Date: Feb 08, 2019
To: "Ali Mahmoud El Saman" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-38

RE: Manuscript Number ONG-19-38

Trans-Umbilical Vaginoplasty through Fractionated Mini-Ports: A Sutureless Procedure

Dear Dr. El Saman:

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 01, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Thank you for the opportunity to review your paper. I found the description of your procedure to be very interesting. I would suggest more pictures or diagrams. You mentioned that your adjustment has decreased the time, which you noted to be 12-25 min. I would be curious to know what it was previously. I did not think that your data in table 1 about relationship status was clearly related to your surgery or outcomes. I would be interested to hear more about what aftercare entails. Lastly, I would be interested to hear if this technology can be expanded to the transgender community.

Reviewer #2: Overall Comment: The authors present a new approach to the technique of minimally invasive vaginoplasty (MIV) for complete vaginal aplasia, both descriptively as well as with video. They describe very short-term outcomes in 22 women. The first author has a credible history of improving on previous versions using the basic technique of balloon vaginoplasty first described in 2003.

Specific Comments

Title: Appropriate

Précis: OK

Abstract: Reasonable description of the procedure; would like to see description of some demographics, diagnoses, pre-procedure depth and width and post procedure depth and width.

Introduction: Describes the applicable patient population and a history of the balloon vaginoplasty.

Materials and Methods: Is this an IRB approved study with the patients consented to an experimental procedure? Is a latex-free catheter used? It does not look like it on the video, but may be worth considering. What method and instrument is used to consistently measure length and width of the vagina baseline and postoperatively? Is a set amount of pressure used to measure these anatomic landmarks. Is the person doing the measuring different from the surgeon-suggest that it should be to minimize bias.

Results: Would like to see a figure of pre/post results in a couple of patients. Would like to see pre/post measures (both width and length) of the individual patients. You describe no complications, however, specifically, were there any instances of catheters breaking or balloon deflating? How is the patient counselled pre- and postoperatively in terms of management/maintenance of the vagina? Was vaginal estrogen used to help promote vaginal re-epithelialization? It seems

like 5-7 days of balloon dilation would be reflected by tissue stretching without time for promoting maturation and sustained increase length-please comment. Was there any evaluation of the patient's partners with respect to ability for vaginal intercourse-it seems like that would be a more unbiased sample compared to the patient. How is postoperative penetration score obtained?

Discussion: Although the authors present another update to the MIV, a more robust strengths/limitations section should be addressed including some of the issues noted above.

Tables/Figures: Figures 1 and 2 can be combined.

Reviewer #3: I appreciate the opportunity to review this interesting paper. I believe the manuscript would be strengthened if the authors consider the following suggested edits;

1- Editorial assistance
- Adding a paragraph addressing why the surgeons did not offer the Franks method which is considered to be the 1st line of treatment.

2- Further explain the patient selection process;
- patients with incomplete AIS do not qualify as a mullerian anomaly
- There was no mention of previous surgical management
- any screening for skeletal abnormalities?

3- Further information regarding post-operative assessments
- Add a discussion about balloon care, use of post-operative dilation, and post-op cytology or pap smears

4- It may be beneficial to discuss that the traction method mentioned would exert most of the traction force on the anterior wall of the neo-vagina "high risk for vagino-urethral fistula"

Was consent received from each patient included in the study?

ASSOCIATE EDITOR - GYN

1. Please edit spelling of video

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: Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

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 short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

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. 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.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

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

"Figure 2: Please upload a second version without numbers. These will be added back per journal style."

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/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.

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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 01, 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

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Dear editors of Obstetrics & Gynecology

This letter presents authors' response to reviewers' comments; point by point:

REVIEWER COMMENTS:

Reviewer #1

Reviewer's comment

1. You mentioned that your adjustment has decreased the time, which you noted to be 12-25 min. I would be curious to know what it was previously.

   Authors' response:

   Previously the total operative time was 50-75 minutes. We added this information to the manuscript under "comment" section

   Ref. 1: El Saman AM, Habib DM, Ibrahim I, Kamel M, Barker N, Bedaiwy MA. Laparo endoscopic single site balloon vaginoplasty (LESS-BV). J Pediatr Adolesc Gynecol.: *10.1016/j.jpag.2012.11.001.*

2. I did not think that your data in table 1 about relationship status was clearly related to your surgery or outcomes.

   Authors' response:

   We agree with the reviewer. This information is removed from the current version

3. I would be interested to hear more about what aftercare entails.

   Authors' response:

   "Post-procedure care during the period of gradual traction includes application of daily vaginal warm betadine washing. Umbilical port care is performed per protocol for laparoscopic surgeries. The incision is inspected for signs of infection and is kept dry and clean. After removal of the catheter, women are counseled to either allow regular intercourse as early as possible versus use of silicone vaginal dilators if intercourse is not an option".

   These details were added to the manuscript to cover this point "under Technique".

4. Lastly, I would be interested to hear if this technology can be expanded to the transgender community.

   Authors' response

Although the experience of my institute in transgender surgeries, theoretically, it seems that the basis of procedure and the outcomes are expandable to transgender surgeries. Therefore, I believe that the input of transgender surgery experts on the applicability of the procedure will be highly appreciated.

Reviewer #2:

Overall Comment: The authors present a new approach to the technique of minimally invasive vaginoplasty (MIV) for complete vaginal aplasia, both descriptively as well as with video. They describe very short-term outcomes in 22 women. The first author has a credible history of improving on previous versions using the basic technique of balloon vaginoplasty first described in 2003.

Specific Comments

- Title: Appropriate
- Précis: OK
- Abstract: Reasonable description of the procedure; would like to see description of some demographics, diagnoses, pre-procedure depth and width and post procedure depth and width.

  Authors' response: *Details were added to the abstract as recommended by the reviewer.*

- Introduction: Describes the applicable patient population and a history of the balloon vaginoplasty.
- Materials and Methods: Is this an IRB approved study with the patients consented to an experimental procedure?

  Authors' response: *Yes. The study is IRB approved and an informed consent was obtained from all participants. This information was added at the end of the section "experience"*

- Is a latex-free catheter used? It does not look like it on the video, but may be worth considering.

  Authors' response: *The catheter used is a silicon coated rubber catheter. We added this information to the manuscript under "technique" section*

- What method and instrument is used to consistently measure length and width of the vagina baseline and postoperatively?

  Authors' response: *A graduated Teflon bar 20 cm in length; the vaginometer which has 2 ends one of them is 2 cm in diameter that is used for depth measurement and the*

other one is bulbous 4 CM in diameter for measurements of neovaginal width. This information is provided under "Experience" and in the figures

- Is a set amount of pressure used to measure these anatomic landmarks?

  Authors' response: *This was done by pressing the tip of measurement rod against vaginal dimple or neovagina not too firm not too lose then recording the readings in CM. so, the pressure set was subjective but the measurements were objective by the graduated vaginometer.*

- Is the person doing the measuring different from the surgeon-suggest that it should be to minimize bias.

  Authors' response: *The authors actually appreciate this very important comment. The surgeon was primarily involved in preoperative measurement of dimple depth. Postoperative measurements of neovaginal depth and width were primarily, performed by another observer in the majority. We added this information to the manuscript.*

- Results: Would like to see a figure of pre/post results in a couple of patients. Would like to see pre/post measures (both width and length) of the individual patients

  Authors' response: *Figures that was taken just before catheter removal demonstrating measurements of depth as well as width of neovagina are added (Supplementary figure 2)*

- You describe no complications, however, specifically, were there any instances of catheters breaking or balloon deflating?

  Authors' response: *In the present series, no catheter breaking or balloon deflating occurred. Of note, in prior publications, we reported such instances and we presented two rescue management plans for this problem.*

  Ref. 1: El Saman AM, Khalaf M, Salah M, Shahin AY, Ibrahim I, Shazly SA, El Saman DA. Complicated balloon vaginoplasty: silk suture-guided replacement as a novel procedure for management of burst balloons (case series). Eur J Obstet Gynecol Reprod Biol. 2016 Jun;201:223-5. doi: 10.1016/j.ejogrb.2016.03.027. Epub 2016 Apr 1.

  Ref. 2: El Saman AM, Saadeldeen H, Tawfik RM, Habib DM, Abd Aall DM. A rescue management plan for ruptured balloons during balloon vaginoplasty. Eur J Obstet Gynecol Reprod Biol. 2012 Nov;165(1):82-5. doi: 10.1016/j.ejogrb.2012.06.025. Epub 2012 Jul 11

- How is the patient counseled pre- and postoperatively in terms of management/maintenance of the vagina?

  Authors' response: *Preoperatively the procedure was explained to patients. We consistently emphasized on the fact that the developing neovagina is generated from tissue expansion by stretching and dilation of the native tissue at the dimple and on the*

value of intercourse versus hand held dilators. Risks of surgery were discussed as per protocol for surgical procedures

- Was vaginal estrogen used to help promote vaginal re-epithelialization?

  Authors' response: *Vaginal estrogen was used only in the case with androgen insensitivity syndrome with concurrent gonadectomy. Otherwise, local estrogen was not used as a part of postoperative care in normally estrogenized women.*

- It seems like 5-7 days of balloon dilation would be reflected by tissue stretching without time for promoting maturation and sustained increase length-please comment.

  Authors' response: *Again, we appreciate this important comment that reflects a concern since the introduction of balloon vaginoplasty. According to our experience, we found that initial neovaginal creation has been satisfactory for initiation of intercourse with minimal to moderate discomfort to the patient that typically improves or disappears over a period of 2 weeks. By that time, the neovagina can adapt an adult size vaginal speculum its covering epithelium is healthy and stain with iodine.*

- Was there any evaluation of the patient's partners with respect to ability for vaginal intercourse-it seems like that would be a more unbiased sample compared to the patient.

  Authors' response: *We evaluated partners' response via satisfaction and penetration score on specially designed visual analogue scale graduated from zero to 100 points, the results are presented in table 2*

- How is postoperative penetration score obtained?

  Authors' response: *Both penetration and satisfaction were subjectively reported by the patient and the partner by filling this simple tool pre and on post-operative follow up at 2 weeks and 6 months*

	No Penetration Satisfaction					**Half** Penetration Satisfaction					**Full** Penetration Satisfaction
Penetration	0	10	20	30	40	50	60	70	80	90	100
Satisfaction	0	10	20	30	40	50	60	70	80	90	100

- Discussion: Although the authors present another update to the MIV, a more robust strengths/limitations section should be addressed including some of the issues noted above.

  Authors' response: *The authors added a paragraph to highlight the strengths and limitations of our study under "comment" section*

- Tables/Figures: Figures 1 and 2 can be combined.

Authors' response: *for better illustration of the surgery, the authors actual expanded figure to better demonstrate the steps of surgery.*

Reviewer #3

1. Adding a paragraph addressing why the surgeons did not offer the Franks method which is considered to be the 1st line of treatment.

   Authors' response

   Included patients were referred to our center for balloon vaginoplasty. They were transferred after being counselled on non-surgical options and they either refuse or fail to comply with Frank method and decided to undergo surgery. This explanation was added to the manuscript.

2. Further explain the patient selection process;
   - patients with incomplete AIS do not qualify as a mullerian anomaly
   - There was no mention of previous surgical management
   - any screening for skeletal abnormalities?

   Authors' response

   - We agree that patients with incomplete AIS do not qualify as a Müllerian anomaly. However, they still present with short vaginal dimple and are offered balloon vaginoplasty in our institute
     Ref: El Saman AM, Ismael AM, Zakherah MS, Nasr A, Tawfik RM, Bedaiwy MA.Enhancement balloon vaginoplasty for treatment of blind vagina due to androgen insensitivity syndrome. Fertil Steril. 2011 Feb;95(2):779-82. doi: 10.1016/j.fertnstert.2010.10.008. Epub 2010 Nov 5.
   - No previous surgical management was offered. We added this information to the manuscript.
   - We screened by detailed history and comprehensive clinical examination, imaging was requested to a case with suspected minimal fusion of cervical spine and was eventually found to be normal

3. Further information regarding post-operative assessments Add a discussion about balloon care, use of post-operative dilation, and post-op cytology or pap smears

   Author' response: the authors added a paragraph on surgery aftercare and assessment.

4. It may be beneficial to discuss that the traction method mentioned would exert most of the traction force on the anterior wall of the neo-vagina "high risk for vagino-urethral fistula"

   Authors' response: We appreciate this important comment which presents a reasonable concern since the introduction of balloon vaginoplasty. However, in our practice that included a total of 360 cases, we did not experienced any fistula this may be attributed to the soft and pliable nature of the balloon on one hand and the direction of the axis of traction from the vaginal dimple to the umbilicus that offered minimal contact and compression of the urethra on the other hand.

5. Was consent received from each patient included in the study?

   Authors' response: Yes. We added this information under "experience" section in the manuscript.

ASSOCIATE EDITOR - GYN

1. Please edit spelling of video

   Authors' response: video edited

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.
   Authors` response; Yes please publish my response letter and subsequent email correspondence related to author queries.
2. 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.

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3. Standard obstetrics 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.

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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).

Authors` response

No parts 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

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

Authors' response: this was added to 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.

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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. 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.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions

and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

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

"Figure 2: Please upload a second version without numbers. These will be added back per journal style."

Authors` response: A clear version will be submitted with revision

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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/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.

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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.

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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 01, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Thank you

The authors,

Daniel Mosier

From: ali mahmoud [redacted]
Sent: Tuesday, March 19, 2019 12:48 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-19-38R1
Attachments: fig 2.jpg; Dear Daniel Mosier.docx

Dear Daniel Mosier

Thank you very much for professionally done high quality editing of the manuscript. I greatly appreciate the effort done that made it at a world class level.

A numbered version of figure 2 is attached
Also in the attached track change edited file there is very minor change

Thank you so much again

Yours sincerely

El Saman

[redacted] Daniel Mosier <dmosier@greenjournal.org> [redacted]

Dear Dr. El Saman,

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 14: Alshymaa H. Eleraky will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager.

3. LINE 69: We will use the brand name once in the body text and the generic term every instance thereafter.

4. LINE 97: Abstract says 18

5. LINE 129: Mention of safety removed, since paper didn't study safety.

6. FIGURE 2: The numbers below are missing from the figure. Would you provide a version of the figure that contains the numbers?

7. FIGURE LEGEND: We avoid using brand names in figure legends. We've replaced it with a generic term here.

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 **Wednesday, March 20th.**

Sincerely,

-Daniel Mosier

Daniel Mosier

Editorial Assistant

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Eileen Chang (Temp)

From: ali mahmoud [redacted]
Sent: Tuesday, March 19, 2019 8:37 AM
To: Eileen Chang (Temp)
Subject: Re: O&G Figure Revision: 19-38R1

Dear Eileen
Thank you very much
Will done
Looking forward hearing from you
El Saman AM

Sent from my iPhone

On Mar 18, 2019, at 8:47 PM, Eileen Chang (Temp) <echang@greenjournal.org> wrote:

> Hello,
>
> Thank you for the edits! Attached is the revised legend and figure for your review. Please let me know if there are any additional edits needed. If not, the figures will be ready to be uploaded into Editorial Manager.
>
> Thank you,
> Eileen

From: ali mahmoud [redacted]
Sent: Thursday, March 14, 2019 8:20 AM
To: Eileen Chang (Temp) <echang@greenjournal.org>
Subject: Re: O&G Figure Revision: 19-38R1

Dear Eileen
Thank you for email
I hope the mail finds you in the best of all
here a numbered version of Fig 1 as well as a minor correction in
(the figure legends (number 6 the generic name was added
thank you again and looking forward hearing from you
El Saman AM

7-ص غرينتش 10:21:45 2019 مارس 12 ،بتاريخ الثلاثاء Eileen Chang (Temp) <echang@greenjournal.org> كتب:

> Good Afternoon,
>
> Your figures and legend have been edited and they have been attached for your review. Please review the attachments CAREFULLY for any mistakes.
>
> In addition, please see our author queries below:

For the Figure 2 legend,

- The numbers listed are missing from the figure. Would you provide a version of the figure that contains the numbers?
- We avoid using brand names in figure legends. We've replaced it with a generic term.

PLEASE NOTE: Any changes to the figures or legend 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 Thursday, 3/14. Thank you for your help.

Best,

Eileen

<19-38 Fig 1 (03-12-19 v2).pdf>

<19-38 Figure 2 (03-18-19 v1).pdf>

<19-38R1 Figure legends (3-18-19).docx>