Author's response to reviews

Title: Structure/function relationship and retinal ganglion cells counts to discriminate glaucomatous damages

Authors:

Pietro Distante (pietro.distante01@gmail.com)
Sara Lombardo (sara.lombardo@live.it)
Alice C Verticchio Vercellin (alicechandra.verticchio01@ateneopoliv.it)
Marta Raimondi (martaraimondi@live.it)
Massimiliano Rolando (rlgp@inwind.it)
Carmine Tinelli (ctinelli@smatteo.pv.it)
Giovanni Milano (gmi@unipv.it)

Version: 7 Date: 18 September 2015

Author's response to reviews: see over
Re: Reviewer’s report – Enrico Martini

Title: Structure/function relationship and retinal ganglion cells counts to discriminate glaucomatous damages

Dear Dr Martini,
First of all thank you so much for your review to our study and for your suggestions. Your observations have been really helpful for us. We will answer point by point.

Major compulsory revisions

1. We changed the aim of the study in order to be more coherent to our results, to our tables and to data we decided to show.
2. Comments about GLV and FLV have been added (lines 290-292; lines 387-389)
3. We fully agree with your observation and we tried to better explain it the text (lines 256-261).
4. Considering the suggestion of the other reviewer, we add Table 2 as a part of the text (lines 189-192; lines 201-204). In this way, we were able to insert a new “Table 2” containing the p values of all considered parameters comparing the three groups.

Minor essential revisions

1. It was required to better explain a sentence. We made it (lines 341-345).
2. We tried to better explain those formulas (“gl” was an error instead of “gc”). We also think that the way to calculate RGC count is quite clear for our article, also considering that the aim of our study is not to scrupulously describe how to estimate the RGCs number (this kind of work has been already made by Medeiros et al. as we indicated in our references at point 12. Medeiros FA, Weinreb RN et al. Estimating the rate of retinal ganglion cell loss in glaucoma. Am J Ophthalmol 2012; 154:814-824).
3. You’re right. We controlled our data and there was an error in the text: the BCVA was >0.7 and in the text we have now specified that it was an inclusion criterium (line 105).
4. Lines 221 (the old line 222) has been corrected.
5. We add at the end of the “Statistical analysis” all the parameters we decided to evaluate and to correlate.
6. We took into account in our analysis all parameters provided by SAP and OCT and indicating focal and global damages.

Discretionary revisions: quality of written English has been reviewed by an English native speaker.

Kind regards

Dr Pietro Distante (on behalf of all other authors)
Dear Dr Goni,

First of all thank you so much for your review to our study and for your suggestions. Your observations have been really helpful for us. We will answer point by point.

1) Is the question posed original, important and well defined?
   According to your observations, we changed the aim of the study and tried to better explain it (lines 89-92).

2) Are the data sound and well controlled?
   We explained why we performed just one visual field test and one OCT for each patient (lines 118-121; line 171; lines 376-379).
   In line 212 there was an error (difference significant with p value<0.05). We corrected it (line 229).
   About Pearson’s coefficient, “r >…” (line 282 and line 287) means that for all those parameters “r” is always better than the specified value (specific values can be read in Table 3). We also added a description of the strength of correlation (lines 226-228)

3) Is the interpretation (discussion and conclusion) well balanced and supported by the data?
   According to your suggestion, a part of conclusion has been added to the discussion. Moreover, we tried to make shorter and clearer conclusions (lines 381-396).
   Sentences in lines 302-309 and in lines 271-273 have been crossed out.

4) Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work?
   We tried to better explain quality control and number of examinations in the text (lines 118-121; line 171; lines 376-379).
   We specify the use of central MD in lines 186-187.

5) What are the strengths and weaknesses of the methods?
   Strengths and weaknesses of the study have been added (lines 371-379).

6) Can the writing, organization, tables and figures be improved?
   As suggested some words have been modified (line 108: “hypotonic therapy” substituted with “eye drop therapy”; line 331: “unity” substituted with “scale”; line 346: “actually” substituted with “nowadays”).
   We tried to better describe our conclusions (lines 381-396).
   As told, we added strengths and weaknesses of the study.
   Table 2 has been crossed out: according to your suggestion, we add its contents as part of the text. The new Table 2 shows p values of all considered parameters comparing the three groups.
   As suggested, the comment to Figure 1 has been modified.
   Please take into account that the maximum number of figures allowed is six (6) and we decided to not to emphasize VFI vs groups in a figure because that parameter is not included into Medeiros’ algorithm.

Kind regards

Dr Pietro Distante (on behalf of all other authors)
We would like to thank you for your observation. We better explained in “Methods” the procedure we used in recruiting patients (lines 99-101).