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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

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.

^{*}The corresponding author has opted to make this information publicly available.

Date: Aug 26, 2021 **To:** "Laura Palmere"

From: "The Green Journal" em@greenjournal.org

Subject: Your Submission ONG-21-1627

RE: Manuscript Number ONG-21-1627

Magnitude of financial ties between industry and obstetrics and gynecology fellowship directors

Dear Dr. Palmere:

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).

Please be sure to address the Editor comments (see "EDITOR COMMENTS" below) in your point-by-point response.

Your paper will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by Sep 09, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is an interesting cross sectional study evaluating the receipt of CMS payments by fellowship directors within OBGYN subspecialties between 2013-2020. Selection of this demographic naturally leads to questions regarding the impact of such payments on trainee education, which remains unanswered. Nevertheless, this is an important first step in identifying inconsistencies among OBGYN subspecialty directors.

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I agree with the decision to review results by subspecialty. As expected, the surgical subspecialties (FPMRS & GO) comprised a larger portion of CMS payments, with the very large royalties sum likely related to surgical device innovation.

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Determining the relationship between CMS payments to PDs and the influence on fellow training remains incredibly challenging. While the PD is in a leadership position within the training program, fellows are exposed to a larger group of faculty and staff over a 3-4 year time period. The influence of CMS payments to the entire division may be more telling than to the PD alone.

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General comments: This study aims to evaluate the non-research payments made to Obstetrics and Gynecology fellowship directors and identify varying trends by subspecialty. The retrospective, cross sectional study utilizes data from the Centers of Medicaid and Medicare Services Open Payments database and fellowship director lists from ACGME between 2013 and 2020. The study found that a high proportion of ObGyn fellowship directors receive non-research payments from drug and device manufacturers and there is significant variability in the amount and type of non-research payments by subspecialty.

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STATISTICAL EDITOR COMMENTS:

I

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

ines 55-61 and Table 3: As stated by the Authors, the distributions are non-normal and strongly right skewed. I don't think that the summary in Table 3 sufficiently describes that skew. Instead, should expand the Table (or include another Table) that lists the n(%) in each subspecialty that received: (1) zero \$ (2) \$1-\$100 (3) \$101-\$500 (4) \$501-\$1000 (5) > \$1000, or some other strata that would better inform the reader re: the distributions.

Tables 2, 3: Since the FPMRS is comprised of two groups (OBGYN and Urology), with respective median payments of \$27 and \$53, then how can their combined group have a median = \$76? It would seem that the median would have to be in the \$30-\$40 range, based on the relative size of the two subsets and their medians.

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1. We would be happy to receive a revision of this manuscript but formatted as a "Research Letter."

The formatting guidelines for this article type are as follows:

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Research Letters should be organized using the following headings: Introduction, Methods, Results and Discussion. An abstract should not be included.

- 2. The Editors of Obstetrics & Gynecology have increased 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.
- 3. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review:
- * Include your title page information in the main manuscript file. The title page should appear as the first page of the document. Add any previously omitted Acknowledgements (ie, meeting presentations, preprint DOIs, assistance from non-byline authors).
- * Funding information (ie, grant numbers or industry support statements) should be disclosed on the title page and in the body text. For industry-sponsored studies, the Role of the Funding Source section should be included in the body text of the manuscript.
- * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
- * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context.
- 4. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you uploaded your manuscript, each co-author received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please check with your coauthors to confirm that they received and completed this form, and that the disclosures listed in their eCTA are included on the manuscript's title page.
- 5. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works.
- a. Cite and reword Lines 184-190 (doi:10.1001/jamainternmed.2016.2765).
- b. Cite and reword Lines 206-209 (doi: 10.2106/JBJS.17.00838).
- 6. 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.

- 7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Research Letters should not exceed 600 words and may include no more than two figures and/or tables (2 items total). Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.
- 8. 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).
- * If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."
- 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.
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- 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. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the references you are citing are still current and available. Check the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top). If the reference is still available on the site and isn't listed as "Withdrawn," it's still a current document.

If the reference you are citing has been updated and replaced by a newer version, please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript.

- 13. Figures 1-2: Please upload as figure files on Editorial Manager.
- 14. 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 https://wkauthorservices.editage.com/open-access/hybrid.html.

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 open access, you will receive an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line, "Please Submit Your Open Access Article Publication Charge(s)." Please complete payment of the Open Access charges within 48 hours of receipt.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at http://ong.editorialmanager.com. Your manuscript should be uploaded as a Microsoft Word document. 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. Do not omit your responses to the Editorial Office or Editors' comments.

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Sincerely,

Dwight J. Rouse, MD, MSPH Editor-in-Chief

2020 IMPACT FACTOR: 7.661

2020 IMPACT FACTOR RANKING: 3rd 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.

Laura Palmere SCL St. Joseph Hospital Denver, CO 80218

Dr. Dwight J. Rouse Editor-in Chief Obstetrics and Gynecology

September 5, 2021 Dear Dr. Rouse,

Thank you for your consideration for our research letter entitled Magnitude of financial ties between industry and obstetrics and gynecology fellowship directors" in *Obstetrics and Gynecology*.

The lead author, Laura Palmere, 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 have been explained. We have no conflict of interest to disclose. We confirm that this manuscript has not been published elsewhere; but it will be presented at Pelvic Floor Dysfunction week 2021, American Urogynecologic Society in Phoenix, AZ October 12-15, 2021.

The authors appreciate all of the reviewers, statistician, and the editor's feedback and we have edited

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- 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.

Response to Reviewers

We would like to thank the reviewers and the editors for their friendly amendments to our manuscript.

Reviewer #1

Introduction - Thank you for the reference. It has been added to the manuscript.

Methods - Thank you for this thoughtful question. We re-worded the manuscript to display that we are investigating current fellowship directors (as of 2021), and their payments from 2013-2020.

Reviewer #2

- 3. This sentence has been reworded. Thank you.
- 4. We agree that these terms are somewhat confusing and thus made their use parallel throughout the manuscript.

5 and 6. We agree that these are excellent points of analysis. With the editors recommending a 600-word "Research Letter" format we are unable to include them.

7. We have added this suggested information into figure 1, thank you.

Reviewer #3

- 1. Yes this is an excellent point, but we only looked at non-research payments so therefore the research dollars that PDs receive should not affect our data. Due to the editor's recommendation of a 600 word "Research Letter" we are not able to provide further commentary on this.
- 2. We did not include renumeration because the ACGME Salary Guidebook does not list data for FPMRS over the time studied. In addition MGMA does not include salary data for FPMRS as well.
- 3. According to the CMS website, General payments are "Payments or transfers of value that are not in connection with a research agreement or research protocol."
- 4. We did not assess if institutions have a limit on the amount of non-research payments that can be received. Unfortunately we do not know of a repository of this information.
- 5. We expect that California has the highest payments because of the size of the state and the higher density of physicians practicing in California.
- 6. I am unsure what an advertising board is, and unable to answer this question.
- 7. We have considerably shortened the results section in accordance with your and the Editors' suggestions.

8. Please see response to question 2 regarding the limited data on this topic.

Statistical Editor

Table 3 - This is an excellent suggestion. Thank you. We have added this information to table 1.

Tables 2, 3 – Thank you for raising our attention to this error. The Research Letter format has forced us to condense the FPMRS into one category and the median reported reflects this.

Editor

- 1) Thank you for your consideration of our work. We have formatted the letter as a Research Letter.
- 2) We agree to OPT-IN.
- 3) We have corrected our formatting to match your requirements.
- 5) The sentences which were flagged when ran through CrossCheck have been totally removed from the document due to the new word limit.

I, Laura Palmere, have reviewed and edited the submission to omit any identifying information. I hereby submit this self-blinded manuscript for consideration in Obstetrics & Gynecology.

Please address all correspondence concerning this manuscript to me at you for your consideration.

Sincerely,
Dr. Laura Palmere, MD
OBGYN PGY-4 Resident
SCL St. Joseph Hospital, Denver