

OBSTETRICS & GYNECOLOGY



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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)*

**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: Nov 15, 2021
To: "Michael Richley" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-2092

RE: Manuscript Number ONG-21-2092

Use of neutralizing monoclonal antibodies for coronavirus disease-2019 (COVID-19) in pregnancy: A case series

Dear Dr. Richley:

Your manuscript has been reviewed by the Editorial Board and by special expert referees and they would like to see a revised version quickly, as to fast-track this as much as possible.

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 7 days from the date of this letter. If we have not heard from you by Nov 29, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The authors report their experience with monoclonal antibodies against SARS-CoV-2 in a subset of pregnant individuals.

1. Was the only inclusion criterium pregnancy?
2. I think some background about the current use of monoclonal antibodies should be given as background for the varied readers of the Journal: simply, that this therapy is for those who have tested positive with mild symptoms (for <7 days) and are at high risk for developing more serious illness. You do discuss this in paragraph 2 (including the Emergency Use Authorization), but I think this could be made clearer.
3. Who (and how many individuals) performed the chart review for this project?
4. Although you describe the patients with reactions from the infusions in detail, this amounts to 2/15 (13.3%). How percent of the entire cohort (450 individuals) had reactions?
5. In your table, I couldn't identify the individual in the key who had had two doses of the vaccine but wasn't two weeks post inoculation: was there any discussion about the need to include this individual?
6. A BMI >25 seems quite non specific: it would have been more complete to have the actual BMI listed (that data must have been available for this project). Especially given the large range in gestational age, the actual BMI would be a useful addition.

Reviewer #2:

The authors present a case series of pregnant women with COVID-19 who received monoclonal antibodies. I have several questions for the authors:

1. exactly who was consented for what and when? were the patients who received the monoclonal antibodies consented for the treatment AND the study? or, was this a retrospective review of patients who consented to treatment?
2. similarly, the study is described at prospective, but was it really? meaning, was this treatment given under the

supervision of a prospective study? if so, it should have been registered with clinicaltrials.gov. however, if the treatment was given under clinical care and the data was then collected retrospectively, this would be considered a retrospective study, not prospective.

3. line 46. if there was an institutional protocol, please include this as a Figure

4. what was the dose administered? over how much time? (if this is all in the protocol in question 3, that is fine as well)

EDITORIAL OFFICE COMMENTS:

1. 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.

2. 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.

3. 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.

4. 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.

5. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research,

and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at <http://ong.editorialmanager.com>. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

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: Original Research reports should not exceed 5,500 words. 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. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

10. 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 Original Research articles is 300 words; Reviews is 300 words; Case Reports is 125 words; Current Commentary articles is 250 words; Executive Summaries, Consensus Statements, and Guidelines are 250 words; Clinical Practice and Quality is 300 words; Procedures and

Instruments is 200 words. Please provide a word count.

11. 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.

12. 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.

13. ACOG avoids using "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

14. 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%).

15. Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

16. 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.

17. 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.

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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.

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 Nov 29, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

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.

Dear Reviewers and Editors,

Thank you for your careful consideration of our manuscript. We have addressed each of the queries, with the corresponding line numbers from the revised manuscript listed.

Reviewer #1:

1. Was the only inclusion criterium pregnancy?

At the time of this retrospective series, all pregnant individuals were eligible for treatment if they test positive for SARS-CoV2 on polymerase chain reaction and had mild symptoms. All patients who received treatment were included in the case series. We have added a sentence in **lines 41-43** to clarify this point.

2. I think some background about the current use of monoclonal antibodies should be given as background for the varied readers of the Journal: simply, that this therapy is for those who have tested positive with mild symptoms (for <7 days) and are at high risk for developing more serious illness. You do discuss this in paragraph 2 (including the Emergency Use Authorization), but I think this could be made clearer.

Thank you for this feedback. Brief discussion regarding the proposed mechanism of action of monoclonal antibodies have been added to this introduction in **Lines 23-26**,

3. Who (and how many individuals) performed the chart review for this project?

A single reviewer (MR) reviewed the charts. We have noted this in **line 51**.

4. Although you describe the patients with reactions from the infusions in detail, this amounts to 2/15 (13.3%). How percent of the entire cohort (450 individuals) had reactions?

Within the institutional cohort of 450 patients, the reported adverse reaction rate was 2/450 (0.44%). The only 2 patients that had reactions were pregnant. We have added this to the results section in **lines 76-78**, while noting that the charts of the non-pregnant individuals were not directly reviewed.

5. In your table, I couldn't identify the individual in the key who had had two doses of the vaccine but wasn't two weeks post inoculation: was there any discussion about the need to include this individual?

This patient who had not reached two weeks post-inoculation is designated in the table as “***” under the “Fully Vaccinated” column (patient 10.). We have added the patient number to the end of the legend also.

6. A BMI >25 seems quite non specific: it would have been more complete to have the actual BMI listed (that data must have been available for this project). Especially given the large range in gestational age, the actual BMI would be a useful addition.

Our initial submission had included BMI in the table, but per the editors' recommendations, the column was removed to further de-identify the data. If the reviewers and editors agree that this data should be re-included in the table, we will add this column back in the table. We look forward to your instructions.

Reviewer #2:

The authors present a case series of pregnant women with COVID-19 who received monoclonal antibodies. I have several questions for the authors:

1. exactly who was consented for what and when? were the patients who received the monoclonal antibodies consented for the treatment AND the study? or, was this a retrospective review of patients who consented to treatment?

The patients were consented before the monoclonal antibody and pregnancy management as per institutional protocol. Consenting for the case series was conducted separately after the fact.

2. similarly, the study is described as prospective, but was it really? meaning, was this treatment given under the supervision of a prospective study? if so, it should have been registered with clinicaltrials.gov. however, if the treatment was given under clinical care and the data was then collected retrospectively, this would be considered a retrospective study, not prospective.

Thank you for making this distinction. We have changed **line 37** to "*retrospective*."

3. line 46. if there was an institutional protocol, please include this as a Figure

4. what was the dose administered? over how much time? (if this is all in the protocol in question 3, that is fine as well)

The institutional protocol is now included as, including the dose and administration time.