

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)*
- Email correspondence between the editorial office and the authors*

**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: Jan 24, 2019
To: "Elizabeth Rubin" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-2386

RE: Manuscript Number ONG-18-2386

Sex Toys: A Clinical Reference Guide to Sexual Enhancement Devices for Obstetricians & Gynecologists

Dear Dr. Rubin:

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).

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 Feb 14, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: While this is an interesting topic there are major deficits in this paper.

A comprehensive literature review of sexual devices should be included and demonstrate the importance and utility in as both an enhancement and medical therapeutic device. The authors neglect to make the distinction between sexual enhancement and sexual therapeutic use which is critical when discussing the sexual device availability. While the classification is interesting it is far from complete.

Please review the manuscript for references as in many instances there is author opinion and no references are made. Please include references for the disinfecting methods.

The authors did not include counseling for sexual accessories which is critical for the HCP- how can the HCP incorporate sex toys into their counseling repertoire and how should this be monitored and or modified based upon culture and ethnicity.

Please include more statistics if available about trauma and infection.

The authors do not mention any mechanism of action why sexual accessories should be included.

Breakage is feasible for both vaginal and anal area and both would be considered emergencies.

Please support your statement of theoretical risk of orgasm induced contractions. While the literature supports that sexual activity and orgasm can occur in pregnancy there is no data to support it is impactful on the developing fetus.

The authors fail to discuss "pegging" or when heterosexual women wear strap on devices to anally penetrate their heterosexual partners.

Reviewer #2: This article provides a summary of sexual enhancement devices and information on their care and use.

Please address the following issues.

1. Please explain in the Terminology section why the word "sex toys" is the most appropriate term. Please provide

citations from peer reviewed articles. Line 133 states "sex toy" may be more appropriate but does not provide any support for its use. Authors should reconsider using the term "Sex Toys" in the title as well. According to the Webster dictionary, the word "toy" is defined as "something a child plays with." This is a medical journal and use of the colloquial term in the title does not seem appropriate.

2. It would be helpful if the authors provided photographs of each device. It was difficult to envision some of these devices and a pictorial representation or actual photograph would be helpful to obstetrician gynecologists who are not familiar with these.
3. Please give specific examples of oil based and water based lubricants. To make this a complete review and practical, please provide this information so gynecologists know which lubricant to recommend specifically. For example, is water based KY Jelly and Astroglide the best? Astroglide is also available as silicone and oil based. Out of all these products, which one do the authors recommend and why? It would be helpful to provide this information in a table. Similarly, which barriers do the authors recommend? Please give examples of type of barriers including condoms.
4. In the section on Cleaning and Disinfection, please provide citations of the various disinfection methods recommended? Is the use of a diluted bleach solution considered safe for a device that later will be in contact with a mucosal surface? Has that been studied? Was the list in Box 3 compiled based on manufacturer's recommendations? Please explain. Please also specify the disinfection method that is recommended for each specific material type. For example, what is the best disinfection method for a product made from glass versus one made of silicone or plastic?
5. In the section on Purchasing, the authors recommend that patients be referred to "websites with safety-minded inventory or medical professional oversight" but do not give examples of these websites. Please give a list of recommended websites. If none are available, please discuss and explain.
6. There are numerous typos and grammatical errors throughout. Line 215, "can transmitted" should be "can be transmitted." Line 321, "Personal lubricant" should add "A" to make it "A personal lubricant." Line 351, "used-friendly" should be "user-friendly." Line 366, "by affect patients' sexual function" should be "by affecting patients' sexual function." Box 5 has Arthritis listed twice.

Reviewer #3: Rubin and colleagues provide a review of sexual enhancement devices. Comments for the authors:

1. This is certainly an underrecognized topic and one of importance to practicing gynecologists.

Abstract

2. The last paragraph of the Abstract seems a bit out of place. The first two paragraphs are fairly general and the last very specific. Probably need a bit more explanation of silicon sexual devices.

Introduction

3. Well written overview.

Terminology

4. Line 124 typographical error "the" medical literature.
5. The Table is helpful.
6. Perhaps medically appropriate images of some of the devices would be useful.
7. If there is any efficacy data for the devices it should be included. Understandably this is likely limited.
8. Lines 208-209 "moreover 71.5% of those surveyed never experienced side effects". This would seem to imply that nearly 30% of women had side effects.
9. HPV transmission from fomites is often a significant concern among women. Some estimate of the frequency with which this occurs would be useful.
10. Line 356 "present in the genitals" should be rephrased.
11. More specific recommendations or data around sexual device use in women with disability would be useful if available. The disabilities listed are quite diverse and there are likely different issues for different populations.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- Please edit your title to remove "Sex Toys."
- it's now only the American College of Obstetricians and Gynecologists
- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.
- sometimes require colorectal surgery. or ...require intervention from colorectal surgeons.
- you've made specific comments in next section on various aspects of use of these materials except for "food". Are there specific recommendations here?
- perhaps "advising"?

2. 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, as well as subsequent author queries. 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:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. 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.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. 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. Your current manuscript is a little longer than most Current Commentary submissions (12 pages), but we will allow you to remain at your current length. Please keep this in mind when you are revising your submission. 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. 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).

6. 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 limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

7. 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.

8. The commercial name (with the generic name in parentheses) may be used once in the body of the manuscript. Use the generic name at each mention thereafter. Commercial names should not be used in the title, précis, or abstract.

9. 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.

10. 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.

11. 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 reference you are citing is still current and available. If the reference you are citing has been updated (ie, 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 (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

12. The Web Editor would like you to think about submitting a narrated video to accompany your manuscript. If you choose to do so, the Editors would like the video to show examples of the devices mentioned in Boxes 1 and 2. You could do a narrated or captioned PowerPoint slide deck or a video in which you appear and showcase the devices.

The video file may be uploaded with your revised submission as "supplemental digital content." Acceptable file types include .wmv, .swf, .flv, .mov, .mp4, .avi, .mpg, .mpeg, or .m4v. The file may not exceed 100 MB. The video will accompany your article as supplemental digital content on the Green Journal web site, be displayed in the journal's video gallery, and also be uploaded to the journal's YouTube channel (if deemed appropriate by the editors). If you have questions prior to submission, please contact the journal's production editor at obgyn@greenjournal.org.

13. 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 <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

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.

14. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

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 Feb 14, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD

Editor-in-Chief

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.

February 13, 2019

RE: Manuscript Number ONG-18-2386

Sexual Devices: A Clinical Reference Guide for Obstetricians & Gynecologists

Dear Editors,

Thank you for the opportunity to resubmit our manuscript for consideration. We appreciate all of the comments by the reviewers, and have addressed each point in our comments. A new version of the manuscript which reflects our changes in “track changes” format is attached. Your comments have helped us strongly improve this manuscript for possible publication. We agree to the “OPT-IN” option of having our response letter publishes as well as any subsequent email correspondence related to author queries. Our hope is that this publication will serve as a guide for many healthcare providers to screen and counsel their patients about safe sexual device use.

Sincerely,

Elizabeth Rubin, Neha Deshpande, Peter Vasquez, Susan Kellogg

Reviewer #1:

Comment 1: While this is an interesting topic there are major deficits in this paper. A comprehensive literature review of sexual devices should be included and demonstrate the importance and utility in as both an enhancement and medical therapeutic device.

References were initially limited due to the recommended limit for a clinical commentary, rather than that of a systematic review. We have included 10 additional references in the manuscript. We have removed the term “sex toy” and replaced with “sexual device” to convey the importance and utility of these devices for medical benefit. However, we feel it is important to introduce the word “sex toy” in the manuscript so that readership can understand that this is the colloquially used term for these devices that many patients may use and are familiar with.

Comment 2: The authors neglect to make the distinction between sexual enhancement and sexual therapeutic use which is critical when discussing the sexual device availability. While the classification is interesting it is far from complete.

The “Terminology” section of this paper has been revised to better clarify this distinction, please see lines 135-145.

Comment 3: Please review the manuscript for references as in many instances there is author opinion and no references are made. Please include references for the disinfecting methods.

We have included 11 additional references in the manuscript. The “Cleaning and Disinfection” section has been revised with many references included, please see lines 357-405.

Comment 4: The authors did not include counseling for sexual accessories which is critical for the HCP- how can the HCP incorporate sex toys into their counseling repertoire and how should this be monitored and or modified based upon culture and ethnicity.

We have included a section called “Screening and Counseling” which addresses how healthcare providers can ask their patients about sexual devices during clinic visits. We have given examples of screening questions in Box 1. Given the prevalence of sexual device use, we believe that these are non-judgmental and non-assuming standard screening questions that may be considered for all patients, regardless of their gender identity, sexual orientation, age, culture or ethnicity.

Comment 5: Please include more statistics if available about trauma and infection.

We have cited all of the available articles about trauma and infection. The vast majority of articles surrounding trauma are case reports or studies on retained objects. We have already cited all the landmark papers about infection and sexual device use.

Comment 6: The authors do not mention any mechanism of action why sexual accessories should be included.

In the first paragraph of the “Terminology” section, we have addressed the mechanism of action of most sexual devices. See lines 141-145

Comment 7: Breakage is feasible for both vaginal and anal area and both would be considered emergencies.

The comment about glass breakage in the rectum that the reviewer is referencing is in the “Anal-specific devices” section, as such we have only addressed surgical emergency pertaining to breakage in the rectum. We agree however, that glass devices should be used with caution in the vagina and completely avoided in the rectum and should be made with borosilicate glass which is stronger and less likely to break. We have emphasized this statement in the “Nonporous materials” section in lines 327-328. We have added a sentence to address that glass breakage in the vagina or rectum can cause lacerations or perforations and should warrant immediate evaluation.

Comment 8: Please support your statement of theoretical risk of orgasm induced contractions. While the literature supports that sexual activity and orgasm can occur in pregnancy there is no data to support it is impactful on the developing fetus.

This statement is correct – there is no data to support the impact of orgasm on the developing fetus and it is certainly not our intention to dissuade patients from engaging in sexual activity or having orgasms during pregnancy. This sentence was included to address the ongoing debate since the 1970s regarding the concerns that orgasms could induce contractions/labor. While this has not been supported with evidence, it remains an area of concern for some obstetricians, which we are trying to debunk. Our sentence has been revised to make this clearer in lines 412-414 and we had included an additional reference by Millheiser (J Sex Med 2012). We do not make any references regarding adverse fetal effects.

Comment 9: The authors fail to discuss "pegging" or when heterosexual women wear strap on devices to anally penetrate their heterosexual partners.

The second paragraph under “penetrative devices” discusses using strap-on devices for anal or vaginal partnered sexual activity across the gender and sexual orientation spectrums. The authors of this paper feel this addresses strap-on sexual activity in the most inclusive manner. Addressing all types of sexual expression that can be beneficial to heterosexual cisgender couples as well as LGBTQ couples is beyond the scope of this paper, however we have included a sentence about pegging in lines 213 as requested.

Reviewer #2:

Comment 1: Please explain in the Terminology section why the word "sex toys" is the most appropriate term. Please provide citations from peer reviewed articles. Line 133 states "sex toy" may be more appropriate but does not provide any support for its use. Authors should reconsider using the term "Sex Toys" in the title as well. According to the Webster dictionary, the word "toy" is defined as "something a child plays with." This is a medical journal and use of the colloquial term in the title does not seem appropriate.

The Oxford dictionary also defines a "toy" as a "an object, especially a gadget or machine, regarded as providing amusement for an adult," however, we agree with the reviewer's comments and have removed the word "sex toy" and replaced it with "sexual device" throughout the paper. We elaborate on the medical therapeutic benefits and sexual enhancement benefits of these devices. However, we feel it is important to once mention the word "sex toy" so that readership can understand that this is the colloquially used term for these devices that many patients may use and are familiar with.

Comment 2: It would be helpful if the authors provided photographs of each device. It was difficult to envision some of these devices and a pictorial representation or actual photograph would be helpful to obstetrician gynecologists who are not familiar with these.

We have worked with a graphic designer to create beautiful high-resolution images of the referenced sexual devices used by patients in our manuscript (vibrator, collision dyspareunia device or bumper, anal plug, air pulsation device, and dildo). The images as attached as figures. The figure legend can be found on on the last page of the manuscript.

Comment 3: Please give specific examples of oil based and water based lubricants. To make this a complete review and practical, please provide this information so gynecologists know which lubricant to recommend specifically. For example, is water based KY Jelly and Astroglide the best? Astroglide is also available as silicone and oil based. Out of all these products, which one do the authors recommend and why? It would be helpful to provide this information in a table. Similarly, which barriers do the authors recommend? Please give examples of type of barriers including condoms.

There are hundreds of different types of lubricants manufactured by different companies. While we address specific lubricant compatibilities with sexual device material, recommending specific examples of lubricant is beyond the scope of this paper and would be author opinion only. If the reviewers/editors feel that this is necessary, we can provide examples of oil, water, and silicone based lubricants, however we do not want to incorrectly endorse or advertise specific products/companies to the readership for purchase.

Comment 4: In the section on Cleaning and Disinfection, please provide citations of the various disinfection methods recommended? Is the use of a diluted bleach solution considered safe for a device that later will be in contact with a mucosal surface? Has that been studied? Was the list in Box 3 compiled based on manufacturer's recommendations? Please explain. Please also specify the disinfection method that is recommended for each specific material type. For

example, what is the best disinfection method for a product made from glass versus one made of silicone or plastic?

We have completely revised the "Cleaning and Disinfection" section to reflect these changes. There is very limited data on cleaning and disinfection however we have added the references which are available. While not explicitly studied in this context. Bleach (sodium hypochlorite) is one of the most common chemicals used to chlorinate swimming pools and thus contact with mucosal surface in dilute form is not inherently injurious. It is also one of the only effective disinfectants against HPV. In addition, the Centers for Disease Control also mention bleach as recommended agent for disinfection in their guidelines (<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r11>)

We have emphasized that it is necessary to copiously wash the sexual device after disinfection with bleach prior to contact with any mucosal surface. It would not be possible to cite all the various manufacturer recommendation. Box 3 is now changed to Table 3 and includes a list of disinfection methods commonly recommended by manufacturers and retailers and their limitations, including for which material type.

Comment 5: In the section on Purchasing, the authors recommend that patients be referred to "websites with safety-minded inventory or medical professional oversight" but do not give examples of these websites. Please give a list of recommended websites. If none are available, please discuss and explain.

The authors feel that we should avoid giving specific examples of retailers so that we do not endorse particular brands or products. If the reviewers and editors feel strongly about this inclusion, we will provide a list of websites.

Comment 6: There are numerous typos and grammatical errors throughout. Line 215, "can transmitted" should be "can be transmitted." Line 321, "Personal lubricant" should add "A" to make it "A personal lubricant." Line 351, "used-friendly" should be "user-friendly." Line 366, "by affect patients' sexual function" should be "by affecting patients' sexual function." Box 5 has Arthritis listed twice.

We thank the reviewer for pointing out these typos. We have corrected all of these errors mentioned above in this paper. Additional typos have been found and corrected. We have replaced arthritis with depression.

Reviewer #3:

Comment 1: The last paragraph of the Abstract seems a bit out of place. The first two paragraphs are fairly general and the last very specific. Probably need a bit more explanation of silicon sexual devices.

We have altered the abstract to reflect these changes and believe that it reads better now.

Comment 2: Line 124 typographical error "the" medical literature.

We have changed this typo

Comment 3: Perhaps medically appropriate images of some of the devices would be useful.

We have worked with a graphic designer to create beautiful high-resolution images of the most common types of sexual devices used by patients (vibrator, collision dyspareunia device or bumper, anal plug, air pulsation device, and dildo)

Comment 4: If there is any efficacy data for the devices it should be included. Understandably this is likely limited.

There is no reliable or well-studied efficacy data for individual devices. However, we have added more references to address that sexual devices can improve the overall sexual experience in women who struggle with sexual dysfunction.

Comment 5: Lines 208-209 "moreover 71.5% of those surveyed never experienced side effects". This would seem to imply that nearly 30% of women had side effects.

This statement is correct. We have clarified this sentence. "Among the almost 30% of patients who experienced side effects, these were generally self-resolving and with no long-term implications and included mild numbness, irritation, inflammation and, rarely, pain."

Comment 6: HPV transmission from fomites is often a significant concern among women. Some estimate of the frequency with which this occurs would be useful.

We have brought up this concern in lines 273-274. HPV can be detected on porous sexual devices up to 24 hours after standard cleaning (Anderson et al, Sex Transm Infect 2014). There is no data available about frequency of transmission. We have included additional references about persistence of HPV on other medical devices and effective methods for disinfection (references 2, 14, 20, 28,29). We agree this needs to be more strongly emphasized and have revised our disinfection section to more directly address aspects of HPV inactivation, lines 372-405.

Comment 7: Line 356 "present in the genitals" should be rephrased.

We have corrected this to read, "physical changes may occur" and believe that it reads better now

Comment 8: More specific recommendations or data around sexual device use in women with disability would be useful if available. The disabilities listed are quite diverse and there are likely different issues for different populations.

While we feel that this is an extremely important consideration, we feel that a full review on this topic is beyond the scope of our paper, as this can be an entire paper on its own. Our paper serves an introduction for Ob/Gyns to learn about sexual devices rather than a comprehensive review for sexual medicine practitioners.

Editor Comments:

Comment 1: Please edit your title to remove "Sex Toys."

We have made this edit and changed the term "sex toys" to "sexual devices" throughout the paper

Comment 2: It is now only the American College of Obstetricians and Gynecologists

We have made this edit throughout the paper

Comment 3: The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

We have made this edit throughout the paper

Comment 4: "sometimes require colorectal surgery" or "require intervention from colorectal surgeons."

We have made this correction to clarify this sentence

Comment 5: You've made specific comments in next section on various aspects of use of these materials except for "food". Are there specific recommendations here? Perhaps "advising"?

We have revised this section under "Materials". What we initially meant was food grade silicone or medical grade silicone, not "food". We have removed the word food to clarify this sentence.

We would also agree to make a narrated video detailing different devices as supplemental digital content. We would, however, need additional time to create such a video.

From: [REDACTED]
To: [Randi Zung](#)
Subject: RE: Your Revised Manuscript 18-2386R1
Date: Wednesday, March 6, 2019 8:23:44 PM
Attachments: [Sexual Device Clinical Commentary edits 3-5.docx](#)

Good evening,

Thank you for your continued consideration of our manuscript. We have addressed all of your requests and highlighted our edits with track changes. Please note our word count is now smaller than previously.

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.

We reviewed all the edits and they are all correct, we agree with all changes.

2. Title: Please note edits to title.

We accept the edited title.

3. Corresponding Author Information (Line 21): Should this email be published with your contact information if your paper is accepted? If not, please delete.

Dr. Rubin would like to have her email published and contact information available if the paper is accepted. The other emails have been deleted.

4. Line 253: Can you make a more obvious parallel between ultrasound sheath use and use risk of infection with barriers for sexual devices. In my opinion, the better parallel is that in insertive sex with condom use, the risk of STI transmission is not zero.

We have edited this section to make the parallel even more clear. "Condoms and other barriers reduce the infectious risks associated with multi-partner use and increase ease of cleaning and disinfecting. Studies on sheath-covered vaginal ultrasound probes, however, have shown high levels of persistent bacterial and viral contamination even after low level disinfection. Thus, it can be extrapolated that barrier use with insertive devices does not completely eliminate the risk of STI transmission"

5. Line 263: You mention the materials used several times earlier in the paper. Could you condense this information and move the information about materials earlier in the paper so that information about device-specific lubricants can be better understood.

We have significantly cut down the word count and condensed the materials section. We have moved the content earlier in the paper as requested, please see our track changes. Please note that since we moved the materials section earlier, the chronology of the citations will need updating by the editors.

6. Line 339: Please note this edit.

We agree with this edit.

7. Line 408: Note that this citation was changed to "Box 4."

We agree with this edit.

8. Box 4: The disability or chronic illness don't benefit from this—the person living with these does. Could you rephrase?

We have edited this title to "Patient Populations With Disabilities and Chronic Conditions Who May Benefit from Sexual Device Use".

9. Video: The Editors have discussed this further. They do not believe you need to include a video anymore. Thank you, we appreciate your consideration.

We noted several slight grammatical errors in Table 2 and made relevant edits, please note this in the track changes.

Again, we thank you for your consideration. Please let me know if you need any other information, edits or information.

Warm regards,
Liz Rubin

From: Randi Zung [RZung@greenjournal.org]
Sent: Tuesday, March 05, 2019 2:59 PM
To: Rubin, Elizabeth S
Subject: [External] Your Revised Manuscript 18-2386R1

Dear Dr. Rubin:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. Please track your changes and leave the ones made by the Editorial Office. Please also note your responses to the author queries in your email message back to me.

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.
2. Title: Please note edits to title.
3. Corresponding Author Information (Line 21): Should this email be published with your contact information if your paper is accepted? If not, please delete.
4. Line 253: Can you make a more obvious parallel between ultrasound sheath use and use risk of infection with barriers for sexual devices. In my opinion, the better parallel is that in insertive sex with condom use, the risk of STI transmission is not zero.
5. Line 263: You mention the materials used several times earlier in the paper. Could you condense this information and move the information about materials earlier in the paper so that information about device-specific lubricants can be better understood.
6. Line 339: Please note this edit.
7. Line 408: Note that this citation was changed to "Box 4."
8. Box 4: The disability or chronic illness don't benefit from this—the person living with these does. Could you rephrase?
9. Video: The Editors have discussed this further. They do not believe you need to include a video anymore.

To facilitate the review process, we would appreciate receiving a response within 48 hours.

Best,
Randi Zung

--

Randi Zung (Ms.)

Editorial Administrator | Obstetrics & Gynecology

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Eileen Chang (Temp)

From: Rubin, Elizabeth S [REDACTED]
Sent: Wednesday, March 6, 2019 8:18 PM
To: Eileen Chang (Temp)
Subject: RE: [External] O&G Figure and Legend Revision: 18-2386
Attachments: Permission for Art Matusky.pdf

Good evening,

The permission form is attached. Please let me know if you need anything else. The figure legend is correct.

Thank you,
Liz Rubin

From: Eileen Chang (Temp) [echang@greenjournal.org]
Sent: Monday, March 04, 2019 10:44 AM
To: Rubin, Elizabeth S
Subject: RE: [External] O&G Figure and Legend Revision: 18-2386

Hi Liz,

I have attached the permission form to sign. I have also attached the figures for your review. Please get back to me with any additional changes that may need to be made.

Thank you!

Best,
Eileen

-----Original Message-----

From: Rubin, Elizabeth S [REDACTED]
Sent: Wednesday, February 27, 2019 11:44 PM
To: Eileen Chang (Temp) <echang@greenjournal.org>
Subject: Re: [External] O&G Figure and Legend Revision: 18-2386

Good evening,

I can definitely obtain permission. Where is the form available to have him sign.

The legend is correct in terms of text, however to insure that each figure is correct, would it be possible to review the images you've received as 1-7? I can look at how they were submitted but this would help confirm that everything has come through accurately.

Best wishes,
Liz Rubin

On Feb 26, 2019, at 15:05, Eileen Chang (Temp) <echang@greenjournal.orgmailto:echang@greenjournal.org> wrote:

Good Afternoon,

Your figures have been approved (no edits needed) and your legend is attached for your review. Please review the legend CAREFULLY for any mistakes.

PLEASE NOTE: Any changes to the figures must be made now. Changes made at later stages are expensive and time-consuming and may result in the delay of your article's publication.

In addition, please see our query below:

Would you be able to obtain permission from the artist/illustrator who created the images in your manuscript to use the images? They must be credited in order to move forward with publication.

To avoid a delay, I would appreciate a reply no later than Thursday 2/28. Thank you for your help.

Best,
Eileen
<18-2386 legend.docx>