



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_7073
Title of the Manuscript:	Perimetry comparisons for Octopus G Top and Dynamic programmes versus Humphrey 24-2 SITA fast and SITA standard programmes
Type of the Article	Original 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.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (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)
Compulsory REVISION comments	In materials & methods: was there any consideration of patient's age, poor visual acuity and other diagnosis as significant cataract or other external diseases that may limit the peripheral visual field? The inter observer disagreement reached to 17 % which is quite high; How can the author(s) explain this? Is the familiarity with the machines or primarily the machines specifications and protocol that made this differences in interpretation. (were the 11 cases visual fields studied why they were interpreted differently i.e after collecting data to see the observers points that made that specific field abnormal?) As there are classical patterns in visual field defect, was both machines giving such patterns constantly or there was variations? Please add a table summarizing the pros/cons of both machines upon your findings.	We excluded children and excluded visual acuity worse than 6/36. We did not exclude for cataract or other external diseases. These points have been added to the Methods section. We have added further explanations in the Results and discussion section as to why we had inter observer disagreement. We found classical patterns in visual field defects which were consistent across both perimeters. However, this aspect was not specifically studied in this paper and we have added this as a potential limitation in the Results and discussion section. We have added table 6 which summarises both perimeters.
Minor REVISION comments	In abstract :- methodology :- line 4 remove " and". in materials & methods: was there any consideration of patient's age, poor visual acuity and other diagnosis as significant cataract or other external diseases that may limit the peripheral visual field? In methods and material or earlier in the introduction it may be helpful to explain both systems and protocols with their differences as this was discussed in 2 sections	Removed. We excluded children and excluded visual acuity worse than 6/36. We did not exclude for cataract or other external diseases. These points have been added to the Methods section. We have included some discussion of both systems and protocols in the Methods along with the Results and discussion sections. We believe



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	in the article. Adding a table showing the specifications/differences may be helpful. A table can be added as a conclusion from the study result to show the findings.	this is important to provide information about both perimeters but to also use the information when further explaining our results. A table has been added (table 1) to summarise this information. A table of advantages and disadvantages has also been added (table 6).
<u>Optional/General</u> comments	Shortening text and rearrange information about the machines and its protocols together in one part of the article.	Table 1 combines information about the perimeters and programmes.