



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_10095
Title of the Manuscript:	Visual outcome versus vision satisfaction after intravitreal Bevasizumb injection in diabetic retinopathy.
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:

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



SDI Review Form 1.6

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	<u>METHODS</u> 1- Planning of methodology is not clear. The authors enrolled eyes in the study either due to CSME or PDR did not classify them into subgroups and in the results they classified eyes into right and left subgroups. 2- ReInjection criteria were, persistent macular thickening observed clinically, persistent angiographic leakage; It is very strange nowadays to evaluate antiVEGF injection without OCT . Persistent angiographic leakage alone was not an indication for treatment with laser and I believe it is not and indication for treatment in absence of macular thickening. 3- They did not mention the criteria of admission of cases of PDR whther associated maculopathy or vitreous hemorrhage and if cases with	Methods: Indications for Avastin injection were: 1. The eyes had diffuse diabetic macular edema (DDME) diagnosed by biomicroscopic slit-lamp examination, fluorescein angiography (FA), and optical coherence tomography (OCT) (Stratus OCT, Carl Zeiss, Dublin, CA) at baseline. 2. The eye who had proliferative diabetic retinopathy. Diabetic vitreous hemorrhage precluding laser treatment persistent for at least 3 months (6 eyes). 3. Failure to induce complete regression of retinal neovascularization after performing complete PRP with no apparent untreated retinal areas (4 eyes). Exclusion criteria included patients



SDI Review Form 1.6

	TRD were excluded or not. What is the outcome measures in these cases. And indication of re-injection. The sentence of “ indeed of fluorescein leakage which involving the center of macula” is not giving a reasonable meaning. 4- The satisfaction shield (?? sheet) filled by patient is not fully understood, It should be explained in details and clearly defined. <u>RESULTS</u> 1. The results are very short (exactly 7-8 lines) one can hardly understand the meaning of the sentences. 2. In tables 2 and 3; the classified patients into right and left sub-groups. They did not explain the value of this classification whether right or left has nothing to do with the retinopathy grade. This classification was not reported in the methods.	(eyes) with DME previously treated with intravitreal triamcinolone, macular ischemia, and the presence of an epiretinal membrane or vitreomacular traction syndrome. Patients received reinjections whenever there was a recurrence of DDME. Recurrence was defined as a decrease of BCVA associated with an increase of intraretinal fluid due to macular edema on OCT ($\geq 50 \mu\text{m}$ in central macular thickness) and/or FA, after complete or partial resolution in previous followup visits. 3- A structured patient satisfaction questionnaire with 1- improved vision 2- No improved vision 3- not noticeable or worsted. questions with similar inferences had reliable answers. ^[6] The questionnaire was then administered to descriptive interperatation as percent of satisfaction according of 3 questions due to no comparative study. Result:
--	--	--



SDI Review Form 1.6

	3. Table 2 showing visual acuity difference again the right and left eyes according to the duration of the age which I could not understand and which was no explained in the methodology. 4. In table 1, showing number of right eye equals 17 and left eyes equals to 26; so the total number of eyes is 43. While methodology number of all eyes enrolled in the study showed only 30. Aged ranged in the table is 30 to 83 and in the text is 39 to 83, 5. The text reported an improvement of vision after injection while in figure 1 showed increased in log MR mean after injection which means vision deterioration. 6. The second paragraph” visual acuity showed improvement but the patient had no satisfaction....” Is not clear and not informative. 7. In the text the mean ages was 94 / 8 ± 47/60 years, while in the table it is 60.47 (8.94)	It is classified according of retinopathy stage. 3-Due to staging and follow up difference the right or left eye individually evaluated. 4-It is duration of follow up in month according left or right eye. Aged ranged in the table is 39 to 83. 5-It was reversed that corrected. 6-It is describe the patient percent agreement. 7-As you observe the same number but it changed due to language conversion. Discussion: 1-Try to done a robust discussion. 2-The abstract corrected that mistakenly was against the text result. 4- The questionnaire satisfaction was prepared to find how
--	---	---



SDI Review Form 1.6

	<u>DISCUSSION:</u> 1. The discussion is weak and not robust. 2. The paragraph “Our study showed statistically significant difference in VA outcome after intravitreal bevasizumb injection either due to diabetes maculopathy or proliferative retinopathy, the most excellent response was in the first month post injection. After 3 months of ranibizumb we could not find stable diabetic maculopathy or proliferative diabetic retinopathy either by permanently preventing of retinal and iris neovascularisation or macular edema which gradually appeared again.” How can you conclude in the abstract that Avastin showed long time clinically significant visual benefits. It is well known that Anti-VEGF does not induced permanent regression of neovascularization. They are not a replacement for PRP and so, the role of	much patient agreement is in their visual status subjectively according the choice of one of three question 5- 4-The mentioned study consider in discussion of text
--	---	---



SDI Review Form 1.6

	panretinal photocoagulation should be discussed. 3. The paragraph “Except of one case which have two injection due to macular edema and deniedoperationwhichlost the left eye after rhegmatogenous and tractional retinal detachment.The questionnaire satisfaction was prepared to find how much patient agreement is in their visual improvement that it was not compatible to visual finding outcome” is not clear and not informative. However, this satisfaction questionnaire should be explained in details and its value should be clearly delineated. 4. The paragraph “In a review study by. Nicholson B.P and Schachat A.P they described in spite of short-term benefit in visual acuity, but this treatment may be associated with tractional retinal detachment. Finally they concluded despite promising early reports on the safety of these medications, we will be await to knows more	
--	---	--



SDI Review Form 1.6

results of the safety and efficacy of anti-VEGF drugs for diabetic retinopathy”

Recently, there are studies discussing the efficacy and safety of anti-VEGF injection in diabetic macular edema. These studies should be discussed and should not be overlooked. for example;

- a) Lanzetta P on behalf of the RESTORE study group. Long-term safety and efficacy outcome of ranibizumab 0.5 mg in patients with visual impairment due to diabetic macular edema: **the RESTORE extension study. EURETINA 2012.**
- b) **Results of the RESTORE study** which used an individualized treatment regimen consistent with the European Union Summary of Product Characteristics (SmPC),, showed that patients gained and maintained vision whilst showing improvements in vision related quality of life. Compared to macular laser treatment, patients receiving Lucentis had approximately double the chance of achieving significant



SDI Review Form 1.6

	vision gains and a threefold reduction in the risk of losing a significant amount of vision. The mean gain in vision from baseline was sustained at three years at more than eight letters for patients initially treated with Lucentis alone. Overall, patients received an average of 13.9 injections over three years. This study confirms the benefits of an individualized treatment with Lucentis according to a regimen consistent with the European Union SmPC. c) DRCR.net, an independent US-based Phase III study, results have confirmed the superiority of Lucentis over macular laser treatment with full maintenance of initial visual acuity gains through to 3 years. A declining need for treatment and follow-up was also observed in this study year with patients receiving an average of two injections in eight visits in the third year. Lucentis was generally well tolerated in DME clinical studies, either when given as monotherapy or when combined with	
--	---	--



SDI Review Form 1.6

	laser treatment. Its safety profile was consistent with the well-established profile in patients with wet age-related macular degeneration (wet AMD). d) Ohji M, et al. Efficacy and safety of ranibizumab 0.5 mg as monotherapy or adjunctive to laser versus laser monotherapy in Asian patients with visual impairment due to diabetic macular edema: 12-month results of the REVEAL study. ARVO 2012 Annual Meeting Abstracts. e) Massin P, et al. Safety and efficacy of ranibizumab in diabetic macular edema (RESOLVE Study): a 12-month, randomized, controlled, double-masked, multicenter phase II study. Diabetes Care 2010;33:2399-2405. f) Mitchell P, et al. The RESTORE study: ranibizumab monotherapy or combined with laser versus laser monotherapy for diabetic macular edema. Ophthalmology 2011;118:615-625. g) Mitchell P, RESTORE extension study group, 2-year Safety And Efficacy Outcome Of Ranibizumab 0.5 mg In Patients With Visual Impairment Due To Diabetic Macular Edema	
--	--	--



SDI Review Form 1.6

	(DME): An Interim Analysis Of The Restore Extension Study. ARVO 2012. h) Avery R et al. Meta-analysis examining the systemic safety profile of intravitreal ranibizumab injections in AMD, RVO and DME. ARVO 2013. <u>References</u> 1- as per journal instructions the number of cited reference should be within square brackets. The year should follow the authors. 2- In text use only the surname ex. Instead of "NicholsonB.P and.Schachat A.P", write : Nicholson and Schachat	
--	---	--



SDI Review Form 1.6

<u>Minor</u> REVISION comments	The text is full of spelling and grammatical mistakes. One can see them in each line. So many sentences are not clear for ex. 1- the future over all argumentative reports will be make any specific treatment recommendations 2- The worth eye or the only one eye undervent of intravitreal injection of bevacizumab.	
<u>Optional/General</u> comments	The study design is very weak, the aim of work is foggy, the results are inaccurate	