1. What is the major research question addressed by this study? What was the study design used by the authors, and what are the strengths and limitations of this study design? Would a randomized, controlled trial be a better study design to answer this research question?

2. The authors used a two-samples t-test to compare differences in anatomical distances between the bSSVF group and the control group. Why did they choose this statistical test? What test would be appropriate if they wanted to compare differences in a dichotomous variable, such as the prevalence of women with diabetes, between the groups?

3. Is the authors’ conclusion about mesh contracture rates supported by their data? What is known about mesh contracture and time since surgery? Was the timing of the MRI measurements in this study appropriate to detect post-operative mesh contracture?

4. Why did the authors need to use trigonometry to calculate vector distances? (Note: Did they actually use geometry?).

5. The authors added 1 cm to the direct and right/left distances in the 6 women who underwent bSSVF post-hysterectomy. Why? How might this bias their results? Would it be more informative to see the data both with and without this modification?

6. The authors note that prospective studies are underway to compare clinical subjective and objective outcomes after bSSVF when compared with other apical support procedures such as sacrocolpopexy. How would you design such a study? How would you quantify objective success and failure?

7. Why did the authors choose the control group they chose? What if they had chosen to use a control group from a study of MRI evaluations of postoperative
pelvic anatomy after abdominal sacral colpopexy instead? Would you find the results more or less useful?
8. Based on this study, are you likely to offer this surgery to your patients? Why or why not?