Author’s response to reviews

Title: Correlation and predictability of ocular aberrations and the visual outcome after quadrifocal intraocular lens implantation: a retrospective longitudinal study

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Author’s response to reviews:

Dear Editor Joann J. Kang:

We are very glad to hear from BMC Ophthalmology again that a revision of our manuscript is warranted. We revised the manuscript according to the suggestions of the reviewer, and provided a list of the responses we made for all the comments which are located in the following sections. In addition, a track-change version was provided to highlight the changes we made and the revised manuscript was conformed to the journal style. We hope that the responses can fulfill the requests and our manuscript will soon be accepted and published by BMC Ophthalmology.

Best wishes,

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Response to reviewers:

Enrico Martini (Reviewer 2):
Some of the faults previously reported have been addressed in this reviewed version. There are still many flaws in the written English (line 135 i suppose it is Ethic and not ethnic - line 245 and many following lines "correction" should be "correlation" - line 288: "in the precious study" should be "in previous studies" - line 302 "the angle alpha is the center of the capsule" must be clarified - line 305-308 the sentence is not clearly understandable and should be clarified - line 305 " HOA and SE" is it really Spherical equivalent? in the data there is no mention of correlation of angle alpha with spherical equivalent post operatively. Line 311 is SA an HOA ? - Line 328-320 what is the meaning of "conflicting predictability"? And what is the role of astigmatism, in the data set it is impossible to find a measure of astigmatism. Lines 338-341: the English is quite bad and the sense is not clear.
Last issue is the sense and the relevance of predictive value of post-operative parameters (TR SE and aberrations): it's logical to assess the correlation between different parameters and visual function, it's of course important to have preoperative predictive factors, that may modify the patient's selection, but what is the sense of predicting something you cannot modify, as the surgery has already been performed?

Response: The flaws in English had been corrected at line 135, 204, 245, 288 (the word here is actually “previous” rather than “precious”), 302-303, 304-308, 329-332, 344-348, Table 2 and Table 3. In line 305, the “SE” is exactly spherical equivalent which we already showed the full word with abbreviation at line 174 and “list of abbreviation”. We used TRSE (Tracey refraction spherical equivalent) in analysis rather than SE since the TRSE can present the refractive error more precisely than SE (TRSE consider the eye position, as shown in line 186-187), although the value of these two parameters are similar. But since TRSE is a relative new measurement which seldom used in previous studies, we enrolled previous studies evaluated the SE in this section to discuss. We did not evaluate the correlation between angle alpha and spherical equivalent because the current study is focus on the visual performance. About line 311, SA (spherical aberration, we showed full word with abbreviation at line 187-188) is exactly a HOA [Okamoto, Ophthalmology. 2008 Jul;115(7):1216-21]. And for the prediction of postoperative parameters, we think the patient education is also an important issue in clinical practice. If patient was not satisfied with the postoperative visual acuity, we can explain to patient whether the visual acuity is likely to improve in the following days/months or not. By doing this, we can reduce unnecessary expect of visual acuity recovery in patient and may avoid some argument. We added this concept at line 337-341.