

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: Mar 22, 2019
To: "Veronica Lerner" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-239

RE: Manuscript Number ONG-19-239

A Novel Porcine Stomach Tissue Model for Laparoscopic Colpotomy Simulation.

Dear Dr. Lerner:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Apr 12, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Line 55: How many hysterectomies were performed last year or the last 5 years?, what was the preferred route?, laparoscopic surgery its available nationwide?
How many laparoscopic hysterectomies are needed to be certified?

Even though this is a laparoscopic surgery paper, you should emphasis that vaginal hysterectomy is safer, economic and requiere far less simulation (for a benign surgery)

The description of the model and how to build its very good and reproducible, Congratulations.

I miss the questionnaire given to the subjects

As you described, it's useful with different energy applications but I don't like the fact that lacks from the most difficult part of the surgery, the surrounding organs.

I found this work amazing, a cheap and easy way to build a colpotomy model, but I do think it needs more data and a more challenging scenario for learners. I hope to see your new ideas soon.

Reviewer #2: Overall Comment: The authors present a tissue-based colpotomy simulation model using porcine stomach tissue. The purported benefit over a previously described synthetic model includes a more live surgery feel with haptic sensation of tissue during colpotomy using standard surgical instruments and energy sources. The authors present a step by step methodology for construction of the model and a pilot simple subject impressions and acceptability of use. The cost is affordable and there are portions of the model that are reusable. The video is well done. Specific queries/comments below.

Specific Comments

Title: good

Short Title: good

Précis: Need a complete sentence and distill to 25 words

Abstract: Would actually like to see some quantitative data in the Methods

Introduction: Not really a "live" tissue model, but a model utilizing tissue

Experience/Results: Would prefer to actually see the data in table form with mean \pm SD, median, range in scores for Likert scale measures; prefer other data in tables as well

Discussion: Need to discuss the fact that model intra/inter-rater reliability, construct validity and utility as a teaching tool needs to be performed.

Tables/Figures: Would rather see data in Figures 10-14 in table form.

Reviewer#3:

We must encourage innovation in our specialty. Simulation training has gone from niche to mainstream and whilst its efficacy in improving training has not been proven in a direct clinical trial (though endless retrospective and non-randomised prospective evidence exists), it's essential part in skill acquisition is without question.

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. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms

in the précis. Please avoid phrases like "This paper presents" or "This case presents."

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

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

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

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

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

*FIGURE 2: Please provide a version without text and boxes

*FIGURE 4: Please provide a version without text and boxes

*FIGURE 7: Please provide a version without text and boxes

*FIGURE 9: Please add a Y axis label.

*FIGURE 10: This figure is identical to Figure 9. Was there a mistake in the uploading process?

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.

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/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Apr 12, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

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

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

RE: Manuscript Number ONG-19-239

Title: A Novel Porcine Stomach Tissue Model for Laparoscopic Colpotomy Simulation.

Dear editors and reviewers:

Thank you for the thorough review of our manuscript and the insightful and useful comments and queries, which we hope was instrumental to improving quality of our work. We have incorporated the feedback and are resubmitting the manuscript for your consideration. Below we respond point-by point to the reviewer comments as you have requested. We appreciate the feedback and believe the paper is stronger as a result of your suggestions and questions.

We look forward to hearing back from you,

Dr. Veronica Lerner

Editor and Reviewer Comments	Author's response indicating (using line numbers) where/how the manuscript has been revised to address the comment (if relevant).
Reviewer #1	
Reviewer #1: Line 55:	We kindly ask the reviewer to clarify his/her comments as outlined below so that we could answer it to the best of our abilities:
How many hysterectomies were performed last year or the last 5 years?,	Is the reviewer asking for a total number of hysterectomies performed in United states over the last year and in the last 5 years? Or is the reviewer inquiring how many hysterectomies were performed at our institution in the last 5 years?
what was the preferred route?,	Is the reviewer asking for the most common route of hysterectomy in United states at this time or in our institution?
laparoscopic surgery its available nationwide?	Is the reviewer asking if laparoscopic hysterectomies are being performed in United States?
How many laparoscopic	Is the reviewer asking what the most recent ACGME requirements are for graduating OBGYN residents and AAGL

<p>hysterectomies are needed to be certified?</p>	<p>requirements for MIS fellows in terms of laparoscopic hysterectomies?</p> <p>Once we receive clarification of those questions, we will happily include this information in our manuscript if reviewers would find it useful.</p> <p>While we very much appreciate these important points reviewer brought up about putting our work into clinical context, our main concern with this approach is space limitation. We have considered expanding on these topics at the time of writing of this manuscript. However, we decided not to include this information in the introduction, and removed it in order to satisfy maximum word count for this shorter type of submission.. Moreover, when looking at similar publications on similar topics for this type of submission (references below), we also noted that such expansions were not done for same reasons we have outlined above:</p> <p>Examples of similar type of publications:</p> <p>1.Modified Beef Tongue Model for Fourth-Degree Laceration Repair Simulation. Illston JD, Ballard AC, Ellington DR, Richter HE. Obstet Gynecol. 2017 Mar;129(3):491-496. doi: 10.1097/AOG.0000000000001908.</p> <p>2.Obstet Gynecol. 2017 Oct;130(4):873-877. doi: 10.1097/AOG.0000000000002241.</p> <p>Interactive Pelvic Anatomy Model: A Tool for Teaching Basic Pelvic Anatomy. Advolodkina P¹, Chahine EB.</p>
<p>Even though this is a laparoscopic surgery paper, you should emphasis that vaginal hysterectomy is safer, economic and require far less simulation (for a benign surgery)</p>	<p>Thank you so much for bringing this very important point. We feel very strongly about vaginal route for benign hysterectomy, and fully practice what we preach and what ACOG recommends in our day-to-day clinical lives.</p> <p>All authors of this paper are very strong proponents of vaginal hysterectomy. Clinically, in our group, we perform relatively higher number of vaginal hysterectomies compared to national</p>

	<p>averages. In addition, authors have done work on teaching vaginal hysterectomy (referenced below) via simulation and have been advocating for vaginal route both nationally and regionally by teaching courses, writing, and speaking out. However, the fact that vaginal hysterectomy is the preferred route is beyond the scope of the topic of this paper, and expanding on this would exceed the allowed word limit. If reviewers would like us to expand on it despite these concerns, we would very much like to use the opportunity to do so but we would like to know which other portions should be removed if such expansion is needed.</p> <p>Finally, we are not aware of any literature which compares teaching vaginal vs. laparoscopic hysterectomy via simulation (to address reviewer's comment about "vaginal hysterectomy.... requires far less simulation (for a benign surgery)" in terms of one being easier to teach than the other. Since such statement is relevant to our work, we would love to fill this potential knowledge gap on our end and are looking forward to the reviewer providing references to back up such a statement.</p> <p>Reference: Teaching Vaginal Hysterectomy via Simulation</p> <p>Creation and Validation of the Objective Skills Assessment Tool for Simulated Vaginal Hysterectomy on a Task Trainer and Performance Among Different Levels of Trainees</p> <p>Malacarne, D.R., MD[*]; Escobar, C.M., MD[*]; Lam, C.J., BA[*]; Ferrante, K.L., MD[*]; Szyld, D., MD, EdM^{†‡}; Lerner, Veronica T., MD[*]</p> <p>Female Pelvic Medicine & Reconstructive Surgery: February 13, 2018 - Volume Publish Ahead of Print - Issue - p doi: 10.1097/SPV.0000000000000558</p>
I miss the questionnaire given to the subjects	We did not include full questionnaire given to the participants as we did not feel that it would add value to the work as it was focused on description of the model, but we would be happy to if you would like.
As you described, it's useful with different energy applications but I don't like the fact that lacks from the most difficult part of	<p>Thank you for pointing out this very important limitation. We could not agree more.</p> <p>To highlight this limitation, we state in our paper (lines 194-196) "Limitations of our model include the lack of surrounding organs or anchoring tissue to allow for natural traction, but that</p>

the surgery, the surrounding organs.	<p>could be augmented by adding simulated vagina, bowel, intestine, and sidewall to the model.”</p> <p>We have modified our manuscript to empathize importance of this limitation as follows: “ Limitations of our model include the lack of surrounding organs or anchoring tissue to allow for natural traction, and we plan on improving this model in the future by adding surrounding structures such as vagina, bowel, intestine, and sidewall to the model.”</p>
<p>I found this work amazing, a cheap and easy way to build a colpotomy model, but I do think it needs more data and a more challenging scenario for learners. I hope to see your new ideas soon.</p>	<p>We very much appreciate author’s comments. We worked very hard to create this novel model and to make is easy and affordable for most users.</p> <p>We completely agree that more data is needed to study this model. This was only the first step in validation process. However, validation work is a stepwise process, and getting all of it done in one project is not feasible. In addition, more advanced validity work fits into a different article type (not Procedures and Instruments but rather Original Research). For example, reference below has similar research design in terms of type of extent of validity work and submission type to ours, and has been published recently in this journal:</p> <p><u>Modified Beef Tongue Model for Fourth-Degree Laceration Repair Simulation.</u> Illston JD, Ballard AC, Ellington DR, Richter HE. Obstet Gynecol. 2017 Mar;129(3):491-496. doi: 10.1097/AOG.0000000000001908.</p> <p>To address the comment about “more challenging scenario,” we would like to point out that the purpose of this model was to break down a complex procedure into simple steps and components to facilitate learning. After simpler parts are mastered, then learners will learn better in more challenging scenarios. Making a scenario more challenging from the beginning does not in line with educational theory we employ.</p> <p>If the reviewer would like us to explain our rationale above and justify the breakdown of complex procedure into simpler parts in our paper, we would happily do so. We would have to decide which part of the paper needs to be cut in order to do that.</p>
Reviewer #2: Overall Comment: The authors	Thank you so much for your encouragement, time and effort in reviewing our work.

<p>present a tissue-based colpotomy simulation model using porcine stomach tissue. The purported benefit over a previously described synthetic model includes a more live surgery feel with haptic sensation of tissue during colpotomy using standard surgical instruments and energy sources. The authors present a step by step methodology for construction of the model and a pilot simple subject impressions and acceptability of use. The cost is affordable and there are portions of the model that are reusable. The video is well done. Specific queries/comments below.</p>	
<p>Précis: Need a complete sentence and distill to 25 words</p>	<p>Thank you for pointing out this mistake.</p> <p>Precis has been changed to: “An innovative low-cost partial task trainer to teach the colpotomy portion of a laparoscopic hysterectomy adds to the simulation repertoire of surgical educators”</p>
<p>Abstract: Would actually like to see some quantitative data in the Methods</p>	<p>Thank you for pointing out this omission.</p> <p>We added the following sentence to the Methods: “Usability survey showed that trainees responded positively to the model and attendings thought it was a useful teaching tool.”</p>
<p>Introduction: Not really a "live" tissue model, but a model utilizing tissue</p>	<p>Thank you for correcting this inaccuracy. Sentence re-worded as “No cost-effective models utilizing tissue have been described in the literature at this time to the best of our knowledge.”</p>
<p>Experience/Results: Would prefer to</p>	<p>Thank you for a pointing this out. We have considered presenting data this way at the time of writing this manuscript,</p>

<p>actually see the data in table form with mean±SD, median,range in scores for Likert scale measures; prefer other data in tables as well</p>	<p>and we would prefer to present data this way as well.</p> <p>However, the article type for this submission is under “Procedures and Instruments” and not “Original Research.” Our understanding is that the former is focused on descriptive work, while the latter adheres to more “scientific” format, which would include means, ranges, and tables as reviewer is suggesting. Therefore, in order to keep format and type of submission in line with journal requirements and with similar work that has been recently published in this section, we opted to present our data as submitted. Please see reference below as an example of the type of publication that we thought was similar in format to our work. Our main concern is that we did not want to shift focus of our manuscript from describing our model to presenting validity data.</p> <p>Obstet Gynecol. 2017 Oct;130(4):873-877. doi: 10.1097/AOG.0000000000002241.</p> <p>Interactive Pelvic Anatomy Model: A Tool for Teaching Basic Pelvic Anatomy. Advolodkina P¹, Chahine EB.</p>
<p>Discussion: Need to discuss the fact that model intra/inter-rater reliability, construct validity and utility as a teaching tool needs to be performed.</p>	<p>Thank you for a pointing this out. We completely agree that more data is needed to study this model. This work is only first step in validation process. Validity work is very important, and we very much appreciate reviewer’s comments about reliability and construct validity. Simulation science needs evidence.</p> <p>Our thinking with regard to amount of validity evidence is as follows:</p> <p>This work is only first step in a lengthy validation process. Validation work is a stepwise process, and getting all of it done in one take is not feasible.</p> <p>In our work, we use modern terminology when referencing validity (which is currently a mandatory standard in simulation literature). It can be found in the reference below and other work by David Cook:</p> <p>Validation of educational assessments: a primer for simulation and beyond. Cook DA, Hatala R. Adv Simul (Lond). 2016 Dec 7;1:31. doi: 10.1186/s41077-016-0033-y. eCollection 2016.</p>

	<p>If reviewer prefers to use older terminology (such as construct validity), instead of current validity standards, our paper only dealt with face validity. Construct validity and intra/inter-rater reliability are beyond the scope of this work, and will be considered to be next steps for the future studies. We feel that it is important to get this model out there for others to see, so that it would motivate others to study and improve it, rather than spending significantly more time in doing in-depth work in silo.</p> <p>Furthermore, more advanced validity work fits into a different submission format-not Procedures and Instruments but rather Original Research article type. For example, reference below addressed construct validity of a novel model and was published as original research article type:</p> <p><u>Development and Validation of a Laparoscopic Simulation Model for Suturing the Vaginal Cuff</u>. King CR, Donnellan N, Guido R, Ecker A, Althouse AD, Mansuria S. Obstet Gynecol. 2015 Oct;126 Suppl 4:27S-35S. doi: 10.1097/AOG.0000000000001053.</p> <p>Finally, the reference below has a similar research design in terms of level and type of validity work, how data is presented, and article type, and has been published recently in green journal:</p> <p><u>Modified Beef Tongue Model for Fourth-Degree Laceration Repair Simulation</u>. Illston JD, Ballard AC, Ellington DR, Richter HE. Obstet Gynecol. 2017 Mar;129(3):491-496. doi: 10.1097/AOG.0000000000001908.</p> <p>For those reasons, we think that data presentation should remain as is.</p>
<p>Tables/Figures: Would rather see data in Figures 10-14 in table form.</p>	<p>When deciding how to present our data, we have considered presenting survey data in table form as reviewer has suggested. However, we think that leaving data presentation as is would allow this work to maintain focus on the model rather than usability survey results data.</p> <p>We thought that reference below was an excellent way to make a point and has a similar research design in terms of how data is presented and submission type, and has been published recently in green journal:</p> <p><u>Modified Beef Tongue Model for Fourth-Degree Laceration Repair Simulation</u>.</p>

	Illston JD, Ballard AC, Ellington DR, Richter HE. Obstet Gynecol. 2017 Mar;129(3):491-496. doi: 10.1097/AOG.0000000000001908.
Reviewer#3:	
We must encourage innovation in our specialty. Simulation training has gone from niche to mainstream and whilst its efficacy in improving training has not been proven in a direct clinical trial (though endless retrospective and non-prospective evidence exists), it's essential part in skill acquisition is without question.	We very much appreciate this sentiment. We also feel that simulation is very important to education and patient safety, and that more resources and money needs to be allocated to it. Without such allocation, it is very challenging to produce evidence work that addresses clinical outcomes questions. Until then, we will continue to do the best we can with little that we have.
EDITORIAL OFFICE COMMENTS:	
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.	1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and	Out total word count is 1997 for the manuscript. I am not sure how figures will influence page count because of the print layout in the final version, but we are happy to make necessary changes to fit stated requirements.

<p>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.</p>	
<p>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.</p>	<p>Abstract word count is 200</p>
<p>10. The Journal's Production Editor had the following to say about the figures in your manuscript:</p> <p>*FIGURE 2: Please provide a version without text and boxes</p> <p>*FIGURE 4: Please provide a version without text and boxes</p> <p>*FIGURE 7: Please provide a version without text and boxes</p> <p>*FIGURE 9: Please add a Y axis label.</p> <p>*FIGURE 10: This figure is identical to Figure 9. Was there a mistake in the uploading process?</p>	<p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p> <p>Yes there was a mistake. Correct figure 9 and figure 10 is uploaded.</p>

Daniel Mosier

From: Veronica Lerner [REDACTED]
Sent: Wednesday, April 10, 2019 10:37 AM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG -19-239R1
Attachments: 19-239_VideoPermission.pdf

Hi, Daniel!

1. Video legend looks good, no edits needed.
2. Laparoscopic hysterectomy is challenging to teach, and colpotomy is considered to be one of the most challenging steps. We have developed a low-cost partial task trainer to teach the colpotomy portion of a laparoscopic hysterectomy. The model consists of porcine stomach attached to a uterine manipulator, and a reusable uterus replica. Video consists of how-to step-by-step instructions to create the model and demonstrates its use in different settings.
3. Attached

I understand about the video.

Thank you for your help, let me know if I need to do anything else.

Sincerely,

Veronica Lerner MD, FACOG
Minimally Invasive Surgery and Urogynecology
Director of Simulation, Department of OBGYN
Department of Obstetrics & Gynecology
Albert Einstein College of Medicine
[REDACTED]

From: Daniel Mosier <dmosier@greenjournal.org>
Date: Tuesday, April 9, 2019 at 4:10 PM
To: lerner gmail [REDACTED]
Subject: RE: Manuscript Revisions: ONG -19-239R1

Dr. Lerner,

Thank you for responding to our queries in a timely manner. While the editors are reviewing the latest version of your manuscript, I'm sending you some items regarding the video. Please complete the following:

1. Please review the attached Video Legend and edit if necessary. Please keep the legend no more than 1-2 sentences in length.

2. Please write a description of the video that is no more than 100 words in length (Note, this description is indexed by the journal search engine, please be as descriptive as possible).
3. Please sign and complete an attached copy of the video permission form. It can be sent as an email attachment, or faxed to 202-479-0830.

Thank you for creating a QR code for the video; however, we will be uploading it onto YouTube and our video gallery, and the QR code that we will ultimately use will need to point to the video on YouTube. We will create this at a later point.

Please let us know if you have any other questions or concerns.

Sincerely,
-Daniel Mosier

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

From: Veronica Lerner [REDACTED]
Sent: Monday, April 8, 2019 6:11 PM
To: Daniel Mosier <dmosier@greenjournal.org>
Subject: Re: Manuscript Revisions: ONG -19-239R1

Dear Daniel,

Thank you very much for your email!

1. I reviewed minor edits and accepted them all. Thank you for making those corrections.
2. Line 25: you are correct, "used with permission" is a typo-o in the legend. Please remove—all this work is original. Not sure who this error occurred.
3. Figures 10-14: completely agree with removal of figures.
4. I made minor edits (tracked) such as line 21 because it is not past tense with regard to presentation, so if those are not ok, please let me know.
5. For our video, I have created a QR scanner image for it (attached). Not sure if that is something you would like to incorporate into the manuscript, but from reading it looks like the video will be uploaded through internal link?
6. In the comments section, you mention that it is 300 words over the limit. Do I need to shorten it?

I attached edited version (last) and the one you emailed me for reference.

Please let me know if I missed anything or need to make further changes.

Sincerely,
Veronica

Veronica Lerner MD, FACOG
Minimally Invasive Surgery and Urogynecology
Director of Simulation, Department of OBGYN
Department of Obstetrics & Gynecology
Albert Einstein College of Medicine
[REDACTED]



From: Daniel Mosier <dmosier@greenjournal.org>

Date: Monday, April 8, 2019 at 3:09 PM

To: lerner gmail 

Subject: Manuscript Revisions: ONG -19-239R1

Dear Dr. Lerner,

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 25: Your video legend says you are using the video with permission, but from whom? If it was created by the authors only and not reused from somewhere, we do not need permission. If it was previously published, please provide written permission from the publisher.
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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, April 10th**.

Sincerely,

-Daniel Mosier