Author’s response to reviews

Title: Intravitreal dexamethasone implant for central retinal vein occlusion without macular edema

Authors:

Eun Choi (eunyoung.choi86@gmail.com)
Hyun Kang (HGKANG08@yuhs.ac)
Sung Lee (SUNGLEE@yuhs.ac)
Min Kim (minkim76@gmail.com)

Version: 2 Date: 21 Feb 2019

Author’s response to reviews:

Response to Review Comments

(Manuscript Number: BOPH-D-19-00014R1)

We very much appreciate the editor and the reviewers for their deep and thorough review of our manuscript. We have revised the research paper in line with their suggestions. We hope this revised paper now meets your level of satisfaction. Below are our answers to the reviewers’ comments.

-------------------------------------------------------------------------------------

General Comments

The study is interesting and do provide useful information. However, there are some recommendations raised by reviewers to improve this manuscript.

BMC Ophthalmology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Responses to Reviewer #1 Comments

The written language requires slight correction in different places.
Comment 1-1: Pg 4 line 99: Omit 'completely'

Response to 1-1: We deleted the word ‘completely’ in Method section, line 99, page 4.

Comment 2-1: Results have been included in Discussion. Lines 303-325 represent reports on 2 cases, and should be included in Results section.

Response to 2-1: We moved the descriptions of two cases of cilioretinal artery occlusion to Results section (line 193-213, page 8).

Responses to Reviewer #2 Comments

This is an interesting manuscript that presented the results of intravitreal dexamethasone implant for CRVO without macular edema. The methods is generally sound and the results are interesting. But it needs to be revised before consideration of publication.

Comment 2-1: It is mentioned that "We completely reviewed medical records of 29 eligible patients who had non-ischemic CRVO but no ME". Why only 20 cases were included? what is the results of the other 9 cases?

Response to 2-1: Since the study had a retrospective design, nine cases were excluded from our analysis due to incomplete data. One-year follow-up was not completed in four cases. In the other five cases, some of the tests required for the analysis (i.e. fundus photography, fluorescein angiography, wide-field fundus imaging, and SD-OCT imaging) were not performed (Method section, line 100-102, page 4).

Comment 2-2: All tests and measurements were performed by two masked observers. What is the results of agreement between them? and how to solve their disagreement?

Response to 2-2: A Bland-Altman assessment was used to assess the agreement of the measurements by two observers. A range of agreement was defined as mean bias ± 2 standard deviation[1]. There was no measurement which showed a clinically important discrepancy. The averaged values of the results obtained by two masked observers were used for the analysis. We added the detail explanation in the Method section (line 164-167, page 6).

Comment 2-3: It must be discussed that this is not a randomized clinical trials and there may be selection bias between the two groups. And some outcome measure are subjective, such as visual symptoms which may be affected by the placebo effect.

Response to 2-3: We agree with the reviewer regarding selection bias since the study design was not randomized and potential subjectivity in the assessment of visual symptoms. We have
mentioned this as the main limitation of this study (Discussion section, line 357-363, page 14-15). Nevertheless, selection bias could be considerably solved because we had performed IVD treatment in all patients with CRVO since a specific time point. IVD implant therapy was administered to all CRVO without ME patients who agreed to the treatment since January 2013, except for two patients who refused the treatment. Before that time, CRVO eyes with no ME were usually observed without any treatment. There were no required conditions or additional judgment involved in treatment decision (Method section, line 102-107, page 4-5). The secondary outcome of visual symptoms was the only subjective factor that may be affected by placebo effects (Discussion section line 363-364, page 15). However, because there was no significant difference in the initial visual acuity between observation group and treatment group, we had no choice but to analyze the subjective visual symptom differences based on the medical records. We expect that treatment group will be able to show a more significant improvement in VA than in control, if we perform a study with sufficient number of CRVO patients (Discussion section line 299-301, page 12). In addition, more quantified measurements to determine functional changes would be necessary as previously mentioned in the Discussion section (line 364-366, page 15).

All the authors again greatly appreciate the reviewers’ and editor’s important suggestions and comments. The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions (highlighted track changes). In addition, we have made some additional edits (track changes) to clarify the meaning and to correct grammatical errors. Please see the above responses and the revised manuscript.

Reference