Author’s response to reviews

Title: Comparison of the effects of photodynamic therapy, intravitreal ranibizumab and combination for polypoidal choroidal vasculopathy under 1+PRN regimen

Authors:
Kunbei Lai (103102197@qq.com)
Ying Li (zocliying@sina.com)
Lijun Zhou (qimingxing1256@gmail.com)
Xiaojin Zhong (drxiaojinzong@sina.com)
Chuangxin Huang (sumshuang@163.com)
Fabao Xu (xufabaobao@sina.com)
Lin Lu (drlulin@126.com)
Jian Ge (gejian@mail.sysu.edu.cn)
Chenjin Jin (jinchj@mail.sysu.edu.cn; laibaby@163.com)

Version: 1 Date: 15 Feb 2018

Author’s response to reviews:

Point by point responses to the editor's and the reviewer's comments:

Dear Editors and Reviewers,

Thank you so much for the useful comments which help us to make our manuscript be more accurate and rigorous. We have revised our manuscript according to the editor's and the reviewer’s suggestions. All the modifications are listed as follows:


Editor's comments:

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1. Please add a Conclusions section after the Discussion. This should state clearly the main conclusions and provide an explanation of the importance and relevance of the study reported.

Re: We have added the "Conclusions section" according to the request of the editor in the revised manuscript. In the added "Conclusions section", we stated clearly the main conclusions and provided an explanation of the importance and relevance of our study (see in line 11-19 of page 16).

2. Please remove the figure caption(s)/title(s) from within the image files. These files should contain the image graphic (and any associated keys) only.

Re: Thanks for reminding. We have removed the figure captions from the image files in the revised manuscript.

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Reviewer's comments:

Long-Hui Han (Reviewer 1): BOPH-D-17-00125

This is a very good study. The authors put forward a new concept "1 + PRN" for PCV treatment. My main concern regards interpretation of the results. As far as I can see, most published papers, especially several meta-analyses (PMID: 28861356, PMID: 25343244, PMID: 26558226, et al) support that combined therapy has better effects as for BCVA improvement and CFT reduction in some specific time-points. This is different from your conclusion. Do "1 + PRN" and "3 + PRN" make difference? In addition, the non-RCT study and relatively small sample size may result in a relatively low statistical power. Maybe you can do some further research in the future.

My suggestion for the present paper is minor revision:

1. The BCVA improvement and CFT reduction from baseline in each time-points should be presented in additional figures and results. They are more important in the comparison of treatment effects than BCVA and CFT themselves. And the comparison based on the changes from baseline between each group should be added. Maybe you can find some new results.
Re: Thanks so much for the professional and useful comments of the Reviewer! As said by the reviewer, the BCVA improvement and CFT reduction from baseline were more important in the comparison of treatment effects than BCVA and CFT themselves, we have added new Figures (Figure 2 and Figure 4 together with their captions in line 9-13, 20-22 of page 24 and line 1-2 of page 25 in the revised manuscript) to present the mean BCVA improvement and the mean CFT reductions from baseline in each time-points according to the suggestions of the reviewer. We also presented these results in the "Results section " (see in line 17-22 of page 8, line 1-3 of page 9 , line 5-13 of page 10 in the revised manuscript) and discussed these results in the "Discussion section". As shown in the new revised manuscript, we found that there was no statistical difference for the mean improvements of BCVA as well as the reduction of the CFT from baseline in PDT monotherapy group, IVR monotherapy group, and combination group at any follow-up time-point (P>0.05), however, a trend that combination group might have greater improvements of BCVA and greater reduction of CFT compared with PDT or IVR monotherapy group could be seen from Figure 2 and Figure 4. Besides, we also have discussed the reasons in the revised manuscript (see in line 2-5 of page 15 and line 15-16 of page 15 in the revised manuscript).

2. Add some possible reasons for the difference conclusions between your study and other studies.

Re: According to the suggestions of the reviewer, we added some possible reasons for the difference conclusions between our study and other studies in the revised manuscript. Firstly, as said by the reviewer, non-RCT study and relatively small sample size may result in a relatively low statistical power, we thought that relatively small sample size might be one of the main reasons why our results differ from other studies (see in line 15-16 of page 15 in the revised manuscript). It was one of the limitations for our manuscript, and we have stated it in the manuscript (see line 15-16 of page 15). Secondly, the so called "combination therapy group" in our study was different from other studies. In our study, in the "the combination therapy group", patients underwent only one section of PDT throughout the 12-months follow-up, namely 1 PDT+ 1 ranibizumab at the initial treatment, then only ranibizumab injection pro re nata (for example, 1 PDT+ 1 ranibizumab + 1 ranibizumab +1 ranibizumab +1 ranibizumab...), which was different from the combination therapy group (for example, 1 PDT+ 1 ranibizumab + 1 PDT+ 1 ranibizumab + 1 PDT+ 1 ranibizumab...) in other studies. Therefore, this was also another reason why our results differ from other studies (see in line 21-22 of page 14 and line 1-3 of page 15 in the revised manuscript). Thirdly, differences in the inclusion criteria, exclusion criteria, as well as retreatment criteria were also the reasons why our results differ from other studies (see in line 3-5 of page 15 in the revised manuscript). We added all the above possible reasons in the revised manuscript according to the request of the reviewer. Please note, all the modifications has been marked in red color in the revised manuscript.
At last, although there are some limitations for our manuscript as we mentioned in discussion section in the main text of our manuscript, we hope that our manuscript can be published in BMC OPHTHALMOLOGY and can give some important and useful information for the ophthalmologists all around the world to help them to choose better treatment regime for the patients with macula-involved PCV through the journal of BMC OPHTHALMOLOGY.

Thanks so much again for the useful comments from the editors and the reviewers.

Best Regards,

Chenjin Jin
Professor of Zhongshan Ophthalmic Center
State Key Laboratory of Ophthalmology
Sun Yat-sen University
Email: jinchj@mail.sysu.edu.cn
Telephone number: +8613302209900