

Format for ANSWERING REVIEWERS



August 25, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Current status in diabetic macular edema treatments

Author: Pedro Romero-Aroca

Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 4227

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) No revision needed

(2) Revision made

(3) No revision needed

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3 References and typesetting were corrected

All references revision has been made

uscript in the *World Journal of Diabetes*.

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Responses to Reviewer2

Dr. Romero-Aroca has submitted a very interesting manuscript on “Current status in diabetic macular edema treatments”. Certainly, we agree, there has been a dramatic increase in the incidence of diabetes worldwide, which has been exacerbated by the growing obesity problem across the globe. Diabetes is a serious chronic condition, which increase the risk of cardiovascular diseases, kidney failure and nerve damage leading to amputation. Furthermore the ocular complications include diabetic macular edema, which is the leading cause of blindness among adults in the industrialized countries, affecting 12% of type 1 and 28% of type 2 diabetic patients. Today, blindness from diabetic macular edema is largely preventable with timely detection and appropriate interventional therapy. The treatment should include an optimized control of glycemia, arterial tension, lipids and renal status. The photocoagulation laser is currently restricted to focal macular edema in some countries, but due the high cost of intravitreal drugs, the use of laser treatment for focal and diffuse DME, can be valid as gold standard in many countries. The intravitreal anti VEGF drugs (ranibizumab and bevacizumab), are indicated in the treatment of all types of DME, but the correct protocol for administration should be defined for the different Retina Scientific Societies. The corticosteroids for diffuse DME, has a place in pseudophakic patients, but its complications restricted the use of these drugs for some patients. Finally the intravitreal interface plays an important role and its exploration is mandatory in all DME patients. The paper is clear and well written. However, there are some comments that I hope can be useful to the author:

1. In the “Abstract” and in the “Text” the first time the acronym “VEGF” is mentioned it should be spelled out.

I spelled out the VEGF word: “The intravitreal anti **vascular endothelial growth factor drugs** (ranibizumab and bevacizumab), are indicated”

2. Browning et al have challenged the concept of dividing DME in focal and diffuse. In Page 4 the authors should comment on: Browning DJ, Altaweel MM, Bressler NM, Bressler SB, Scott IU; Diabetic Retinopathy Clinical Research Network. Diabetic macular edema: what is focal and what is diffuse? Am J Ophthalmol. 2008 Nov;146(5):649-55, 655.e1-6. doi: 10.1016/j.ajo.2008.07.013. Epub 2008 Sep 5.

This reference has been included as reference number 10 and mentioned as: To treat DME, it is important to use the classification by Bresnick et al. (9) into focal or diffuse DME, **modified by Browning et al (10).**

Review. 3. On the second paragraph of page 6, the author states that “...laser photocoagulation remains the current standard of care and the only treatment with proven efficacy in a large-scale clinical trial for this condition, and in some countries may be the gold standard treatment, due to the high cost of intravitreal drugs. We can considered a best practice, use the focal laser photocoagulation for focal DME as the first choice treatment...” I believe the authors need to rephrase this part of the manuscript, as anti-VEGF has become the standard of care in most parts of the world with laser photocoagulation used as an adjuvant. The problems of cost are important but cannot not be placed over science.

Paragraph has been changed: At present, despite the enthusiasm for evaluating several new treatments for DME including intravitreal therapies for DME (e.g., corticosteroids, and anti-VEGF drugs), laser photocoagulation remains the gold standard of care and the only treatment with proven efficacy in a large-scale clinical trial for this condition.

4. On the third paragraph, page 6 “Intravitreal anti-VEGF drugs”, the authors fail to emphasize the use of intravitreal bevacizumab a very inexpensive option all over the world!

I emphasize the bevacizumab in the text.

5. Reference 5 and 6 are the same (repeated). Please delete one. 6. Reference 23 needs to be “tab” to the left

I corrected the references errors.