COMMENTS TO AUTHORS

Reviewer #1:

There is no benefit to obtain new knowledge from this study but the result would lead to suggestion for a big data collection from registration or multi-center observation study. Please recheck grammar and typing errors.

Response: We have added the following statement at the end of discussion on Page 9, Line 1 "But we advise caution, especially in a setting without vitreoretinal surgery back up, and recommend a multi-center prospective study with a larger sample size." The grammar and the typing errors have been rectified.

Reviewer #2:

This prospective study evaluated the structural outcomes of IVA injection in the treatment of severe posterior ROP with significant FVP and the author concluded that when the IVA injection is given prior to 37 weeks PMA, while disease is in phase 2, it is less likely to cause contracture of pre-existing FVP.

Questions/suggestions for the authors.

1. The criteria for choosing between the two different drugs, 0.625 mg of bevacizumab or 0.2 mg of ranibizumab, need to be indicated. It looks like the majority of eyes received 0.625 mg of bevacizumab as the authors stated "Thirty two eyes (89%) received 0.625 mg of intravitreal bevacizumab and 4 eyes (11%) received 0.2 mg of intravitreal ranibizumab (0.2mg)".

Response: The criteria was the affordability to the patient. Ranibizumab being costlier, most parents chose bevacizumab. This has been mentioned on page 8, line 28

2. Were both drugs injected once? Why would some patients need additional dose of anti-vascular endothelial growth factor (VEGF)? What was the additional drug?

Response: Majority of the babies received only 1 injection. Only one child required additional ranibizumab. We have already mentioned this on Page 4, Line 17

3. It would help the readers tremendously if the authors could clearly present their results in tables.

Response: Since we have already given a single master table showing in detail the fate of each eye post anti-VEGF injection till the last follow up, adding more tables would make this table redundant.