Date: Feb 15, 2019
To: "Abigail Patricia Davenport" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-91

RE: Manuscript Number ONG-19-91

Barriers to Third-Line Therapy: A Patient-Centered Approach to Refractory Overactive Bladder

Dear Dr. Davenport:

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: The authors conducted a qualitative study to explore the barriers to third-line therapy from patient perspective. Strength: this study attempted to bring patients' voice into potential problem solving. However, several issues that if addressed would further improve the manuscript.

Major issues:

1. The alignment among the study goal, methodology, and outcomes:
a. The authors stated the study goal was to explore "the barriers to treatment with third-line therapies (p6)". I would recommend the authors to clarify whether their goal was to explore patients' "barriers of access-to-treatment" or "factors influencing the decision-of-treatment". This would influence the data analysis and outcomes.
b. I would recommend the authors to reconsider their qualitative methodology.
i. The current study goal was a "What" question. However, Grounded Theory is commonly used to investigate "How" questions.
ii. Based on the current description, this study did not fully meet the criteria of Ethnography. Additionally, it is not common that two different types of qualitative study designs (e.g. grounded theory and ethnography) are used in a single study.

2. Data analysis and interpretation:
a. The authors need to provide a systematic full description of their data analysis. Since current study used theoretical saturation that is commonly related to the grounded theory, the authors are suggested to clearly specify the inclusion criteria and the sampling approach, which are important for judging the theoretical saturation.
b. The authors need to provide following information to help readers understand their findings:
i. The total number of patient who completed the interview;
ii. Coding framework (that should support the study goal) and definition of each theme;
iii. Frequency of each theme.

Minor issues:

3. Title: the current manuscript did not discuss anything about "patient-centered approach"; it focused on patients' perspective/experience.

4. Table 1: based on "insurance", there was 30 interviewees. However, based on "education level", there were 25 interviewees.

Reviewer #2: This is a qualitative study using ethnographic research with the objective of exploring the barriers to treatment with third-line therapies in patients with overactive bladder. Objective is clearly stated. Understandable explanation of ethnographic research methodology. Authors do meet the objective and acknowledge the limitations of this study. Authors do provide a nice table 3 that gives suggestions and steps on how to improve in-office counseling at each visit. Please comment on whether there is a role for the general gyn or PCP in these situations and what that would be.

1. Line 115-116 - references here

2. Line 134-135 - at which institutions?

3. Line 140 - which IRB?

4. Line 181- 186 - please comment further on how large a role financial and insurance barriers played in not obtaining this treatment. Would patients pursue if had access?

5. Line 211-214 - any other barriers attributed to media? Please provide more detail about "significant" impact

6. Line 262 - 266 - references here please

Reviewer #3: Reviewer Confidential Comments to the Authors:

The authors sought to identify barriers to treatment of overactive bladder (OAB) with third-line therapy, specifically, onabotulinumtoxinA, sacral neuromodulation, and percutaneous tibial nerve stimulation utilizing qualitative methodologies. It is clear that better understanding patient's perceptions of any potential treatment barrier may lead to enhanced educational and counseling strategies.

I have the following specific questions or concerns:

1. Page 7, Para 1, line 144 - While you do provide a couple of examples of the questions used, a better description of the beta-tested interview guide is essential. These questions drive the responses you received. I recommend either expounding on the beta-testing interview guide or provide the entire list of questions asked during the interview.

2. Page 7, Para 3, Line158 - Please more clearly delineate how you transition from 381 patients with OAB to a study population of 56. Specifically, after subtraction of the 66 patients with prior third-line treatment you are left with 315 potential candidates. You transition to 65 qualified for the study without explanation of the other 250 subjects. What happened to them?

3. Page 8, Para 1, Line 164 - You indicate that after 30 subjects were interviewed you achieved theoretical saturation. However, you do not describe in Materials and Methods or in the Results section how the 30 subjects were identified. You should describe how you selected the 30 subjects your of your total pool of 56 candidates.

4. Page 13, Para 2, Line 279 - You mention, "In some cases there was incongruency of patient..." Please quantify (# or %).

5. Page 16, Table 1 - Education level doesn't include all participants

6. Page 16, Table 1 - Recommend including two columns of data. One column should include ALL qualified study candidates, the other with the 30 actual participants. This addition would allow for comparison with the 26 qualified candidates not contacted.

7. General Concerns
   a. It would have been very helpful to have some measure of prevalence of reported issues identified within each theme.
   b. Since explicit guidelines for determining theoretical saturation are lacking, a better explanation of how you achieved saturation is needed.
   c. Prior treatment experiences should have been portrayed.

STATISTICAL EDITOR'S COMMENTS:

1. lines 52-54, 158-163: Should include a flow diagram to show the elimination steps. Were the final 30 chosen randomly from the pool of 56 eligible or by convenience? How many of the 30 had been lost to follow-up vs refractory to 2 or more medications? It might be that those subsets could have differing issues for delay, education or attitudes. Aggregating those responses might have reached a different conclusion in a group with differential combination of those subsets.

2. Table 1: Should clarify that the characteristics are formatted as median(range) or as n(proportion) or re-formatting as n(%). Should include the total N of 30.

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. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

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

8. 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.

9. 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. 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 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

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Reviewer Comment Responses

Reviewer #1: The authors conducted a qualitative study to explore the barriers to third-line therapy from patient perspective. Strength: this study attempted to bring patients' voice into potential problem solving. However, several issues that if addressed would further improve the manuscript.

Major issues:

1. The alignment among the study goal, methodology, and outcomes:
a. The authors stated the study goal was to explore "the barriers to treatment with third-line therapies (p6)". I would recommend the authors to clarify whether their goal was to explore patients' "barriers of access-to-treatment" or "factors influencing the decision-of-treatment". This would influence the data analysis and outcomes.

The authors agree and feel that the study was more exploring the decision-making process in women who did not pursue third-line therapies. We have included interview questions that were used to collect data and support this as Table 4. (Page 3, line 48; Page 6, lines 125, 133-134; Page 12, line 342, 345; Table 4)

b. I would recommend the authors to reconsider their qualitative methodology.
i. The current study goal was a "What" question. However, Grounded Theory is commonly used to investigate "How" questions.

The authors agree with this comment based upon the way the objective of the study was initially worded. After review of the methodology and interview questions, we feel that this study was more an exploration of the decision-making process ("how") rather than solely identifying barriers ("what"). We have reworded the objective to reflect this change. We do feel that barriers to care arose emergently during data analysis and aid in conceptualization of the study's findings. We therefore have not removed all use of the word "barriers" from the manuscript. We included the lines where we changed the terminology in our answer to comment 1. a. (Page 3, line 48; Page 6, lines 125, 133-134; Page 12, line 342, 345; Table 4)

ii. Based on the current description, this study did not fully meet the criteria of Ethnography. Additionally, it is not common that two different types of qualitative study designs (e.g. grounded theory and ethnography) are used in a single study.

The authors agree with this comment and do not feel that the study was ethnographic in nature. We have removed references to ethnography rather than grounded theory from the Introduction and Materials and Methods portion of the manuscript. (Page 6, lines 121, 128)

2. Data analysis and interpretation:
a. The authors need to provide a systematic full description of their data analysis. Since current study used theoretical saturation that is commonly related to the grounded theory, the authors are suggested to clearly specify the inclusion criteria and the sampling approach, which are important for judging the theoretical saturation.

The authors have edited the Materials and Methods section to more clearly describe inclusion, exclusion criteria, and sampling approach. We have also created Table 2 Inclusion and exclusion criteria for ease of reference. The final paragraph of the Materials and Methods section has also been modified to more clearly describe the coding process and method of achieving theoretical saturation. (Page 6-7, lines 135-164, 170-180; Table 2)

b. The authors need to provide following information to help readers understand their findings:

i. The total number of patient who completed the interview;

The authors have added this information on Page 8. The total number of patients who completed the interview was 30 and this was also when theoretical saturation was achieved. (Page 8, lines 218-219)

ii. Coding framework (that should support the study goal) and definition of each theme;

The authors agree that adding a table with the major themes and examples of sub-themes used in our coding framework would add clarity to our analysis. We have added Table 5 and modified Table 6 with this information.

iii. Frequency of each theme.

The authors agree this information is useful for data interpretation and have embedded the frequency of themes into the written description of the themes throughout the Results section. (Page 8, lines 225-229; Page 9, lines 246-247, 260, 263-264; Page 10, lines 273-274, 277, 284, 293, 295; Page 11, lines 308, 312, 314, 323, 329)

Minor issues:

3. Title: the current manuscript did not discuss anything about "patient-centered approach"; it focused on patients' perspective/experience.

The authors feel that the heart of the manuscript is a refocus on a patient-centered standard of care and early education. Table 7 describes ways physicians can refocus on education and patient goals. We have added a statement to the Conclusions section of the manuscript which reflects the recommendations in Table 7 and supports our desire not to change the title.

4. Table 1: based on "insurance", there was 30 interviewees. However, based on "education level", there were 25 interviewees.

Educational information was not provided by five of the participants and thus was not available. We have added an explanation of this data to Table 1.

Reviewer #2: This is a qualitative study using ethnographic research with the objective of exploring the barriers to treatment with third-line therapies in patients with overactive bladder.

Objective is clearly stated. Understandable explanation of ethnographic research methodology. Authors do meet the objective and acknowledge the limitations of this study. Authors do provide a nice table 3 that gives suggestions and steps on how to improve in-office counseling at each visit.

Please comment on whether there is a role for the general gyn or PCP in these situations and what that would be.

The authors feel that the conversation about all options could begin at a generalist or PCP level. We have added a comment regarding the role of the PCP or generalist ob/gyn to the Discussion section of the manuscript. (Page 13, lines 367-370)

1. Line 115-116 - references here

This sentence has been changed. (Page 5, line 116)

2. Line 134-135 - at which institutions?

We have added the name of our institution to the Materials and Methods section. (Page 6, line 137)

3. Line 140 - which IRB?

We have added which IRB was used to the Materials and Methods section. (Page 7, line 161)

4. Line 181- 186 - please comment further on how large a role financial and insurance barriers played in not obtaining this treatment. Would patients pursue if had access?

We have added the frequency of participants who described specific financial concerns and also the number of patients who specifically stated that they would obtain third-line therapy if they had insurance coverage. (Page 9, lines 246-247)

5. Line 211-214 - any other barriers attributed to media? Please provide more detail about "significant" impact

The authors agree that using the word "significant" may be overstating the data. We have added to the manuscript that five participants stated they would not pursue onabotulinumA due to media influences and also added an additional supporting quotation to this paragraph. (Page 10, lines 283-287)

6. Line 262 - 266 - references here please

References have been added to this section of the manuscript. (Pages 12-13, lines 354-359)

Reviewer #3: Reviewer Confidential Comments to the Authors:

The authors sought to identify barriers to treatment of overactive bladder (OAB) with third-line therapy, specifically, onabotulinumtoxinA, sacral neuromodulation, and percutaneous tibial nerve stimulation utilizing qualitative methodologies. It is clear that better understanding patient's perceptions of any potential treatment barrier may lead to enhanced educational and counseling strategies.

I have the following specific questions or concerns:

1. Page 7, Para 1, line 144 - While you do provide a couple of examples of the questions used, a better description of the beta-tested interview guide is essential. These questions drive the responses you received. I recommend either expounding on the beta-testing interview guide or provide the entire list of questions asked during the interview.

The authors agree that a more thorough explanation of the interview guide would aid in reader understanding of the data and study goals. We have provided a list of interview questions that appeared in the interview guide in Table 4.

2. Page 7, Para 3, Line158 - Please more clearly delineate how you transition from 381 patients with OAB to a study population of 56. Specifically, after subtraction of the 66 patients with prior third-line treatment you are left with 315 potential candidates. You transition to 65 qualified for the study without explanation of the other 250 subjects. What happened to them?

The authors agree that there is ambiguity about patient selection and have modified the Materials and Method section to add clarity to this process. We have also created Table 3 to demonstrate the flow of patient selection for our study. (Table 3; Page 8, lines 210-219)

3. Page 8, Para 1, Line 164 - You indicate that after 30 subjects were interviewed you achieved theoretical saturation. However, you do not describe in Materials and Methods or in the Results section how the 30 subjects were identified. You should describe how you selected the 30 subjects your of your total pool of 56 candidates.

The authors agree that participant selection was ambiguous. We have added that study participants were selected from the pool of 56 by simple randomization. (Page 7, lines 163-164)

4. Page 13, Para 2, Line 279 - You mention, "In some cases there was incongruency of patient…" Please quantify (# or %).

The authors agree that this statement is ambiguous. Four participants demonstrated incongruent recall. This has been added to the manuscript. (Page 13, lines 374-376)

5. Page 16, Table 1 - Education level doesn't include all participants

The authors have reviewed the data and table. Educational information was not provided by five of the participants and thus was not available. We have added an explanation of this to Table 1.

6. Page 16, Table 1 - Recommend including two columns of data. One column should

include ALL qualified study candidates, the other with the 30 actual participants. This addition would allow for comparison with the 26 qualified candidates not contacted.

Unfortunately, much of the demographic information was obtained as part of the phone interview and is not available on chart review. We have added this to the Discussion section of the manuscript as a limitation of our study. (Page 13, lines 377-380)

7. General Concerns

a. It would have been very helpful to have some measure of prevalence of reported issues identified within each theme.

The authors agree this information is useful for data interpretation and have embedded the frequency of themes into the written description of the themes throughout the Results section. (Page 8, lines 225-229; Page 9, lines 246-247, 260, 263-264; Page 10, lines 273-274, 277, 284, 293, 295; Page 11, lines 308, 312, 314, 323, 329)

b. Since explicit guidelines for determining theoretical saturation are lacking, a better explanation of how you achieved saturation is needed.

The authors have amended the description of their methodology and measure of theoretical saturation to the Materials and Methods section. (Page 7, lines 174-180)

c. Prior treatment experiences should have been portrayed.

All participants had previously received medications for OAB, as stated in line 293. The authors also describe patients receiving other treatments such as lidocaine bladder instillations in line 308-309.

STATISTICAL EDITOR'S COMMENTS:

1. lines 52-54, 158-163: Should include a flow diagram to show the elimination steps. Were the final 30 chosen randomly from the pool of 56 eligible or by convenience? How many of the 30 had been lost to follow-up vs refractory to 2 or more medications? It might be that those subsets could have differing issues for delay, education or attitudes. Aggregating those responses might have reached a different conclusion in a group with differential combination of those subsets.

The authors agree that a flow diagram would aid in demonstrating participant recruitment and have added Table 3 to show the elimination steps. We have also added that the 30 participants were chosen by simple randomization to the Methods section of the manuscript. Regarding the break-down of patients lost to follow up or refractory to two or more medications, the purpose of the paper was to collect data from all patients qualified to receive third-line therapies and describe the breadth of reasons why all of them do not receive third-line options rather than review each group independently. Additionally, data collection continued until theoretical saturation was achieved (no new emergent themes for either patient sub-group). In analyzing our data, we considered all codes and themes, regardless of their frequency and thus feel our analysis represents both groups equally well. We do not feel that any data was lost by

aggregating those lost to follow-up or refractory to meds together or that a differential combination of patient subsets would dramatically influence our study's findings. We did focus our Discussion and Conclusion on the major themes of education and treatment attitudes which may be more common in a differential subset of the participants. However, we focused on those themes as they were easily modifiable and filled a hole in the current literature on this subject matter where treatment delay and office factors have already been described. (Table 3; Page 7, lines 163-164)

2. Table 1: Should clarify that the characteristics are formatted as median(range) or as n(proportion) or re-formatting as n(%). Should include the total N of 30.

The authors have added this modification to Table 1.

Daniel Mosier

From: Abigail Davenport [redacted]
Sent: Tuesday, April 9, 2019 4:35 PM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-19-91R1
Attachments: 19-91R1 ms (4-9-19v2).docx

Dear Mr. Mosier:

Apologies for the multiple emails. I have attached the manuscript revisions to this email. Please let me know how you would like me to proceed about Sydney Stark.

Thank you,

Abigail Davenport, MD

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Tuesday, April 9, 2019 3:00 PM
To: Abigail Davenport
Subject: Manuscript Revisions: ONG-19-91R1

Dear Dr. Davenport,

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 1: Note the edits to the title and running title. In the original version, the main title didn't mention overactive bladder.
3. LINE 15: Sydney Stark will need to complete our electronic Copyright Transfer Agreement, which was sent to them through Editorial Manager.
4. LINE 140: Please elaborate on the randomization scheme.
5. TABLE 1: Note that the remainder of your manuscript file (tables) was replaced with the file named "Table Revisions" that you uploaded with your revised manuscript (change not tracked).
6. BOX 2: Add an in-text citation for Box 2. Tables and boxes should be ordered in the same order they first cited in the text.
7. TABLE 2: Add an in-text citation for Table 2. Tables and boxes should be ordered in the same order they first cited in the text.
8. BOX 3: Add an in-text citation for Box 3. Tables and boxes should be ordered in the same order they first cited in the text.

9. BOX 4: Add an in-text citation for Box 4. Tables and boxes should be ordered in the same order they first cited in the text.

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, April 11th.**

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

From: [redacted]
To: Denise Shields
Subject: Re: figure in your Green Journal manuscript (19-91)
Date: Wednesday, April 17, 2019 3:45:22 PM

Dear Ms. Shields:

I apologize for the delayed response as I thought I had already sent an email back to you. It looks great. Thank you for your message.

Sincerely,

Abigail Davenport

Get Outlook for iOS

From: Denise Shields <DShields@greenjournal.org>
Sent: Wednesday, April 17, 2019 3:00:04 PM
To: Abigail Davenport
Subject: RE: figure in your Green Journal manuscript (19-91)

Dear Dr. Davenport,

The journal uses “N” to mean the whole group, and “n” is used to mean subgroups. Attached is an edited figure with both exclusion boxes similarly formatted. Does this look okay?

Regards,
Denise

From: Abigail Davenport [redacted]
Sent: Thursday, April 4, 2019 4:26 PM
To: Denise Shields <DShields@greenjournal.org>
Subject: Re: figure in your Green Journal manuscript (19-91)

Dear Ms. Shields:

Thank you for your message. I have reviewed the table. I noticed that "n" is inconsistently capital or lower case. I also noticed that the two boxes with exclusions do not share similar formats. Perhaps the second box between allocation and follow-up should have n=9 at the bottom of the box rather than in parenthesis?

Sincerely,

Abigail Davenport

From: Denise Shields <DShields@greenjournal.org>
Sent: Wednesday, April 3, 2019 10:07 AM
To: Abigail Davenport
Subject: figure in your Green Journal manuscript (19-91)

Re: "A Patient-Centered Approach to Refractory Overactive Bladder and Barriers to Third-Line Therapy"

Dear Dr. Davenport,

Your figure and legend have been edited and they are 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 Friday, 4/5. Thank you for your help.

Best,
Denise

Denise Shields
Senior Manuscript Editor
Obstetrics & Gynecology
www.greenjournal.org
Find us social media:
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Instagram (https://www.instagram.com/greenjrnl/)
LinkedIn (https://www.linkedin.com/groups/4058408)