

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80771

Title: Selective laser trabeculoplasty as adjunctive treatment for open-angle glaucoma versus Following incisional glaucoma surgery in chinese eyes

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06366978

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Switzerland

Author's Country/Territory: China

Manuscript submission date: 2022-10-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-29 11:01

Reviewer performed review: 2022-10-29 11:43

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

The authors presented the results of a retrospective study where 77 Chinese glaucomatous eyes with POAG or prior glaucoma surgery underwent SLT. The subject of the article is generally interesting, and the results are well presented. The paper is well written, and easy to follow. 1. In the introduction I would add the word “presumably” I the sentence “does not produce any damage to the microstructure of the TM”. 2. “Therefore, our aim was to determine the efficacy and safety of SLT as adjunctive treatment in glaucoma patients with OAG and PGS, and the number of medications used up to three years.” Please try to better explain your cohort. Are the patients having OAG also had PGS? It is not clear. 3. I suggest to add a table with the type of “prior glaucoma surgery”. 4. Please specify if it as a single-centre or multi-centre study. 5. “If necessary, antibiotic eye drops were given to prevent infection” can you better explain this sentence? Why should we have any infection after SLT? Do you sterilized your Latina lens after every usage? 6. “Patients underwent eye examination including IOP, visual acuity, intraocular pressure, slit lamp microscope, gonioscopy, visual field, OCT for retinal nerve fiber layer (RNFL) thickness, fundus photography” IOP and intraocular pressure are repeated. As it is the same thing intraocular pressure should be removed. 7. In the results section you say “Before SLT treatment, all eyes were given glaucoma medications (1 to 4 drugs).” Instead in the methods you say “Inclusion criteria: age ≥ 18 y, an increased IOP (> 21 mmHg) without medication” those sentences are in conflict. Please correct them. 8. In the abstract you say “The mean baseline IOP was 22.73 ± 2.29 mmHg in SLT as adjunctive treatment group”, then in the results you say “The mean IOP before treatment was 19.8 ± 3.9 mmHg in OAG and 19.8 ± 3.9 mmHg in PGS”. Those



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sentences are in conflict. Please correct them. 9. "At 6th month, two patients withdrew from the group because of the progression of visual field, and they underwent glaucoma surgery again in PGS group." I suggest that those 2 patients should be considered as failure and excluded by the second analysis. 10. "In summary, SLT is safe, effective, non-invasive, and effective methods for the treatment of OAG and PGS." Based on the nature of this retrospective study and the small number of patients the conclusion should be less strong as a statement. 11. The language need a major revision.

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. Need additional ethics numbers? (Line 124) 2. Are the subject exclusion criteria missing? (Line 131) 3. Do all subjects need a comprehensive ophthalmic examination before laser surgery? What are the specific tests? (Line 148) 4. After laser surgery, "IOP, intraocular pressure writing "is repeated. IOP as the main measurement index, please describe the measurement method and instrument in detail. (Line 149) 5. 72 patients were selected for 77 eyes, and 4 patients were included in both eyes. Is the binocular correlation considered, and the data analysis can be biased? (Line 155) 6. Are the corresponding values of the result analysis part consistent with those shown in Table 2? (Line 166) 7. For "3mo", are the units shown in the article consistent? (Line 196) The SLT "security" is mentioned in the conclusion, Which specific measurement index, can be reflected in this study? (Line 257) Finally, the selection of patients in this paper lacks exclusion criteria, the experimental design referred to the specific steps of SLT treatment such as light spot and energy in previous research methods. As for the result analysis, IOP is the main index, and the introduction of the measurement process and instruments of IOP is lacking. This paper cited a large number of literatures and proposed that SLT was safe and effective in the treatment of OAG. The results of this study prove that SLT is an effective method for the treatment of OAG and PGS. In the discussion, there is a lack of data support for the safety and noninvasive treatment of OAG and PGS by SLT.