

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: Feb 15, 2019
To: "Brian Gordon" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-37

RE: Manuscript Number ONG-19-37

A novel approach to treating Myomatous Erythrocytosis Syndrome with Uterine Artery Embolization

Dear Dr. Gordon:

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 Mar 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Overall Comment: The authors provide an interesting case report in a 68 yo woman with fibroid uterus and myomatous erythrocytosis syndrome. Although diagnosis is classically performed with a combination of CBC, evaluation of bone marrow, blood volume, erythrocyte life span and increased erythropoietin level in the setting of an associated fibroid uterus, the patient certainly met criteria of erythrocytosis, myomatous uterus, increased erythropoietin level and need for regular phlebotomy to decrease thrombotic risk. The time-line of evaluation and ultimately treatment would be consistent with many patients seen by gynecologists; good long-term follow-up. The multidisciplinary input was of interest. Classically, diagnosis is made after hysterectomy with normalization of Hgb levels. A review of the literature was also performed by this reviewer and no other reports of the management approach could be found.

Specific Comments

Title: Good

Précis: Agree

Abstract: Background: Instead of, "caused by uterine fibroids", would suggest, "associated with uterine fibroids"

Teaching Points: same suggestion as above

Introduction: Same suggested revision as above. Point 3 in first paragraph, would add, with or without hysterectomy

Case: Although no evidence of bleeding, gynecologists would still be a bit apprehensive regarding the use of UAE-was an endometrial thickness noted? It seems like from the description of the physical examination that an office endometrial biopsy would have been difficult.

Discussion: Again, as above instead of "caused by" uterine fibroids, would suggest, "associated with"

Tables/Figures: Good

Reviewer #2: This is a very nice case report highlighting a rare condition and an unconventional treatment option driven by patient desire and respect for autonomy. The article's relevance is limited by the rarity of the clinical entity, which is likely true for many case reports. However, the relevance is increased because it demonstrates the success of an

alternative treatment option, potentially opening the door for considering this treatment option for other patients in the future with similar presentations and desires. With increased emphasis in recent years on patient satisfaction in reimbursement models, and with the potential for reduced risk with a minimally invasive approach (the alternative, hysterectomy, would likely not have been minimally invasive), this becomes a more relevant article.

I had two questions that I would consider addressing and a minor observation:

1) What is the prevalence of this condition (MES)? A brief internet search suggests it might be 0.5% of patients affected with fibroids, although I did not look further into the validity of or source for this information. But I think it is helpful to put this into context. How often can providers expect to encounter this clinical situation?

2) The patient was described as a good candidate for uterine artery embolization. What specifically makes someone a good or not good candidate for this procedure? What evaluation was performed for this patient to determine her candidacy for UAE? What evaluation should be considered in general for patients who might consider UAE themselves? In other words, what should providers reading this case report take away when they later on want to consider UAE for a patient with MES (or before I consult with an interventional radiologist to help determine candidacy for UAE)?

3) My assumption in reading this article is that UAE has not previously been described in the literature as a treatment modality for MES. I did a quick literature search just to check and could not find any mentions of embolization in any published articles about MES or about leiomyomas and erythrocytosis. It might be worthwhile to highlight somewhere in the summation (either the introduction or the discussion or other appropriate place) that this is indeed the first report of successful treatment of MES with UAE. This is by no means necessary, but it again provides context for this report for readers who may wonder how often this treatment option has been described in the literature previously.

Otherwise, I thought the background of the condition and a description of how the patient ended up with an unconventional treatment was well done. I thought the case report as a whole was quite interesting since it described a condition I don't recall hearing about before, and I thought the length was long enough to convey appropriate information but not so long as to lose focus.

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: Case Reports 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.

5. 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:

Case Reports, 125 words. Please provide a word count.

6. 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.

7. 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.

8. 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.

9. The Journal's Production Editor had the following to say about the figures in your manuscript:

- "• Figure 1: Please upload a version of the image without arrows
- Figure 2: Please upload a version of the image without text and arrows
- Figure 4: Please upload a version of the image without text"

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.

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/ifauth.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 Mar 08, 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.

February 27, 2019

Re: Submission of case report, "A novel approach to treating Myomatous Erythrocytosis Syndrome with Uterine Artery Embolization"

The Editors
Obstetrics & Gynecology
409 12th Street, SW
Washington, DC 20024-2188

Dear Editors,

On behalf of my co-authors, I am pleased to submit our manuscript, "A novel approach to treating Myomatous Erythrocytosis Syndrome with Uterine Artery Embolization" for consideration for publication as a case report in *Obstetrics & Gynecology*. Each author participated actively in drafting sections of the manuscript, editing, and approving the final, submitted version. None of the authors have a financial or other conflicts of interest.

The manuscript is not under consideration elsewhere and it will not be submitted elsewhere unless a final negative decision is made by the Editors of *Obstetrics & Gynecology*. 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 case report is considered exempt by the Institutional Review Board at the University of Southern California. We have obtained a signed consent form from the patient being presented and have filed this form with our records. The signed patient consent is available upon request. This case report was presented as an ePoster at the 2018 Society of Interventional Radiology Annual Scientific Meeting, Los Angeles, California, March 20, 2018.

Our manuscript is the first to report the use of Uterine Artery Embolization to treat a patient with Myomatous Erythrocytosis Syndrome. We thank you for your comments and critique and have addressed them as detailed below.

REVIEWER COMMENTS:

Reviewer #1: Overall Comment: The authors provide an interesting case report in a 68 yo woman with fibroid uterus and myomatous erythrocytosis syndrome. Although diagnosis is classically performed with a combination of CBC, evaluation of bone marrow, blood volume, erythrocyte life span and increased erythropoietin level in the setting of an associated fibroid uterus, the patient certainly met criteria of erythrocytosis, myomatous uterus, increased erythropoietin level and need for regular phlebotomy to decrease thrombotic risk. The time-line of evaluation and ultimately treatment would be consistent with many patients seen by gynecologists; good long-term follow-up. The multidisciplinary input was of interest. Classically, diagnosis is made after hysterectomy with normalization of Hgb levels. A review of the literature was also performed by this reviewer and no other reports of the management approach could be found.

Specific Comments

Title: Good

Précis: Agree

Abstract: Background: Instead of, "caused by uterine fibroids", would suggest, "associated with uterine fibroids"

Teaching Points: same suggestion as above

Introduction: Same suggested revision as above. Point 3 in first paragraph, would add, with or without hysterectomy

Case: Although no evidence of bleeding, gynecologists would still be a bit apprehensive regarding the use of UAE-was an endometrial thickness noted? It seems like from the description of the physical examination that an office endometrial biopsy would have been difficult.

Discussion: Again, as above instead of "caused by" uterine fibroids, would suggest, "associated with"

Tables/Figures: Good

Reviewer#1

Thank you for your review. We appreciate your input in improving our case report.

1. The abstract was updated to reflect "associated with uterine fibroids" instead of "caused by uterine fibroids" - Lines 38-39

2. Teaching Points was updated to reflect "associated with uterine fibroids" instead of "caused by uterine fibroids" - Lines 51-52

3. Introduction was updated to reflect "associated with uterine fibroids" instead of "related to uterine fibroids" - Line 62

4. Introduction point 3 was updated to include "with or without hysterectomy" - Line 65-66

5. Case - The formal radiology read on the pelvic ultrasounds were "the endometrial echo complex is obscured." On our review of images the endometrial echo complex (EEC) appeared thin (<4mm). She had two formal radiology pelvic ultrasounds, two bedside clinic ultrasounds, and two MRIs. None of the images suggest a thickened EEC and given no postmenopausal bleeding, endometrial biopsy was not performed. Though endometrial sampling would have been reasonable, most of our providers discuss risks/benefits and available evidence if there is an incidentally found thickened EEC and tend not to biopsy if <10-11 mm based on the study by Smith et al.

Smith-Bindman R, Weiss E, Feldstein V. How thick is too thick? When endometrial thickness should prompt biopsy in postmenopausal women without vaginal bleeding. *Ultrasound Obstet Gynecol.* 2004 Oct;24(5):558-65. PubMed PMID:15386607.

The following sentence has been added to the Case: "The endometrial echo complex was obscured by the uterine fibroids but appeared thin (<4mm) and given no postmenopausal bleeding, no endometrial sampling was attempted." - Lines 99-101

6. Discussion was updated to reflect "associated with uterine fibroids" instead of "caused by uterine fibroids" - Lines 125-126

Reviewer #2: This is a very nice case report highlighting a rare condition and an unconventional treatment option driven by patient desire and respect for autonomy. The article's relevance is limited by the rarity of the clinical entity, which is likely true for many case reports. However, the relevance is increased because it demonstrates the success of an alternative treatment option, potentially opening the door for considering this treatment option for other patients in the future with similar presentations and desires. With increased emphasis in recent years on patient satisfaction in reimbursement models, and with the potential for reduced risk with a minimally invasive approach (the alternative, hysterectomy, would likely not have been minimally invasive), this becomes a more relevant article.

I had two questions that I would consider addressing and a minor observation:

1) What is the prevalence of this condition (MES)? A brief internet search suggests it might be 0.5% of patients affected with fibroids, although I did not look further into the validity of or source for this information. But I think it is helpful to put this into context. How often can providers expect to encounter this clinical situation?

2) The patient was described as a good candidate for uterine artery embolization. What specifically makes someone a good or not good candidate for this procedure? What evaluation was performed for this patient to determine her candidacy for UAE? What evaluation should be considered in general for patients who might consider UAE themselves? In other words, what should providers reading this case report take away when they later on want to consider UAE for a patient with MES (or before I consult with an interventional radiologist to help determine candidacy for UAE)?

3) My assumption in reading this article is that UAE has not previously been described in the literature as a treatment modality for MES. I did a quick literature search just to check and could not find any mentions of embolization in any published articles about MES or about leiomyomas and erythrocytosis. It might be worthwhile to highlight somewhere in the summation (either the introduction or the discussion or other appropriate place) that this is indeed the first report of successful treatment of MES with UAE. This is by no means necessary, but it again provides context for this report for readers who may wonder how often this treatment option has been described in the literature previously.

Otherwise, I thought the background of the condition and a description of how the patient ended up with an unconventional treatment was well done. I thought the case report as a whole was quite interesting since it described a condition I don't recall hearing about before, and I thought the length was long enough to convey appropriate information but not so long as to lose focus.

Reviewer #2

Thank you for your review. We appreciate your input in improving our case report.

1. During our literature review, we did not find reliable data to estimate the prevalence of this condition (MES). LevGur et al report in their review that "the occurrence of the myomatous

erythrocytosis syndrome ranges from 0.02-0.5%." They reference three different articles for this estimation.

The first reference by Kline et al published in 1969 we were unfortunately unable to access.

The second reference by Rothman and Rennard is a case report published in 1963. The authors state in their discussion that "Since 1948 there have been 1804 patients with myoma of the uterus admitted to The Jewish Hospital of St. Louis, with only the one reported here complicated by polycythemia." Thus in $1/1804 = 0.055\%$

The third reference by Horwitz and McKelway reports two cases of this condition. The authors state in their comment "In an attempt to further correlate the presence of uterine myomas with polycythemia, records were reviewed of 200 patients admitted during the past five years for hysterectomy because of myomas. There was no evidence of polycythemia in any of these nor was there any apparent connection between blood cell count and size of myoma." The authors do not attempt to calculate a prevalence but if you were to based on this sample it would be $2/202$ (200 cases reviewed + 2 with the condition), 0.99%

Based on our review of the literature and given the prevalence reported was from case reports from the 1950-1960s we believe the true prevalence of MES is unknown.

The discussion has been updated with the following sentence: "The prevalence of this condition is unknown." - Lines 126-127

LevGur M, Levie MD. The myomatous erythrocytosis syndrome: a review. *Obstet Gynecol.* 1995 Dec;86(6):1026-30. Review.

Kline RJ, Pratt JJ, Hanlon DG. Erythrocytosis associated with uterine fibroids. *J Med Soc N J.* 1969 Oct;66(10):578-80.

ROTHMAN D, RENNARD M. Myoma-erythrocytosis syndrome. Report of a case. *Obstet Gynecol.* 1963 Jan;21:102-5.

HORWITZ A, McKELWAY WP. Polycythemia associated with uterine myomas. *J Am Med Assoc.* 1955 Aug 13;158(15):1360-1.

2) The Following paragraph has been added to our discussion (Line 144-152):

"Determination of candidacy for UAE should be a collaborative effort among the patient, gynecologist, and interventional radiologist. Although hysterectomy is definitive and the most common treatment for uterine fibroids, UAE is a less-invasive approach and has been shown to reduce menorrhagia, pain, and bulk symptoms.⁹ Prior to UAE, patients are evaluated for current pregnancy, gynecologic infection and malignancy, which are absolute contraindications.⁹ Relative contraindications include contrast allergy, coagulopathy, and renal failure.⁹ Ideally, patients should be evaluated with MRI which provides superior spatial resolution to accurately

assess fibroid number, size, location and vascularity.⁹ All fibroid locations are eligible for embolization but different subtypes require special consideration.⁹ "

These were excellent questions that we attempted to address as concisely as possible within the word limitations for this case report. We decided it would be most beneficial for readers to address the general candidacy and evaluation aspects. Specifically for our patient we ensured there were no absolute or relative contraindications. The decision to pursue this was a collaborative effort amongst the patient, gynecology and interventional radiology. She had a preprocedure MRI that confirmed a large submucosal fibroid. She had no contraindications to moderate sedation used for the procedure.

3. To our knowledge also this is the first report of UAE being used to treat MES. We agree this is worth highlighting in our case report. We hope to convey this to our readers through the title "A novel approach to treating Myomatous Erythrocytosis Syndrome with Uterine Artery Embolization" and in our discussion Lines 134-135 "Traditionally this syndrome has been treated with hysterectomy and, based on our literature review, this is the first report of treatment with UAE."

EDITORIAL OFFICE COMMENTS:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

2. The Journal's Production Editor had the following to say about the figures in your manuscript:

- Figure 1: Please upload a version of the image without arrows
- Figure 2: Please upload a version of the image without text and arrows
- Figure 4: Please upload a version of the image without text"

Figures 1,2,4 have been updated with the revisions as requested above. For Figure 2 we removed the letters (A,B,C,D) for the four pictures. In Figure 2, A,C,D the word "Right" is embedded in the image from the time it was taken during the procedure and is not something we can remove, if the production editor wants to crop the pictures to remove or use software to remove that text they have our permission or if you want us to crop down the images so this is not visible let us know. We believe the current format of Figure 2 helps orient the readers. The figure legends have not been edited to reflect for instance the removal of the arrows from Figure 1, the absence of (A,B,C,D) for Figure 2. We assume the images will be edited by the production editor and the figure legends can be updated accordingly.

If you have any questions about the manuscript, I will be serving as the corresponding author. Thank you for your consideration.

X Brian Gordon

Brian Gordon

Signed by: M.D., M.S.P.H.

*The manuscript's guarantor

Daniel Mosier

From: Gordon, Brian [REDACTED]
Sent: Wednesday, March 20, 2019 12:19 AM
To: Daniel Mosier; Eileen Chang (Temp)
Subject: Re: Manuscript Revisions: ONG-19-37R1
Attachments: 19-37R1 legends.docx; 19-37R1 ms (3-19-19v2).docx

Hi Eileen and Daniel,

I received edit request from both of you and some edits were overlapping so thought one joint reply may be better. We agree with the minor edits and deletions in the Figure legends. However, Figure 3 legend says "*triangle* represents uterine artery embolization" and I do not see a triangle on the edited image.

1. Regarding Figure 2, the letters are "top to bottom." The top left image is A; The bottom left image is B; the top right image is C; the bottom right image is D. We had it labeled previously and were asked to remove the letters from the figure with the revised version, sorry for the confusion.

2. Regarding brand names in figure legends, the attached document was updated as follows:

- "Renegade HI-FLO™" substituted as "2.8 French microcatheter"
- "Embosphere microspheres™" substituted as "tris acryl gelatin microspheres"

3. Thank you for correcting line 13 and spelling out UAE, we accept that "Syndrome" must be dropped to meet length requirements.

4. You reference LINE 127 but we're assuming you're referencing LINE 142-143 on the attached document. Given our search was not a rigorous systematic search we have decided to delete this statement and the sentence was edited.

We considered deleting previously on our revised manuscript given the editorial office comments but were conflicted given in the same email, Reviewer 2 stated "My assumption in reading this article is that UAE has not previously been described in the literature as a treatment modality for MES. I did a quick literature search just to check and could not find any mentions of embolization in any published articles about MES or about leiomyomas and erythrocytosis. It might be worthwhile to highlight somewhere in the summation (either the introduction or the discussion or other appropriate place) that this is indeed the first report of successful treatment of MES with UAE. This is by no means necessary, but it again provides context for this report for readers who may wonder how often this treatment option has been described in the literature previously."

5. Figure 4 is referenced in the attached manuscript you sent on Line 130. Please clarify if this is what you were looking for or provide further instructions for your comment "FIGURE 4: Please add an in-text citation to this figure within the main text of your manuscript" so we can correct accordingly.

Let us know if there are any additional comments or corrections. Thanks for all your time and help!

Sincerely,
Brian Gordon

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, March 19, 2019 8:58 AM
To: Gordon, Brian
Subject: RE: Manuscript Revisions: ONG-19-37R1

Dr. Gordon,

Apologies for the multiple emails, but in my previous email I forgot to include the Figure-related queries:

1. FIGURE 2:
 - a. Please identify which parts of figure 2 are A, B, C, and D. Should the letters be included left to right, or top to bottom?
 - b. We avoid using brand names in the figure legends. Please edit to remove brand name and/or substitute with a generic term.
2. FIGURE 4: Please add an in-text citation to this figure within the main text of your manuscript.

Please let us know if you have any questions.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Daniel Mosier
Sent: Tuesday, March 19, 2019 11:54 AM
To: 'Brian.Gordon@med.usc.edu' [REDACTED]
Subject: Manuscript Revisions: ONG-19-37R1

Dear Dr. Gordon,

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 13: Since "UAE" has to be spelled out, "Syndrome" was dropped from the running title (including it will make it too long).
3. LINE 127: Would you provide details of a literature search to support this statement? Include search terms, databases searched, and dates searched (including years).

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 **Thursday, March 21st**.

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
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E-mail: dmosier@greenjournal.org
Web: <http://www.greenjournal.org>

From: Eileen Chang (Temp) [REDACTED]
Sent: Monday, March 18, 2019 5:44 AM
To: Gordon, Brian
Subject: O&G Figure Revision: 19-37

Good morning,

Your figures and legend have been edited and they have been attached for your review. Please review the attachments CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the 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 no later than Wednesday, 3/20. Thank you for your help.

Best,
Eileen

From: Eileen Chang (Temp) [REDACTED]
Sent: Monday, March 18, 2019 5:53 AM
To: Gordon, Brian
Subject: RE: O&G Figure Revision: 19-37

In addition, please see our author queries below:

- Please identify which parts of figure 2 are A, B, C, and D. Should the letters be included left to right, or top to bottom?
- We avoid using brand names in the figure legends. Please edit to remove brand names below and/or substitute with a generic term.
 - Renegade HI-FLO™
 - Embosphere microspheres™

If you could get back to us on these queries and your approval on the figures by 3/20 that would be great.

Thank you,
Eileen

From: Denise Shields
To: [REDACTED]
Cc: [Daniel Mosier](#); [Eileen Chang \(Temp\)](#)
Subject: RE: Manuscript Revisions: ONG-19-37R1
Date: Tuesday, March 26, 2019 2:50:00 PM
Attachments: [19-37 figure 1 \(03-26-19 v2\).pdf](#)

We apologize for the confusion and thank you for that information. We've edited the legend for figure 1 to read, "Figure 1: Pelvic magnetic resonance imaging performed 2 months prior to intervention demonstrates a dominant enhancing submucosal leiomyoma measuring 11.2 cm in greatest dimension (white arrow). Smaller leiomyoma measuring 2.7 cm (green arrow)."

Attached is the version of figure 1 we will send to our publisher.

From: Gordon, Brian [REDACTED]
Sent: Tuesday, March 26, 2019 11:58 AM
To: Denise Shields <DShields@greenjournal.org>
Cc: Daniel Mosier <dmosier@greenjournal.org>; Eileen Chang (Temp) <echang@greenjournal.org>
Subject: Re: Manuscript Revisions: ONG-19-37R1

Hi Denise,

Attached is our prior submission that shows the arrows. We received feedback to remove the arrows from Figure 1 so assumed the journal was aware of where the arrows go.

9. The Journal's Production Editor had the following to say about the figures in your manuscript:

- Figure 1: Please upload a version of the image without arrows
- Figure 2: Please upload a version of the image without text and arrows
- Figure 4: Please upload a version of the image without text"

Let me know if you need any further clarification.

Sincerely,

Brian Gordon

From: Denise Shields <DShields@greenjournal.org>
Sent: Tuesday, March 26, 2019 8:36:41 AM
To: Gordon, Brian
Cc: Daniel Mosier; Eileen Chang (Temp)
Subject: RE: Manuscript Revisions: ONG-19-37R1

Thank you. One more question. Figure 1's legend reads, "Pelvic magnetic resonance imaging performed 2 months prior to intervention demonstrates a dominant enhancing submucosal leiomyoma measuring 11.2 cm in greatest dimension (arrow). Smaller leiomyoma measuring 2.7 cm (arrowhead)."

Attached is the version of figure 1 we have on file. Would you indicate where the arrow and arrowhead should be placed?

From: Gordon, Brian [REDACTED]
Sent: Tuesday, March 26, 2019 11:25 AM
To: Denise Shields <DShields@greenjournal.org>
Cc: Daniel Mosier <dmosier@greenjournal.org>; Eileen Chang (Temp) <echang@greenjournal.org>
Subject: Re: Manuscript Revisions: ONG-19-37R1

Looks great, thanks for all your help!

Sincerely,

Brian Gordon

From: Denise Shields <DShields@greenjournal.org>

Sent: Monday, March 25, 2019 11:28:39 AM

To: Gordon, Brian

Cc: Daniel Mosier; Eileen Chang (Temp)

Subject: RE: Manuscript Revisions: ONG-19-37R1

Hi Dr. Gordon,

Thank you for answering our questions.

Attached is the next version of figure 3 where we have added when UAE was done. We labeled it, "Uterine artery embolization performed." I hope this meets your approval.

Figure 3's legend now reads, "Hematocrit trend approximately one year before and after uterine artery embolization. The diamonds represent the time points for which a hematocrit level was drawn for the patient; the x symbol represents therapeutic phlebotomy."

Regards,
Denise

From: Gordon, Brian [REDACTED]

Sent: Monday, March 25, 2019 10:44 AM

To: Denise Shields <DShields@greenjournal.org>

Cc: Daniel Mosier <dmosier@greenjournal.org>; Eileen Chang (Temp) <echang@greenjournal.org>

Subject: Re: Manuscript Revisions: ONG-19-37R1

Hi Denise,

Thanks for the email.

Figure 2 - looks correct, thank you

Regarding Figure 3, it is intended to show the hematocrit trend approximately one year before and after the uterine artery embolization

- I apologize for not noticing the diamonds previously on the Figure, I was looking for something external to the line graph. The diamonds represent the time points that we have for which a hematocrit level was drawn for the patient. For instance the diamond at 9/15/16 reflects that patient's hematocrit at that time which was 56.2. If this needs to be spelled out for the reader the figure legend should be updated so readers don't think she had multiple UAEs.

- She had one Uterine Artery Embolization (UAE) which was done on July 19, 2017. Yes, the arrow indicated the exact time point the UAE was done.

Sorry for any confusion. Let me know if I need to clarify things further. Thanks!

Sincerely,

Brian Gordon

From: Denise Shields <DS Shields@greenjournal.org>
Sent: Monday, March 25, 2019 6:41:32 AM
To: Gordon, Brian
Cc: Daniel Mosier; Eileen Chang (Temp)
Subject: RE: Manuscript Revisions: ONG-19-37R1

Hi Dr. Gordon,

Attached are the latest versions of figures 2 and 3 and the legends. I wanted to respond to your note below about the symbol missing for UAE. I want to be sure I understand how the figure should correctly appear, so we can make this look its best for you.

In the original figure 3, there was text inside the figure: 1) "Uterine Artery Embolization" and an arrow pointing to the medium gray line with the diamond symbols; and 2) "X=Therapeutic Phlebotomy." We removed this text, and the legend for figure 3 now reads, "The diamonds represent uterine artery embolization; the x symbol represents therapeutic phlebotomy."

My question for you is this: Did the original "Uterine Artery Embolization" with the arrow indicate the exact time point that UAE was done? If so, we will retain this information.

Thank you so much for your help and patience in answering our questions.

Regards,
Denise

From: Gordon, Brian [REDACTED]
Sent: Friday, March 22, 2019 11:05 AM
To: Denise Shields <DS Shields@greenjournal.org>
Subject: Re: Manuscript Revisions: ONG-19-37R1

Hi Denise,

It does not matter if the time of the UAE is indicated by a triangle or a diamond on the figure. The edited figure that was sent to me had the x symbol for the therapeutic phlebotomies but did not include any symbol to indicate when the UAE was done. I am not sure if that was intentional to be added later or if it was inadvertently left off the figure sent to me so that was the only reason I mentioned it in my reply.

Let me know of any other questions or concerns. Thanks for all your help!!

Sincerely,

Brian Gordon

From: Denise Shields <DS Shields@greenjournal.org>
Sent: Friday, March 22, 2019 7:54:23 AM
To: Gordon, Brian
Subject: RE: Manuscript Revisions: ONG-19-37R1

Thank you so much! Do you agree with changing "triangles" to "diamonds" in figure 3's legend? We are looking to define the two symbols in the figure.

Figure 3: Hematocrit trend approximately one year before and after uterine artery embolization. The *diamonds* represent uterine artery embolization; the *x symbol* represents therapeutic phlebotomy.

From: Gordon, Brian [REDACTED]
Sent: Friday, March 22, 2019 10:27 AM
To: Denise Shields <DShields@greenjournal.org>
Subject: Fw: Manuscript Revisions: ONG-19-37R1

Hi Denise,

Please see the email I sent to Eileen and Daniel on Tuesday below. Let me know if there is anything else you need. Thanks!

Sincerely,

Brian Gordon

From: Gordon, Brian
Sent: Tuesday, March 19, 2019 9:19 PM
To: Daniel Mosier; echang@greenjournal.org
Subject: Re: Manuscript Revisions: ONG-19-37R1

Hi Eileen and Daniel,

I received edit request from both of you and some edits were overlapping so thought one joint reply may be better. We agree with the minor edits and deletions in the Figure legends. However, Figure 3 legend says "*triangle* represents uterine artery embolization" and I do not see a triangle on the edited image.

1. Regarding Figure 2, the letters are "top to bottom." The top left image is A; The bottom left image is B; the top right image is C; the bottom right image is D. We had it labeled previously and were asked to remove the letters from the figure with the revised version, sorry for the confusion.

2. Regarding brand names in figure legends, the attached document was updated as follows:

- "Renegade HI-FLO™" substituted as "2.8 French microcatheter"
- "Embosphere microspheres™" substituted as "tris acryl gelatin microspheres"

3. Thank you for correcting line 13 and spelling out UAE, we accept that "Syndrome" must be dropped to meet length requirements.

4. You reference LINE 127 but we're assuming you're referencing LINE 142-143 on the attached document. Given our search was not a rigorous systematic search we have decided to delete this statement and the sentence was edited. We considered deleting previously on our revised manuscript given the editorial office comments but were conflicted given in the same email, Reviewer 2 stated "My assumption in reading this article is that UAE has not previously been described in the literature as a treatment modality for MES. I did a quick literature search just to check and could not find any mentions of embolization in any published articles about MES or about leiomyomas and erythrocytosis. It might be worthwhile to highlight somewhere in the summation (either the introduction or the discussion or other appropriate place) that this is indeed the first report of successful treatment of MES with UAE. This is by no means necessary, but it again provides context for this report for readers who may wonder how often this treatment option has been described in the literature previously."

5. Figure 4 is referenced in the attached manuscript you sent on Line 130. Please clarify if this is what you were looking for or provide further instructions for your comment "FIGURE 4: Please add an in-text citation to this figure within the main text of your manuscript" so we can correct accordingly.

Let us know if there are any additional comments or corrections. Thanks for all your time and help!

Sincerely,
Brian Gordon

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, March 19, 2019 8:58 AM
To: Gordon, Brian
Subject: RE: Manuscript Revisions: ONG-19-37R1

Dr. Gordon,

Apologies for the multiple emails, but in my previous email I forgot to include the Figure-related queries:

1. FIGURE 2:
 - a. Please identify which parts of figure 2 are A, B, C, and D. Should the letters be included left to right, or top to bottom?
 - b. We avoid using brand names in the figure legends. Please edit to remove brand name and/or substitute with a generic term.
2. FIGURE 4: Please add an in-text citation to this figure within the main text of your manuscript.

Please let us know if you have any questions.

Sincerely,
-Daniel Mosier

Daniel Mosier
Editorial Assistant
Obstetrics & Gynecology
Tel: 202-314-2342

From: Daniel Mosier
Sent: Tuesday, March 19, 2019 11:54 AM
To: 'Brian.Gordon@med.usc.edu' [REDACTED]
Subject: Manuscript Revisions: ONG-19-37R1

Dear Dr. Gordon,

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 13: Since "UAE" has to be spelled out, "Syndrome" was dropped from the running title (including it will make it too long).
3. LINE 127: Would you provide details of a literature search to support this statement? Include search terms, databases searched, and dates searched (including years).

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 **Thursday, March 21st**.

Sincerely,

-Daniel Mosier

Daniel Mosier

Editorial Assistant

Obstetrics & Gynecology

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

From: Eileen Chang (Temp) <echang@greenjournal.org>

Sent: Monday, March 18, 2019 5:44 AM

To: Gordon, Brian

Subject: O&G Figure Revision: 19-37

Good morning,

Your figures and legend have been edited and they have been attached for your review. Please review the attachments CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the 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 no later than Wednesday, 3/20. Thank you for your help.

Best,
Eileen

From: Eileen Chang (Temp) <echang@greenjournal.org>

Sent: Monday, March 18, 2019 5:53 AM

To: Gordon, Brian

Subject: RE: O&G Figure Revision: 19-37

In addition, please see our author queries below:

- Please identify which parts of figure 2 are A, B, C, and D. Should the letters be included left to right, or top to bottom?
- We avoid using brand names in the figure legends. Please edit to remove brand names below and/or substitute with a generic term.
 - Renegade HI-FLO™
 - Embosphere microspheres™

If you could get back to us on these queries and your approval on the figures by 3/20 that would be great.

Thank you,
Eileen