

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)*

**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: May 01, 2020
To: "Blair J. Wylie" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-1024

RE: Manuscript Number ONG-20-1024

Lymphopenia and SARS-CoV-2 infection among hospitalized obstetric patients

Dear Dr. Wylie:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to receive your revised manuscript as soon as possible for potential fast-track publication. Your due date has been tentatively set to May 4, but this can be adjusted as needed. The standard revision letter follows.

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).

REVIEWER COMMENTS:

Reviewer #1: Interesting and appropriate for a research letter. Well written.

- 1) Line 35: Suggest "assess whether" rather than "determine if";
- 2) Line 41: Spell out ALC
- 3) Lines 57-66: Because sample size is < 100, percentages should be given in whole numbers only. The same applies to Table 2. In fact, given your overall sample size, you ought to report just whole number percentages for everything;
- 4) Not clear why the n=31 for Table 2;
- 5) Is the reason that NPV declines as specificity falls in Table 2 because they are being applied to difference prevalences? If yes, might give prevalence for each threshold.

Reviewer #2: The authors have submitted a Research Letter on a current real-world issue: how to best utilize their limited supply of COVID-19 tests on the OB unit.

Intro

1 - Their (justifiable) hypothesis is that lymphopenia can serve as a screen for who to test. Citations support this as a concept.

Methods

2 - Straightforward, but could better describe what is meant by 'test performance characteristics' (line 43)

3 - Were the symptomatic patients (line 44) still on the OB unit, or just within the hospital at-large?

Results

4 - Is it necessary to have marital status in Table 1?

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5 - It would be helpful either here or Intro to give a biologically plausible reason why lymphopenia (versus neutropenia, or other parameter) is associated with COVID

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

lines 57-66: Since the total $N = 37$, the %s should all be rounded to nearest integer %, not cited to nearest 0.1% level of precision.

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MANUSCRIPT EDITOR:

1. Needs a running title and precis.
2. Did you receive any funding for your manuscript?

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.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). 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. 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: Research Letters articles should not exceed 2.5 pages (600 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. 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.

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, including spaces, for use as a running foot.

8. Provide a précis on the second page, for use in the Table of Contents. 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."

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.

10. 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.

11. 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%).

12. 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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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 through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

* 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.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 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.

Reviewer #1: Interesting and appropriate for a research letter. Well written.

1) Line 35: Suggest "assess whether" rather than "determine if"

Thank you for this suggestion; this was revised.

2) Line 41: Spell out ALC

Thank you, this was revised.

3) Lines 57-66: Because sample size is < 100, percentages should be given in whole numbers only. The same applies to Table 2. In fact, given your overall sample size, you ought to report just whole number percentages for everything.

Thank you. This has been changed.

4) Not clear why the n=31 for Table 2;

Of the 36 patients with a known COVID-19 test result, only 31 had an ALC value at admission. We have clarified this in the last paragraphs of Results.

5) Is the reason that NPV declines as specificity falls in Table 2 because they are being applied to difference prevalences? If yes, might give prevalence for each threshold.

The population studied and prevalence is the same for all three rows and definitions in Table 2; 15 of 31 patients (48%) in Table 2 had a positive COVID-19 test. In our data, NPV increased with decreasing specificity. The reviewer is correct that NPV decreases and PPV increases with decreasing prevalence. However, there is not a simple rule governing the change in NPV and PPV with changes in sensitivity and specificity. The change in NPV and PPV depends on the relative changes in sensitivity and specificity.

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Intro

1 - Their (justifiable) hypothesis is that lymphopenia can serve as a screen for who to test. Citations support this as a concept.

Thank you for this comment.

Methods

2 - Straightforward, but could better describe what is meant by 'test performance characteristics' (line 43)

Thank you. This section of the methods has been revised and this wording removed.

3 - Were the symptomatic patients (line 44) still on the OB unit, or just within the hospital at-large?

Symptomatic patients were evaluated in OB triage or were admitted to an obstetric service. Wording was revised in the Methods to make this as clear as possible.

Results

4 - Is it necessary to have marital status in Table 1?

We agree this does not add significantly add to our findings and has been removed.

Discussion

5 - It would be helpful either here or Intro to give a biologically plausible reason why lymphopenia (versus neutropenia, or other parameter) is associated with COVID

Thank for this important comment. A line addressing this was added to the discussion (third sentence) with a reference.

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Thank you, this was revised.

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Thank you for this comment. The point estimates and CIs were appropriately rounded.

While we agree that PPV and NPV depend on the disease prevalence and therefore are not generalizable, we feel that these are appropriate parameters to present as a measure of the usefulness of this strategy in our population. We feel that readers can most easily and appropriately interpret this and could reference the sensitivity and specificity when generalizing the results to other populations. However, to further clarify this important distinction, we added the COVID-19 prevalence in this population (48%) to the last paragraph of Results and specified "At a COVID-19 prevalence of 48%" to the last line of the results addressing PPV. We also specified the COVID-19 prevalence in the title of Table 2.

MANUSCRIPT EDITOR:

1. Needs a running title and precis.

Apologies for the omission; these was added.

2. Did you receive any funding for your manuscript?

No, this was added to the title page.