

OBSTETRICS & GYNECOLOGY



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

Date: Nov 06, 2020
To: "Martin M. Okun" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2636

RE: Manuscript Number ONG-20-2636

Hidradenitis Suppurativa: Update on Clinical Epidemiology and Management

Dear Dr. Okun:

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 Nov 27, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

An excellent review of hidradenitis suppurativa is presented.

The paper is very readable, concise and directed towards the obstetrician/gynecologist including management during pregnancy.

Pain management is addressed thoughtfully and practically. The differential diagnosis includes images of similar appearing lesions.

Staging of hidradenitis suppurativa was omitted perhaps to shorten the manuscript. At any rate, the current version of the paper will be of great interest to the readership.

Reviewer #2:

This submission is a summary of current criteria for diagnosis, risk factors for disease, impact of disease on patients, and currently supported (or not supported but reasonable to consider) treatment options for patients with HS. HS is an uncommon but still prevalent condition in the Ob/Gyn patient population and thus this article seems very appropriate for an Ob/Gyn provider audience. Furthermore, it is challenging to find summarized information regarding treatment options for HS in an easily accessible location (most summaries are in Dermatology journals in my experience), so I think a summary article in a widely read Ob/Gyn publication will serve as a useful resource to the Ob/Gyn community.

I don't have many suggested edits. It might have been nice to have a brief statement about the pathophysiology of the disease. I have always found it very helpful to remember (and explain to patients) that HS seems to be due to follicular dysfunction and subcutaneous/subdermal rupture and subsequent inflammation rather than a primarily infectious disease. This paper could serve as an opportunity to explain to Ob/Gyns what we know about the "why" of the condition, especially since some focus was given to epidemiology, and I couldn't find much information about pathophysiology in this submission. However, it is a minor suggestion only and I would still support acceptance of the submission without it.

The only suggestion I have would be to add some comment on the efficacy or lack thereof regarding topical retinoids. In my experience, many of my patients with acne are on topical, not oral retinoids. Topical therapy is briefly discussed but no

mention is made of retinoids in this section. Retinoids are discussed later but the discussion appears to be confined to oral retinoids (which I have little awareness of as a therapeutic option). Most Ob/Gyns may not prescribe retinoids of any kind and would rather defer their use to a dermatologist for most non-HS diagnoses, so including a discussion of topical retinoids may not change much as far as the conclusions go. However, the review does discuss oral retinoids, so a mention of topical retinoids would seem to be reasonable as well. I don't know how often dermatologists use topical retinoids vs oral retinoids when retinoids are indicated, so I don't know how widespread topical retinoid use still is. However, when I saw the information about oral retinoids, my next thought was "What about topical retinoids?" and wasn't sure why these weren't mentioned (even if they have been shown not to be helpful for HS patients).

Other than this, the summary seemed straightforward. There were rare phrasing errors (such as "impacts on wound healing from medication is likely less than the risk of" I think is meant to be "impacts on wound healing from medication is LESS LIKELY than the risk of" in line 246). But I found all of the content interesting and very well referenced, and I thought all of it was appropriate to the subject being presented.

Reviewer #3:

The authors present a very well written review on the treatment of hidradenitis. This is a devastating disease that effects hundreds of women each year. Overall I found this review to be well written without being over reaching. The tables are helpful and the review is concise.

EDITORIAL OFFICE COMMENTS:

1. 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. 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.

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Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

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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 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.

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- * 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.
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- * 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).

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9. ACOG is moving toward discontinuing the use of "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.

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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.

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13.
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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 27, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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