



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An international Journal</u>
Manuscript Number:	2013_OR_7268
Title of the Manuscript:	Review of the use of SWAP and FDT for the early detection of visual field loss
Type of the Article	Review 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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
<u>Compulsory</u> REVISION comments	I really like this paper. I feel it is a valuable contribution to the field as is. It is a difficult topic, difficult to sort through the literature. One concern : No PubMed search? As this an International publication need to discuss other databases not searched and the justification for this.	
<u>Minor</u> REVISION comments	The introduction refers to "Koniocellular" and later the paper describes the "S" systems when referring to SWAP. Since there are various models of the processing systems within the entire visual pathway it would be appropriate to offer brief descriptions of each processing system. IE: expand briefly on K, M and P. Even though not discussing P anywhere, the FDT theoretically is isolating the M pathway. That is not to say drop how the "S" categories and description, but to make sure to be more inclusive as started out with "K, M, P" system. Providing working definitions of the ways each test is processed in visual system makes the paragraph discussing theory of elimination of redundancy in system a little easier to appreciate. The readers or bulk of interested in reading the review may not have the background that the author assumes. Or they may not have recollection of learning the theory behind the instruments, are reading the review to guide clinical decisions. A paper, unrelated to glaucoma, but that nicely discusses at least K, P and M pathways neuro. Independent patterns of damage within magno-, parvo- and koniocellular pathways in Parkinson's disease. Silva MF, Faria P, Regateiro FS, Forjaz V, Januário C, Freire A, Castelo-Branco M.	



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<u>Optional/General</u> comments	This paper is important as clinicians need to make instrument decisions. The literature is complex and the authors did a nice job of breaking down the papers reviewed. This is beyond the scope/parameters of the paper: But given the volume of information coming out regarding the permanent brain changes with glaucoma (Gupta and Michelson authors from separate groups) (ie: pathway/axonal) there may be different value in each test, depending on where permanent axonal damage in brain occurs retrograde with glaucoma. Nothing in literature as of yet on SWAP and disease very specific to brain dysfunction or visual pathway disease not originating in eye: stroke, PD, AD etc (MS is both eye and brain)so this is evolving lines of research that may help in understanding each test. Further, each test may be more specific retinotopically: ie: Koni/Parvo more relevant to macula and within 10 degrees, where FDT as having aspects of a temporal test (flicker) is relevant and more sensitive further out, beyond ten degrees. So if papers had looked at this, may find unique values in each test retinotopically. IE: may only need to test central 10 degrees in SWAP and only 10 to 20 in FDT. Rather direct comparison to SAP may not be the appropriate strategy in using these visual function tests.	
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Note: Anonymous Reviewer