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)*
- 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.
RE: Manuscript Number ONG-18-2038

Transgender Education in OB/GYN Residency: A Survey of Program Directors

Dear Dr. Schiff:

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 Dec 21, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a well-written survey study with 61% response rate examining transgender education in a representative sample of 100 residency programs across the US. Fifty percent of respondents had a transgender education program and this was predicted by resident interest and faculty interest and expertise.

In the abstract, in line 64, 80% of programs planned to establish what in the next year?

In your conclusion, on line 175, you suggest that program directors may not be the most informed about transgender education in their residency program. Who would be?

Although you are unable to show a statistical difference between programs that have a transgender curriculum and those that do not and are likely not powered to do so, there does seem to be a trend toward having gender neutral bathrooms and gender identification and pronoun preference on intake forms in the programs that do have a curriculum. There is an unsettling number of programs that don't have these things or don't know if they have them and that is worth some mention.

Reviewer #2: In this study, the authors performed a cross-sectional survey of a random sample of OB/GYN residency program directors to evaluate their perceptions about transgender health education for their residents. The survey had a 61% response rate during a 14 month period. The study found that half of the residency programs offered transgender health education and that nearly all of the programs that did not offer transgender education were working to develop a transgender educational program in the near future. The results of this study help to clarify some of the gaps in OB/GYN residency training that may limit the knowledge and comfort of obstetrician-gynecologists taking care of transgender patients. As there is limited data on this subject, the manuscript represents an important contribution to the medical literature, but some issues should be addressed:

1. Precis, Page 2, Lines 40-42: Please add "who were surveyed" to the Precis. The modified Precis should read: "Only 50% of OB/GYN residency directors who were surveyed reported offering transgender education..."

2. Introduction, Page 4, Lines 70-71: The prevalence of transgender people in the US is probably higher than 0.5% with some estimates as high as 2%. Please give a range for the prevalence of transgender people in the US and add appropriate references.
3. Materials and Methods: The authors sampled 100 programs to estimate 30% of programs offering transgender health education with a margin of error of 7% and an alpha of $p=0.05$. However, the power was not specified. What power was used? This information should be added to the methods section.

4. Materials and Methods: It should be explicitly stated in this section that no validated questionnaires were available, which is why the authors developed their own survey. Before implementing the survey, how did the authors test the survey? Did the authors trial the survey with researchers who were not familiar with the study?

5. Materials and Methods: Did you provide a financial incentive to participants? Was the survey anonymous? Please clarify in the manuscript.

6. Materials and Methods: The actual survey questions should be included in the paper. Please add a figure with the questions.

7. Materials and Methods: The authors perform a descriptive analysis using chi square test for categorical variables, but there are several tables with small values (<5). These analyses should be repeated using the Fishers exact test. The Abstract should be updated as well.

8. Materials and Methods: How was missing data managed? Using the REDCap program, could you force respondents to complete each question before moving to the next question or prior to submitting the survey?

9. Discussion: It may be useful to mention some resources for OB/GYN residency programs who want to augment their transgender health education. For example, ACOG has a "Transgender healthcare Curriculum" on its website (https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/Transgender-Healthcare-Curriculum?isMobileSet=false).

10. Discussion, Page 8, Line 211-21 and Page 10, Line 257: Please note that "hormone replacement therapy" is prior terminology with most favoring the use of "gender affirming hormone therapy"

11. Discussion: Your survey focused on transgender health, but did not address education about gender non-conforming and gender non-binary people. I think this is a limitation that should be included in the discussion.

12. Table 3, Page 17: Please note that "sex reassignment surgery" is prior terminology with most favoring the use of "gender affirmation surgery"

Reviewer #3: The authors of this manuscript conducted a survey of a sample of ob/gyn residency directors that sought to describe the educational landscape of transgender health and to identify predictors, facilitators and barriers to inclusion of training related to transgender health in ob/gyn residencies. The manuscript was well-written, polished, and the appropriate length for the study. The authors are to be commended for conducting a survey about a topic that has not received sufficient attention -- education related to the provision of healthcare for an underserved population. Overall, methodology was appropriate and conclusions were supported by the findings of the studies. The authors did not overstate their findings and addressed the limitations that were present. Some specific, rather minor, comments to the authors are listed below.

Specific comments to the authors:
1. Abstract: Well-done. Concise but contains all critical findings. Conclusion supported by data.

2. Introduction: Very well-written introduction that describes the state of this field for medicine in general, residency education specifically, and ob/gyn training more specifically.

3. Materials and Methods: The authors mention as a limitation of the study the fact that the Program Director (PD) may not have been the most knowledgeable about the answers to some of the questions asked and that the attitudes of the PD may also not necessarily match the attitudes of other faculty members, who are actually more favorably inclined toward education in this space and potentially are actually educating in this space (e.g. in the clinical setting that may not be captured as well as some of the didactic and more formal training). While it is not highly likely that the PD would be unaware of a significant education component, this is a potential limitation (as mentioned by the authors). Was there any thought to gather perspectives from more than just the PD for each of these programs or to do this in the future?

4. Results: Lines 180-81: It is not clear what the finding "time for training in transgender health care" means? 29% of those that report offering transgender health education say they have "time for training in transgender health care"...what would the alternative be? If 71% of these programs do not have time for training, how do they offer this educational component? This may just required some more clarification.
5. Lines 184-186: Given that 29% of programs that did offer training and 23% of programs that did not reported lack of funding as an obstacle, it seems that stating that "nearly 30% of programs reported lack of funding for transgender health" is not entirely accurate. Can the authors clarify this or, if incorrect, correct it?

6. Discussion: Excellent discussion of the most important findings and of the limitations of this study. The authors quite appropriately do not overstate their findings, identify areas for further inquiry and for action to address some of the issues raised by the findings.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

lines 55-64: Given the sample sizes, should round the percentages to the nearest integer, not .1%. For the key findings, should provide CI along with % to give context for estimate.

Tables 1, 2, 3: Should round the percentages to nearest whole number.

lines 151-153, Table 2: Some of the comparisons involve small counts, so should use Fisher's test for those, not Chi-square. e.g., 9/30 vs 0/30 has p = .002, not .001

There were 39 programs that did not respond to the survey. How did those compare with the 61 respondents in terms of factors cited in Table 1 and how might any differences have affected generalizability of the results?

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.

***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.***

- I am confused. You list author affiliations which don't include New Mexico but your mailing address is at the University of New Mexico. Please clarify. (Editorial Office Note: If you did not update your Editorial Manager profile prior to starting the submission, your old information will display on the automated title page. RYZ)

- Not sure what you mean by "presence of transgender population". As transgender people are part of the general population, won't they be "present" just about everywhere? Do you mean something along the lines of some identified clinic or other services specifically for transgender people?

- The Journal style doesn’t use the virgule (/) except in numeric expressions. Please edit here and in all instances. Also, please spell out obstetrician-gynecologist on first use of abbreviation.

- how was this sample identified? How many overall residency programs?

- please provide the raw numbers; In the abstract, please provide absolute numbers as well as which ever effect size you are reporting + Confidence intervals. P values may be omitted for space concerns. By absolute values, I mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%) (Effect size= ; 95% CI=). An example might be: Outcome 1 was more common in the exposed than the unexposed 60%/20% (Effect size = 3;95% CI 2.6-3.4)

- I may be quibbling here, but you haven't really established the need for this education in the results provided in the abstract. You've identified the gaps, but have not provided any data about why its important.

- When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, "This study was performed between Feb 2018 and Jan 2019" would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.

- please state why it was considered exempt
- For brevity, could you rewrite to avoid repeating "this term is often used....."

- I wonder how knowledgeable program directors who are not LGBT themselves, or at sites where there is not a clinical services devoted to the care of trans people will have this information.

- how would this be known?

- how is this known or defined? Importance to whom?

- You note later that a strength of your paper is the random sampling of programs but you don't describe your sample. Please provide some data about it. As I read on, I found Table 1 which does this but you need to provide a bit more information that points to table 1 beyond what you've done here.

- For data presented in the text, please provide the raw numbers as well as data such as percentages, effect size (OR, RR, etc) as appropriate and 95% CI's.

- We do no allow authors to describe variables or outcomes in terms that imply a difference (such us of the terms “trend” or “tendency” or “marginally different”) unless there is a statistical difference. Please edit here and throughout.

- is this different?

- this seems like a more nuanced definition of the presence of a transgender community in the city or is this some other variable? How was this defined or known?

- 50% of surveyed Ob Gyn programs

- Do you mean 80% of the 75% who knew about them?

- Content line 237 to 240 is very similar to content 228-236. Can you consolidate or pick the most relevant references and delete the others?

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. Author Agreement Forms: Please note the following issues with your forms. Updated or corrected forms should be submitted with the revision.

Seine Chiang, MD - Did not indicate any authorship contributions.

Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org):

* Substantial contributions to the conception or design of the work; OR the acquisition, analysis, or interpretation of data for the work; AND
* Drafting the work or revising it critically for important intellectual content; AND
* Final approval of the version to be published; AND
* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at http://edmgr.ovid.com/ong/accounts/agreementform.pdf. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the following sections:

Please cite lines 131-133 (this term...hormones or surgery).

Please cite lines 135-137 (this term...hormones or surgery).

5. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

7. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify the type of manuscript in the title.

8. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with 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 signature on the journal's author agreement 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).

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.

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.

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. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

13. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These
documents may be withdrawn and replaced with newer, revised versions. If you cite College 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 (i.e., 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. 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 a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (e.g., Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at http://www.acog.org/Resources-And-Publications.

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, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

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 Dec 21, 2018, 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.
December 21, 2018

Dear Dr. Chescheir:

We are submitting our revised manuscript entitled “Transgender Education in Obstetric and Gynecology Residency: A Survey of Program Directors” (ONG-18-2083) along with our point-by-point response to all reviewers’ and your comments. We would like to opt-in and request that you publish our response letter and subsequent email correspondence related to author queries. We have included a figure that lists several ACOG educational resources related to transgender health but are not sure if a figure is the most appropriate format for this information. We would welcome other format recommendations for this material.

Sincerely,

Melissa A. Schiff, MD, MPH
Shannon K. Rush, MD
Kavita Vinekar, MD
Seine Chiang, MD
REVIEWER COMMENTS:

Reviewer #1:
This is a well-written survey study with 61% response rate examining transgender education in a representative sample of 100 residency programs across the US. Fifty percent of respondents had a transgender education program and this was predicted by resident interest and faculty interest and expertise. We thank this reviewer for their comments.

In the abstract, in line 64, 80% of programs planned to establish what in the next year?
We have added wording to read “..establish a transgender education program..” (lines 70-71)

In your conclusion, on line 275, you suggest that program directors may not be the most informed about transgender education in their residency program. Who would be?
The residency program director would be the most informed of transgender education in a residency curriculum as they are responsible for the content of the resident curriculum and the provision of time to access unique clinical opportunities. They may be less knowledgeable about the few questions relating to frequency of exposure to transgender patients, visible transgender community in the areas served by the residency program, specific content of new patient intake forms, and gender-neutral bathrooms, particularly in training programs that utilize multiple clinical sites. The responses to these questions are likely less accurate and may be based on their best guess if they didn’t answer “don’t know”. We have updated the text to reflect the survey content areas where the program directors may be less informed (lines 307-311).

Although you are unable to show a statistical difference between programs that have a transgender curriculum and those that do not and are likely not powered to do so, there does seem to be a trend toward having gender neutral bathrooms and gender identification and pronoun preference on intake forms in the programs that do have a curriculum. There is an unsettling number of programs that don't have these things or don't know if they have them and that is worth some mention.
We agree with this reviewer that 29% to 40% of programs do not have or are unsure if they have gender neutral bathrooms and 74% to 84% of programs do not have or unsure if they have gender identification on intake forms. We have added this important finding to our discussion section lines 238-240.

Reviewer #2:
In this study, the authors performed a cross-sectional survey of a random sample of OB/GYN residency program directors to evaluate their perceptions about transgender health education for their residents. The survey had a 61% response
rate during a 14 month period. The study found that half of the residency programs offered transgender health education and that nearly all of the programs that did not offer transgender education were working to develop a transgender educational program in the near future. The results of this study help to clarify some of the gaps in OB/GYN residency training that may limit the knowledge and comfort of obstetrician-gynecologists taking care of transgender patients. As there is limited data on this subject, the manuscript represents an important contribution to the medical literature, but some issues should be addressed:

1. **Precis, Page 2, Lines 40-42:** Please add "who were surveyed" to the Precis. The modified Precis should read: "Only 50% of OBGYN residency directors who were surveyed reported offering transgender education..." This wording has been added (line 41).

2. **Introduction, Page 4, Lines 70-71:** The prevalence of transgender people in the US is probably higher than 0.5% with some estimates as high as 2%. Please give a range for the prevalence of transgender people in the US and add appropriate references.
   We thank the reviewer for this important comment. We have updated the introduction to include a range of prevalences of transgender people in the US and added appropriate references. We have only included references that estimate the prevalence of transgender people that using representative population samples rather than clinical or convenience samples (lines 76-77).

3. **Materials and Methods:** The authors sampled 100 programs to estimate 30% of programs offering transgender health education with a margin of error of 7% and an alpha of p=0.05. However, the power was not specified. What power was used? This information should be added to the methods section.
   Power is not needed for this calculation because the calculation is to determine the margin of error in an estimate rather than a statistical difference between 2 values.

4. **Materials and Methods:** It should be explicitly stated in this section that no validated questionnaires were available, which is why the authors developed their own survey. Before implementing the survey, how did the authors test the survey? Did the authors trial the survey with researchers who were not familiar with the study?
   There are no validated surveys regarding transgender care in residency training so we ultimately decided to develop our own survey. We developed our questions with faculty input and then piloted those questions with 5 OBGYN faculty and faculty members of the CREOG Council. We have added this information to the text lines 134-136.

5. **Materials and Methods:** Did you provide a financial incentive to participants? Was the survey anonymous? Please clarify in the manuscript.
We have included information in the manuscript that we provided no financial incentives and that the surveys were anonymous (lines 129-131).

6. **Materials and Methods:** The actual survey questions should be included in the paper. Please add a figure with the questions.
   We have added supplemental material in Appendix 1 with the survey questions.

7. **Materials and methods:** The authors perform a descriptive analysis using chi square test for categorical variables, but there are several tables with small values (<5). These analyses should be repeated using the Fishers exact test. The Abstract should be updated as well.
   We thank the reviewer for noting this error. We have re-analyzed our data with cell sizes 5 or less using Fisher’s exact test. We have updated the abstract, text, and tables with these results.

8. **Materials and Methods:** How was missing data managed? Using the REDCap program, could you force respondents to complete each question before moving to the next question or prior to submitting the survey?
   Missing data were not included in our analysis as noted in line 170-71. REDCap has an option in the survey instrument to require completion of each question but we did not utilize this option in our survey.

9. **Discussion:** It may be useful to mention some resources for OB/GYN residency programs who want to augment their transgender health education. For example, ACOG has a "Transgender healthcare Curriculum" on its website ([https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/Transgender-Healthcare-Curriculum?IsMobileSet=false](https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/Transgender-Healthcare-Curriculum?IsMobileSet=false)).
   We thank the reviewer for providing this educational resource. We have included a figure (Figure 1) that includes several ACOG educational resources with web links.

10. **Discussion, Page 8, Line 211-21 and Page 10, Line 257:** Please note that "hormone replacement therapy" is prior terminology with most favoring the use of "gender-affirming hormone therapy"
    We have made these changes.

11. **Discussion:** Your survey focused on transgender health, but did not address education about gender non-conforming and gender non-binary people. I think this is a limitation that should be included in the discussion.
    We have added this limitation to our discussion (lines 311-313).

12. **Table 3, Page 17:** Please note that "sex reassignment surgery" is prior terminology with most favoring the use of "gender-affirmation surgery"
    We have made this change.

Reviewer #3:
The authors of this manuscript conducted a survey of a sample of ob/gyn residency directors that sought to describe the educational landscape of transgender health and to identify predictors, facilitators and barriers to inclusion of training related to transgender health in ob/gyn residencies. The manuscript was well-written, polished, and the appropriate length for the study. The authors are to be commended for conducting a survey about a topic that has not received sufficient attention-- education related to the provision of healthcare for an underserved population. Overall, methodology was appropriate and conclusions were supported by the findings of the studies. The authors did not overstate their findings and addressed the limitations that were present. Some specific, rather minor, comments to the authors are listed below.

Specific comments to the authors:
1. Abstract: Well-done. Concise but contains all critical findings. Conclusion supported by data. We appreciate the reviewer’s comments.

2. Introduction: Very well-written introduction that describes the state of this field for medicine in general, residency education specifically, and ob/gyn training more specifically. We appreciate the reviewer’s comments.

3. Materials and Methods: The authors mention as a limitation of the study the fact that the Program Director (PD) may not have been the most knowledgeable about the answers to some of the questions asked and that the attitudes of the PD may also not necessarily match the attitudes of other faculty members, who are actually more favorably inclined toward education in this space and potentially are actually educating in this space (e.g. in the clinical setting that may not be captured as well as some of the didactic and more formal training). While it is not highly likely that the PD would be unaware of a significant education component, this is a potential limitation (as mentioned by the authors). Was there any thought to gather perspectives from more than just the PD for each of these programs or to do this in the future? This is an excellent point raised by this reviewer. We agree that it would have been very helpful to collect data on the perspectives of other faculty members in each OB/GYN residency however, this was not possible. Our decision on who to direct our survey to was based on our ability to identify the program director at each OB/GYN residency. Even with our persistent efforts to get completed surveys from all program directors contacted, our response was only 61%. It likely would have been lower if we attempted to survey others in each residency. We agree that future studies may want to focus on collecting data from additional faculty at programs.

4. Results: Lines 180-81: It is not clear what the finding "time for training in transgender health care" means? 29% of those that report offering transgender health education say they have "time for training in transgender health care"...
.what would the alternative be? If 71% of these programs do not have time for training, how do they offer this educational component? This may just required some more clarification.
This reason for having training in transgender health care related to having time to add another component to the already large amount of didactic topics that are required for OB/GYN residency training. We have added clarification to the text (lines 200-201) and table 2 regarding this issue. In Table 2, the percentages for this specific reason for training relate to the proportion of programs with and without transgender education who reported this reason. Among programs that offer training, 29% reported that one reason was they had time in the curriculum to provide the training while 0% of programs without training reported having time – rather than 71% of programs without training reporting this reason.

5. Lines 184-186: Given that 29% of programs that did offer training and 23% of programs that did not reported lack of funding as an obstacle, it seems that stating that "nearly 30% of programs reported lack of funding for transgender health" is not entirely accurate. Can the authors clarify this or, if incorrect, correct it?
We have rewritten this statement to clarify our findings (lines 206-208).

6. Discussion: Excellent discussion of the most important findings and of the limitations of this study. The authors quite appropriately do not overstate their findings, identify areas for further inquiry and for action to address some of the issues raised by the findings.
We appreciate this reviewer’s comments.

STATISTICAL EDITOR COMMENTS:
The Statistical Editor makes the following points that need to be addressed:

lines 55-64: Given the sample sizes, should round the percentages to the nearest integer, not .1%. For the key findings, should provide CI along with % to give context for estimate.
We have rounded all the percentages and added 95% CIs for all the key findings

Tables 1, 2, 3: Should round the percentages to nearest whole number.
This has been done.

lines 151-153, Table 2: Some of the comparisons involve small counts, so should use Fisher’s test for those, not Chi-square. e.g., 9/30 vs 0/30 has p = .002, not .001
We thank the statistical editor’s comments on small counts. We have updated all of our analysis (abstract, text, and table results) where cell sizes were ≤5 using Fisher’s exact test rather than Chi-square.

There were 39 programs that did not respond to the survey. How did those
compare with the 61 respondents in terms of factors cited in Table 1 and how might any differences have affected generalizability of the results?

We thank the reviewers for this important comment. We were able to evaluate the type of residency program and region of the country for the non-responding programs. We were not able to compare the programs on other variables listed in Table 1 because these data were not available. We found that the non-responders were similar to the responders on type of program but differed on region of the country, with more non-responder programs in the Northeast and Midwest regions. We have updated the discussion section (limitations and concluding paragraph) to reflect these findings.

EDITOR COMMENTS:

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.

***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.***

- I am confused. You list author affiliations which don't include New Mexico but your mailing address is at the University of New Mexico. Please clarify. (Editorial Office Note: If you did not update your Editorial Manager profile prior to starting the submission, your old information will display on the automated title page. RYZ)

  During the time that this study was conducted, I was a faculty member at the University of Washington in the OB/GYN department. I have since left that institution and am currently a faculty member at the University of New Mexico. My understanding is that my affiliation for the manuscript should be where I participated in the work rather than where I am currently working. I am happy to make any changes if this is not correct.

- Not sure what you mean by "presence of transgender population". As transgender people are part of the general population, won't they be "present" just about everywhere? Do you mean something along the lines of some identified clinic or other services specifically for transgender people?

  We thank the editor for this important comment. Our survey asked if the respondent had knowledge of a visible transgender community in the area served by the residency program. We have removed this phrase from the precis and edited the remaining manuscript to state this concept more clearly.

- The Journal style doesn’t not use the virgule (/) except in numeric expressions. Please edit here and in all instances. Also, please spell out obstetrician-gynecologist on first use of abbreviation.

  We have made this change.
- how was this sample identified? How many overall residency programs?
We have included this information in the abstract (lines 52-54).

- please provide the raw numbers; In the abstract, please provide absolute
numbers as well as which ever effect size you are reporting + Confidence
intervals. P values may be omitted for space concerns. By absolute values, I
mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%)
(Effect size= ; 95% CI=. ) An example might be: Outcome 1 was more common in
the exposed than the unexposed 60%/20% (Effect size = 3;95% CI 2.6-3.4)
We have added the counts to the abstract.

- I may be quibbling here, but you haven't really established the need for this
education in the results provided in the abstract. You've identified the gaps, but
have not provided any data about why its important.
We have removed the phrase that refers to the “need” since this was not an outcome of
our study.

- When you write that a study occurred between date 1 and date 2, it literally
excludes those boundary dates. For instance, “This study was performed
between Feb 2018 and Jan 2019” would mean it was performed from March 2018
to Dec 2018. Do you instead mean that the study was performed from date 1 to
date 2? If so, please edit.
This change has been made (line 131).

- please state why it was considered exempt
The University of Washington IRB exempted our study based on Category #2 of the
exemptions. This has been added to the text (lines 131-132).

- For brevity, could you rewrite to avoid repeating "this term is often used....."
This change has been made.

- I wonder how knowledgeable program directors who are not LGBT themselves,
or at sites where there is not a clinical services devoted to the care of trans
people will have this information.
We agree with the editor that it is difficult to know if program directors would have this
knowledge. This limitation was included in our discussion (lines 307-311).

- how would this be known?
We agree with the editor that it is difficult to know if program directors would have this
knowledge. Since we used a survey to collect this information, program directors would
likely use their personal knowledge of their clinics and patient population.

- how is this known or defined? Importance to whom?
We have included additional description of these questions

- You note later that a strength of your paper is the random sampling of programs but you don't describe your sample. Please provide some data about it. As I read on, I found Table 1 which does this but you need to provide a bit more information that points to table 1 beyond what you've done here. We have added a short description of the total sample (lines 178-180).

- For data presented in the text, please provide the raw numbers as well as data such as percentages, effect size (OR, RR, etc) as appropriate and 95% CI's. We have added these numbers.

- We do not allow authors to describe variables or outcomes in terms that imply a difference (such us the terms “trend” or “tendency” or “marginally different”) unless there is a statistical difference. Please edit here and throughout. We have edited one of our statements of results to reflect no difference.

- is this different? We have deleted this statement.

- this seems like a more nuanced definition of the presence of a transgender community in the city or is this some other variable? How was this defined or known? The specific question on the survey asked if there was a visible transgender community in the area served by the program. We have added all our survey questions in the Supplementary Appendix 1 and have updated our definition in the methods and results sections.

- 50% of surveyed Ob Gyn programs We have made this change.

- Do you mean 80% of the 75% who knew about them? This is not clearly described in the results section of the referenced study. It appears that all respondents answered all of the questions however, we cannot know for certain. We have left this statement as it was written.

- Content line 237 to 240 is very similar to content 228-236. Can you consolidate or pick the most relevant references and delete the others? We have edited these paragraphs to group the expertise and interest factors as reasons for and barriers to transgender training. The other barriers noted (lack of curriculum and funding) differ so they remain in the discussion section as written.

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.

We have replied to this request in our response letter – see above.

3. Author Agreement Forms: Please note the following issues with your forms. Updated or corrected forms should be submitted with the revision.

Seine Chiang, MD - Did not indicate any authorship contributions.
Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; [http://www.icmje.org]: http://www.icmje.org):

* Substantial contributions to the conception or design of the work;
OR
the acquisition, analysis, or interpretation of data for the work;
AND
* Drafting the work or revising it critically for important intellectual content;
AND
* Final approval of the version to be published;
AND
* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at [http://edmgr.ovid.com/ong/accounts/agreementform.pdf](http://edmgr.ovid.com/ong/accounts/agreementform.pdf). Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files.
Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.
Dr. Chiang has revised her authorship form to comply with the authorship reporting requirements. This will be uploaded with the revised manuscript and response to reviewers’ comments.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the following sections:

Please cite lines 131-133 (this term…hormones or surgery).

Please cite lines 135-137 (this term…hormones or surgery).
These sentences are the exact wording we used in our survey to define the terms male-to-female and female to male. Changes to this wording will not be an exact and accurate representation of our survey wording. Therefore, we have not made these changes.

5. 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 will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.
Thank you for providing us with this information.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes). Please limit your Introduction to 250 words and your Discussion to 750 words.
Our manuscript is 4699 words.

7. Titles in Obstetrics & Gynecology are limited to 100 characters (including spaces). Do not structure the title as a declarative statement or a question. Introductory phrases such as "A study of..." or "Comprehensive investigations into..." or "A discussion of..." should be avoided in titles. Abbreviations, jargon, trade names, formulas, and obsolete terminology also should not be used in the title. Titles should include "A Randomized Controlled Trial," "A Meta-Analysis," or "A Systematic Review," as appropriate, in a subtitle. Otherwise, do not specify
the type of manuscript in the title.
Our title has 80 characters excluding spaces

8. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with 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 signature on the journal's author agreement 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).
We have included our financial support in the acknowledgement section and our prior presentation of these results at the CREOG-APGO meeting. Meeting dates have been included.

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. 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.
We have reviewed our abstract to ensure that the results presented reflect those in the text and the tables exactly. Our abstract word count after edits is 279 words.

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.
We have spelled out all abbreviations at first use. We were not able to view the acceptable abbreviations because the link provided did not work. Please let us know if there is another link with the standard abbreviations.
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. We have made these changes throughout the manuscript.

12. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf. We have ensured that our tables comply with these guidelines.

13. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College 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. 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 a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at http://www.acog.org/Resources-And-Publications. We have ensured that these ACOG/CREOG documents are current and available.

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. We have revised our manuscript per the reviewers’ and editor’s comments and provided a point-by-point response.
Hi Randi
Thanks for getting back to me about the copyright form. The email addresses you have are all correct. I am cc'ing my co-authors on this email so they can review your instructions. I also wanted to let you know that the title change is fine. Please let me know if you have any further questions.

Melissa Schiff, MD, MPH
Professor, Internal Medicine
Division of Epidemiology, Biostatistics, and Preventive Medicine
Prevention Research Center
Dear Randi Zung:

Thanks for your email. I have addressed all of the editor's comments. Please see my responses in the document attached and below the questions near the ***. Please let me know if there are any additional questions.

Melissa Schiff, MD, MPH
Professor, Internal Medicine
Division of Epidemiology, Biostatistics, and Preventive Medicine
Prevention Research Center

From: Melissa Schiff
Sent: Thursday, January 10, 2019 1:07 PM
To: Randi Zung <RZung@greenjournal.org>
Subject: Re: Your Revised Manuscript 18-2038R1

[--- External - this message has been sent from outside the University ---]

Dear Dr. Schiff:

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 Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.

***I have reviewed them and made changes that were needed.

2. All authors except Dr. Schiff need to complete the electronic Copyright Transfer Agreement that was sent to them.
I have checked with all my co-authors and none of them have received the Copyright Transfer Agreement. Please let me know what we need to do to get this form distributed to them. I am also not clear why I do not need to complete the form. I am happy to do so if needed.

3. Precis: Please see my edits. This was amended as you did not do a predictive model.
   ***It is correct that we did not use a predictive model. I have made one minor change to the precis.

4. Line 134: Why was your study found to be exempt? Please add a statement to your text.
   ***I have added a phrase stating why the exemption was given.

5. Line 184: Trying to figure out how best to word this. The problem is that a program may or may not have gender neutral bathrooms, but the program DIRECTOR was unsure. The program couldn’t be unsure. Could you please edit? This wording also appears in other places in your manuscript.
   ***I have edited these statements so they reflect the information from the program directors and not the programs. I think this reads better and is understandable.

6. Line 280: Did you mean to just list LGB here? Why not use LGBT and then eliminate “and transgender” thereafter? You then also introduce LGBTQ. I’m just looking for clarity that you mean from line 313-315 to list LGBT, LGB, LGBTQ. If this is intentional, could you explain in the text what the difference is in these as far as the educational programming necessary?
   ***I have changed this to read LGBT and removed the transgender phrase and removed the "Q" from the abbreviation.

7. Line 297: Most of the program directors however didn’t report having knowledge of this, correct?
   ***The comment above is not correct. This statement is based on the information in Table 1 – including both programs with and without education. We found 58% of programs with and 76% of programs without education reported seeing transgender patients < 1 time per year. Only 3% of programs with and 14% of programs reported they Did Not Know how often their residents had clinical encounters with transgender patients.

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

Best,
Randi Zung

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Randi Zung (Ms.)
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American College of Obstetricians and Gynecologists
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