Name of journal: World Journal of Clinical Cases
Manuscript NO: 85010
Title: Evaluation of childhood developing via Optical coherence tomography-angiography (OCTA) in Qamdo, Tibet, China: a prospective cross-sectional, school-based study
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 02862753
Position: Editorial Board
Academic degree: MD
Professional title: Full Professor
Reviewer’s Country/Territory: Lebanon
Author’s Country/Territory: China
Manuscript submission date: 2023-04-14
Reviewer chosen by: Geng-Long Liu
Reviewer accepted review: 2023-06-18 04:32
Reviewer performed review: 2023-06-18 05:41
Review time: 1 Hour

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<th>Scientific quality</th>
<th>[ Y ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
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<td>[ ] Grade D: Fair</td>
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<th>Novelty of this manuscript</th>
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<td>[ ] Grade D: No novelty</td>
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SPECIFIC COMMENTS TO AUTHORS
The current study is novel as it measures OCTA parameters in children at a high altitude. The study is well conducted and well written. The major handicap of the study: Fundus landmarks require correcting for the magnification factor induced by myopia. Ocular magnification significantly affects the results of retinal and CC blood flow quantification with OCTA in myopic eyes. For accurate determination of the OCTA derived parameters in myopia, magnification correction should be taken into consideration (Dai Y, Xin C, Zhang Q, Chu Z, Zhou H, Zhou X, Qiao L, Wang RK. Impact of ocular magnification on retinal and choriocapillaris blood flow quantification in myopia with swept-source optical coherence tomography angiography. Quant Imaging Med Surg. 2021 Mar;11(3):948-956. doi: 10.21037/qims-20-1011). All fundus cameras suffer from ocular magnification related to myopia and this needs to be corrected using the formula according to Mansour AM. Measuring fundus landmarks.
Invest Ophthalmol Vis Sci. 1990;31:41–2. [PubMed] [Google Scholar]  So how can we solve this problem by 3 ways: (1) Acknowledge the limitations i.e. the authors did not correct for myopic magnification and hence the change with age could be secondary to increase in myopia and not age related per say. Moreover a brief look at myopia progression would add to the paper if available. (2) OR show the average of the refraction per age and correct the final OCTA values according to myopia (3) OR correct all initial OCTA parameters for myopic magnification and redo all calculations (meaning start from scratch)