Reviewer’s report

**Title:** Overnight Orthokeratology is Comparable with Atropine in Controlling Myopia

**Version:** 2  
**Date:** 1 November 2013

**Reviewer:** Gonzalo Carracedo

**Reviewer’s report:**

**Major Compulsory Revisions**

1.- The major concerning about this manuscript is the poor discussion section. The authors have found that OK is better than atropine in order to control the myopia progression. All research published until today show better results for atropine. Therefore, the results of this manuscript are very relevant and deserve a remarkable discussion and justification. In this sense, the authors leave the atropine in a second level. They misspend the discussion section to compare some studies regarding OK as a control myopia progression method with their results and also they do not compare their results with another research about atropine and myopia.

Moreover, authors have several mistakes in the discussion section, comparing their results with other studies. For example, authors said “… The data presented in this study, the increase in axial length was 0.28 ± 0.08 mm per year in the OK lens group versus 0.37 ± 0.11 mm per year in the atropine group. In 2005, Cho et al. reported that axial length increased by 0.29 ± 0.27 mm in the OK lens group and 0.54 ± 0.27 mm in a control group treated with spectacles during a 2-year follow-up …” and “….The increase in axial length in our OK lens group (0.28 ± 0.08 mm per year) was less than that reported by Cho et al. (0.54 ± 0.27 mm in 2 years)….”. It is incoherent and there more errors like that.

In conclusion, I think that the results of the manuscript are very relevant but the authors need to remake the discussion, including atropine’s results discussion and improving the OK’s results comparison with other studies. They must be careful to justify the better control showed by OK, compared with atropine group, and to include all limitations of the study for explaining this controversial results.

**Minor Essential Revisions**

1.- In the running head, the authors should add atropine.

2.- Page 6, Methods section. I don’t understand if patients up 7.5 D were included and over 9D were excluded. Where are the patients between diopters 7.5D and 9 D, included or excluded?

3.- Page 8, results section. There are 15 patients in atropine group without spectacles to perform daily activities, but the minimum range of myopia was 1,50 D. Do these patients have their myopia corrected with daily contact lenses? I think that 1.5 D of myopia is sufficient for affecting the patient’s quality of life.
4.- Page 9, Results section. in the second and third year the standard deviation are too high. It means that some patients didn't have a control of myopia and increasing the mean of atropine group. This fact must be discussed in the discussion section.

5.- Table 4. SD in atropine group show in the table does not coincide with values showed in the result section. Please to clarify this fact.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.