



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2014_JAMPS_11341
Title of the Manuscript:	Levels of oxidised low-density lipoprotein and high sensitivity C-reactive protein associated with retinal vascular occlusions
Type of the Article	Short Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	In the present study the authors evaluated the levels of OxLDL and hsCRP in subjects with retinal vascular occlusive disease and concluded that increased levels associated with retinal disease. Although the argument is noteworthy, several criticisms raise from the manuscript that should be carefully addressed by the authors. The main problem of this study is the subject number. As first, in the patient group there are only 7 subjects which are very heterogeneous either in the type of retinal disease and in the background conditions (presence of comorbidities); moreover they included 4 men and 3 women, and also age was heterogeneous. You reported that only 3 patients (male, female, or both?) had cardiovascular risk factors; the problem is that they were 3 of 7. All these 3 subjects had hypertension, diabetes and hypercholesterolemia, or each subject presented only one of these conditions? Then, these patients were compared with 2 male controls, both younger, although t test did not find significant difference, and this can be attributed to the low number of subjects instead of to the uniformity of the ages. This low number of subjects does not allow any kind of comparison. They should be at least 7 and well	Thank you for your kind comments. We acknowledge that the numbers in this study are quite small and limit interpretation. We would appreciate it if the reviewers would consider this as a pilot study in support of a larger study, which could definitively answer the points raised by this work. We have amended the title (line 3), abstract (line 12) and text (line12, 136, 139) to reflect that this study should be considered as a pilot study. We point out the limitations of this study in line 132. While the results are not significant however a trend is observed which provides evidence for a larger study to be performed. We agree, our data does suggest that a larger study is warranted to confirm if a relationship exists and if so what is the relationship between these parameters and retinal occlusive diseases and also whether gender plays a role.



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	matched with the case group. You reported that 3 patients had hsCRP>3 mg/ml; were the level of the other 4 subjects normal? Also 1 of the 2 controls had high levels of hsCRP. As reported in table, no significant differences were observed between groups. Similarly, OxLDL was higher in 3 patients; what about the other 4? Patients with high hsCRP were the same presenting high OxLDL? Patients with high OxLDL had also high LDL levels? In the discussion you concluded that increased levels of hsCRP and OxLDL are associated with retinal disease. However, as reported in the table, you did not find any type of significant difference between the considered parameters in the two groups. As the relevance of OxLDL in diabetic retinopathy has been established, it is noteworthy to evaluate the role of OxLDL as well as other inflammatory markers in subjects	Thank you for pointing this out. It should actually be 4 patients with raised HS-CRP.(line 100). The other 4 were normal. I have added a second table to clarify individual levels. One control was marginally elevated 3.3, this is in the new table 2. The differences were not significant, but we feel this is evidence for further study. This is correct, the other 4 had normal levels but all but one patient had higher levels than the controls. This warrants further evaluation. While these results were not statistically significant. The trend observed in our work suggests that a larger study is warranted to examine further for a possible association. Line 26 “This study is the first to suggest that OX-LDL and hs-CRP may be associated with retinal vascular disease. Further investigations are required to determine the significance of these findings” Line 140 “This pilot study suggests a trend of increase levels of OX-LDL and hs-CRP may potentially occur in the context of retinal vascular occlusive disorders.” We thank the review for the kind comments. We make the same call for a larger study to be performed.
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	with retinal disease. However it is essential to increase the number of both patients and control subjects to understand whether a significant difference exists.	Line 137 “This pilot study supports the case for larger prospective studies to elucidate the exact nature of these relationships and investigate their clinical significance.”
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		