Author’s response to reviews

Title: Normative Values of The Retinal Macular Thickness in a Middle Eastern Population.

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Author’s response to reviews:

Dear Editors:

We sincerely appreciate the comprehensive review and valuable comments from the reviewers and the editors regarding our submission “Normative Values of the Retinal Macular Thickness in a Middle Eastern Population to the BMC Ophthalmology. All questions and comments have been answered in a point-to-point fashion, and the manuscript has been revised accordingly. The editor and the reviewers’ comments are in bold and the replies in normal font. All authors have reviewed and concurred with each of the changes made in the manuscript.

In response to the Editor Comments:

(1) In 'Ethics approval and consent to participate', please also include the 'consent to participate' statements.
Participants agreed and sighed consent to participate statement was added to the 'Ethics approval and consent to participate', section

PEER REVIEWER COMMENTS:

P2 abstract: "multivariant" should be "multivariate"

multivariant was changed to multivariate in P2 abstract session line 7

P2 abstract: You wrote "Furthermore, we found a significant difference 17 between age and central macular thickness (p= 0.001)”. But what was the effect of age - thinner as it gets older, thinker? What? Please describe.
We added the following sentence
as age was a positive predictor for macular thickness. We further explained our results in the results section as the following
On ANOVA, we found that there is a significant difference between the age groups, however, this significance was only between the age group $<$30 years with a mean macular thickness of 192.14 and the age group of 51-60 with a mean macular thickness of 237.63. The difference between other groups was not statistically significant, so there is no significant trend (i.e. correlation) between macular thickness and age.

in the Abstract section line 17

P3 paragraph 1: OCT stands for optical coherence tomography not ocular coherence tomography.

Ocular was changed to optical in p 3 line 5

P3 paragraph 1 second 2 sentences: These are difficult to understand. English language editing is required.

In p 3 line 2-3 we changed the mentioned sentences to become as follows
‘Detection of abnormal s values of patients is conducted by using OCT. The patients obtained values are compared versus the normal values. Most of the patients used to measure the normal values are of white race. If racial difference exists, then this difference should be kept in mind for more accurate diagnosis of macular diseases (1,2).’

P6: The difference by age group is driven by the lower values in the under 30s. The rest of the groups are not different to each other so you can't say that thickness "peaks" from 51-60.

We have deleted the mentioned sentence in P6 line 12

Table 2 is an important addition. However, it contains spelling errors. Please ensure the data collected for table 2 are directly comparable. Present numbers in the column with a single heading of what is being reported. English language editing is required.

We have modified the table as required to become as follows:

Table 2 Table 2 summarizes the central macular thickness and population.

<table>
<thead>
<tr>
<th>Population</th>
<th>The central foveal Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasians population using spectral domain</td>
<td>278.2 +/- 12 um (P=.038)</td>
</tr>
<tr>
<td>OCT</td>
<td>255.4 um (P=.001)</td>
</tr>
<tr>
<td>Iranian Population</td>
<td>255.4 um (P=.001)</td>
</tr>
<tr>
<td>African American</td>
<td>181.1 +/- 3.7 um (P=0.001)</td>
</tr>
<tr>
<td>Japanese</td>
<td>209.5 +/- 26.7um (P=0.001)</td>
</tr>
<tr>
<td>USA</td>
<td>mean fovea 212 +/- 20 um (p=0.01)</td>
</tr>
<tr>
<td>Indians</td>
<td>149.19 +/- 21.15um (p=0.01)</td>
</tr>
<tr>
<td>Blacks</td>
<td>160 +/- 26 um (P&lt;0.001)</td>
</tr>
</tbody>
</table>
Again, we thank the editors and the reviewers for their time in reviewing our manuscript, giving valuable comments and providing us the opportunity to revise our paper, we hope the revised manuscript had the quality and slandered required by the journal.

Best regards

DR Mouna Al Saad

Correspondent author