Reviewer’s report

Title: A real-world study of effectiveness of intravitreal bevacizumab and ranibizumab injection for treating retinal diseases in Thailand

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Reviewer: Aaron Yeung

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Interventions

Can the authors clarify the treatment arms:

1. Loading 3 doses - did they then go on to PRN?

2. PRN treatment - did these patients only get treatment when dictated by the ophthalmologist?

Outcome measures

Why was the Snellen or the ETDRS charts both used? It is preferable to use ETDRS as the gold standard in measuring BCVA in clinical studies.

Can the authors expand their information regarding the UCS, SSS and CSMBS? Is this data relevant to the study?

VA outcomes

Can the authors clarify what they mean by "the same VA measurement during the follow up period of 35 days"?

Change in VA letters between baseline and at 6 months

The IVT patients who had more than 53 ETDRS letters should be excluded in the study as they appear to have a skewed BCVA at baseline - was this intentional?

Diagnosis and treatment

This paragraph is difficult to understand. For the PRN group - both drugs appear to increase visual function in RVO patients 57% in IVB v 46% in IVR. For the 3 injection pattern you state that RVO patients were mostly improved by IVB (63% - greater than both the values above).
The sentence "However, due to the limited number of patients in the IVR group, these results can explain that almost 50% of patients received IVT for treating nAMD and PCV." does not make sense.

This paragraph would benefit from editing.

Logistic regression

Furthermore, patients diagnosed with RVO were significantly associated with vision improvement of approximately three times higher - compared to what?

Discussion

Patients who had their BCVA checked should be standardised. Ideally, patients should have BCVA with refraction and not have to use pinhole vision.

There can be great variation between study units when measuring visual acuity and therefore standardising the methods will give the most accurate measurements. If other study sites used Snellen, then their patients should be excluded from the study.

Median patient age was lower in your study as your study included patients with diabetic macula disease who are usually in a younger age group compared to manual degeneration.

It would make sense that patients with VA at baseline with nAMD will have a better prognosis.

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

No

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

No

**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?
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I recommend additional statistical review

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