



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 9461

**Title:** State of the art management of diabetic macular edema

**Reviewer's code:** 00505213

**Reviewer's country:** Saudi Arabia

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-02-13 09:36

**Date reviewed:** 2014-02-27 18:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Drs. Nourinia and Soheilian have submitted a review manuscript on "State of the Art Management of Diabetic Macular Edema". The paper is well written. They conclude that literature searches disclosed that almost all studies published up to now provided evidence supporting use of intravitreal anti-VEGF agents for treatment of either na?ve or persistent DME in short and long term up to two years. The report is interesting, well documented, and the paper should be published.



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 9461

**Title:** State of the art management of diabetic macular edema

**Reviewer's code:** 00505280

**Reviewer's country:** United States

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-02-13 09:36

**Date reviewed:** 2014-02-15 02:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

**COMMENTS TO AUTHORS**

1. Abstract: I would not say that DME is the “major” complication as TRD results in more severe vision loss. 2. Introduction, second sentence: I don’t understand this sentence. Please rewrite for clarity. 3. Introduction: “Vision loss from eye diseases will increase as Americans age” This is out of place and should be deleted. 4. Under Pathophysiology: In trying to describe the pathophysiology, the authors have jumped all over from hyperglycemia to ischemia, without connecting the processes. See the article by Brownlee 2001 Science for a good explanation as to why glucose causes DME. Use this to rewrite the section. 5. Bevacizumab “is an anti-human vascular endothelial growth factor” what? I think that the word drug needs to be added. 6. Bevacizumab: “4.88 day” in what species? 7. Bevacizumab: “would remain for 78 days” This is incorrect and not supported by the references. 8. Aflibercept does not bind “all isoforms of VEGF” only VEGF-A, VEGF-B, and placental growth factor. 9. Aflibercept: the study was in rabbit eyes 10. RISE and RIDE were not similar to RESOLVE as RESOLVE had dose doubling for unresponsive eyes. 11. The VIVID and VISTA study results have been presented. Please include them. 12. Give VA gains for the studies mentioned. 13. In the DRCR.net study with triamcinolone, steroid patients improved early but laser was better at 2 years.



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In the DRCR.net Protocol I, the pseudophakic group receiving triamcinolone performed comparably to the groups receiving ranibizumab. 14. Expand the section of fluocinolone implants. The inserts have been approved in the UK and Germany whereas the implant has not been proposed for DME due to the risk of glaucoma. 15. Discussion of GA in the CATT is not relevant to this paper. 16. What about the risk of endophthalmitis in patients receiving ranibizumab. 17. Smiddy did an analysis of the cost/benefit of treatment of DME. This should be referenced. 18. The authors state "The effect of drugs usually decrease over time and therefore the dose and frequency of application should be raised considering the increase in the incidence of adverse events." Studies show that the frequency of ranibizumab injections decreases in years 2 and 3 in parallel with improving DR severity. Please reconcile. 19. Omit most of page 28 as this was or should have been covered in the pathogenesis of DR. 20. "Bevacizumab or ranibizumab injection should be administer on a monthly basis for at least 3 visits and then as needed depending on visual acuity" What guidelines are these? If the authors are giving their opinion then they need to qualify it as such. 21. The clinical guidelines need to be discussed in more detail as treatment of DME requires a complex algorithm. 22. Abbreviations in the Table need to be referenced. 23. The Table is much too congested. Delete less important studies and focus on most important results.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 9461

**Title:** State of the art management of diabetic macular edema

**Reviewer's code:** 00505208

**Reviewer's country:** Pakistan

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-02-13 09:36

**Date reviewed:** 2014-02-16 16:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

Needs revision of English content and grammar please.