Reviewers report

Title: Adolescent Polycystic Ovary Syndrome according to the International Evidence-Based Guideline

Version: 0 Date: 21 Aug 2019

Reviewer: Corrine Welt

Reviewers's report:

The authors provide guidelines for the diagnosis and treatment of adolescent PCOS. The recommendations, based on evidence and expert recommendations, are sound. The guidelines need revision as the type of recommendation, ie expert consensus, evidence based, etc, is so prominent that the actual guideline is only secondary. I would change the format, using symbols or a different method to indicate the type of recommendation so that it is not the primary piece of information. There are some issues that should be addressed for overall readability and clarity.

1. The abstract has grammar errors and is a bit confusing in some sections. For example, the first point of the abstract has too many subpoints for the irregular menstrual cycles and it is unclear. It would also be helpful to state how long after menarche these adolescent guidelines should apply. Please revise or make subpoints.

2. The use of CBR, CPP and EBR throughout the manuscript is distracting. Although these designations emphasize the reason for the recommendations, they dominate the guidelines rather than stand in the background. Could the authors devise symbols that could convey the same meaning and not distract from the points being made? At the very least, please write out the words because it is difficult to remember what they stand for as one reads through the manuscript.

3. Please proof English throughout.

4. The 8 years post menarche designation for an adolescent reaches into the age of 20 in many cases. Please provide the evidence that the 8 year mark should be included, as the text suggests there is evidence for this post menarchal age. The evidence and reasoning behind the 8 year marks appears later in the manuscript but it should be presented with the first recommendation that states the 8 year post menarche timeline.

5. For the definition of irregular menstrual cycles, it states that 36 studies were excluded. Please clarify if any studies were included or if the 36 studies were the only available and all excluded.

6. It is not clear what is meant by the following sentence: Lower mFG cut-off are applied when use 85th to 90th percentile or where the score is analysed in relation to other features of PCOS (&gt;3 in White and Black women, [47] &gt;5 In Mongoloid Asian (Han Chinese) women [48]).

7. In the ultrasound section, the authors suggest that ultrasound can be used for mimics of PCOS such as primary amenorrhea. However, primary amenorrhea is not a disease condition or underlying cause. It is a description of menstrual cycles. Please clarify what is meant in the sentence.
8. The at risk diagnosis recommendation that a final diagnosis be made at 8 years post menarche seems delayed. Please evaluate published evidence based likelihood that cycles will normalize after 3 years of irregularity in the setting of other features of PCOS. The chance of having irregular cycles drops significantly with years after menarche. It seems waiting 8 years is excessive for diagnosis, although that may not be the intent of the authors. The authors do state that the re-evaluation could come at or before 8 years in the discussion, but that is not the message of the rest of the guideline. It also seems that if published evidence suggests that women with PCOS are frustrated with the lack of a diagnosis for many years, holding them in limbo with an at risk diagnosis would only further the frustration of indecision. In addition, the recommendation could be more specific because the only thing holding back a complete diagnosis is the inability to do ultrasound. If and when a woman becomes sexually active, there would no longer be a need to hold back on the ultrasound, which could happen in the 8 years post menarche.

9. In the metformin section, please comment on the coCP only group and whether there was weight gain or no weight gain.

10. In the section discussing OCP and risk of thrombosis, there have been warnings for the use of drospirenone containing OCPs, among others, for increased DVT risk. Should those be added to the cautionary sentence used for cyproterone acetate containing OCPs?

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If not, please specify what is required in your comments to the authors.

Yes

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