

Response to reviewers:

This is a very well-written review of survivorship issues relating to gynecologic malignancies. A few minor comments:

1. The section entitled “Loss of ovarian function and bone health” could be expanded. Loss of ovarian function in premenopausal women also carries long-term risks of coronary heart disease, stroke, and other cancers, as in the Nurses Health study and Mayo Cohort Study.

The section has been expanded to include the requested information.

2. Under the section “Survivorship issues by gynecologic cancer type”, I would suggest arranging the tumor sites according to frequency. The first is Endometrial cancer (as provided in the manuscript), then the 2nd should be Ovarian cancer (which the author acknowledges is the 2nd most common cancer in the U.S.). Then Cervical cancer should be 3rd, etc.

We have rearranged the sections as suggested by the reviewer.

3. Please reference the statement that endometrial cancer increases the risks of other cancers, and similarly for ovarian cancer.

The references have been added.

4. For ovarian cancer, it is important to distinguish epithelial from non-epithelial (ie., germ cell tumors). The vast majority of germ cell tumors are in young girls/adolescents/young women, and the majority of them will be cured of their cancer. Some will receive chemotherapy, which will have survivorship implications, such as second malignancies, fertility issues, cognitive effects. However the majority of women in the general population will have an epithelial ovarian cancer. Most of these are high grade serous, and most will not survive this diagnosis, so their survivorship issues will be different.

The sexual health and ovarian cancer sections have been expanded to include these recommendations.