

Dear Editor,

We highly appreciate the very valuable and positive comments of the referees on our manuscript titled "The Place of Intravitreal Dexamethasone Implant in the Treatment Armamentarium of Diabetic Macular Edema". In light of these comments we incorporate their suggestions into the revised text. As below, on behalf of my co-authors, we amended the manuscript accordingly. The changes were highlighted in red.

Reviewer #1

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** A general review of the use of Dex implant in DME patients was conducted. It is considered a good review for clinicians to refer to as it describes major clinical trials, comparison with anti-VEGF, combined effects, and side effects. I think we can provide better information if you revise a few of the articles.

1.page 5, "Focal/grid laser photocoagulation aimed directly to microaneurysms and/or over to diffuse leakage areas generally reduces the risk of moderate vision loss in patients with fovea-involved DME, but does not usually provide visual gain and laser treatment does not directly target the molecular pathways underlying the DME [10,17-19]." In the text, focal and grid are explained together, but recently, I know that grid laser is rarely used. However, focal is known to be used when there are indications, so I think that combining the two treatments at once can trigger unnecessary misunderstandings. I hope you can explain more about this part.

**Response to reviewer:** According to the reviewer's recommendations, the sentences were changed as

"Earlier studies have reported that focal laser, where laser beam is directed mainly at the leaking microaneurysms selectively and grid laser photocoagulation where laser beam is administered over the diffuse leakage areas generally reduces the risk of moderate vision loss in patients with fovea-involved DME, but does not usually provide any visual gain but laser treatment does not target at the molecular pathways underlying the formation of DME<sup>[10,17-19]</sup>. Nowadays, grid laser photocoagulation is very rarely used and focal laser photocoagulation is used only in a minority of patients due to success story of intravitreal therapies."

2. page 7, "However, the guidelines have also suggested that FA implant may be considered for nonsteroid responder with chronic DME who is unresponsive to other treatments[20,21]." It is unclear what the meaning of nonsteroid responder is in this sentence. Overall, the meaning of the sentence is not well conveyed. Please fix.

**Response to reviewer:** According to the reviewer's recommendations, the sentences were changed as "However, the guidelines have also suggested that FA implant may be considered for nonsteroid responder (patients who do not develop steroid-induced IOP elevation) with chronic DME who is unresponsive to other treatments".

3.page 12, "Although the final BVCA was similar in patients who received anti-VEGF agents (62 letters) and DEX implant (61.2 letters), greater BCVA gains from the baseline were

obtained in DEX implant (+9.6 letters) when compared to anti-VEGF agents (+4.7 letters).”  
Please correct your spelling.

**Response to reviewer:** According to the reviewer's recommendations, the sentences were corrected as ‘The final BCVA value was 61.2 letters in the DEX implant group and 62 letters in the anti-VEGF group. Additionally, BCVA gains from the baseline were reported as +9.6 letters in DEX implant group and +4.7 letters anti-VEGF group. Although the final BVCA was similar in both groups, BCVA gains from the baseline were higher in DEX implant group.’

## 5 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

**(1) *Science editor:*** 1 Scientific quality: The manuscript describes a Minireviews of dexamethasone implant in the management of diabetic macular edema. The topic is within the scope of the WJD. (1) Classification: Grade B, B and B; (2) Summary of the Peer-Review Report: The review illustrated all the topics in treatment of Diabetic Macular Edema. Some spelling need to be corrected. The questions raised by the reviewers should be answered; (3) Format: There is 1 table and 3 figures; (4) References: A total of 50 references are cited, including 14 references published in the last 3 years; (5) Self-cited references: There are 4 self-cited references; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer’s ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A, B and B. The manuscript is reviewed by a native English speaker. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJD. 5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable; and (3) For PMID and DOI numbers of references from English-

language journals, please ensure PMID and DOI numbers are in the square brackets []. 6  
Recommendation: Conditional acceptance.

**Response to reviewer:** Thank you very much for your favourable comments,

- 1) All of the figures and the table used in the manuscript have been prepared by authors and they have not been published elsewhere.
- 2) All figures were prepared and arranged by using PowerPoint.

**With our best regards,**

**Prof A Osman Saatci**