**Reviewer's report**

**Title:** Refractive corneal Inlay for presbyopia in emmetropic patients in Asia: 6-month clinical outcomes

**Version:** 0  **Date:** 22 Dec 2018

**Reviewer:** Majid Moshirfar

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1. Under inclusion criteria, please specify what level of cylinder preoperatively was allowed to be included in this study?

2. Concerning the Pocket energy setting using the Femto LDV40, please provide the spot and line separation, energy and incision angle of entry.

3. What level of discrepancy was allowed in terms of the distance between the purkinjie reflex and the center of the pupil? Do we have any inclusion/exclusion criteria? What is upper limit of angle kappa?

4. One may argue that six-month is not enough time for impact of inlay on wound healing in terms of potential gradual hyperopic shift or gradual haze formation.

5. One may argue that epithelial thickness evaluation would have been useful?

6. 29% loss of two lines of CDVA is above the safety threshold for some health agency such as FDA.

7. What were the reason or cause for loss of two lines of CDVA?

8. What percentage of eyes lost one line or more of CDVA?

9. How do you explain only 0.75 diopter of myopic change when the average power of the inlay was 1.77D? Authors fail to provide a potential explanation?
10. Line 45-47, page 14, what then is the potential explanation beyond its presbyopic correction action.

11. I suggest authors avoid stating that this is safe and effective technology and simply state that although the results are somewhat satisfactory longer study and larger sample size is required.

12. As stated by the authors, their sample size is too small and the study was too short to draw any definite conclusion concerning the safety and efficacy of Flexivue Microlens.

13. Please state that lack epithelial map versus stromal map analysis over time is another disadvantage of their analysis.

14. Please state that until longer study there should be skepticism concerning the efficacy of inlay technology. Based on recent Raindrop discontinuation in USA and hyperopic shift and loss of efficacy after KAMRA after 36 months for many cases, I suggest author to simply reflect such thoughts indirectly in their manuscript.

15. I congratulate the authors for their fine work.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics
Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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