



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_7008
Title of the Manuscript:	Multimodal Views of the Human Retina
Type of the Article	Research Paper

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 (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	1) The objective of this paper is to "show the relationships between subject-reported measures of vision, the view through an ophthalmoscope, the view through a slit lamp, a photograph of a face, optical coherence tomography (OCT) images, fundus photos, visual field diagrams and Optomap images". In order to actually establish this relationship, the sample size should be more than one patient. 2) It is not clear to me what the purpose of the visual field diagram is for patient care. 3) There are components of the results in the methods section and should be reorganized so that the methods section only describes what exams/tests were done. 4) In the abstract, the results section refers to figures. It would be helpful to summarize the results instead of referencing the figures. 5) Line 59: "Techniques" should not be capitalized. 6) The analogy in lines 221-222 is not scientific	We simply do not have and could not collect such data. I doubt that such data exists. The data that we present is what makes this paper so unique. However, none of the statements in the paper would depend on the sample size. Because we do not use statistic to draw conclusions. It is likely that some people may have different physiology, for example one person might lack eye brows and another could be an albino. But this would not change our conclusions. There is one place where we do calculations. It is in the following paragraph. Figure 5 was designed to show the effects of cyclorotation: it has a traditional fundus photo (top) and an image from a new instrument called the Optomap (bottom), which will be discussed in our Wide-field Imagery section. In both of these images, if we assume that the eye is not rotated, then the optic disk appears to be 15° nasal and 4° superior to the fovea. This vertical distance is larger than the normal 1.5° ±0.9°. Therefore, we re-examined this fundus photo assuming that the eye was cyclorotated by 5°. Now, the optic disk appears to be 15.3° nasal and 2.7° superior to the fovea, which is closer to normal. Fundus photos, visual field diagrams and Optomap images all showed this same cyclorotation effect. This effect was not as prominent in OCT images, because the OCT fixation target was a ten-degree asterisk, which gave cyclorotation clues. All of these measurements were made without spectacles, with monocular viewing. I have added this sentence to that paragraph. As stated before, this is an unusual patient. Most subjects will not have cyclorotated eyes when the eyes are at rest.



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	Reviewer's point 2 It is not clear to me what the purpose of the visual field diagram is for patient care. We have added this paragraph. Visual field diagrams are useful for explaining a subject's vision to the subject. For example this subject must be on the lookout for things that might approach him from above and to his left, like tree limbs above his left shoulder, because he now has a scotoma there in the left eye and the limb would be out of the field of view of the right eye. He used to be able see in this area, but now he cannot. But he will not be aware of this deficiency. There are components of the results in the methods section and should be reorganized so that the methods section only describes what exams/tests were done. We have rearranged these sections. In the abstract, the results section refers to figures. It would be helpful to summarize the results instead of referencing the figures. We have rewritten the results section of the abstract as follows. Results: The retinal literature is full of contradictory nomenclature. For example, clinicians use the term fovea to name the 1° diameter disk at the very center of the retina and they use the term macula to name the 5° diameter ring that surrounds it. Whereas, anatomists use the term fovea to name the 5° diameter disk at the center of the retina and they use the term macula to name the 20° diameter ring that surrounds it. The eight views of the retina that are discussed in the paper, at first, seem to be unrelated: but this paper shows how to map information between them. Specifically it superimposes a facial photograph, optical coherence tomography images, fundus photos and visual field diagrams all in one figure. Line 59: "Techniques" should not be capitalized Thank you. The analogy in lines 221-222 is not scientific We have removed it.
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<u>Minor</u> REVISION comments		
<u>Optional/ General</u> comments		