

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

ESPS Manuscript NO: 4227

Title: Current status in diabetic macular edema treatments

Reviewer code: 00505213

Science editor: Wen, Ling-Ling

Date sent for review: 2013-06-21 16:14

Date reviewed: 2013-07-05 16:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

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. 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



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

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Author should describe future promising drugs or mode of action for the treatment of DME.