to the methods section (lines 159-160).

7. Line 202 and line 205-206 - references here

Additional citations have been added as suggested to previous lines 205-206 (now lines 206).

8. Line 203-214 - did any of these studies include the age of menopause of these patients?

The study by Ozkaya et al. evaluated women during perimenopause. The sentence related to this citation has been edited to highlight the perimenopausal time period (lines 213-215). We have added detail to the second study described, Wyshak et al., to include the age of women included (50 or older, not necessarily post-menopausal) (lines 215-217).

9. Line 215-219 - these studies only went to 5 years post-op, so really can't make conclusions about longer-term effects on markers of ovarian reserve compared to women without tubal

We agree – the long-term effects of tubal ligation are very limited in the literature, which strengthens the importance of our paper. The similarities of these studies, albeit only in the first 5 years postoperatively, is encouraging.

10. Line 224 - 226 and 236-239 - since these studies did not follow the patients to age of menopause, cannot say their findings support this study.

We agree: the previous short-term follow-up does not necessarily support our findings as women have not previously been followed longitudinally. We have removed the verbiage of concordant results given the difference in time-point of evaluation.

11. Line 240-242 - what are the reasons for having additional surgery at a higher rate?

The reason for additional gynecologic surgery after tubal ligation is most well-studied with regards to hysterectomy. We have removed the unpublished data previously presented on lines 240-249. By removing this portion of the discussion, the reason for increased rates of hysterectomy closely follows the statement regarding increased risk of gynecologic surgery after tubal ligation.

12. Line 276-277 - support this statement please

While other studies have evaluated ovarian reserve after tubal ligation there are no other studies to our knowledge that have evaluated long-term ovarian function using age of menopause as a marker for ovarian reserve. We have attempted to clarify this throughout our discussion and do not propose to be the first to present this information but the first to present the impact of tubal ligation on age of menopause, as a marker of ovarian reserve.

Reviewer #2: This excellently researched and well written paper puts to rest a long held but unsubstantiated belief that tubal ligation leads to an early menopause.

My comments are minor.

Introduction:

1. The information in lines 84-88 and 93-95 is presented in the discussion also. There is no need to have the same data in two places and it seems more appropriate to all be in the discussion

We appreciate this feedback. The information originally presented in lines 84-88 has been shortened to a summary statement without the details provided in the discussion. The information originally presented in lines 93-95 (now lines 92-94) has been left in the introduction as we feel this adds valuable supporting information to our hypothesis on the impact of tubal ligation on ovarian reserve.

Methods

2. line 125 a typo: " type of type"

This has been corrected.

3. line 126 - it would be helpful to know if these are interval tubals only or a mixture of PPTL and interval BTL

Thank you for the opportunity to clarify our findings. Tubal ligations reviewed included a mix of interval and postpartum procedures. This information has been added to line 123-124 of the methods section.

Discussion

4. lines 240-249 as this is unpublished data and not particularly relevant to the goal of this paper, it could be removed.

Thank you for this recommendation. Although we were attempting to add support to the need for additional research on the impact of tubal ligation on surgical menopause, we agree this is not relevant to the aims of this paper. This unpublished data has been removed.

5. line 288 a typo : "the" can be removed before "each"

The typo has been corrected.

6. line 290 it is true that not knowing if a subject had a salpingectomy is a limitation and the authors may want to consider offering a further explanation of what the effects that limitation may have on the data

Thank you for this point of clarification. There is no data to suggest a unilateral salpingectomy impacts ovarian reserve, however, we did attempt to control for any previous gynecologic procedures (by excluding patients with a hysterectomy or oophorectomy prior to menopause onset) and felt it was important to mention. This has been added to this discussion section (lines 285-286).

Reviewer #3: The authors studied the impact of tubal ligation on the age of natural menopause utilizing three pre-existing population-based cohorts restricted to women who never smoked and reached natural menopause. They concluded that there was no significant difference in age of natural menopause in women who underwent tubal ligation.

Specific comments:

1. The introduction provides a clear overview of the current controversy regarding tubal ligation and possible long term negative effects on ovarian function postoperatively.

Thank you for this feedback.

2. The methods section is very detailed but could be improved if it was shortened. Some of the information is unnecessary.

We appreciate this reviewer's concerns but feel the information provided in the methods section is necessary to adequately describe each cohort and the study design. We did not substantially edit the length of this section.

3. The results section is concise and well written.

Thank you.

4. Table 1 is lengthy and could be shortened significantly.

Thank you for this comment. We have combined certain discreet data points to shorten the table and make the presented data more readable.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Does the "No. available" refer to number of women in each cohort from whom age at tubal ligation was available? If so, there could be bias in comparing the 3 groups, considering the non-proportionate allocation of missing data. The difference in ages (NO vs YES for tubal ligation) possibly could have affected recall bias re: age of onset of menopause.

Cohorts 2 and 3 relied on questionnaire data. Although women who were older at the time of the questionnaire might be less likely to recall their age of menopause, the mean age of the women in cohorts 2 was 63.5 and 65.1, respectively, for the women with and without tubal ligation. In cohort 3, at the time of questionnaire, the women with a prior tubal ligation were on average 5 years younger than

the women without a prior tubal ligation. There is potential for recall bias in this cohort. Recall bias is listed as a limitation in our discussion section.

2. Fig 1: Since the women in each cohort entered the study at various ages (< 50, 30+ and 35+ years) and the age at onset of menopause was therefore recalled from differing reference points, how is this not subject to recall bias and possibly differential rates of recall bias for the three cohorts, esp cohort 1? The age of menopause is inherently subject to recall bias and the time from patient report to age of menopause differs for many women. For example, a woman aged 57 at time of self-reported age of menopause of 50 has a differently timed recall bias than a women aged 52 at time of self-reported age of menopause of 50. Given this differential, even within cohorts, we do not feel the age of entry to each cohort significantly alters our results. In addition, all women were post-menopausal at the time of inclusion in our study, making the earlier age of cohorts 2 and 3 less significant. The limitation of recall bias is addressed in our discussion.

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. 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. 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.

This statement has been added to our cover letter and uploaded with our 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 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.

We have defined menopause in concordance with the reVITALize definitions. To our knowledge, no other reVITALize definitions were used in our manuscript.

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 26 typed, double-spaced pages (6,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

Our final manuscript falls within the required space and word limits. It has been formatted as requested by the Green Journal.

6. 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).

Acknowledgment for funding of the Rochester Epidemiology Project was added to the title page. All authors have been included and there are no additional persons who contributed to the work. The findings of our study were presented at the American Society of Reproductive Medicine. This has been included on the title page.

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.

Thank you for this advice. We have reviewed the abstract and think it adequately represents our findings without inconsistencies.

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 length = 295 words.

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.

We have removed our previously used abbreviations of REP (Rochester Epidemiology Project) and MOA-2 (Mayo Clinic Cohort Study of Oophorectomy and Aging-2).

In addition, the following abbreviations were not included in the list provided and have been removed: LH, FSH, AFC, AMH.

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.

The virgule symbole (/) has been removed from the text and tables of our manuscript.

10. 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.

We have edited our language to represent what we believe is a unique study on the impact of tubal ligation using age of menopause as a marker of long-term ovarian function (line .

11. 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.

We have updated all standard deviations with use of the plus/minus sign (ie, "6.3±2.1") and eliminated the use of parentheses in accordance with journal style.

We have updated the abbreviations used in Figure 1 in accordance with journal style and defined NA as not applicable. The Green Journal symbols, rather than letters, have been used as requested.

12. The Journal's Production Editor had the following comments on the figures in your manuscript:

"Figure 1: Please add exclusion boxes and upload as a separate figure file on Editorial Manager."

Exclusion boxes have been added. Figure 1 will be uploaded as a separate file.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

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13. 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.

Daniel Mosier

From: Ainsworth, Alessandra J. (Ali), M.D. [REDACTED]
Sent: Friday, March 1, 2019 5:22 PM
To: Laughlin-Tommaso, Shannon K., M.D.; Daniel Mosier
Subject: RE: [EXTERNAL] Manuscript Revisions: ONG-18-2326R1
Attachments: 18-2326R1 ms (3-1-19v2).docx

Good Afternoon,

Our updated manuscript is attached, including full author names and meeting dates. The minor edits have been reviewed and are approved.

Could you please re-send the electronic Copyright Transfer Agreement to Dr. Vachon's secretary at:
[REDACTED]

Thank you,

Ali Ainsworth

From: Daniel Mosier <dmosier@greenjournal.org>
Date: March 1, 2019 at 12:14:53 PM CST
To: "Laughlin-Tommaso, Shannon K., M.D." [REDACTED]
Subject: [EXTERNAL] Manuscript Revisions: ONG-18-2326R1

Dear Dr. Laughlin-Tommaso,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 3: For each author's name, spell out the first name and provide the academic degrees for each person (not more than two per author).
3. LINE 21: Celine M Vachon will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager.
4. LINE 32: Please add the exact dates of the meeting.

When revising, use the attached version of the manuscript. Leave the track changes on, and do not use the "Accept all Changes"

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Tuesday, March 5th**.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant

Obstetrics & Gynecology

The American College of Obstetricians and Gynecologists

409 12th Street, SW

Washington, DC 20024

Tel: 202-314-2342

Fax: 202-479-0830

E-mail: dmosier@greenjournal.org

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

Eileen Chang (Temp)

From: Ainsworth, Alessandra J. (Ali), M.D. [REDACTED]
Sent: Tuesday, March 5, 2019 2:43 PM
To: Eileen Chang (Temp)
Subject: RE: O&G Figure Revision: 18-2326

Thanks for the explanation. No other concerns.

Thank you again!
Ali

From: Eileen Chang (Temp) [mailto:echang@greenjournal.org]
Sent: Tuesday, March 05, 2019 1:42 PM
To: Ainsworth, Alessandra J. (Ali), M.D.
Subject: [EXTERNAL] RE: O&G Figure Revision: 18-2326

Hello Dr. Ainsworth,

Thank you for your reply! The hyphen in nonoophorectomy was removed according to the journal's style.

If there are any other concerns please let me know. Otherwise, everything would be good to go.

Best,
Eileen

From: Ainsworth, Alessandra J. (Ali), M.D. [REDACTED]
Sent: Tuesday, March 5, 2019 2:33 PM
To: Laughlin-Tommaso, Shannon K., M.D. <LaughlinTommaso.Shannon@mayo.edu>; Eileen Chang (Temp) <echang@greenjournal.org>
Subject: RE: O&G Figure Revision: 18-2326

Hi Eileen,

The figure was reviewed with one edit identified. PDF with notation is attached. Figure legend looks fine.

Thanks for your help!
Ali Ainsworth

From: Laughlin-Tommaso, Shannon K., M.D.
Sent: Monday, March 04, 2019 4:05 PM
To: Ainsworth, Alessandra J. (Ali), M.D.
Subject: FW: O&G Figure Revision: 18-2326

Can you review?

From: Eileen Chang (Temp) [mailto:echang@greenjournal.org]
Sent: Monday, March 04, 2019 2:01 PM
To: Laughlin-Tommaso, Shannon K., M.D.
Subject: [EXTERNAL] O&G Figure Revision: 18-2326

Good Afternoon,

Your figure has been edited and a PDF of the figure is attached for your review. Please review the figure (and legend) attached CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to figures must be made now. Changes made 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 appreciate a reply by no later than Wednesday, 3/6. Thank you for your help.

Best,
Eileen