NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- 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-21-1892

Health Disparities in Uterine Cancer: Report from the Uterine Cancer Evidence Review Conference

Dear Dr. Whetstone:

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 Nov 12, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is an evidence review and report from the Uterine Cancer Evidence Review conference focusing on health disparities.

1. The report is well written and correct in its interpretation. While the methods may have been previously reported, the only item I find missing is the literature search strategy for this evidence review that should be included in this report as well.

2. The other item that is missing is a discussion of any potential solutions to this problem. Where does the problem lie?? Time to diagnosis, treatment etc.

Reviewer #2: Thanks very much for the opportunity to review this very interesting paper entitled "Health Disparities in Uterine Cancer: Report from the Uterine Cancer Evidence Review Conference". I think the manuscript can be strengthened by the authors addressing the following issues:

- Lines 33-34, it might be nice to briefly describe the search strategy for the reader rather than referring to a reference, ie particularly if someone who is reading the document is from a low-resource community (also brings up the question - who are you targeting for this review?)

- Lines 44-50, curious as to why you chose to describe terminology for Black/White/Hispanic but not American Indian/Alaskan Native and Asian/Pacific Islander; please expand this section

- Consider incorporating a Table (or 2) to summarize the differences in outcomes for the various ethnicities; each section is comprehensive and there is a lot of data to digest so a method which allows for comparison would be helpful

- Line 82 (eg) you use the terms African American and Black a different parts of the paper - might be better to be consistent

- Discussion needs restructuring: it starts at line 359 with "Research Gaps" and then "Conclusion" starts soon after at line
378 and lasts until line 467 (this must be a mistake, as I have never seen a Conclusion this long) - consider adopting a more typical Discussion format in particular with Limitations section heading. Would also be nice to explicitly state/highlight why this information is important but also what the next steps will be to address the gaps in outcomes.

- Line 34-35, "invited representatives from stakeholder organizations" were somehow included - can you provide more detail regarding to what degree they were involved in the review and in particular how the data is presented? Too often, papers about outcomes in disadvantaged groups do not seek input from these individuals prior to publication (eg American Indian health literature). Please discuss.

Reviewer #3: This is a thorough and high quality, systematic review of publications evaluating the evidence for health disparities in uterine cancer. The authors recognize the limitations of some terminology and definitions (eg gender, racial self-identification) and acknowledge their decision to be consistent and work with what is available in published studies. Although it would important to understand the impact of intersectionality, it is beyond the scope of this evidence base review; hopefully future investigations into health disparities will take this into account.

I was disappointed to not see more information about geographic (rural vs urban for various races and immigrants) and gender identify disparities, but the authors state that there was no or limited information in these areas.

The authors acknowledge the significant limitations and lack of detail about patient, provider and systemic barriers and no information about utilization and impact from molecular and genetic analyses. All opportunities for future study and strategies for interventions!

Questions:
1. Since the NCDB only has information from ~72% of cancer cases due to submissions from the ~1500 ACOS-CoC accredited hospitals and < 20 states have SEER registries, are the authors concerned about missing a substantial number of uterine cancers or the quality of the data about these cases?
2. Is there information about disparities in accessing qualified providers - eg gyn oncologists vs general ob/gyns vs general surgeons. How many patients benefitted from multidisciplinary to care, or access and enrollment to clinical trials?
3. Is there information about the treatment facilities - eg surgical volumes, type of hospital - community, academic, safety net, NCI-affiliated? How about navigation, supportive oncology services such as those required for CoC accreditation?

EDITOR COMMENTS:

1. Please add Table(s) to help summarize your findings and the prior literature.
2. Comment or discussion on data to disentangle the independent impact of race and socioeconomic/insurance status would be helpful.
3. 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.
4. 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.
5. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA), which must be completed by all authors. When you upload 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 co-authors 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.

6. Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

7. 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.

8. 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]."

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. Figures 1-2: Please upload as figure files on Editorial Manager. We suggest replacing the dotted lines with different colored solid lines for easier readability.

16. Each supplemental file in your manuscript should be named an "Appendix," numbered, and ordered in the way they are first cited in the text. Do not order and number supplemental tables, figures, and text separately. References cited in appendixes should be added to a separate References list in the appendixes file.

17. 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/A4B. The cost for publishing an article as open access can be found at https://wkauthorervices.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.

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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 21 days from the date of this letter. If we have not heard from you by Nov 12, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
Jason Wright, MD
Editor-in-Chief, Elect

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.
Dear Dr. Wright,

Thank you so much for the thoughtful reviewer comments and the opportunity to submit a revised manuscript, which we have done. Below, please find a point-by-point response to the reviewer and editor comments. We have pasted the reviewer comments in black and our responses in red. Changes to the manuscript have been made with the MS Word track changes feature. Where appropriate, the response indicates the line number of the corresponding revisions as viewed in the document with the tracked changes visible.

Regarding Editor Comment #1, we OPT-IN: Yes, please publish my point-by-point response letter.

In addition to the responses below, Table 1, originally redacted to ensure blinding, has been inserted. Please note that the same table appears in the Executive Summary of the Uterine Cancer Evidence Review Conference (manuscript number ONG-21-1918). If both manuscripts are accepted for publication, the Editor may decide to remove Table 1 from ONG-21-1892 and refer readers to ONG-21-1918 to avoid duplication.

REVIEWER COMMENTS:
Reviewer #1: This is an evidence review and report from the Uterine Cancer Evidence Review conference focusing on health disparities.

1. The report is well written and correct in its interpretation. While the methods may have been previously reported, the only item I find missing is the literature search strategy for this evidence review that should be included in this report as well.
   Thank you. The Methods section (lines 83–97) has been revised to include the literature search strategy, and a new table (Table 2) has been added listing the key questions and PICO criteria.

2. The other item that is missing is a discussion of any potential solutions to this problem. Where does the problem lie?? Time to diagnosis, treatment etc.
   This comment reflects an issue also noted by the reviewers of the companion manuscript, Executive Summary of the Uterine Cancer Evidence Review Conference, highlighting that we did not make adequately clear that the intended scope of the
project was an evidence summary. As in the Executive Summary, we have made revisions to the abstract (lines 62–66) and introduction (lines 76–80) emphasizing that this was an evidence summary performed to develop educational materials and note research gaps. We were an evidence review group, not charged or constituted to make recommendations, but agree that “potential solutions” are crucial and did a formal search for interventions. As noted on lines 578–579, “we found no published studies of interventions to reduce racial disparities in uterine cancer care.” While we were not charged with making recommendations, some were so compelling that they are included in the paper, including addressing the noted research gaps, not assuming genetic or biologic causes (lines 587–596), and, given the many documented disparities in diagnosis and treatment, urging the field to “prioritize equity in diagnosis and treatment” (lines 581–583).

Regarding the question, “Where does the problem lie?,” the short answer is everywhere. We have tried to make this clearer in the restructured discussion, which now leads with the statement, “For Black women, these disparities pervade the entire spectrum of care, including risk factors, comorbidities, diagnosis, treatment, and outcomes” (lines 483–485; second sentence of discussion, where it should be adequately prominent).

Reviewer #2: Thanks very much for the opportunity to review this very interesting paper entitled "Health Disparities in Uterine Cancer: Report from the Uterine Cancer Evidence Review Conference". I think the manuscript can be strengthened by the authors addressing the following issues:

- Lines 33-34, it might be nice to briefly describe the search strategy for the reader rather than referring to a reference, ie particularly if someone who is reading the document is from a low-resource community (also brings up the question - who are you targeting for this review?)

  Please see response to Reviewer #1’s comment #1 above, and the addition of Table 2.

- Lines 44-50, curious as to why you chose to describe terminology for Black/White/Hispanic but not American Indian/Alaskan Native and Asian/Pacific Islander; please expand this section.

  We have amended the Methods section to include our terminology for American Indian/Alaska Native and Asian/Pacific Islander (lines 109–112).

- Consider incorporating a Table (or 2) to summarize the differences in outcomes for the various ethnicities; each section is comprehensive and there is a lot of data to digest so a method which allows for comparison would be helpful

  We agree that select tables will facilitate understanding. We were initially concerned about the length of the manuscript, and appreciate the opportunity to add them. We thought there were several opportunities to enhance clarity, and our rationale for adding/not adding tables is as follows:

  • Incidence/Mortality: While there is a lot of data here, the most important is the CDC data. We felt that the MMWR figures already included were adequate here.
- Line 82 (eg) you use the terms African American and Black a different parts of the paper
- might be better to be consistent

As noted in the Methods section, we have brought forward the race terminology as used in the source papers. While this results in using a variety of terms, it accurately presents the evidence. This decision was made after discussion with Editor Denise Shields in May.

- Discussion needs restructuring: it starts at line 359 with "Research Gaps" and then "Conclusion" starts soon after at line 378 and lasts until line 467 (this must be a mistake, as I have never seen a Conclusion this long) - consider adopting a more typical Discussion format in particular with Limitations section heading. Would also be nice to explicitly state/highlight why this information is important but also what the next steps will be to address the gaps in outcomes.

The headings have been removed and the discussion restructured. The information has been reordered so that the material previously labelled “research gaps” has been moved later (lines 558–575) in line with usual presentation of limitations. Determining next steps to address the outcome gaps was well beyond the scope of the Evidence Review Conference.

- Line 34-35, "invited representatives from stakeholder organizations" were somehow included - can you provide more detail regarding to what degree they were involved in the review and in particular how the data is presented? Too often, papers about outcomes in disadvantaged groups do not seek input from these individuals prior to publication (eg American Indian health literature). Please discuss.

Additional detail has been added on lines 87–92 and included in Table 1, which was redacted from the document for the initial review.

Reviewer #3: This is a thorough and high quality, systematic review of publications evaluating the evidence for health disparities in uterine cancer. The authors recognize the limitations of some terminology and definitions (eg gender, racial self-identification) and acknowledge their decision to be consistent and work with what is available in published studies. Although it would important to understand the impact of intersectionality, it is beyond the scope of this evidence base review; hopefully future investigations into health disparities will take this into account.

I was disappointed to not see more information about geographic (rural vs urban for various races and immigrants) and gender identify disparities, but the authors state that there was no or limited information in these areas.

The authors acknowledge the significant limitations and lack of detail about patient, provider and systemic barriers and no information about utilization and impact from
molecular and genetic analyses. All opportunities for future study and strategies for interventions!

Thank you for this feedback; we too were disappointed about the gaps in uterine cancer outcomes by geographic location as well as gender identity. Hopefully in the future, there will be more research and more importantly interventions to reach these populations that frequently been underserved by our health care system.

Questions:
1. Since the NCDB only has information from ~72% of cancer cases due to submissions from the ~1500 ACOS-CoC accredited hospitals and < 20 states have SEER registries, are the authors concerned about missing a substantial number of uterine cancers or the quality of the data about these cases?
   We do not have this concern. Almost all cancer outcome studies rely upon these national and state databases. We recognize that they fail to capture all cancer cases; nonetheless, the evidence we encountered in our review was consistent across decades and across the different databases employed. The consistency of our findings augments their strengths even with the inherent flaws of large cancer databases.

2. Is there information about disparities in accessing qualified providers - eg gyn oncologists vs general ob/gyns vs general surgeons. How many patients benefitted from multidisciplinary to care, or access and enrollment to clinical trials?
   Please see added text with two additional references on lines 273–276 and 285–287.

3. Is there information about the treatment facilities - eg surgical volumes, type of hospital - community, academic, safety net, NCI-affiliated? How about navigation, supportive oncology services such as those required for CoC accreditation?
   Please see added text on lines 271–287.

EDITOR COMMENTS:
1. Please add Table(s) to help summarize your findings and the prior literature.
   Please see new tables 3 and 4.

2. Comment or discussion on data to disentangle the independent impact of race and socioeconomic/insurance status would be helpful.
   Please see added text with additional references in the Disparities by SES section on lines 404–414 and the Discussion section on lines 541–556.

3. 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.
4. 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.

All applicable information is included in the title page, which has been incorporated into the main manuscript file.

5. 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.

All relevant disclosures have been included on the title page.

6. Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

Where applicable, the manuscript uses the terms as directed here. Please note that the manuscript reflects the terms used in the source material.

7. 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://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions__;!!LQC6CpwpJ92epksZsqEuwvIniwhfpg1_a9aTfRXjadrnFor5Xgk3bXpeM and the gynecology data definitions at https://urldefense.com/v3/__https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions__;!!LQC6CpwpJ92epksZsqEuwvIniwhfpg1_a9aTfRXjadrnFor5Xgk3bXpeM
8. 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]."

The acknowledgements are consistent with the journal's guidelines.

9. 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.

The abstract accurately reflects the body of the paper.

10. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/abbreviations.pdf__;!!LQC6Cpwp!92epksZsqEuwvlnwhfpg1_a9aTfrXjadrurnFor5Xgk3bXpeMPnTyT2eVBin8ReqlOeK5__. 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.

Standard abbreviations and acronyms are used and introduced appropriately.

11. 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.
The manuscript does not use the virgule in sentences with words, with the exception of quoted material and the standard terms “American Indian/Alaska Native (AI/AN)” and “Asian/Pacific Islander (API).”

12. 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.
   The term “provider” has been replaced throughout the manuscript.

13. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: https://urldefense.com/v3/__http://edmgr.ovid.com/ong/accounts/table_checklist.pdf__;!!LQC6Cpwp!92epksZsqEuwvlNiwhfpg1_a9aTfrXjadrunFor5Xgk3bXpeMPnTyT2eVBin8V DtgtbQ$ .
   All tables adhere to the journal’s style.

14. Please review examples of our current reference style at https://urldefense.com/v3/__http://ong.editorialmanager.com__;!!LQC6Cpwp!92epksZsqEuwvlNiwhfpg1_a9aTfrXjadrunFor5Xgk3bXpeMPnTyT2eVBin8YzzhSOr$ (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://urldefense.com/v3/__https://www.acog.org/clinical__;!!LQC6Cpwp!92epksZsqEuwvlNiwhfpg1_a9aTfrXjadrunFor5Xgk3bXpeMPnTyT2eVBin8XUK6w3S$ (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.
   All references adhere to the journal’s style.

15. Figures 1-2: Please upload as figure files on Editorial Manager. We suggest replacing the dotted lines with different colored solid lines for easier readability.
The figures have been uploaded as requested. We respectfully decline to replace the dotted lines with different colored solid lines. The original figures were blue and white and we maintained that coloring for consistency and to ensure the data is represented accurately when printed or viewed in black and white.

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There are no appendixes in the manuscript.

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Sincerely,

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