

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

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

Date: Feb 25, 2022
To: "Sarah M Temkin" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-121

RE: Manuscript Number ONG-22-121

Perspectives from Advancing NIH Research to Inform and Improve the Health of Women: A Conference Summary

Dear Dr. Temkin:

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

REVIEWER COMMENTS:

Reviewer #1: Review of Manuscript ONG-22-121 "Perspectives from advancing NIH research to inform and improve the health of women: A conference summary"

An executive summary of a recent virtual NIH sponsored conference dealing with several issues in women' health care has been submitted for review. As noted by the authors, the conference set to address three specific areas including Maternal Mortality, Chronic diseases in Women and Stagnant cervical cancer survival. While not original research, a summary as well as issues with underfunding have been discussed by the authors. I have the following questions and comments.

Title - No comments although consider adding the year to the title.

Précis - While true, is there a specific take away from this conference that can be used to summarize its impact on the future of Women's Health?

Abstract - Line 6 - I think you can delete recently or even put a date on this since it was a Congressionally lead request.

Background/Subject Headings -

Line 44 - Consider providing similar rates for other countries (Canada, Germany, UK?) to help put in context for those that don't follow this subject area.

Line 50 - Not only is screening and vaccination available it is effective at prevention which should be stressed.

Line 72 - This observation that about 1/10 of NIH funding is evaluating health care for women would be a nice precis.

Line 88- What about commenting on the role of limiting enrollment by sex?

Line 141 - Another potential take home precis message.

Line 158-9 - Again another representative OBS of how woefully under resourced research in women's health care is at present.

Line 169 - Rather than just providing the NCT numbers can you either: (A) comment on what the trials are investigating or

(B) Make a table demonstrating this information?

Line 243 - Consider using GY022 (NCT03997370) as an example of collecting outcome data by sex.

Tables - Table 1 - It is not clear why portions of the table are shaded gray. It appears that these areas have incomplete data, hence the shading, but please consider making this more clear.

Figures - Figures - No comments as these depict what is noted and seem to support the observations from the manuscript.

Reviewer #2:

Dear Authors,

Thank you for reviewing and providing a summary of the October 2021 women's health conference. You provide an excellent background of the rationale for the organization of the meeting and the 3 priority areas targeted by Congress for review. You also summarize the NIH, its subgroups and other governmental agencies roles in the funding and execution of women's health research. The proceedings of the meeting are categorized well into current activities in the 3 main categories and opportunities and gaps. Thank you for this summary. The following are some comments, potential areas for clarification within the manuscript.

- Line 24: It might be helpful for the reader to understand why and/or how the House and Senate appropriations committees selected these 3 specific target areas. Further, is the mandate from congress to convene a meeting on women's health or any other health topic relevant to the NIH an annual request or was this particularly unique?

- Line 44 - A minor point but for context it might be helpful to provide an example of a peer country maternal mortality rate here?

- Line 140-142/Table 1 - Are these ratios specific to women or for all individuals with low back pain or HIV. The statement that NIH funding was not aligned with burden of disease - can you provide an example of what that means? Table 1 looks great, but again an additional sentence perhaps referencing one or two of the cells in the table may help the reader better understand the mismatch between burden of disease and spending.

- Figure 1 - Is there a comparable figure for men's health spending, would that be helpful as a supplemental material to highlight the disparities in funding?

- General comment - would it be possible to have a legend for all of the acronyms used in the paper? There are so many and it is time consuming for the reader to search the text for original location of the acronym to remind themselves of which subgroup or organization is being referenced.

- Line 282-288 - In conclusions, you share summarize the NIH strategic plan for women's health research - were these a result of the meeting or how do they relate. How do these goals and the gaps and opportunities you summarize in prior sections become actionable? Following this Oct 2021 conference, what do the stakeholders take away and how does it actually shape NIH sponsored women's health research moving forward?

- Final general comment - given that a large majority of the consumers of the Green Journal are OB/GYN clinicians, perhaps some minor additions to contextualize how these conferences translate into the care of women they see every day may be helpful.

Reviewer #3: This is a very valuable summary of a conference that is particularly important for the readers of this journal. There are only a few small edits for grammar etc that I would add.

Abstract:

This lays out the purpose of the manuscript well and provides a good brief summary.

Background:

Well organized and a good outline of the problem being addressed.

Current NIH Activities:

I don't know that there are clear ways to avoid this, but there are many acronyms which gets confusing as you read through the article. I found myself needing to go back and forth to remind myself which was which.

Research on Women's Health:

The last sentence ending on line 93 is a little confusing. It seems opposite of the information in the remainder of the paragraph. I would think the disparities between burden of disease and funding for research are higher for conditions in women.

Maternal Morbidity and Mortality:

This provides a nice summary of current activities to address this crisis, and provides good ideas for ways to address some of the other women's health issues.

Rising Rates of Chronic Debilitating Diseases in Women:

This provides a great summary of the situation and explanations of some of the epidemiologic measures of burden etc. There is a small typo in line 137 "years of life lost to due to". I was initially somewhat confused by the presentation of table 1, but after reading further I do understand. I wonder if there is a different way to present the data, potentially a graph that could better illustrate the deficits between the DALY burden and the funding, or rather misalignment. I also wonder if there was any discussion of the overall state of health in the US with increasing chronic illness and considering this within the context of women's health.

Cervical Cancer:

Good summary. I wonder if it is felt that the focus on prevention and early detection is a bad thing. It seems that many of the studies addressing treatment seem to be ongoing, but addressing prevention and early detection is a reasonable public health measure.

Public Comments:

Good summary and I am glad that this is included, as any implementation research would require investment from the general population.

Advancing NIH Research on the Health of Women: A 2021 Conference Proceedings:

A good summary of the activities of the conference and good to include the website for further review.

Research Gaps and Opportunities

This provides a great summary of the themes identified. However, I wonder if anybody addressed ways to focus more energy on women's health research and collect data in a way that allows for more intersectionality considerations. For instance, are there better ways to collect data to also include gender non-binary persons. Granted, this is very complex, and it may be outside the scope of the conference, given the outlined goals and issues to address.

Conclusion:

This presents a great summary and I appreciate the numbered list of strategic goals to take steps forward.

Table 1: Comment above

Figure 1: great depiction of disparities in research in women's health issues

Figure 2: A good illustration to describe the different specific areas being addressed

Figure 3: A nice illustration to depict current study in cervical cancer.

EDITOR COMMENTS:

1. Please verify that the conference summary, or a portion of the summary, is not currently under review or in press at another scientific journal.

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. 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]."

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

7. **Precis** - Please edit the existing precis so that you are stating the take-home point of the conference. The current sentence is very general.

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."

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 Executive Summaries, Consensus Statements, and Guidelines are 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. 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. 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.

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.

13. 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.

14. Figures 1-3 may be resubmitted as-is with the revision.

15. 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.

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 Mar 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

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.