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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.
RE: Manuscript Number ONG-21-1229

Testosterone therapy in women, the cutting edge or the wild west?

Dear Dr. Dunsmoor-Su:

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 Aug 09, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: ONG-21-1229

This is a commentary on the use of testosterone in female patients.

Comments:
1- Line 51: "This led to predatory prescribing practices or just careless ones that harm women." This is need to be supported by a reference or modified. It is an important clinical issue; however, a balanced approach is necessary too.
2- Line 64: "Rarely have we met anyone who had a genuine discussion of the risks and benefits". Some support from the literature is needed.
3- Line 70: please include a complete name of the product and company involved with city.
5- Line 112: "expensive and predatory" please provide reference.
6- Line 135: "1/10 of the standard male dosing" please provide a reference
7- Line 143: "being marketed as a fountain of youth, ..." Please provide reference from the internet marketing for those products.

Reviewer #2:

I agree with the authors that the use of testosterone in US women is associated with confusion as well as predatory behavior on the part of some physicians.
Reviewer #3:

Thank you for the opportunity to review "Testosterone therapy in women, the cutting edge or the wild west?" by Dunsmoor-Su et al.

This is a commentary on the use of testosterone therapy in women, primarily concerned with the use of testosterone the treatment of sexual dysfunction. The authors are concerned that a lack of understanding of the normal physiology of testosterone in women has led to predatory or careless prescribing practices.

The medications are marketed as "more natural", "plant based" or "bio-identical" which patients interpret as meaning "greater safety", however the authors are concerned that there is not sufficient accompanying education about the risks of taking hormones post menopause.

This is a well written and timely commentary. Our understanding of the important physiologic place of testosterone in women's health is woefully sparse, creating a vacuum that is all too easy to exploit. The authors present the state of current practice in the approach to perimenopause and menopause treatment of HSSD with testosterone and emphasize the need for more formal research. The absence of an FDA approved approach to this problem has led to a unregulated and uncontrolled wild west approach in which our patients are put at risk.

Note:
The abbreviation cBHT is used in a quote but should be first defined for the reader.

EDITOR COMMENTS:
Please consider revising the title to reflect the content without provocative emphasis.
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.

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3. 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.

4. 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.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:
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   * 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 (40 characters for case reports), including spaces, for use as a running foot.

7. Provide a précis on the second page, for use in the Table of Contents. 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 Current Commentary articles is 250 words.

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 you are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

12. 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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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.

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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.

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Sincerely,

John O. Schorge, MD
Associate Editor, 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.
Editors:

Thank you for the opportunity to revise our manuscript. We have pasted below our responses to the comments. We have also uploaded a revised manuscript with track changes to reflect the changes requested.

We have read the instructions for authors and opt-in to response publication.

We hope that this meets with your approval to move forward.

Rebecca Dunsmoor-Su, MD
Ashley Fuller, MD
Amy Voedisch, MD

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The following suggestions are intended to enhance the clarity of the manuscript:

Lines 37, 47, and 153: better to state data are (data is a plural) done
69: better to state … use of these pellets does not represent appropriate care. In 2019, the FDA… done
72: better to state …with reviewing the use of compounded hormone therapy done
74: please define 'cBHT' done
86: better to state …companies which market… done
90: better to state …and therefore the cBHT sold to patients seem comparatively… done
94: better to state This steroid has historically… done
109: better to state …used only to establish a baseline… done
117: better to state …history is less expensive and more clinically useful. done
121: better to state Reduced libido becomes more common as women age, with the prevalence 11%… done
124: better to state …reduction, not explained by… done
136: …late reproductive-age women… done
138-139: I am not sure what the authors mean when they state …it is not standard replacement in this situation… see edit
140: better to state …estrogen therapy should be … done
144: better to state …and energy. In fact, NONE of of these represent indications for prescribing testosterone, done
148: better to state …, can be seen even with physiologic doses of testosterone. done
152: 'Long-term safety…' should be the beginning of a new paragraph done
164: better to state …reproductive-age done

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