Author's response to reviews

Title:Comparison of 1-year therapeutic effect of ranibizumab and bevacizumab for myopic choroidal neovascularization: A retrospective, multicenter, comparative, non-randomized, interventional study

Authors:

Dong Min Cha (dmcha17@gmail.com)
Tae Wan Kim (twkim93@medimail.co.kr)
Jang Wom Heo (hjw68@snu.ac.kr)
Se Joon Woo (sejoon1@snu.ac.kr)
Kyu Hyung Park (jiani4@snu.ac.kr)
Hyeong Gon Yu (hgonyu@snu.ac.kr)
Hum Chung (chungh@snu.ac.kr)

Version:3 Date:13 December 2013

Author's response to reviews: see over
1. Please clarify that (a) all the patients were treated completely standardly; and (b) that in 2010 you then decided to do a retrospective study and that all data were collected from the notes.

Thank you for your consideration to publish the article in your journal. We expressed that “The patients were followed at 4-week intervals from the first injection” in the method, which would mean that all the patients were treated as 1+prn protocol. All the patients followed the 1+prn protocol. If you recommend the clarification of the method section of our manuscript, we will add the expression that “All the patients followed the 1+prn protocol.” Second, we modified the method section to clarify that we did a retrospective study in 2010, not 2007~2009.

“One hundred twenty two eyes of 110 patients who were diagnosed with myopic CNV from 2007 to 2009 at 3 tertiary medical centers (Seoul National University Hospital, SNUH; Seoul National University Bundang Hospital, SNUBH; and Seoul National University Boramae Medical Center, SNUBMC) were retrospectively chart-reviewed in 2010, and 66 eyes of 64 patients satisfying inclusion and exclusion criteria were included in the study.”

2. When and how did the patients give consent for the study if this was retrospective?

This study was basically designed as a retrospective study. Most patients who were included in the study have been followed up continuously after treatment for myopic CNV between 2007 and 2009 when the study was designed. We explained the patients this retrospective study and all the patients agreed with participating in the retrospective study in 2010. The expression, “Informed consent was obtained from all patients” might be
misunderstood as the prospective study, although many retrospective studies have showed the expression. If you recommend that the expression should be removed, we will correct it as your recommendation to minimize the misunderstanding.

3. When did the ethics committee approve this study?

We received the approval of the ethics in 3 hospitals (SNUH, SNUBH, and SNUBMC) from January 2010 to June 2010 before we started the retrospective study.

4. Why were the patients given the choice between two drugs – is this standard practices in your hospital?

Lucentis, Fab fragment of anti-VEGF antibody, is not approved for myopic CNV as a public insurance and is not reimbursed in Korea. The price of Lucentis injection (about 1,100 dollars) is about 5 times as expensive as that of Avastin injection. In our hospital, we always explained the patients with myopic CNV the pros and cons of two agents before it is decided which agents are selected. Final decision was made by the patients, not by the ophthalmologist.

5. You state that your study has some aspects of a prospective study – please clarify what you mean by this, stating which aspects you are referring to.

We stated that our study has some aspects of a prospective study in the secondary cover letter, not in a manuscript. First, the demographic data between two groups were similar; there was no statistical difference between two groups. Second, all the patients in 3 hospitals followed the 1+prn protocol after the first anti-VEGF injection. Nevertheless, we did
not state this opinion in our manuscript because these points do not guarantee the advantages of the prospective study.

6. Why have you used the word ‘interventional’ in your title? What is the intervention in your study?

We used the word ‘interventional’ because we had treated the patients with myopic CNV using anti-VEGF agents. We judged that it was a kind of intervention in that visual acuities of the patients with myopic CNV would improve after the treatment of anti-VEGF. If you recommend that the word ‘interventional’ is inappropriate in the situation, we would follow your recommendation.