

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 15637

Title: DIABETIC MACULAR EDEMA: CURRENT TREATMENT MODALITIES

Reviewer's code: 00505117

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-02 14:52

Date reviewed: 2015-01-24 17:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" 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 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"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<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

This is an interesting review; title should change in "DIABETIC MACULAR EDEMA: the role of anti-VEGF therapy" or similar, since the authors do not discuss other treatment modalities (sub-threshold laser and so on). English editing is required

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 15637

Title: DIABETIC MACULAR EDEMA: CURRENT TREATMENT MODALITIES

Reviewer's code: 02446549

Reviewer's country: Afghanistan

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-02 14:52

Date reviewed: 2014-12-22 14:57

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<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

It's an interesting manuscript revision of macular edema treatment, which covers all treatment techniques and its indications.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 15637

Title: DIABETIC MACULAR EDEMA: CURRENT TREATMENT MODALITIES

Reviewer's code: 00505280

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2014-12-02 14:52

Date reviewed: 2014-12-24 21:57

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Here is my critique of the manuscript. 1. ABSTRACT: Diabetes is the leading cause of blindness among working-aged individuals in industrialized countries but probably not in underdeveloped countries. 2. This manuscript is incorrectly titled since it does not discuss all treatment options for DME. It should be entitled something such as "Treatment of Diabetic Macular Edema with VEGF inhibiting Drugs". 3. In Core Tip, diabetes is not the leading cause of blindness. 4. Clinical slides should be included. These can illustrate the differences between focal and diffuse leakage, and can show the clinical response to anti-VEGF injections. 5. At this time there is no ongoing phase III trial for pegaptanib, and because of its minimal use by physicians there will not likely be one. 6. The READ-2 did not show improved VA at 36 months in patients treated with laser or laser + ranibizumab? I believe this statement is incorrect. 7. DRCR.net Protocol I did not contain a ranibizumab monotherapy arm. 8. Include more detail about Protocol I, such as letters improved and retreatment rates through 3 years. 9. Sham groups in RIDE/RIDE as well as treatment groups were eligible for laser rescue at 3 months. 10. The RESTORE study also included a laser group. 11. We have no data to say that aflibercept has the longest half-life in the human eye. 12. There was only one laser

group in DA VINCI so why were there 2 thickness averages. 13. Phase III results from VIVID and VISTA have been published and need to be described. 14. Bevacizumab binds only VEGF-A isoforms, not those from other families. 15. Bevacizumab is the poorest studied anti-VEGF for DME because research has not been supported by industry. There is no level I evidence supporting its use as has been established with ranibizumab and aflibercept. 16. The DRCR.net evaluated many previously treated DME eyes but not those that were refractory to therapy. 17. Safety results need to focus on DME trials, not those from AMD. 18. Since pegaptanib is rarely used it should only be briefly mentioned. 19. Where is DME safety data on ranibizumab? Results from RISE/RIDE showed higher incidences of stroke in the 0.5 mg group. Therefore, the FDA approved only the 0.3 mg dose. 20. The Mason manuscript talks about post-vitreectomy endophthalmitis, not post-bevacizumab. 21. The incidence of bevacizumab related side effects in cancer is not relevant to this manuscript. 22. Why is the cost of bevacizumab treatment high? Provide comparative data from cost-effectiveness analyses. 24. What are the pertinent comparative studies? Protocol T? 25. A chart listing the most important trials with top line results would be helpful. 26. What should the reader do when confronted with a DME patient. The authors provide no clinical guidance.