

Compiled from emails and journal records 2018/01/09 by DK

Combined Hormonal Contraceptives Use and Bone Mineral Density Changes in Adolescent and Young Women in a Prospective Population-Based Canada-wide Observational Study

JAMA

Submitted: 30-Aug-2016

Decisioned: 08-Sept-2016

Reject without Review (08-Sept-2016)

Date: 09-09-2016 06:08

Last Sent: 09-09-2016 06:08

Triggered By:

CC:

BCC:

Subject: JAMA16-7786 Decision Letter

Message: September 8, 2016

RE: Combined Hormonal Contraceptive Use and Bone Mineral Density Change in Adolescent and Young Adult Women in a Population-Based Cohort: 2-year data from the Canadian Multicentre Osteoporosis Study (CaMos)

Dear Prof :

Thank you for submitting your manuscript to JAMA. Based on our editorial evaluation, I regret to inform you that we will not accept your manuscript for publication. However, as you are aware, the JAMA Network allows submitted manuscripts to have more than one opportunity for evaluation for publication. This network includes JAMA Pediatrics, for which you previously gave us permission to forward your manuscript, and we have transferred your manuscript as requested.

Further evaluation of your paper will be expedited by the editor of JAMA Pediatrics. Your manuscript is now under the consideration of JAMA Pediatrics,

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and you should refrain from submitting it elsewhere until you receive an editorial decision.

You will receive an acknowledgment from JAMA Pediatrics, to which you should direct all future communications about your manuscript.

Thank you for the opportunity to review your manuscript.

Sincerely yours,

Deputy Editor, JAMA
Email:

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BMJ

Submitted: 13-Oct-2016

Decisioned: 15-Oct-2016

Reject without Review (15-Oct-2016)

Decision Letter (BMJ.2016.035986)

From:

To:

CC:

Subject: BMJ.2016.035986 Manuscript Decision Research

Body: Dear Dr.

BMJ.2016.035986 entitled "Combined Hormonal Contraceptive Use and Bone Mineral Density Change in Adolescent and Young Adult Women in a Population-Based Cohort: 2-year data from the Canadian Multicentre Osteoporosis Study (CaMos)"

Thank you for sending us your paper. We read it with some interest, but I am sorry to say that we are simply not the target journal for your paper. We do not prioritize studies on surrogate outcomes and receive many large studies on clinical outcomes that change practice. In comparison with these and many other papers we have to consider, this one is clearly a lower priority for us.

We receive over 3600 research papers each year and accept less than 5%. We do not send out for external peer review manuscripts whose subject matter, design or topic do not meet our current priorities and are unlikely to make it through our process. We have to make hard decisions on just how interesting an article will be to our general clinical readers and how much it adds to what is already known. We hope that this will allow you to promptly submit this manuscript elsewhere.

You may want to consider sending this paper to BMJ Open. BMJ Open (<http://bmjopen.bmj.com>) is an open access, open peer-reviewed, online journal from BMJ dedicated to publishing high quality, methodologically sound medical research from all disciplines, therapeutic areas, and regions of the world. All types of research article are welcome, from pilot studies to meta-analyses.

If you would like your article to be considered by BMJ Open please submit it via <http://mc.manuscriptcentral.com/bmjopen>, or contact the editorial office editorial.bmjopen@bmjgroup.com with your BMJ manuscript number for more information. Papers accepted for publication will be subject to an article processing

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charge, as they are at The BMJ (for details please see <http://journals.bmj.com/site/authors/openaccess.xhtml>).

Thank you for considering The BMJ for the publication of your research. I hope the outcome of this specific submission will not discourage you from the submission of future manuscripts.

Yours sincerely

BMJ Associate Editor

If you elected during submission to send your article on to another journal the article will be transferred in 5 working days. If you intend to rebut this decision please notify us before then.

The journal(s) (if any) you have selected at submission are:

If you want to speed up or stop this onward transmission please email the editorial office: papersadmin@bmj.com

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Date Sent: 15-Oct-2016

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The Lancet

Submitted: 27-Oct-2016

Decisioned: 07-Nov-2016

Reject without Review (07-Nov-2016)

Date: 07/11/2016

To:

From: "The Lancet Peer Review Team"

Subject: Your submission to The Lancet

Manuscript reference number: THELANCET-D-16-07679

Title: Combined Hormonal Contraceptive Use and Bone Mineral Density Change in Adolescent and Young Adult Women in a Population-Based Cohort: 2-year data from the Canadian Multicentre Osteoporosis Study (CaMos)

Dear Dr. ,

Many thanks for submitting your manuscript to The Lancet for review. Editors from both The Lancet and The Lancet specialty journals, have read it, but their decision was that it would be better placed elsewhere.

Unfortunately, The Lancet can accept only a very small proportion of the many papers we receive each week; the total papers received per week is now about 180. We are sorry to be unhelpful on this occasion, though we would like you to think of us again in the future.

Yours sincerely,

Executive Editor

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NEJM

Submitted: 29-Nov-2016

Decisioned: 06-Dec-2016

Reject (06-Dec-2016)

Decision Letter (16-15306)

From:

To:

CC:

Subject: New England Journal of Medicine 16-15306

Body: Dear Dr. ,

Your manuscript, "Adolescent Combined Hormonal Contraceptive Use and Lower Peak Bone Mass," was evaluated by external reviewers and was discussed among the editors. Although it is interesting, I am sorry to say it was not accepted for publication. This was an editorial decision and reflects an assessment of the merits of your manuscript as compared with the many others we receive. Unfortunately, many manuscripts must be declined for lack of space.

Thank you very much for the opportunity to review this manuscript.

Sincerely,

Deputy Editor, The New England Journal of Medicine

New England Journal of Medicine
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Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
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Reviewer: 1

Comments for the Author

Brajic et al have examined bone accrual rates in 16-24 year old women using hormonal contraception (E-CHC) vs. non-users (N-CHC), and report lower bone accrual rates at the femoral neck in the E-CHC group over a 2-year period. The paper is well written and the data are overall very important. My comments are described below.

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1. My biggest concern is whether or not the study is adequately powered. The authors do not provide the power calculations for this study, and one has to wonder if the differences between groups for bone accrual at sites other than the femoral neck would have been significant with more non-users of hormonal contraception included in the study. Please provide the power calculations and also indicate whether this was done a priori or after the fact.
2. Another concern is the lack of information regarding the duration of use of CHC- it is hard to believe that women using varying doses of CHC for variable amounts of time can all be grouped together for bone outcomes.
3. Instead of dichotomizing the ethinyl estradiol dose (< or > 30 mcg per day), did the authors try to use the dose as a continuous variable in regression models?
4. Page 9, line 45: do the authors mean 'less negative'?
5. Do the authors have any fracture data for study participants? If so, the authors should consider presenting these data (although it is clear that the study was not powered for this outcome, a trend would be interesting).
6. There are many reasons why oral estrogen containing contraception would impact bone mass accrual- reduced bone turnover is just one of these reasons. Other reasons should be discussed.
7. A serious study limitation is the lack of bone turnover and hormonal data.
8. It does not appear that the authors have race/ethnicity data. This is another important study limitation.

Reviewer: 2

Comments for the Author

In this study, the authors propose to conduct a population-level evaluation of changes in BMD over time in adolescents and young adult users and non-users of hormonal contraceptives. While this topic is very important, the study has many methodological limitations that detract from its findings.

Abstract:

Methods: The authors should note the low participation rate and follow-up rate for study participants.

Results: The authors should clearly state their null results for the young adult participants in the study.

Conclusion: The conclusion is vastly overstated. These study participants were not followed until an age at which they would have been expected to achieve peak BMD.

As such, the authors cannot state that CHC use "is associated with interference in achievement of peak BMD".

Introduction:

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The manuscript style is lacking the appropriate grammar, sentence structure, and polish of typical NEJM studies. Study objectives are clearly stated, but the Results section does not mirror the authors' objective statements.

Methods:

The participant response rate, and the longitudinal follow-up rate, were both quite low. These facts should be cited as a limitation.

No exclusion criteria were listed. Were participants enrolled if they had other diseases that could influence bone health (such as diabetes, IBD, celiac disease) or if they were taking other medications known to impact bone health (such as anti-convulsants)? Were non-CHC users normally menstruating? Were participants excluded if they were significantly underweight? No mention of these important other factors is made.

One of the most significant limitations of this study is the classification of CHC exposure. Given the significant differences in systemic exposure to estrogens between oral contraceptives, the vaginal ring, and the transdermal patch, it is inappropriate to lump users of these contraceptives together based upon estradiol content of the medication itself. It is well known, for example, that systemic estradiol exposure from the ring is far less than that of a typical 30 mcg EE pill. This misclassification needs to be remedied before the study results can be believed.

Date Sent: 06-Dec-2016

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CMAJ

Submitted: 19-Apr-2017

Decided: 09-May-2017

Immediate Reject without Review (09-May-2017)

Decision Letter (CMAJ-17-0463)

From:

To:

CC:

Subject: CMAJ - Decision on Manuscript ID CMAJ-17-0463

Body: 09-May-2017

Dear Dr. :

Thank you for giving the CMAJ editors an opportunity to review your manuscript, "Combined Hormonal Contraceptives Use and Bone Mineral Density Changes in Adolescent and Young Women in a Prospective Population-Based Canada-wide Observational Study" (our reference CMAJ-17-0463).

Although your topic is an interesting one, I am sorry to tell you that we have decided to decline your manuscript for publication in CMAJ. The editors who carefully read your paper concluded that because of the small sample size and low response rate, particularly in the youth category, the findings are likely not generalizable. Given the number of studies published in the area the findings are likely not novel enough for publication in CMAJ at this time.

Each year we receive over a thousand research manuscripts, and we have room to publish only about 8% of them. This means we have to reject some good quality manuscripts that are not as suitable for CMAJ as those we accept. When deciding on acceptability of a manuscript for publication in CMAJ, we consider factors such as its application to medical practice and other manuscripts recently published.

Thank you again for giving us a chance to consider your manuscript for CMAJ. I hope that we will be able to give you a more favourable response on a future submission.

Sincerely,

Associate Editor

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Canadian Medical Association Journal (CMAJ)

CMAJ – medical knowledge that matters

CMAJ showcases innovative research and ideas aimed at improving health for people in Canada and globally. We publish original clinical research, analyses and reviews, news, practice updates and topical editorials that are read in Canada and around the world. CMAJ has an impact factor of 6.7 and is ranked as one of the top 10 general medical journals worldwide.

Last month, our time to a first action (declining the manuscript or sending it to peer review) for research submissions was an average of 4.42 days.

Date Sent: 09-May-2017