

## ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: -15845-Review.doc).

**Title:** Advances in Retinal imaging modalities: Challenges and opportunities

**Author:** Muhammad Usman Saeed , Justyna Danuta Oleszczuk

**Name of Journal:** *World Journal of Ophthalmology*

**ESPS Manuscript NO:** 15845

The manuscript has been improved according to the suggestions of reviewers:

Reviewer 1

Comments:

Format update was requested

Reply:

Format has been updated

The format has been updated as per journal requirements.

Reviewer 2:

Comments : A paragraph should be included on retcam imaging for ROP.

Reply: A paragraph has been added regarding retcam and also a figure for RETCAM and ROP has been included.

Comments:

They should also mention stereo imaging is also possible with infra red

Reply: A sentence about stereo-imaging has been added.

Comments:

Optomap claims to produce 200 degree image in clinical practice it is less and there is also a problem with lid lashes artefacts

Reply: A sentence has been added about Optomap and a figure about optomap image has been included

Comments: EDI capability for OCT for uveitis is important

Reply: This has been mentioned in the manuscript

Comments: Unmet needs in clinical practice need discussion

Reply: A paragraph regarding the unmet needs and various format incompatibilities has been added.

Comments: Post codes for authors hospitals are required

Reply: These have been added

Comments: Telephone numbers and Fax numbers need to be added.

Reply: These have been added in the manuscript

Comments: References and typesetting need corrections

Reply: These have been corrected.

Comments: Figures need to be reduced.

Reply: Figures have been reduced from 17 to 3

Comments: The revised manuscript is OK now except a small problems. Please add a general title for Figures 1-3.  
For example: Figure 1 Pathological changes in atrophic gastritis tissue before and after treatment.  
A: ...; B: ...; C: ...; D: ...; E: ...; F: ....

Reply: General titles for figures 1-3 have been added

Thank you again for publishing our manuscript in the *World Journal of Ophthalmology*  
Sincerely yours,

Muhammad Usman Saeed BSC, MBBS, FRCS (Ed), FRCOphth  
Department of Ophthalmology, St Helier Hospital, Epsom and St Helier NHS trust,  
Carshalton, London SM5 1AA

E mail [musmansaeed@aol.com](mailto:musmansaeed@aol.com) , [usman.saeed@esth.nhs.uk](mailto:usman.saeed@esth.nhs.uk)

Telephone No : +447939905966

Fax number +442082963821

.....

## **Editor-in-Chief**

### **Comments:**

1. I do not agree that some centers performs FFA and ICG simultaneously in routinely. It is true that PCV is common in Far-East countries, and ICG is performed in more patients.
2. Glaucoma modules measure peripapillary RNFL not ONH thickness. Glaucoma modules also measure ganglion cell-inner plexiform layer complex. It can also make posterior pole asymmetry analysis. They can also show progression by an analysis after several time point measurements.
3. It would be nice if more information on OCT Angiography (OCT-A) were given albeit an image from OCT-A is depicted (when considering the title of the review).
4. I think that trade names should not be given in some imaging categories in which several devices exist, or all trade name be given in parenthesis. For example fundus cameras and FFA devices; Intraoperative OCT devices are exist alt least for three company (HaagStreit, Zeiss (Rescan model), and Leice (bioptigen OCT)).
5. The authors should also clearly declare financial relationship in any company, if any.

### **Author's reply:**

1. The statement "is performed routinely" has been removed. The whole statement now reads "In some cases, FFA and ICG angiography may be performed simultaneously, for example in age-related macular degeneration (AMD) patients in order to exclude or diagnose idiopathic IPCV or other AMD variants. This may be a departmental or local policy depending upon disease prevalence".
2. The authors agree that the devices described do measure RNFL thickness, not ONH thickness. They do, however, depict ONH that allow the analysis of the progression.  
Main text body has been amended accordingly.
3. Information on OCT angiography has been added.
4. Trade names were given where device specification was described in details or simply as an example. The trade name of intraoperative OCT has been removed.  
The authors do not have any financial relationships with manufacturers, as per statement below.
5. Clarification has been added to the conflict of interest statement.