Author's response to reviews

Title: Trabeculectomy with versus without Releasable Sutures for Glaucoma: A Meta-Analysis of Randomized Controlled Trials

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Author's response to reviews:

Dear Dr. Cruz,

Enclosed please find the revised version of our manuscript “Trabeculectomy with versus without Releasable Sutures for Glaucoma: A Meta-Analysis of Randomized Controlled Trials” (Manuscript ID: 1698011178110768).

We appreciate your supportive comments and the Reviewers’ thoughtful and constructive critiques, which had been extremely helpful in our revision. We have considered each of the reviewer’s comments, and have responded carefully and thoroughly as summarized in the following pages, which we believe that the article is thereby strengthened.

Thank you again for your further consideration of this manuscript.

Sincerely yours,

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Reviewer #1
This is a novel and important systematic review. There is evidence that the authors have gone to some trouble to ensure comprehensive capture of any relevant studies, and to exclude bias. I think many glaucoma surgeons would agree with the key finding ie that releasable sutures clearly improve the safety of trabeculectomy surgery.

Answer: Thank you for your kind comments.

1. The MS needs page, and, ideally, line numbers to aid the review process. On what is actually page 3, the line 'page 3' appears within the text of the 'Background' section: this needs correcting.

Answer: Thank you for highlighting this point. We have numbered the pages and have corrected the “page 3” error.

2. The use of the English language is reasonable, but given the absence of some punctuation, especially commas, the readability of the MS could be improved with the help of a native English-speaking sub-editor.

Answer: Thank you. Following your suggestion, we have now corrected these errors with the help of two American Ophthalmologists who are native English speakers.

3. The 'Background' section is not comprehensive: for example, there is no mention of laser suture lysis, which is commonly used in both Europe and the US to improve the safety of trabeculectomy ie to avoid early hypotony: this technique should be discussed, though this reviewer agrees with the sentiments of the authors ie that releasable sutures are a preferred approach.

Answer: Thank you. As advised, we have added the relative content on laser suture lysis in the “Background” (p. 3).

4. The comments on the risk of cataract development after trab will clearly be related to the length of follow-up available, and how the cataract are graded: this needs to be pointed out in the discussion.

Answer: Thank you. We agree with the reviewer. We have added the relevant content in the revised manuscript (pp. 10–11).

5. There is a recent published study which covers a similar area ie that releasable sutures improve trab safety, and could be usefully cited:

Answer: Thank you. We have added this new reference in the revised manuscript.

Reviewer #2

1. Meta-analysis is a powerful statistical methodology largely used to acces the validity of medical and surgical procedures to be generalized in the clinical practice. However, it demands solid starting points represented by the number and the quality of the studies considered. The present met-analysis included only 6 articles and a limited number of patients. Five out of six articles were published in second class journals where less stringent peer review may be presumed.
Answer: Thank you for pointing this out and for your thoughtful and incisive critique. We agree with the comments. There are some limitations of this study, and we have emphasized these in the revised manuscript. We are convinced that, even in not very high-quality studies, one can substantially contribute to new insights if the basic assumption holds that no systematic methodological bias was present. Furthermore, in this meta-analysis, the results from the subgroup and the analyses were quite similar and robust, and there was no statistical heterogeneity between the studies.

2. MMC which may substantially modify the postop course of surgeries was used only in four out of six studies. The many other limitations of the study were honestly acknowledged by the authors in the discussion section (page 10).

Answer: Thank you for your comments and your thoughtful and incisive critique. We agree with the reviewer. This limitation relating to MMC was taken into account by performing a subgroup analysis. In the subgroup analysis of the use of antimetabolites, the difference between the groups was not statistically significant.