

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Beating the Empty Pelvis Syndrome: The PelvEx Collaborative Core Outcome Set Study Protocol
<b>AUTHORS</b>	Collaborative, PelvEx

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Betschart , Cornelia University Hospital Zurich Department of Gynaecology
<b>REVIEW RETURNED</b>	20-Aug-2023

<b>GENERAL COMMENTS</b>	<p>The PelvEx Collaborative proposes a comprehensive study protocol for defining a core outcome set for the empty pelvis syndrome in a modified-Delphi approach.</p> <p>I have some comments.</p> <p>Could you please describe how you will approach patients suffering from empty pelvis syndrome? It will be necessary to include other Ethics committee of foreign countries. Please comment. Could you give an overview of domains and questions you are going to address? Which software do you have in mind for conducting the Delphi survey? How many participants do you aim to include in each stakeholder group?</p>
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<b>REVIEWER</b>	Subramanian, Venkatesh King's College Hospital NHS Foundation Trust, Department of Obstetrics and Gynaecology
<b>REVIEW RETURNED</b>	28-Aug-2023

<b>GENERAL COMMENTS</b>	<p>Interesting COS Protocol.</p> <p>Need to elaborate further justification on choice of consensus method and detailing/elaborating and justifying criteria for consensus agreement.</p>
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### VERSION 1 – AUTHOR RESPONSE

REVIEWER 1:

"Could you please describe how you will approach patients suffering from empty pelvis syndrome?"  
-The empty pelvis syndrome was undefined at the inception of this study, there identifying a discrete group of these patients was problematic. Indeed we anticipated difficulty in approaching and recruiting these potentially vulnerable individuals.

-The approach is described on page 6, this section has been edited to make this clearer, these goes into detail about our work with patient advocacy groups, and also describes that PelvEx institutions will be encourage to engage their own PPI networks.  
-More detail on the logistics of approaching patients representatives is given on page 8.

"It will be necessary to include other Ethics committee of foreign countries. Please comment."  
-This indeed proved necessary and a statement regarding this has been added on page 12.

"Could you give an overview of domains and questions you are going to address?"  
-The introduction sets the scene for the aims and objectives, these are then approached with the domains stated on page 7, which are again summarised on page 12.  
-We feel giving more detail on these domains at this stage would require information and data generated from the longlisting process, we feel that as longlisting is part of the methods that this should appear in the results section of the final manuscript.  
-We have not made any specific changes in response to this question, however we are happy to do so if further clarification is required.

"Which software do you have in mind for conducting the Delphi survey?"  
-Qualtrics, this is stated on pages 7 and 8 - we have made an amendment to page 7 to make this clearer.

"How many participants do you aim to include in each stakeholder group?"  
-We set no upper limit, we were concerned that selecting only certain members of the PelvEx Collaborative would go against the group's inclusive nature, and may mean results from the study were not so trusted by those that were not invited to take part. We anticipated patient representatives would be more difficult to recruit that healthcare professionals. This has been added to page 6.

#### REVIEWER 2:

"Need to elaborate further justification on choice of consensus method and detailing/elaborating and justifying criteria for consensus agreement."  
-Further justification of the consensus agreement criteria is given on page 9, this approach is based on the piloting process and high impact consensus studies in the recent surgical literature. We did not identify a better way of defining consensus when designing the study, and indeed there is no formal way of defining consensus for this kind of work.  
-A summary to justify the overall consensus methodology has been added to page 12.

#### OTHER REVISION:

-The PelvEx Collaborative is a dynamic community which has changed since June this year, an updated list of collaborators has been submitted with this revision on page 1.  
-An author contributions statements has also been added as per recommendation from the BMJ Open Editorial Office on page 13.

Thank you again for reviewing this work, and do let us know whether any further clarifications or revisions are required.

#### VERSION 2 – REVIEW

REVIEWER	Betschart , Cornelia University Hospital Zurich Department of Gynaecology
REVIEW RETURNED	16-Dec-2023
GENERAL COMMENTS	Thank you for your diligent answers. I have no further comments.