Author's response to reviews

Title: One-year outcomes of small-incision lenticule extraction (SMILE): mild to moderate myopia vs. high myopia

Authors:

- Jae Ryun Kim (oindiano99@gmail.com)
- Bu Ki Kim (happykbk@hanmail.net)
- Su Joung Mun (moons-6@daum.net)
- Young Taek Chung (eyegreen@eyegreen.com)
- Hyun Seung Kim (Sara514@catholic.ac.kr)

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Author's response to reviews: see over
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Editorial team

Editorial Office ‘BMC Ophthalmology’

Dear Editorial team of the BMC Ophthalmology

Enclosed please find a revised version of original manuscript entitled “One-year outcomes of small-incision lenticule extraction (SMILE): mild to moderate myopia vs. high myopia” by Jae Ryun Kim, Bu Ki Kim, Su Joung Mun, Young Taek Chung, Hyun Seung Kim, which we wish to submit to BMC Ophthalmology for publication again.

We heartily thank you the editor and referees of the BMC Ophthalmology for taking their valuable time to review our article. We have made some corrections and clarifications in the manuscript after going over the referee's comments. The changes are summarized below:

Reviewer 1 (Dear Miguel Teus)

Major compulsory revisions;

1. The mean preop spherical equivalent in both groups is not clear. the numbers in the abstract do not match with the ones in the results section. Please correct

Corrections:

Sorry, but we corrected the wrong numbers in the Abstract; -4.49 ± 0.77 D and -7.03 ± 1.15 D were the preoperative sphere diopter in both groups, not the preoperative spherical equivalent. The mean preoperative spherical equivalent for groups A and B were -5.05 ± 0.71 D and -7.67 ± 1.01 D, respectively.

2. In the discussion section, lines 190-193, the conclusion that smile surgery seems to have a high predictability independent of the amount of the myopic correction is not correct. In my mind, the right statement would be "seems to have similar predictability independent of the amount of the myopic correction". In order to state that the predictability is high or low, there should be a paragraph comparing the predictability of SMILE with LASIK and PRK.
Corrections:
We have changed the previous statement to “SMILE surgery seems to have similar predictability, independent of the amount of myopic correction”

3. The last paragraph of the discussion (lines 212 to 215) is based on the theoretical models that suggest that SMILE better preserves the corneal integrity than LASIK. Nevertheless recently a report if a case of ectasia after SMILE (last issue of JRS) makes the indication of SMILE in eyes with high risk for developing ectasia questionable. The authors should therefore “soften” this paragraph regarding the possible benefits of the smile procedure.

Corrections:
We have revised the text to soften the wording to “The results of this study suggest that SMILE surgery could be useful refractive surgery in high-myopia patients with a relatively thin corneal thickness”

Minor essential revisions

line 69. Refractive, not refractory – we have corrected this error.

line 140. No p value is provided for the comparisons of the uncorrected VA of 20/20 or better – p values have been added.

Reviewer 2 (Dear Yan Wang)

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. The description of “spherical myopia of up to #12.0 D, myopic astigmatism up to #4.0 D cyl” is not formal, it would be better to say spherical myopia less than #12.0 D and myopic astigmatism less than #4.0 D cyl.
Corrections:

We have corrected the sentence. “spherical myopia less than −12.0 D and myopic astigmatism less than −4.0 D cy”

- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. It would be better if the article can be carefully edited for proper English usage.

Corrections:

The English in this document has been checked by at least two professional editors, both native speakers of English. For a certificate, please see: http://www.textcheck.com/certificate/690pfg

2. Abstract, the last sentence, the high-myopia and the mild- to moderate-myopia should be the high-myopic and mild- to moderate-myopic.

Corrections:

We have corrected the spelling of the words as follows: “in high-myopic patients with those of mild- to moderate-myopic patients.”

3. Background, the first sentence, refractory surgery is not the corrected description, please correct it.

Corrections:

We have corrected the description “refractive surgery”.

- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. Results, Study population, the central cornea thickness is not comparable
between the two groups, and the preoperative CDVA is also not comparable, which might have an effect on the long time outcomes after surgery, the results might be not authentic.

Corrections:

We have added a statement about this limitation in the Discussion.

“In the study population, the preoperative central cornea thickness and preoperative CDVA differed significantly between the two groups, which might affect the long-term outcomes after surgery. This is a potential limitation of this study.”

2. Background, the second paragraph, the last sentence, theoretically speaking, SMILE cut more tissue for the creation of the basement and for patients with both spherical and cylindrical errors, it may not suitable to say that SMILE is more suitable when the degree of myopic correction is too large or the cornea is too thin for safe LASIK or PRK.

Corrections:

We have corrected the sentence.

3. Table 1, the UDVA and CDVA is reversed, please correct it.

Corrections:

We have reviewed the results and we do not believe that the UDVA and CDVA are reversed in Table 1.

4. Results, figure 1,2,4,5 are the repeat of the data in the content, which would make those figures seemed to be not essential.

Corrections:

We agree with the reviewer’s opinion. We have removed Figures 1, 2, and 4, which repeat the data.
However, we think that Figure 5 helps to understand the content visually.

5. In the Efficacy part of the Results, the author said that “No significant differences were observed between groups A and B for both postoperative uncorrected visual acuity and corrected visual acuity”, however, in the second paragraph, the author said “Group A had a better UDVA at 12 months, compared with Group B; although, no significant difference in the UDVA was evident until the 6-month follow-up”, which was inconsistent

Corrections:

The sentence in the Discussion was incorrect. We have corrected this mistake.

6. Discussion, the fourth paragraph, the visual recovery time of the SMILE surgery and LASIK surgery were not compared in this study, it is not convincing to draw the conclusion that the early visual recovery is not influenced by the degree of myopic correction just according to the UDVA after SMILE surgery.

Corrections:

We agree with reviewer's opinion. We have removed the weak argument in the text.

We hope the revised manuscript will better meet the requirements of the BMC Ophthalmology for publication. We thank earnestly you once again for the valuable and constructive review by the referees. We look forward to hearing your response again.

Sincerely yours,

Hyun Seung Kim, M.D.

Professor

Department of Ophthalmology and Visual Science, Yeouido St. Mary’s Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

62 Yeouido-dong, Youngdeungpo-ku,
Seoul 150-713, Korea

Tel.: 82-2-3779-1848

FAX: 82-2-761-6869

E-mail: sara514@catholic.ac.kr