OBSTETRICS & GYNECOLOGY

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

Date: Jul 31, 2020
To: "Ernst Lengyel" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-1501

RE: Manuscript Number ONG-20-1501

Updates in Advanced Ovarian Cancer Treatment 2020: Many New Options!

Dear Dr. Lengyel:

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).

Due to the COVID-19 pandemic, your paper will be maintained in active status for 30 days from the date of this letter. If we have not heard from you by Aug 30, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The purpose of this manuscript was to "summarize the current standard of care, and highlight recently published, high-impact studies that may change the way we care for women with epithelial ovarian cancer going forward." This was a clinical expert series.

1. Would the authors consider re-writing their discussion of the VELIA trial (Lines 196-212)? In Table 1 they note that the Carboplatin, paclitaxel, veliparib with placebo maintenance "was not included in this published analysis." However, they do not mention that this arm of the study was not included in the analysis in the text where they discuss the VELIA trial. Please clarify. If that arm was not included, then their discussion makes more sense.

2. They note that "survival for veliparib versus control was 0.80 for all BRCA wildtype tumors and 0.81 for non-HRD tumors (both non-statistically significant)."(Lines 204-205). Could they supply the 95% confidence intervals for the hazard ratios? Could the authors please define wildtype?

3. Could the authors consider drawing two figures: one with an algorithm for treatment of primary epithelial ovarian cancer and another one for the management of recurrent epithelial ovarian cancer.

4. Line 95: instead of "to perform a systemic lymph node dissection". How about "to perform a pelvic and para-aortic lymph node dissection"?

5. Line 121: "and a dose dense intravenous arm were" dose dense intravenous arm of what?

6. Line 123 & 124: "No significant advantage in progression-free or overall survival was observed in optimally resected patients with stage III disease given intraperitoneal chemotherapy after a median follow-up of" Was this compared to the dose dense intravenous chemotherapy?

7. Line 177: " Survival data were not mature". What do they mean by not mature? Conclusion of the study? 10 years of follow-up? 20 years of follow-up? Follow-up until all participants have died?

8. Lines 326-327: "if their tumors are negative for both germline and somatic testing." Negative for which germline and somatic mutations?

9. Could the authors expand their discussion of immunotherapy? Please discuss PD-1 and why it was chosen as a target? Why was CTLA-4 chosen as a target?

10. In the discussion of genetic testing for women with ovarian cancer could the authors move the discussion about genetic counseling and obtaining a family history earlier in the discussion? Do they suggest a 3 generation pedigree? Will the family history direct which genes to test, eg. family history suggestive of Lynch Syndrome? What genetic testing would they suggest? Please expand this section.

11. Line 426: "but these same advanced". Should it be "but these same advances"?

12. In Table 1. In the SOLO1 trial, under findings in the 4th column. They write "not reached." Could you please supply a footnote about what this means? Study not completed? How long do they plan to follow?

Reviewer #2: The authors present their manuscript entitled, "Updates in Advanced Ovarian Cancer Treatment 2020: Many New Options!" This is a well-written manuscript that reviews the most recent options for treatment of ovarian cancer that have accumulated over the past few years.

Comments and questions for he authors:

Lines 52-54: It should probably be clearly stated that these integrated panels should not be employed for screening, for which they have been mistakenly used.

Lines 55-56: I believe there is published literature on the importance of referral to an oncologist, particularly with respect to patient outcomes, which would be thoughtful to briefly include here.

Lines 84: 'infragastric' - (versus supragastric?) should this be infracolic? or do the authors mean to include both infra- and supra-colic omentectomy (both of which are technically 'infragastric')?

Line 95: 'systemic' - should this be 'systematic'?

Lines 106-107: 'Now combination therapy is even recommended for older patients..." - would re-word this to something to the effect of: 'Now combination therapy is considered for older patients...'

Their report on the current literature of ovarian cancer treatment is succinct yet very thorough.

Lines 355-368: Good review of immunotherapy, and its disappointment thus far. Would it be logical to also briefly mention that these agents can also bring about a number of immunological toxicities that also require particular care?

Lines 381-383: "More women are being treated with neoadjuvant chemo..." - I believe this could be cited with recent SGO State of the Specialty Survey.

The Genetic Testing section is also a nice review and highlights the increasing and evolving importance of the genetic (and molecular) basis of disease.

Line 431: I would argue, while we are not *currently* curing more patients with ovarian cancer, that the recent agents and investigations (particularly with PARP) may be leading to a future increase in cures with certain patient populations.

Likes 431-433: Needs citation.

Overall, this is very detailed yet succinct review of the current state of affairs in the treatment of ovarian cancer. The authors should certainly be commended in being about to convey all this information and data in a logical manner.

Reviewer #3:

Comments:
* Overall great review of where we are with treatment of Epithelial Ovarian Cancer in 2020, including therapies with recent approvals
o Great approach to discussing therapies from front line to the recurrent setting
o Discusses the approach to all EOC patients at all points in their disease process

* Would add DESKTOP III data from ASCO 2020 (meeting has now occurred)
o Address whether this would change your approach to surgery in patients with platinum sensitive ovarian cancer

* Comment on how PARP inhibitors use in the recurrent setting may change now that it is approved in the upfront setting
o Will this lead to using PARP after PARP in the recurrent setting
o Do we think this will change overall outcomes

EDITOR 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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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. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

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 data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. 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: Clinical Expert Series, 25 double-spaced pages (approximately 6,250 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. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

7. 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).

8. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

9. 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 limit for Clinical Expert Series articles is 250 words. Please provide a word count.

10. 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.

11. Line 56 and elsewhere: 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.

12. 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%").

13. 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.

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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.

When 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 30 days from the date of this letter. If we have not heard from you by Aug 30, 2020, we will assume you wish to withdraw the manuscript from further consideration..

Sincerely,

John Schorge, MD
Associate Editor for GYN

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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