

11.10.2024

Dear Editor,

Thank you very much for your work in revising our paper submitted as an "Editorial" to *World Journal of Methodology*

Title: Enhancing the outcomes of diabetic vitrectomy with pharmacological adjuvants

Authors: Chun-Yao Cheng, Wen-Rui Hao and Tzu-Hurng Cheng

Manuscript NO: 98912

We would like to thank the Reviewer for providing comments regarding our manuscript.

Peer-review report(s). Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s):

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

Specific Comments to Authors: First, the original findings of this manuscript: The manuscript presents a detailed review of pharmacological adjuvants used in diabetic vitrectomy, synthesizing current knowledge from a range of recent studies. The original finding highlighted is the integration of these pharmacological agents into clinical practice to optimize surgical outcomes for diabetic retinopathy patients. The manuscript introduces the concept that these adjuvants, particularly anti-VEGF agents and enzymatic solutions, can address common challenges such as intraoperative bleeding and postoperative complications. However, the manuscript does not present any novel experimental findings but rather consolidates and contextualizes existing knowledge. The synthesis of various studies strengthens the argument for broader adoption of pharmacological adjuvants in vitrectomy, which is a valuable contribution. Second, the quality and importance of this manuscript: The manuscript is of high quality in terms of its thoroughness and organization. The synthesis of recent studies provides new insights into how pharmacological adjuvants can improve surgical outcomes in diabetic vitrectomy. One of the key contributions of this manuscript is the discussion of combining different pharmacological agents to enhance the precision of surgical techniques, minimize intraoperative challenges, and improve postoperative recovery. The conclusions drawn are well-supported by the literature and provide practical recommendations for clinical adoption. However, the manuscript would benefit from more detailed discussion on the specific dosage and timing of these adjuvants in clinical practice. Additionally, while it emphasizes the potential of pharmacological agents, a more critical appraisal of their limitations, such as cost, accessibility, and variability in patient response, would enhance its comprehensiveness. Third, the limitations of the study and its findings: While the manuscript successfully synthesizes existing knowledge, it does not present any new experimental data or clinical trials. The conclusions are drawn primarily from secondary sources, which, while valuable, limits the direct applicability of these findings to clinical practice without further empirical validation. Another limitation is

the lack of discussion on the potential side effects or contraindications of the pharmacological agents discussed, especially when used in diverse patient populations with varying degrees of diabetic retinopathy. Future directions could include empirical studies that assess the long-term outcomes of integrating these adjuvants into surgical protocols and addressing variability in patient outcomes. The study also raises questions about whether newer pharmacological agents, beyond those already well-established, could offer additional benefits in vitrectomy surgery.

Reply:

We would like to sincerely thank you for your thoughtful and constructive feedback on our manuscript. Your insights are invaluable in helping us refine our work. Below, we address each of your comments in detail:

1. Original Findings: We appreciate your recognition of our synthesis of the current knowledge regarding pharmacological adjuvants in diabetic vitrectomy. We agree that while the manuscript does not present novel experimental findings, it serves to consolidate existing literature and highlight the potential clinical applications of these agents. We believe this synthesis is essential for promoting broader adoption and understanding of these practices.

2. Quality and Importance: We are grateful for your positive assessment of the manuscript's thoroughness and organization. Your acknowledgment of our discussion on the combination of different pharmacological agents is especially appreciated. In response to your suggestion, we have expanded our discussion to include more detailed information on the specific dosage and timing of these adjuvants in clinical practice. This addition aims to provide clearer guidance for clinicians.

3. Critical Appraisal: Your recommendation for a more critical appraisal of the limitations of pharmacological agents is well taken. We have added a section discussing the potential costs, accessibility issues, and variability in patient response. Additionally, we have included a more comprehensive evaluation of the possible side effects and contraindications associated with these agents, especially in diverse patient populations.

4. Limitations of the Study: We acknowledge the limitations related to the lack of new experimental data. We have clarified this point in the manuscript, emphasizing the need for future empirical studies to validate our conclusions and explore the long-term outcomes of integrating these adjuvants into surgical protocols. We also highlight the importance of investigating newer pharmacological agents that could provide additional benefits in vitrectomy surgery.

5. Future Directions: We appreciate your suggestion to include potential future directions for research. In the revised manuscript, we have expanded on this section to emphasize the necessity of empirical studies to assess the efficacy of the proposed pharmacological strategies.

Thank you once again for your insightful comments and for recognizing the value of our work. We believe the revisions have strengthened the manuscript and

provided a more comprehensive overview of the topic. We look forward to your further feedback.

Editorial Office's comments. Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are provided below:

(1) Science Editor:

1 Scientific quality: The authors submitted an editorial of diabetic vitrectomy. The topic is within the scope of the journal.

(1) Classification: Grade B;

(2) Summary of the Peer-Review Report: The reviewers acknowledged the manuscript's thorough review of pharmacological adjuvants in diabetic vitrectomy. They praised the manuscript's organization and practical recommendations but suggested enhancing the discussion on dosage, timing, limitations, and potential side effects of these adjuvants. The lack of new empirical data limits the direct applicability of the findings, and future research should explore the long-term outcomes and potential of newer pharmacological agents in this context.

(3) References recommendations: The reviewer didn't request the authors to cite improper references published by him/herself.

(4) Manuscript Type: After verification, the manuscript type is "Editorial".

2 Specific comments

(1) Country/Territory of origin: Taiwan.

(2) The language classification is Grade B. Please provide the latest Language certificate after Return the Manuscript to Author for Revision. Please visit the following website for the professional English language editing companies that we recommend:

<https://www.wjgnet.com/bpg/gerinfo/240>.

(3) Manuscript Title:

Except for capitalization of the first word, all other words are represented in lowercase (excluding specific words such as Crohn's disease).

(4) Author contributions: The author's names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL.

(5) Audio Core Tip. In order to attract readers to read the full-text article, we request that the first author make an audio file describing the final core tip. This audio file will be published online, along with the article. The author can invite English language editing company to assist in resolving the language issues of Audio Core Tip.

(6) Reference numbers in the main text.

If there are more than 3 consecutive references cited at the same time, use a "-" connection.

For example, This condition is defined in the absence of excessive alcohol intake, other liver diseases, or the consumption of steatogenic drugs[2-4].

The format of in-text citation of references should be [References Number]. Please change the format of the cited references from "{ }" to "[]". **Example:** The pathophysiology is thought to be due to an increased arterial flow that leads to secondary hepatocellular hyperplasia[1,2].

The name of the author(s) of a reference is listed in the sentence, the reference number should be placed immediately after the author(s) of the reference. **Example:** Mandal *et al*[8] proposed that retractor aponeurosis disinsertion is the most likely cause of congenital low lid entropion.

(7) There are issues with the references:

To ensure the accuracy of the references, please use "Edit References by Auto-Analyser" (<https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx>) to edit the references of the manuscript.

(8) The WJM article which this editorial discussed has been listed in the references list (Ref. 1). Please quote in the correct format <Venkatesh R, Jayadev C, Prabhu V, Gandhi P, Kathare R, Yadav NK, Choudhary A, Chhablani J. Pharmacological adjuvants for diabetic vitrectomy surgery. *World J Methodol* 2024; **14**(4): 92246>.

(9) Abbreviations must be defined at the first occurrence. For example, when CT first appears in the manuscript, please use the format "computed tomography (CT)".

3 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Reply:

Thank you for your thorough evaluation of our editorial on diabetic vitrectomy. We appreciate the constructive feedback and the opportunity to improve our manuscript. Below, we address your specific comments:

1. Scientific Quality: We are glad to hear that our manuscript is deemed to be within the journal's scope and appreciated for its thorough review of pharmacological adjuvants. We have made revisions to enhance discussions on dosage, timing, limitations, and potential side effects of these adjuvants, as suggested.

2. Language Classification: We acknowledge your request for a language certificate and ensure that we provide the latest certification after completing the revisions. We also engage a professional English language editing service to enhance the manuscript's clarity.

3. Manuscript Title: We have corrected the manuscript title to capitalize only the first word, in accordance with your guidelines.

4. Author Contributions: We have revised the author names to follow the specified format: full family name followed by abbreviated first and middle names.

5. Audio Core Tip: We appreciate this suggestion and prepare an audio file summarizing the core tip of the manuscript. We also utilize a language editing service for assistance with this audio file.

6. Reference Formatting: We have revised the in-text citation format, changing from "{ }" to "[]" and addressing the formatting of consecutive references. Additionally, we have ensured that reference numbers appear immediately after author names when cited.

7. References Accuracy: We have utilized the "Edit References by Auto-Analyser" tool to ensure the accuracy of all references in the manuscript.

8. Quoting the Discussed Article: We have formatted the citation for the referenced article as per your guidelines, ensuring proper citation within the manuscript.

9. Abbreviation Definitions: We have ensured that all abbreviations are defined upon their first occurrence, following your recommendations.

We have carefully revised the manuscript based on your suggestions and believe these changes have significantly improved its quality. Thank you once again for your guidance and support. We look forward to your feedback on our revised manuscript.

(2) Company Editor-in-Chief:

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the *World Journal of Methodology* and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

The WJM article which this editorial discussed has been listed in the references list (Ref. 1). Please quote in the correct format <Venkatesh R, Jayadev C, Prabhu V, Gandhi P, Kathare R, Yadav NK, Choudhary A, Chhablani J. Pharmacological adjuvants for diabetic vitrectomy surgery. *World J Methodol* 2024; 14(4): 92246 [DOI: 10.5662/wjm.v14.i4.92246]>.

Reply:

Thank you for your thorough review and for providing the opportunity to revise our manuscript. We appreciate your positive feedback and are grateful for the guidance provided by the Peer-Review Report and the Editorial Office's comments.

We have carefully addressed all the suggestions and comments to enhance the quality of our editorial. In particular, we have ensured that the reference for the WJM article has been quoted in the correct format as requested:

Venkatesh R, Jayadev C, Prabhu V, Gandhi P, Kathare R, Yadav NK, Choudhary A, Chhablani J. Pharmacological adjuvants for diabetic vitrectomy surgery. *World J Methodol* 2024; 14(4): 92246 [DOI: 10.5662/wjm.v14.i4.92246].

We have made all necessary revisions and believe that the manuscript now meets the publication standards of the World Journal of Methodology.

Thank you once again for your support throughout this process. We look forward to your feedback on our revised manuscript and hope for its successful publication.

Through the F6 release system, we have uploaded the following files:

- (1) 98912-Manuscript File
- (2) 98912-Answering Reviewers
- (3) 98912-Audio Core Tip
- (4) 98912-Conflict-of-Interest Disclosure Form
- (5) 98912-Copyright License Agreement
- (6) 98912-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)
- (7) 98912-Non-Native Speakers of English Editing Certificate
- (8) 98912-Video
- (9) 98912-Image File

(10) 98912-Table File

(11) 98912-Supplementary Material

(12) 98912-Similarity Report Generated by iThenticate

(13) 98912-Checklist for Authors to Revise a Manuscript

Thank you again for publishing our manuscript in *World Journal of Methodology*.

Yours sincerely,

Tzu-Hung Cheng