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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Pharmacology

ESPS manuscript NO: 22810

Title: Novel strategies for the treatment of diabetic macular edema

Reviewer's code: 00506304 Reviewer's country: Thailand Science editor: Xue-Mei Gong

Date sent for review: 2015-10-06 00:17

Date reviewed: 2015-10-27 22:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[Y] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

General comments Trish et al. reviewed novel therapeutic approaches for macular edema and diabetic retinopathy, both of which are common posterior ocular diseases in diabetic patients. Pathogenesis and underlying mechanisms of macular edema have been discussed. Several effective therapies, such as anti-VEGF therapy and laser photocoagulation, as well as emerging strategies are well documented. Specific comments 1. Several parts of this review are redundant, for example: in the beginning of section 5 "...Ophthalmic complications associated with diabetes are the leading cause of blindness in adults. In recent years, several formulations are emerged that have been applied for treating DME and other back-of-the-eye diseases. FDA approved drugs such as ranibizumab and bevacizumab have shown promising results for the treatment of DME in various trials (78, 145, 146)...", or before the conclusion section "...DME is a disease associated with the posterior segment of the eye; therefore, it poses a significant delivery challenge. A significant portion of the drug may not reach back of the eye due to associated barriers such as blood retinal barrier, blood aqueous barrier, and vitreous barrier...". 2. As for the nanotechnology formulations section, it should be divided into 2 parts, i.e., in vitro/pre-clinical evidence and evidence from clinical studies.



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Perspectives and future direction as well as the pros and cons of each technology may be discussed in detail. 3. Figure legends should be more informative. For example, how was the fluorescent image in Fig. 1 obtained? (human tissue or animal tissue, staining technique, etc.). In Fig. 2, surgical procedure should be briefly described.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Pharmacology

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Title: Novel strategies for the treatment of diabetic macular edema

Reviewer's code: 00504962 Reviewer's country: Japan Science editor: Xue-Mei Gong

Date sent for review: 2015-10-06 00:17

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this article, the authors have provided an overview of several novel strategies including nanotechnology based drug delivery approach for posterior ocular drug delivery and treatment with emphasis on DME. Overall, the review is well-written and interesting. The authors described the standard treatments of DME include laser photocoagulation, vitrectomy, intravitreal injections of anti-VEGF biologics and steroids. It would be better to add a description of NSAIDs therapy. In addition, several therapeutic agents in development, which may be used in combination with anti-VEGF biologics, for the management of DME in the future.