

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Jul 19, 2019
To: "Charlotte Ruth Gamble" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1026

RE: Manuscript Number ONG-19-1026

Caring for patients with uterine cancer in rural and public hospitals in New York State

Dear Dr. Gamble:

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 Aug 09, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Overall: This is a paper reporting a descriptive study of hospital and patient characteristics among women being managed for uterine cancer in New York. There is a lot of data presented. The paper would be stronger if there was more focus on specific characteristics or an outcome. Some of the language of the paper makes it hard for a clinician to appreciate the goals of the paper.

- 1* IRB approval information is provided.
- 2* The authors state conflicts of interest.
- 3* The paper is written well and succinctly. The methods are well described. The results section could be shortened.
- 4* Line 79: What do the authors mean by "penalites". Please be specific.
- 5* Lines 90—92: Did the authors have a hypothesis? If one primary objective were stated the paper would be stronger.
- 6* Lines 165-179: Consider shortening this paragraph and providing summary in text and numbers in the tables.

Reviewer #2: The authors present a retrospective cohort study of women diagnosed with endometrial cancer treated in New York State. Their objective was to evaluate differences between rural and public hospitals. The manuscript is well written, the methods and results are well described and organized. The following comments should be addressed prior to publication:

Methods

- 1. Lines 1104-106. What about patients that were converted from minimally invasive or vaginal surgery to open?
- 2. Does lymphadenectomy include pelvic and para-aortic lymph node dissections?
- 3. Line 146-147. I would strongly recommend removing the cost analysis from the metrics of resource utilization. Charges are very different than actual cost or reimbursement. Charges are very different between hospitals and have no relation to

actual cost of care or reimbursement. It's likely that charges in rural hospitals are very different compared to hospitals in large areas solely based on location and overhead costs that are not related to the specific care of individual patients with endometrial cancer.

Results

1. Line 167. The fact that rural hospitals cared for only 2.2% of the sample is a significant limitation of the study.
2. Line 196-198. The authors report that the rates of lymph node dissection were lower in rural hospitals, however, a significant limitation is the lack of histo-pathology features. It's plausible that patients with low-grade (and perhaps non-invasive) endometrial cancers were treated in rural hospitals and that same population would not have undergone a lymph node dissection in private or public hospitals either. Furthermore, trends in lymph node dissection among patients with endometrial cancer have changed overtime in the US, and since the number of patients with endometrial cancer treated in rural hospitals has also changed overtime, it's possible that the findings do not reflect true differences between rural and private/public hospitals.

Reviewer #3: Caring for patients with uterine c 1 ancer in rural and public hospitals in New York State

The authors present a retrospective cohort study evaluating the perioperative outcomes for women with uterine cancer undergoing hyst at rural and public hospitals in New York State but sing the SPARCS database. They report that there was no significant differences in periop morbidity, transfusion or LOS across the 3 hospital types (public, rural, private). They did note that compared to private hospitals, treatment at rural hospitals was associated with fewer excessive charges and increased inpatient mortality. The authors conclude that operative uterine cancer care is decreasing at rural hospitals, and that public hospitals have similar risk adjusted outcomes at the private hospitals.

Introduction: Well researched and presented concisely, appropriately identifying why this manuscript is necessary.

Materials: This is a retrospective observational cohort study.

Table 1- the year of discharge info is excessive in the chart form- consider describing the highlights of this information within the manuscript as opposed to listing every year stats.

Well described definitions of how outcomes were categorized and analyzed. Resource utilization is an interesting and novel outcomes to include.

Results:

Well presented.

Figure 3- not sure this adds significantly to the manuscript. It is well states that the rural hospitals decreasing cared for patients over the time period from 5.2% to <1 %, and that the public institutions stayed the same. The figure does not add much and the authors may consider excluding this.

Discussion:

Rural hospitals compared to private- fewer MIS, fever LN assessments, caring for less uterine cancer patients over time.

Well presented concise cohort study identifying the challenges in care for women across geographical domains. This must be identified through research such as this in order to allow changes to be made to the health care systems.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: Need to include statistical comparison of baseline differences in Hyst route, age, race, health insurance and comorbidities. Need units for age.
2. Table 2: Need to clarify in the footnotes whether "all comparisons" were all pairwise or using one hospital category as the referent.
3. Fig 4: Should either include in this Figure or separately, the crude RRs to contras with the aRRs
4. Table 2 and Figure 4: According to Table 2, there were ≤ 10 mortalities at the rural hospitals and 43 at the public hospitals. That would translate as too few cases to adjust for multiple variables among the rural hospitals and would limit the number of adjustors to ~ 10 for the public hospitals. It seems likely that there were more than 4 adjustors, so the only aRR for mortality is that for the private hospitals. Similarly, many of the adverse events in the rural hospital group (intraop complications, surg site complication and excessive total charges) likely have too few adverse outcomes to allow

for precise estimation of multiple adjustment of RRs. Furthermore, among rural hospitals, any of the NS findings could be due to low power.

5. Could try a matching algorithm, of the rural vs the other larger cohorts, but the demographic differences may limit that analysis

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. 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:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
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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.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, the database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.

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 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

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

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10. In your Abstract, manuscript Results sections, and tables, the preferred citation should be in terms of an effect size, such as odds ratio or relative risk or the mean difference of a variable between two groups, expressed with appropriate confidence intervals. When such syntax is used, the P value has only secondary importance and often can be omitted or noted as footnotes in a Table format. Putting the results in the form of an effect size makes the result of the statistical test more clinically relevant and gives better context than citing P values alone.

If appropriate, please include number needed to treat for benefits (NNTb) or harm (NNTh). When comparing two procedures, please express the outcome of the comparison in U.S. dollar amounts.

Please standardize the presentation of your data throughout the manuscript submission. For p-values, do not exceed three decimal places (for example, "P = .001"). For percentages, do not exceed one decimal place (for example, 11.1%).

11. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

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

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- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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 Aug 09, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

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