

Dear Editors and Reviewers:

Thank you for your letter and comments concerning our manuscript. Those comments are valuable and helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections which we hope meet with approval. Revised portion have been highlighted in the paper. The main corrections in the paper and the responds to the reviewer's comments are as follows:

Reply to the reviewer' comments

Comments 1. Introduction: - The last 5 lines of the introduction, which refer to the sample size, should be removed from this section. It is better to state the need for this study. In other words, what was the problem in diagnosing diabetic retinopathy with the previous methods that the new method should replace them.

Reply: Thanks for your advice. We have revised the phrasing of the following sentences in the abstract section.

Comments 2. Methods: -The sample size of the experiment was relatively small, which may limit the generalizability of the results. - The authors did not describe the exact methodology used for the single-blind assessment of the concordance between non-mydriatic fundus

photography-assisted telemedicine and fundus fluorescein angiography.

Reply: Thank you for your constructive proposal. We apologize for the error in our description. In this study, the 93 subjects underwent screening with both NMFP and FFA, so it cannot be termed as a single-blind method. We have revised this part of the description accordingly.

Comments 3. In results: -Tables 1 & 2: It is better to report exact P-values.

Reply: Thanks for your advice. We have added P-values and κ -values in the tables 1 & 2, with the specific value of P being <0.001 .

Comments 4. The study did not compare the results with other existing DR screening methods.

Reply: Thanks for the your suggestion. Since FFA is the gold standard for DR diagnosis, we have used it for comparison with NMFP in this study. Other methods, such as direct fundoscopy, indirect fundoscopy, and slit-lamp examination with a preset lens, which often lack high accuracy, were not used for comparison with NMFP in this research.

Comments 5. The study did not evaluate the cost-effectiveness of using non-mydratic fundus photography-assisted telemedicine.

Reply: Thank you sincerely for your suggestion. We have added the

statement in discussion section “Cost-effectiveness: For endocrinology departments, NMFP testing is cost-effective with reusable equipment. For patients, the cost of NMFP testing is lower and within the range covered by medical insurance, making NMFP more suitable for large-scale screening in DR diagnosis.”

Comments 6. The study did not assess the potential risks associated with using non-mydriatic fundus photography-assisted telemedicine.

Reply: Thank you for your constructive suggestion. We have added the statement in discussion section “However, NMFP also has some potential risks. For instance, in telemedicine systems, patient medical information and images are transmitted over the internet, which could lead to data security and privacy issues. Moreover, remote diagnosis may lack direct face-to-face interaction with patients. Therefore, in practical applications, doctors must be vigilant in protecting patient privacy and strive to explain the diagnostic results to the patients as clearly as possible.”

Comments 7. In discussion & conclusion: -Limitations and strengths of the study are not mentioned.

Reply: Thank you sincerely for your suggestion. We have included a 'Limitations' section in part 5 of the discussion.