



ESPS JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

Name of journal: World Journal of Ophthalmology

ESPS manuscript NO: 9461

Title: State of the art management of diabetic macular edema

Journal Editor-in-Chief (Associate Editor): Umit Ubeyt Inan

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ACADEMIC CONTENT EVALUATION	LANGUAGE QUALITY EVALUATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<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 checked="" type="checkbox"/> Revision
<input type="checkbox"/> Grade D: Fair		
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Rejection

JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

This review give detailed current management of DME. it is well written. Before the publication I recommend the authors consider the following points for amendment to improve quality of the paper: Following sentences should be corrected: That study also disclosed that rates of death and thromboembolic events and death were also in both treatment groups. Following sentence seems to be not scientific and should be given according to the literature. today this definition may not be valid: Refractory cases of DME are defined as cases who do not response to macular photocoagulation. Following sentence is valid for patients with wet AMD. it should be specified: The authors recommend that patients be informed about the possible development of GA as a result of monthly anti-VEGF injection, particularly Ranibizumab[107]. Following sentence about the comment of GA is also valid for patients with AMD:Another concern for treatment of DME by anti-VEGF agents is possible development of retinal atrophy, for which literature is still deficient. However recent sub analysis of the CATT study has evaluated more than 1000 patients with wet AMD to determine the risk factors for geographic atrophy (GA). Subjects had no visible GA at enrolment. Within two years treatment with either ranibizumab or bevacizumab, GA was developed in 18.3 percent. Risk factors for GA development comprised poor visual acuity, retinal angiomatous proliferation, foveal intraretinal fluid, monthly dosing, and treatment with ranibizumab. The authors recommend that patients be informed about the possible development of GA as a result of monthly anti-VEGF injection, particularly Ranibizumab[107]. Therefore, it can be concluded that in a similar



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fashion patients with DME may also be prone to development of retinal atrophy, considering their need for further intravitreal injections.. Because GA can occur natural progress of AMD patients, this issue is not still clear (whether GA is due to natural progress or to the anti-VEGF drugs). Comment about this point should be clarified in relevant lines. In otherwise it could be misunderstood by the readers especially not so familiar to this subject. There is no similar observation on patients with DME upto now. Following sentence is not conclusion of this review: Conclusion sentence should be in consistence with the whole review content Today most studies applying drugs use center involving dme The value of focal laser can also be given for non-center involving focal dme In conclusion, despite the enthusiasm for using several new pharmacologic agents for DME, laser photocoagulation still remains the gold standard for care of DME cases especially those with focal, non-center involving macular edema. Following sentences should be reconstructed and referenced (not only for authors studies) Rationale based on literature should be given for the following sentences: Bevacizumab or ranibizumab injection should be administered on a monthly basis for at least 3 visits and then as needed depending on the visual acuity (with or without OCT) stability with close follow-up. For cases in which the response to anti-VEGF treatment is unsatisfactory, ETDRS laser treatment should be administered after 6 mo. Following words should be corrected: 1. Hyperglycemia disrupt : Hyperglycemia disrupts 2. intravitral:intravitreal 3. downregulate: down regulate 4. Corticosteroids reduce the breakdown of the blood-retinal barrier and experimentally has been disclosed to down regulate vascular endothelial growth factor (VEGF) production too: Corticosteroids reduce the breakdown of the blood-retinal barrier and experimentally have been disclosed to down regulate vascular endothelial growth factor (VEGF) production too. 5. The maximum concentrations of dexamethasone in retina of nonvitrectomized eyes was 4110 ng/mL and in retina of vitrectomized eyes was a bit lower (3670 ng/mL)[59].The maximum concentration of dexamethasone in retina of nonvi