

OBSTETRICS & GYNECOLOGY



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

Date: Jan 04, 2022
To: "Christopher Douglas" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-2358

RE: Manuscript Number ONG-21-2358

Fertility preservation for transgender males: counseling and timing of treatment

Dear Dr. Douglas:

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 Jan 18, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors review literature regarding fertility preservation for transgender males and discuss the timing of oocyte cryopreservation in relation to hormone therapy. They review several newly published studies from 2020 and 2021 on oocyte cryopreservation in transgender men on and off hormone therapy, as well as some data on subsequent pregnancy. They also review concerns regarding aneuploidy and worsening gender dysphoria related to age of treatment.

1. Line 121: There needs to be additional discussion of potential long-term health implications for the baby related to high androgen levels.
2. Lines 147-180: There are several mechanisms proposed to help reduce dysphoria during oocyte cryopreservation cycles, which should be briefly reviewed.
3. Lines 195-203: Compare to IVM outcomes from OTC in patients not on testosterone.
4. Line 205: This whole section ought to be earlier in the manuscript (before ovarian stimulation outcomes).

Reviewer #2: This is a commentary on timing of fertility counseling in TM individuals undergoing gender transition. It is a timely paper and adds an important message to the already existing literature. The authors highlight the current data that exist and also the paucity of data that also exists. The review is thorough and all encompassing. The take home message is clear.

My only comment is the following and I wish for the authors to expand their discussion a bit more to include the following: the actual challenges that TM patients face in deciding to pursue FP options. In practice, patients usually decline options as a result of the cost burden and also the significant gender dysphoria associated with stopping their cross-sex HT. These challenges often cloud their ability to make decisions about their actual FP goals. I would also like the authors to acknowledge the mean age of hysterectomy reported in most studies of TM patients. The mean age is very young - patients lack foresight into their FP needs and goals at this age and this poses a big challenge as well in the timing of counseling, before irreversible procedure are done.

The above are important points and would make the discussion a little more robust.

Reviewer #3: This commentary sought to review the literature on fertility preservation outcomes among transgender males and to attempt to provide recommendations on when it is best to pursue fertility preservation in this population. I think this topic is one that general ob/gyns will have to face with greater frequency.

Overall critique: The authors have done a nice job of reviewing the literature on a difficult topic. The comments related to the mental well-being of transgender individuals when undergoing FP procedures were insightful.

Major criticism:

- 1) Although the authors note throughout the literature review that very limited data is available, they do not reiterate that within the conclusion/recommendation paragraph. The authors should consider adding a comment within the discussion section that outcomes, although currently reassuring, have not yet been well-studied.
- 2) The final sentence states "...data suggesting good reproductive outcomes despite prior testosterone therapy..." I think that portion of the sentence is slightly misleading. The authors should consider rephrasing or again noting that data is limited: example "...and current limited data indicating possible good reproductive outcomes despite prior testosterone therapy..."

Minor criticism:

- 1) Since the authors have reviewed the literature that is currently available, they should consider making a comment regarding potential future avenues of research within this patient population.

EDITOR 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.

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4. The journal does not permit statements about joint authorship, equal contributions, or similar statements. This statement will need to be removed from the title page. Please finalize your author order before submitting your revision.

5. 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.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by

manuscript type: Current Commentary articles should not exceed 3,000 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

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).
- * 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]."

8. 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 Current Commentary articles is 250 words. Please provide a word count.

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. 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.

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%).

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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 14 days from the date of this letter. If we have not heard from you by Jan 18, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
Jason D. Wright, MD
Editor-in-Chief

2020 IMPACT FACTOR: 7.661
2020 IMPACT FACTOR RANKING: 3rd out of 83 ob/gyn journals

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